



BEST START

Integrated Implementation Plan

CITY OF GREATER
SUDBURY

January 2006



Table of Contents

1.0	Overview/Background	
1.1	Best Start Initiative	1
1.2	Best Start Network	1
2.0	Community Profile	2
2.1	Needs Assessment	2
2.2	Inventory of Services	2
2.3	Analysis and Mapping of Existing Services	2
2.4	At Risk Neighbourhoods	2
3.0	Best Start Vision	2
4.0	Early Learning and Care Hub Model	3
4.1	Key Principles for Hubs	3
4.2	Proposed Plan for ELC Hubs	4
4.3	Estimated Number Required and Proposed Geographic Location	5
4.4	Core Hub Services and Mechanisms for Service Integration	6
4.4.1	Services, Supports and Resources	6
4.4.2	Mechanisms for Service Integration	7
4.5	Specialized Services Linked to Hubs and Access Mechanisms	11
4.6	Plan to Enhance Key Early ID and Intervention Programs	13
4.7	Challenges and Strategies to Address Them	14
5.0	Child Care Plan 2006-2008	15
6.0	Moving Forward – Long-Term Development Strategies	22
6.1	System/Policy Issues	22
6.2	Parent Engagement Strategy	23
6.3	Implementation Strategies	23
6.4	Process for Monitoring Implementation	23
6.5	Challenges and Strategies to Address Them	24

Appendices

- A Best Start Network Composition
- B Results of Community Consultations
- C Integrated Implementation Plan, November 2005 Presentation
- D Maps of EDI Results
- E Population, Family and Language Demographics Tables
- F Maps identifying child care programs, schools, OEYC, Family
Resource Centre programs
- G At Risk Neighbourhoods
- H Template of all At Risk Identifiers
- I Speech and Language and Infant Hearing Services, Planning for
Integration

FINAL DRAFT
Best Start Integrated Implementation Plan
City of Greater Sudbury
December 15, 2005

1.0 Overview/Background

1.1 Best Start Initiative

The City of Greater Sudbury (CGS) Best Start Network fully supports the Best Start Initiative and has worked diligently with its many community partners to develop a comprehensive Best Start implementation plan for children 0-6 in the Greater Sudbury area. Ministry of Children and Youth Services (MCYS) implementation planning guidelines have directed the process and outcomes of the Best Start planning process, which involved numerous consultations with parents and caregivers and across service sectors. The result is this plan, which is consistent with the MCYS Schools First Policy, reflects diverse community needs, and represents the best efforts of the Network to develop an integrated, community-based system of services for children 0-6 and their families.

1.2 Best Start Network

The CGS retained a Best Start Network Facilitator who submitted a completed template for Task 1 for Best Start Implementation, establishing the Best Start Network, to the MCYS Best Start Coordinator September 30, 2005. This was followed by the establishment of the Best Start Network and adoption of Terms of Reference (*see Appendix A, for Network Composition and Terms of Reference*).

In order to have the broadest community representation, the Best Start Network established four Advisory Sub-Groups to enhance Network membership and ensure that the Integrated Implementation plan would be developed as a community. The Advisory Sub-Groups are composed of childcare and FRC supervisors; parents and caregivers; Aboriginal community; and the MCYS Children's Services System. The Sub-Groups reviewed and signed the Network Terms of Reference. Participation in the Parent Group was solicited through invitations extended to parents and caregivers by all childcare programs, other children's services providers, and through surveys sent to all parents and caregivers of JK children across the four school boards.

Protocols were established between the Network and each of these groups defining role, functions, reporting and feed back processes. The committees were integral to the process, directing and informing Network planning. The sub-committees will maintain the role of directing, informing and providing feedback to actual service delivery. Other stakeholder groups consulted as part of the planning process include other children's services providers, pediatricians and general practitioners, college and university Early Childhood Education/Development programs, and libraries and recreation programs.

The Integrated Implementation Plan represents the outcome of a thorough and intensive consultation process, and the Network and the Sub-Groups are confident that the Plan is reflective of and responsive to the needs of children 0-6 and their families in the City of Greater Sudbury.

2.0 Community Profile

The City of Greater Sudbury is broken down into 11 neighbourhoods. These neighbourhoods are used by the City for other planning purposes and are easily recognized by everyone. These are the neighbourhoods that we will also use for the Best Start Integrated Plan. They include: Copper Cliff, Downtown, Minnow Lake, New Sudbury, Nickel Centre, Onaping Falls, Rayside-Balfour, South End, Valley East and Walden. Each community has been further broken down into census tracts.

2.1 Needs Assessment

The Best Start Network reviewed EDI results in presentation form (see Appendix C). This presentation covers EDI, demographics and CSI information. EDI results have been mapped and are available in Appendix D. Appendix E describes Population, Family and Language Demographics.

2.2 Inventory of Services

A review of the CSI was done with the network and its sub-groups (See Appendix C). It was noted that some of the CSI data was not current and community agencies were encouraged to update their data. This did not interfere with planning at this phase, however it is anticipated this information will be required in a current and comprehensive format, and mapped by neighbourhood.

It should be noted in the interest of efficiency our full CSI report has not been attached, but is available if required.

2.3 Analysis and Mapping of Existing Services

Attached are maps identifying by neighbourhood, child care programs, schools, OEYC, Family Resource Centre programs (see Appendix F). Mapping CSI data has not been done yet (see Section 2.2 above) as it gets very confusing and difficult to read. Appendix A describes services by neighbourhood.

2.4 At Risk Neighbourhoods

The City of Greater Sudbury is made up of several Census Tracts. For the purpose of study, the core of the city can be broken down into 23 Census Tracts that make up 6 neighbourhoods (New Sudbury, Downtown, West End, South End, Minnow Lake, Copper Cliff), and 17 communities on the outskirts make up an additional 5 neighbourhoods (Rayside-Balfour, Onaping Falls, Valley East, Nickel Centre, Walden). Each Census Tract and community can be examined individually. Appendix G describes and defines at risk neighbourhoods. A template with all “at risk identifiers” by neighbourhood, utilized as a tool to determine number and location of hubs, is included in Appendix H.

3.0 Best Start Vision

The Best Start Vision for the City of Greater Sudbury is for universal access to a full range of early learning and care services and supports at locations that are convenient for parents and caregivers. Services will be community-based and located close to where families live.

The City of Sudbury has a high proportion of Francophones and a significant Aboriginal population and Best Start services will be linguistically and culturally sensitive and appropriate. For the Francophone community, this means that services will be available in the French language. For the

Aboriginal community, this means that services will be culturally appropriate and competent, emphasizing leadership and decision making by Aboriginal people and helping children and families to build pride and self-esteem with regard to their Aboriginal heritage and culture.

Best Start will provide services in welcoming, non-threatening, family-friendly environments, with high quality, skilled and knowledgeable staff. Staff will have the capacity to identify problems / delays and will be able to determine if children require interventions that are more intensive. Staff will interact with families from a strengths-based perspective.

Service provision will be flexible, with a mix of structured and unstructured programming and hours of operation that are convenient for families (after-hours and on weekends).

Parents and caregivers will be engaged in program design, development and evaluation, and Best Start will implement strategies to reach out to parents and caregivers who are at-risk or marginalized.

4.0 Early Learning and Care Hub Model

4.1 Key Principles for Hubs

The Best Start Network and all of the groups who were consulted on the model for Early Learning and Care Hubs in the CGS support the following key principles. Hubs will:

- Be community-based, highly visible and easy for families to access – situated close to where families live.
- Be non-stigmatizing, welcoming and inviting to all families.
- Ensure culturally and linguistic sensitive and appropriate services for the communities they serve.
- Provide comprehensive primary services to families – access to a full range of services, supports and information.
- Be flexible in terms of *when* families/children can access services and supports, *what* services they can access and *how* they access them.
- Supportive of “best practices” services, supports and information for children 0-6 and their families.
- Provide outreach to families at risk.
- Ensure that services are integrated across systems, so that services are seamless from the family perspective and that hubs serve family needs, not organizational needs.
- Have clearly defined roles and responsibilities for the service providers involved in the hub, including clearly defined service contracts and accountabilities and feedback loops to the communities they serve.
- Follow School’s First Policy.

Further to these principles, good quality parenting, healthy child development and school readiness emerge and flourish within the context of whole health and wellness. A core value of the Network is the importance of taking a holistic approach to family and child supports and services. This includes basic needs for food, shelter and safety, and staff at Early Learning and Care Hubs will assist parents and caregivers with and advocate for services related to basic needs, i.e. food bank, justice system, landlord/tenant issues.

4.2 Proposed Plan for ELC Hubs

Hubs will provide comprehensive primary services so that parents and caregivers can access a full range of programs and services across the continuum from least to most intensive. From the perspective of parents and caregivers, service provision will be seamless. There will be a balance of structured and unstructured programs and activities. Core hub services will be configured to meet unique community needs, but with consistency so that the same core services may be accessed at all hubs.

Hubs will be established in schools first in locations convenient for parents and caregivers. Hubs will have adequate space for a variety of activities, including a mix of public and private space and ample parking. They will offer families a non-threatening, comfortable environment – a fun place to socialize and learn.

Hub services will be linguistically and culturally sensitive and appropriate for the Francophone and Aboriginal communities. Respect for and appreciation of cultural diversity is a core value of families and communities in the CGS. In order to share the wisdom and vitality of the Aboriginal culture with other families and ensure that Aboriginal children and families feel included at all hubs, every hub will have an Aboriginal presence.

Hubs will have on-site staff. Staff quality will be exceptional, as it is critical in ensuring that families feel comfortable and receive the level of service they need. This is a very high priority issue for parents and caregivers, and the Network. Staff will be mature, knowledgeable, skilled, warm and approachable. Staff will have the capacity to identify problems / delays and determine if interventions that are more intensive are required. The staff will operate from a strengths-based perspective. Staff will receive cross training so they can meet child and family needs, screen for problems or delays across a variety of developmental domains and refer children to more specialized services as appropriate. Adequate resources will be required to ensure that hubs have the quality and quantity of staff needed.

Service provision will be flexible, with a mix of structured and unstructured programming. Hours of operation will be flexible to meet parent needs, i.e. after-hours and on weekends, and consistent.

The Network supports a holistic approach to promoting healthy child development and school readiness within the context of the family and community in which every child is rooted. Early Learning and Care Hubs will provide or link families with services that support physical, mental, emotional, social and spiritual well-being, including basic needs and recreation services. In accordance with this approach parents, caregivers and service providers believe that children over the age of six, particularly those with siblings under the age of six, should have access to hub services. To promote inclusion and whole family health, hub services will not exclude children over the age of six years. It is this community's vision that hubs will be inclusive of all ages and will be a community resource for families.

Model for Aboriginal Hub

The Aboriginal community will develop a hub with a defined Aboriginal identity, located close to where many Aboriginal families live. However, the hub will be open to and welcoming of all parents and caregivers and their children, not just Aboriginal families. The Aboriginal community recognizes the value in creating opportunities for all people to interact with and learn from other cultures. The Medicine Wheel is a good representation of what a hub should be.

The hub serving the Aboriginal community will have leadership and decision making by Aboriginal

people. It will provide a welcoming, comfortable environment, where people can gather and feel that their children are safe. It will help children to build pride and self-esteem with regard to Aboriginal heritage and culture. The hub will recognize and use the existing expertise of helpers from the Aboriginal community, such as Elders, Aunties, Uncles, etc. The hub will emphasize flexible hours and family visitor / outreach services to enhance participation.

To ensure services are culturally competent for Aboriginal families and children, Aboriginal hub services and resources will be consistent with First Nations cultural practices, i.e. drumming, dancing, language, regalia, etc. Traditional resources and teachings, such as smudging, will be an integral component of the curriculum.

Staff will be of Aboriginal heritage, understand Aboriginal culture, and view families from a holistic perspective. The Aboriginal hub will provide parents and caregivers with access to an advocate who can help with other services i.e. food bank, justice system, landlord/tenant issues and families at risk.

Francophone Hubs

The Francophone community requires its own hubs to ensure that services are linguistically appropriate and that Francophone children are ready to learn in the French language when they enter school. To ensure equity of access for all children, the number of Francophone hubs will reflect the francophone population and children 0-6 in the CGS, in locations that are convenient and easily accessible by Francophone families, having a primary focus on high risk neighbourhoods.

4.3 Estimated Number Required and Proposed Geographic Location

The CGS Best Start Network supports the MCYS Schools First Policy, except where a community, i.e. Aboriginal, would be more comfortable in an alternative location, or where there are defined community needs for a hub and there is no school space available and appropriate to the purpose.

Based on the information compiled and presented in Section 2.0 of the plan, the Network supports the development of 26 hubs in the geographic areas of the CGS listed in the table below. There will be a minimum of one hub in each defined neighbourhood.

Neighbourhood/ Geographic Area	Number of Hubs		
	<i>Anglophone</i>	<i>Francophone</i>	<i>Aboriginal</i>
South End	2	1 (shared with West End)	
West End	1, plus an outreach component		
Minnow Lake	1	1	
Downtown	2	1	1
New Sudbury	2	1	
Copper Cliff	1		
Nickel Centre	2	1	
Rayside-Balfour	1	2 (1 to provide outreach to Onaping)	
Valley East	2	2 (1 to provide outreach to Walden	
Onaping	1	Outreach services from Rayside-Balfour	
Walden	1	Outreach services from Valley East	

4.4 Core Hub Services and Mechanisms for Service Integration

4.4.1 Services, Support and Resources

The following services, supports and resources will be provided by the hubs.

Public Education / Promotion

It is important for hubs to be highly visible, so that families are aware of hubs and know what the hubs provide. Therefore, hubs will engage in promotional activities to educate families about hub services and supports. Promotional activities will emphasize universal access and the benefits of hub programs and services, in a family friendly way and using accessible language. These activities will be ongoing to meet the needs of transient families. Schools will assist in educating families about the hubs as part of their regular communications with parents and caregivers. A 1-800 number will be established for parents and caregivers to access all hub related information and there will be a hub website. The 1-800 number will link parents and caregivers to the United Way 211 information line, to crisis and to other services, e.g. Telehealth as needed.

Resources

Hubs will offer a full range of current information and resources, including information about parenting, child development and accessing other community services. To assist parents and caregivers in accessing information and connecting with other services, hubs will provide telephone and computer / internet access.

Core Services and Supports

Hubs will provide the following core services and supports:

- Early identification/screenings including developmental screenings, 18-month universal screening, dental/vision/hearing screenings and well baby clinics. All screenings will be linguistically and culturally appropriate and will recognize and build on each child's strengths.
- Parent supports including education (teaching parents and caregivers how to promote language development and healthy development in other areas), parent support groups, both formal and informal, and supports for parents and caregivers with special needs.
- Selected services of infant hearing up to age 6.
- Speech and language services, for children up to age six
- Child care, on-site for those who need a private consultation with a service providers and access to child care information, subsidy and quality child care (full and part-time), including before and after school programs and early learning programs, and at times convenient to family needs. Childcare will include a capacity to care for children who are ill and unable to attend school, but whose parents or caregivers have to work.
- Food and information about nutrition and cooking with children.
- Educational activities such as music and literacy programs.
- Toy lending and book lending and story hours
- Homework clubs for parents and caregivers so they can help their children.
- Linkages to other community services, such as recreation and library services, counselling.
- Mediated prevention / early intervention services.
- Outreach services to remove barriers to access, through transportation and community events.
- Access to support for emergency or crisis situations.
- Opportunity for people to access and participate in volunteer services.

4.4.2 Mechanisms for Service Integration

Coordinating Services across Early Learning and Care Hubs

To ensure quality and consistency of service provision with multiple service providers at different hub sites, the Best Start Network is proposing that core services be coordinated across the hubs. The Network, with the assistance of a Best Start Facilitator (staff position at the CGS), will assume responsibility for reviewing services, community service needs and utilization trends, and updating the Best Start Implementation Plan for Hubs, including the model for service coordination, at regular and defined intervals. All agencies that are managing hubs (*see Coordinating Hub Functions, below*) will participate in a Hub Coordination Committee, which will report to the Network.

The Implementation Plan will include a training / professional development plan to cross train hub staff so that they can identify problems or delays and coordinate the provision of services to families, and to establish a specialized staff resource for hubs. For example, one group of staff may receive training in the *Nobody's Perfect Parenting Program* and travel to hubs to deliver the program. The Infant Development Program will provide mentoring of hub staff in partnership with other service providers to build capacity within hubs. The Implementation Plan will also include the development and implementation of central databases related to the availability of particular programs and services, including childcare.

The Network will hold hubs accountable for developing and supporting their Local Advisory Groups and for parent participation, as well as linking with other community development groups such as Community Action Networks (CAN) and the Healthy Community's Strategy. Hubs will provide the Network with relevant information as needed to inform the development of the Implementation Plan and will be responsible for implementing their components of the Plan.

Coordinating Hub Functions

There are many neighbourhoods / defined geographic areas in the City of Greater Sudbury where there are organizations already providing core hub functions: the Ontario Early Years Centre, a federally funded CAPC/CPNP initiative, N'Swakamok Native Friendship Centre, Shkagamikwe Health Centre, Better Beginnings, Better Futures and the Centre de santé communautaire, for example. These organizations are natural leads for taking the responsibility of coordinating core hub functions in their areas. For each hub area, a plan will be developed to transition these hub functions to hub sites, including assistance for schools in adjusting to the transition.

Each hub will have staff whose responsibility is coordinating core hub services, identifying potential problems / delays and linking parents and caregivers with other services and supports as needed.

Each hub will have a Neighbourhood Advisory Group that includes a minimum of 40% parents and caregivers to provide input on programs and services; the hub will share this information with the Network ongoing for quality assurance and ongoing planning purposes.

Screening and Assessment

Early screening will be available at hub sites and hub staff will be skilled and educated in identifying indicators of delay across the full range of developmental domains. Children who appear to require more specialized clinical assessments will be referred to the appropriate service (*see 4.5 Specialized Services Linked to Hubs and Access Mechanisms*). The service provider will determine if the assessment may be conducted in the hub setting, depending on the environment, equipment

required, etc. For example, it will not be possible to do hearing assessments at the hubs, as these require expensive equipment and a special setting; it may be possible to do hearing screenings at a hub.

Several organizations currently offer early screening and Network will build on these existing programs to develop screening services at the hubs. For example, the Ontario Early Years Centre North provides an ABC early screening program and has already trained a number of service providers in the application of the program. Three family physicians at the Centre de santé communautaire have taken the training and are interested in using the screening tool. Funding for the program (Early Years Challenge Funding) will end March 31, 2006. The OEYC North is planning to train more service providers, Anglophone and Francophone, to implement the program before the funding ends. This training will be provided within the context of Best Start Implementation of Early Learning and Care Hubs, to ensure that the service can be easily imported into hub settings.

Centre de Santé provides dental screening at its corner clinics in partnership with the dental hygiene program at Collège Boréal; this model could be expanded to Francophone hubs and a similar partnership established with the dental hygiene program at Cambrian College for Anglophone hubs. The Health Unit will provide a public education / health promotion service with regard to dental hygiene at the hubs.

Parenting Programs

Many organizations in the CGS offer parent supports, including parent education and parent support groups, both formal and informal. The Network fully endorses the development of parent support groups at hubs as a means of building trusting relationships among parents and caregivers and between staff and parents/caregivers, empowering parents and caregivers and enhancing the effects of parent education.

Many organizations in the CGS already coordinate parenting programs and publish bilingual brochures/calendars of programs. The Network plans to build on this work, inclusive of Francophone and Aboriginal specific programs.

Service providers will share information about their parenting programs and services, universal and targeted, and collectively develop a schedule for the provision of the programs to ensure equity of access to services and avoid duplication. This information will be provided to the Network and the hubs. The Network will explore the possibility of developing a community database of parenting programs, including programs available to parents and caregivers with children over the age of six and of working with the United Way to ensure this information is included in the new 211 telephone service. As noted in the section above, *Coordinating Services across Early Learning and Care Hubs*, certain staff will receive training and specialize in the delivery of specific programs and resources, and these will rotate through the hubs as needed. Each hub will have a calendar on-site of parenting programs, other programs and relevant resources.

Speech and Language Services

As currently configured, the speech and language service system has seven community partners who will be providing services within the hubs: Wordplay (MCYS Preschool Speech and Language), Children's Treatment Centre (Community Care Access Centre) and the four school boards. There is a significant lack of resources for speech and language services in the CGS. The Francophone community has also identified this as a high priority.

Wordplay is prepared to offer “train the trainer” services to build capacity in the system. Such a model has been utilized effectively in the past to enhance capacity across the system. This is an important and necessary initiative, but there are insufficient resources to implement a train the trainer model, provide direct speech and language therapy to children, and ensure that hubs are “language-rich environments”. Speech and language services must be adequately resourced and services must be consistent and equitable for all children up to the age of six.

Appendix I identifies data and preliminary work done by Wordplay in preparation of Best Start.

The Preschool Speech and Language Committee has already reviewed restoration funding and identified a number of service pressures. The committee is prepared to become a Sub-Committee of the Network to assist with the integration of speech and language services across the hubs and to work with the Network to identify challenges and barriers and develop strategies to address them (*see Appendix I for the full Preschool Speech and Language Committee report*). The next steps required in planning to integrate speech and language services into Early Learning and Care Hubs include an overview of current programs, services, funding allocations and targets; identification of services suitable for transfer to hubs; and identification of implications of transfer (caseload and resource implications).

Infant Hearing

Wordplay/Jeux de mots Infant Hearing Program (IHP) provides universal newborn hearing screening (in hospital and community), follow up hearing loss confirmation and audiologic assessment and follow up supports and services including communication development (ASL, AVT, Dual, Educational In-Home Visiting) and family support counselling. The program covers the regions of Manitoulin, Sudbury, Cochrane Algoma, Nipissing and Temiskaming. Currently, communication development and family support counselling services are provided by the IHP for children identified with PCHL (permanent childhood hearing loss) for two years post identification.

Hubs will be ideal locations for community screening (DPOAE and possibly AABR tests), providing family support services (alternative to home) and communication development. Appropriate space will be required, i.e. quiet room with furniture appropriate to babies, pre-schoolers and parents. If clinically appropriate, screening will be done at hubs.

Wordplay/Jeux de mots IHP has identified the next steps required in planning to integrate infant hearing services into Early Learning and Care Hubs. These include an overview of current programs, services, funding allocations and targets; identification of services suitable for transfer to hubs; and identification of implications of transfer (caseload and resource implications). The Preschool Speech and Language Committee will work closely with the Best Start Network as a Sub-Committee of the Network with regard to planning the integration of IHP services (*the Preschool Speech and Language Committee Report may be found in Appendix I*).

Childcare

The Best Start Childcare Plan articulates the vision and plan for childcare services in the CGS. With regard to the Early Learning and Care Hubs, parents and caregivers will be able to access up-to-date information about childcare at the hubs and, as long as the subsidy system is in place, will be able to apply for subsidy at the hubs.

The Network plans to develop a comprehensive database of all of the childcare spaces available in the city. This will be a “live” system with an updated list of the service providers that have childcare space. Parents and caregivers will be able to access the database at the hubs. The Network will

also review the existing mechanism for quality assurance for childcare providers and will explore the possibility of developing accreditation standards to improve quality assurance.

Health Supports and Services

The CGS has a shortage of primary health care providers and many parents and caregivers with infants and young children have no family physician. This represents a significant service gap for many families with regard to accessing basic health services. There is also a huge need for prenatal services. The Health Unit will provide health promotion services at hubs, but accessing primary health care services will continue to be a problem for many families.

While the provision of health care services is not one of the core functions of the Early Learning and Care Hubs, the Network supports the need for families to have adequate access to primary health care and other health services. Hubs will develop linkages with the health care system as part of the longer-term implementation strategy for Best Start. As these linkages are developed and strengthened, the Network will work collaboratively with health care providers including the new Northern Ontario School of Medicine, with regard to strategies to raise awareness among primary care physicians of the risks associated with postpartum/maternal depression, the benefits of early detection and treatment, and best practices in managing depression. Nurse practitioner funding (100% Early Years funding) should be extended and enhanced to continue to support families with children 0-6 with no family doctor.

Mediated Prevention/Early Intervention Services

(See Access Mechanisms, below)

Outreach

The Best Start Network believes that outreach services are critical to ensure equal access to hub services and supports, particularly among families who are marginalized or at risk. There are organizations in the CGS who have models for service delivery specific to the need for outreach to reduce barriers to participation and they have a demonstrated history of effective outreach. They include Better Beginnings, Better Futures in the neighbourhood it serves, Our Children, Our Future (federally funded CAPC/CPNP program) and Kidshare/Enfants Partage (a program of the Child and Family Centre, Children's Mental Health service provider). As part of their outreach work, some of these provide transportation to programming, as well as hosting community events and other activities. The Network plans to build on the existing services and use the expertise of these community partners to transition their services to hubs and expand the model of service delivery across the CGS. Aboriginal community service providers have established effective and culturally appropriate ways of reaching out to families, and the Network will support the Aboriginal hub in its preferred approaches to engaging families as communicated to the Network by the Aboriginal Sub-Group.

As the hubs evolve within the context of a community development model that engages parents and caregivers in Neighbourhood Advisory Committees, the Network expects that mentoring and outreach by parents and caregivers to marginalized or new parents and caregivers will become key components of outreach activities.

Transportation will present a significant and ongoing barrier to accessing hub services, particularly for low-income families. Although hubs will be located in neighbourhoods, some neighbourhoods are too large to traverse on foot, especially in the winter. Public transportation is limited, too costly

for some parents and caregivers, and too difficult to use for some, especially those with several children.

In addition, school boards have identified transportation as the barrier that prevents families from accessing half-day JK as opposed to alternating full days, particularly in the English School Boards. Parents and caregivers, including those who work out of home and in the home, agree that they would prefer half-day JK. The Network will explore options for transportation services to meet these family needs, including advocating for more resources for transportation, if required. It should be noted that the French School Boards offer full time JK to support the acquisition of language.

The Best Start Network is proposing that hubs have some funds for transportation and outreach, which could be utilized for Rideshare, buses, taxis, shuttle services, etc. The funds might also be used to purchase vans to bring families to programming. The Network will explore with school boards the possibility of using school buses with empty seats to bring parents and caregivers and their children to hubs.

The Network will develop a plan for coordinating outreach and transportation as part of its implementation activities; the plan will be reviewed and updated at regular and defined intervals.

4.5 Specialized Services Linked to Hubs and Access Mechanisms

Coordinating Specialized Services across Hubs

Specialized services include child welfare, children's mental health, child treatment and developmental services. The Network will coordinate the provision of specialized services across the hubs within the context of core values and goals, which include equity, seamless service provision and respect for the mandates of partner agencies. Service need at hub locations will be determined based on feedback from Local Advisory Groups via the Hub Coordinators, and other relevant data.

Access Mechanisms

Hubs will have a defined link to the MCYS central access (Children's Community Network) mechanism, which will support all MCYS-funded services, except for mandated services. Hubs will facilitate the process of accessing services and provide a location for accessing the central access mechanism so that families experience the service system as seamless. The central access (Children's Community Network) mechanism will continue to coordinate services at the intensive end of the continuum.

The Network supports the expansion of MCYS central access to other MCYS funded services, such as HBHC. HBHC will engage in discussions with the MCYS central access (Children's Community Network) mechanism with regard to the development of a protocol for utilization of central access (Children's Community Network) for referrals to HBHC coming directly from hubs. The Speech and Language Committee will provide recommendations to the Network with regard to a mechanism for access that will ensure the provision of speech and language services is coordinated and experienced as seamless by parents and caregivers.

While the Network supports seamless service provision from the first point of contact with children's services, coordinating access to MCYS and non-MCYS funded services, which have different access mechanisms, is a systemic issue. The Network is recommending that the respective Ministries review and revise existing policies as needed to integrate access mechanisms for children and families.

Provision of Mediated Prevention / Early Intervention Services

Hub staff will screen for child and family needs for prevention/early intervention services and identify problems or issues that appear to require specialized (clinical) assessment and interventions. Service providers will approve the screening tools and procedures and the indicators that point to the need for specialized services. Designated service providers will provide mediated services at hub locations using existing resources. Hub staff will coordinate the provision of mediated services.

Intake to MCYS Funded Specialized Services

If there are indications that there is a need for specialized interventions, MCYS central access (Children's Community Network) will be activated. MCYS central access functions will occur at the hubs to conduct intake to specialized services at the request of a hub coordinator on behalf of a family or following a direct request for service from a parent who prefers to meet with the intake staff at a hub. This may increase staffing requirements for the central access (Children's Community Network) mechanism. The Network will advocate for additional funding to enhance the central access function, as required. Children receiving services from multiple providers will have a single plan for service developed by a team composed of hub coordinator, service providers, central access and parents / caregivers.

Location of Service Provision

Specialized service providers will provide services at hub locations, unless there are clinical reasons for not doing so. Child Welfare will also attend the hubs regularly to engage with parents and caregivers as part of its outreach strategy to families.

Services for Families on Wait Lists

To assist parents and caregivers during wait times for specialized services, hub staff will be cross-trained to provide quality "interim" services.

Coordination of Services for Children with Special Needs

Preferably, the provision of Clinical Support (e.g. OT/PT) and Special Needs Resourcing (SNR) services in hubs will follow the model used currently in childcare settings, where children are referred through MCYS central access (Children's Community Network), followed by the provision of direct clinical therapy or mediated therapy (therapist) and / or SNR mediated support (resource consultant). *The CGS funds this unique and effective model for service delivery within its childcare allocation.* For regulated medical interventions, depending on the treatment required, childcare staff may receive special training to provide regulated medical interventions directly.

For children in school (JK/SK), however, different models of support apply. For Clinical Support, CCAC is the point of access for the service and the CTC provides the service to children in the schools as a school health support. For SNR, schools have their own resource teachers, although the SNR service provider and the school boards have developed an effective transition process for children entering school. For regulated medical interventions, due to Education Legislation, school aides are not able to provide the supports in the same way that child care staff do, so CCAC nurses provide the service directly. In addition, school boards have their own system for referrals to their services and supports, such as psychology.

These represent inconsistencies in the model for service delivery for preschool and school-aged children, which will be emphasized with the implementation of Best Start and for some children, will represent a significant service gap. For example, a child in childcare in the morning will have a program assistant and resource consultant for SNR, but in the afternoon in JK, at the same location, will not receive these services. It may also become an issue for staff if childcare staff is working in the schools and some staff (in childcare) are providing the services while others (in education) are not.

The Network believes that families and children have the right to equity and consistency in service provision. Therefore, the Network is recommending that the model currently in place for childcare support children until the age of six. Specifically, the Network supports an enhancement of the CGS allocation for special needs resourcing and the development of an appropriate formula that recognizes the challenges faced by parents and caregivers of children with special needs within the context of a holistic approach.

Transitioning of Children with Special Needs

The Network expects hubs to play a key role in transitioning children with special needs to school. Once children reach age six, the Network supports the use of the existing model adopted by the four boards of education for transition to the regular school system. The model has been very successful, is supported by parents, boards of education and SNR programs, and could be implemented for children with a range of special needs.

4.6 Plan to Enhance Key Early ID and Intervention Programs

Early ID and intervention programs include Healthy Babies, Healthy Children (HBHC), Preschool Speech and Language (PSL), Infant Hearing Program (IHP), Infant Development and special needs resources (SNR) for licensed regulated childcare.

Section 4.5 addresses issues of access to specialized services, and the coordination of services for children with special needs, including early identification and intervention programs. The recommended model for child treatment and special needs resourcing in the CGS is described in Section 4.5 *Coordination of Services for Children with Special Needs*.

The HBHC program will work with the MCYS central access (Children's Community Network) mechanism to develop a protocol for accessing HBHC services through the hubs. Lay home visitors may attend hubs with parents to provide HBHC supportive services in hub locations as needed.

As noted in Section 4.4.2, the long-term plan for Preschool Speech and Language (Wordplay/jeux de mots) is to eliminate service provision at its central location and provide a full range of services, including assessments, at hub sites. This will however increase demand on staff and require the development of a new model for service delivery. The model for service delivery must include a plan to coordinate speech and language services among the seven service providers to ensure that there is no duplication. Infant hearing services will be provided at hub sites as practicable; depending on the environment hearing screenings may be conducted at hub sites, but full assessments will have to be done at a central location. The Speech and Language Committee has reviewed its restoration funding and service pressures and is preparing some recommendations for the Network regarding planning for access to and integration of speech and language and infant hearing services. Some of the issues are system / policy issues and are addressed in Section 6.1.

The Infant Development Program, while a home-based intervention, will provide mentoring of hub staff in partnership with other service providers to build capacity within hubs. Access to Infant

Development services will be through MCYS central access (Children's Community Network) mechanism.

The Network also supports the provision of mediated prevention / early intervention services by children's mental health and child welfare in the hubs, as described in Section 4.5 *Provision of Mediated Prevention / Early Intervention Services*.

4.7 Challenges and Strategies to Address Them

Coordinated and Adequately Resourced Speech and Language Services

With multiple service providers, coordinating of services will be a challenge for the Network. As noted in section 4.4.2, the Preschool Speech and Language Committee has reviewed restoration funding, identified a number of service pressures and is prepared to become a Sub-Committee of the Network to assist with the integration of speech and language services across the hubs. As part of this work, the Committee will collaborate with the Network in identifying specific barriers and developing strategies to address them.

Ensuring adequate resources so that services are provided equitably and consistently, to preschool and school-aged children, is a significant challenge. Lack of resources is currently a barrier to service accessibility. However, this is an issue that must be addressed by the funders of the service (see 6.1 *System / Policy Changes required*).

Health Care Services

The CGS has a shortage of primary health care providers and many parents and caregivers with infants and young children have no family physician. This represents a significant service gap for many families with regard to accessing basic health services, such as immunizations.

While the provision of primary health care services is not a function of Best Start, the Network recognizes that access to primary health care services for child health and well-being is a key element in school readiness. The Network plans to work with health care providers – paediatricians, community health centres, the new Northern Medical School and the new Family Health Teams – to develop a model to link hubs with various sectors of the health care system so that hubs are able to assist families in accessing primary health care services as needed. This will include services related to prenatal services and supports and early identification of and intervention for postpartum maternal depression.

Access to Specialized Services

The Network and its community partners are committed to ensuring that service provision is seamless from the perspective of families. Therefore, it supports access to all MCYS funded specialized services through the MCYS central access (Children's Community Network) mechanism, except for mandated services. Challenges related to implementation of this model for access are primarily logistical in nature and will be worked out between the respective service providers and the central access (Children's Community Network) mechanism.

Ensuring seamless access to and consistent models of service delivery across MCYS funded and non-MCYS funded services is more challenging. The Network is recommending that the Ministries (MCYS, MOHLTC and EDU) review their policy directions for all services integral to Best Start, to ensure that there is equity and consistency in access and service provision for all children up to the age of six.

Outreach and Transportation.

The Network believes that outreach to families, particularly marginalized and at risk families, is critical to the success of the Best Start initiative. It will build on the expertise of the community partners who have demonstrated success in reaching out to such families to transition these services to hubs and to develop an expanded model of outreach services across the CGS. The Network will review community profiles as it develops the expanded model, to ensure that the hubs in at risk communities are the first to implement outreach initiatives. Over time, the Network expects that Local Advisory Committees will initiate outreach activities, i.e. parents and caregivers will be actively involved in reaching out to and mentoring other parents and caregivers in their neighbourhoods.

Transportation will present a significant and ongoing challenge to accessing core and specialized hub services, (and services of any kind) particularly for low-income families. The Network is recommending that hubs have some funds allocated specifically for transportation and outreach. The Network will ensure that these are distributed based on priority needs, i.e. to the hubs serving at risk neighbourhoods. The Network will also explore other possibilities for transportation with its community partners, e.g. service providers contributing to the Rideshare program, discussion with school boards regarding the possibility of using school buses with empty seats to bring parents and caregivers and children to hubs, etc.

5.0 Child Care Plan: 2006 – 2008

Over the last several years, childcare centres and school boards in Greater Sudbury have been working together to develop in- school programs to meet the needs of both school age and, to a smaller extent, preschool age children in Greater Sudbury. For example, in 2003 there were 516 licensed child care spaces located in schools and by the end of 2004, this number had jumped to 1085 licensed spaces. These programs grew naturally out of parents needs and schools' ability to accommodate programs. However, these efforts were not a result of an overarching plan directed by the City or MCYS.

With the announcement of the Best Start Guidelines in May 2005, childcare providers within the City of Greater Sudbury, renewed their efforts to implement additional programs in schools to meet Best Start targets, and in fact at this time have exceeded Best Start targets.

The Best Start Child Care and Transition Plans provide an opportunity for the City to work closely with school boards, child care operators and many community stakeholders to develop a coordinated planning strategy. This will provide more direction to the community ensuring that further expansions can be implemented within the context of a community endorsed plan and will be sure to meet the identified needs in the community.

Vacancies

In Greater Sudbury, all subsidized children have been accommodated in the program of their family's choice, therefore there have not been vacancies or waiting lists for subsidized care at any particular centre. Waiting lists may exist because of lack of available space in the child care centre but this is not related to the family's subsidy status. This policy, where the subsidy follows the child to any licensed program, will continue as Best Start is implemented.

Meeting the needs of Francophone children and those with cultural, linguistic and/or special needs

A guiding principle of the planning process for the Best Start Child Care Plan is to “ensure access to child care services throughout the City of Greater Sudbury, taking into account the diverse cultural and linguistic backgrounds and needs of our community: in particular French, English and First Nations.”

One key strategy for ensuring that expanded programs will meet the needs of Francophone students is the allocation of minor capital and program development dollars based on student enrollment in the individual boards of education.

In Greater Sudbury, French school boards already provide full day JK and SK programs to all students while English boards provide full day SK and alternating day JK programs. In order to ensure that Francophone and Anglophone children will both have access to expanded programming, the planning process has allowed for the expansion not only of JK/SK spaces but equally to spaces for children 0-3.

The needs of Francophone children were particularly addressed with the addition of licensed spaces through le Carrefour francophone and Nos enfants, notre avenir.

Infrastructure Components of Transition Plan

Strategies Used to Meet Child Care Expansion Targets

A process of consultation with the four school boards was undertaken to determine sites for future expansion for the years 2005 to 2008. This formula and process will be applied for the distribution of the capital component of the best start funding. Based upon the percentage of JK/SK enrolment in each board as of October 2004, the CMSM will provide an allotment of capital as follows:

JK/SK Enrolment, City of Greater Sudbury, 2004

JK-SK Enrollment (as of October 2004)				
	JK	SK	Total	% Total Enrollment
Rainbow District School Board	659	770	1429	45%
Sudbury Catholic District School Board	397	433	830	26%
Conseil Scolaire Catholique du Nouvel-Ontario	326	317	643	20%
Conseil Scolaire du District du Grand Nord	123	153	276	9%
Total	1505	1673	3178	100%

School boards provided the CMSM with a listing of infrastructure projects, licensed spaces, and costs they anticipate for development and operations for the next three years. It is anticipated that the development will meet the community need and address childcare service gaps within the City of

Greater Sudbury. Implicit in this act is the recognition that costs for projects exceed the Ministry allocation. Thus without additional funding there will be a need to prioritize projects. As outlined below, the community has identified more Capital and Operating costs than the City's allocation from the province. The City will request additional funding from the MCYS for costs exceeding the City's current allocation.

The City has advised the school boards that they are to develop a board policy and a selection tool with regards to choosing a child care provider. They must ensure fairness and must consider all providers that meet the needs of the individual school and that neighborhood, and not restrict access to the current service provider in that school. School boards have not, in all cases, finalized selection of the childcare operator for their planned expansions.

Projects in development and operational within 2005/06

In general, given the brief period of time that this information was requested and that school boards within the City of Greater Sudbury do not have their plans for future school enrollment completed, it is anticipated that priorities of future expansions may be subject to change.

The infrastructure projects submitted by the four school boards as being in development and/or operational within 2005/06. This table also includes capital costs associated with each project, the proposed date when the site will become fully operational as well as a breakdown of operating costs, both start up and ongoing, with each project.

Allocation of Fee Subsidies

As alluded to earlier (under Vacancies), fee subsidies are not attached to specific sites, but assigned to the child and follow them throughout the system. For the purposes of this exercise, however, it could be assumed that 60% of the new childcare spaces will be used by a child receiving subsidy.

Construction

While the CMSM is aware that there are "soft" construction costs related to renovation and/or new construction projects, it has not been provided with an estimate of these costs. As the allocation being provided to school boards is significantly lower than the projected construction costs, it is anticipated that the allocation will reimburse a portion of the actual construction costs.

There are no purchases of land for the creation of new child spaces for 2006 to 2008.

Increased Service Levels

This plan assumes that increased service levels have been completed at the expense of the operators and school boards. It should be noted that the City's capital allocation is not reflective of the actual cost incurred. Completed expansions already have met Best Start targets.

Infrastructure Components

The Best Start Child Care Infrastructure Plan describes the numbers of sites and spaces that will be created with expansion to schools within the system between 2006 to 2008.

No land or building purchases will occur in 2007/08.

Schools First Policy Related Components

Expansion of childcare spaces in the 2006/07 and subsequent years is anticipated to be primarily in schools as required by the Schools First Policy within Best Start. It is also expected that schools will be a primary location for the hubs, however, it is recognized that school boards are in a continual process of re-evaluating school sites based upon enrollment. It is unclear what the implications of a hub located within a school would have upon the viability of the system. At this time, there are no plans to construct new childcare programs near schools and neighbouring early learning and care hubs being planned.

It is also difficult to anticipate the number of children that will receive subsidy each year. A conservative estimate would be 60% of the spaces being created. As a CMSM, we are also unsure of the implications of the new income based testing model expected to be implemented in 2006 and how it will affect those applying and those currently on our system. It is expected that as more families become eligible, the City may have to reinstate its waiting list policy as all eligible children may not be able to be accommodated.

City of Greater Sudbury Infrastructure Plan 2005-08

Project Name	# infant	# toddler	# pre school	# of JK alt.	# of JK/Sk wrap-around	Estimated Capital Costs	Estimated Start-up costs	Fee Subsidy	Wage Subsidy	Special Needs	Total Operating
C.Cliff Public Phase 1			16			20,000	5,000	6,960	18,060	4,400	34,420
St. Mary Phase 1			20			0	7,500	8,700	18,060	5,500	39,760
Algonquin Phase 1				20		35,000	7,500	21,385	10,535	3,208	42,628
Alliance St. Joseph		5	2			275,000	5,000	19,292	5,268	1,123	30,682
de la Découverte		10	16			400,000	40,000	38,630	21,070	4,171	103,871
Fover Jeunesse		10	16			80,000	40,000	38,630	21,070	4,171	103,871
Jean Ethier-Blais		15	16			400,000	34,000	46,478	26,338	4,973	111,788
Levack Public			16	20		80,000	9,500	31,941	21,070	5,775	68,286
Long Lake Phase 1				10		25,500	3,750	6,825	5,268	1,604	17,447
Northeastern			16	20		80,000	15,000	31,941	21,070	5,775	73,786
N. D.de L'Esp. Phase 1			16			48,000	5,000	32,828	10,535	2,567	50,930
R.L. Beattie Phase 1				20		25,500	2,000	21,385	10,535	3,208	37,128
St. James				20		25,500	7,500	21,385	10,535	3,208	42,628
St. Paul Phase 1				20		25,500	7,500	30,940	10,535	3,208	52,183
Ste. Marie					20	0	5,000	33,443	10,535	3,208	52,186
Pavillon de l'avenir		10	16			100,000	40,000	33,111	18,060	3,575	94,746
Alexander			8	10		77,000	6,500	7,839	4,515	1,238	20,092
C.R. Judd			8	10		84,700	6,500	7,839	4,515	1,238	20,092
Chelmsford Sr.			8	10		35,500	6,500	7,839	4,515	1,238	20,092
C. Cliff Public Phase 2			8	10		25,500	3,750	2,925	2,258	688	9,620
Larchwood				10		35,500	3,750	2,925	2,258	688	9,620
MacLeod			8	20		150,000	10,000	10,764	6,773	1,925	29,462
Nesbitt				10		35,000	3,750	2,925	2,258	688	9,620
Wanup				10	10	38,500	6,500	2,925	4,515	1,375	15,315
Wemblev				10		35,000	3,750	2,925	2,258	688	9,620
Algonquin Phase 2			16	10		150,000	9,000				0
N. D. de la Merci Ph. 1		10	16		10	250,000	20,000				0
N. D. de L'Esp. phase 2	10	15	8		12	287,000	40,000				0
St. Albert	10	5	8			100,000	20,000				0
St. Charles	6	5	8	5	5	250,000	62,850				0
St. Francis	10	10	16		8	400,000	90,000				0
St. John	10	15	24			350,000	86,000				0
St. Mary Phase 2	10			20		350,000	59,877				0
St. Paul Phase 2	10	10	16			20,000	68,000				0
St. Raphael	10	15	24	10	15	600,000	88,000				0
						5,073,700	828,977	472,780	272,405	69,438	1,099,873

City of Greater Sudbury – Infrastructure Plan 2005 - 2008

Project Name	# infant	# toddler	# pre school	# of JK alt.	# of JK/Sk	Estimated Capital Costs	Estimated Start-up costs	Fee Subsidy 2007/08	Wage Subsidy 2007/08	Special Needs 2007/08	Total Operating
C.Cliff Public Phase 1			16					6,960	18,060	4,400	29,420
St. Mary Phase 1			20					8,700	18,060	5,500	32,260
Algonquin Phase 1				20				36,660	18,060	5,500	60,220
Alliance St. Joseph		5						33,072	9,030	1,925	44,027
de la Découverte		10	16					66,222	36,120	7,150	109,492
Foyer Jeunesse		10	16					66,222	36,120	7,150	109,492
Jean Ethier-Blais		15	16					79,677	45,150	8,525	133,352
Levack Public			16	20				54,756	36,120	9,900	100,776
Long Lake Phase 1				10				11,700	9,030	2,750	23,480
Northeastern			16	20				54,756	36,120	9,900	100,776
N. D.de L'Esp. Phase 1			16					56,277	18,060	4,400	78,737
R.L. Beattie Phase 1				20				36,660	18,060	5,500	60,220
St. James				20				36,660	18,060	5,500	60,220
St. Paul Phase 1				20				53,040	18,060	5,500	76,600
Ste. Marie					20			57,330	18,060	5,500	80,890
Pavillon de l'avenir		10	16					66,222	36,120	7,150	109,492
Alexander			8	10				37,986	18,060	4,950	60,996
C.R. Judd			8	10				37,986	18,060	4,950	60,996
Chelmsford Sr.			8	10				37,986	18,060	4,950	60,996
C. Cliff Public Phase 2				10				18,330	9,030	2,750	30,110
Larchwood				10				18,330	9,030	2,750	30,110
MacLeod			8	20				56,316	27,090	7,700	91,106
Nesbitt				10				18,330	9,030	2,750	30,110
Wanup				10	10			18,330	18,060	5,500	41,890
Wembley				10				18,330	9,030	2,750	30,110
Algonquin Phase 2			16	10				57,642	27,090	7,150	91,882
N. D. de la Merci Phase 1		10	16		10			38,630	26,338	5,775	70,743
N. D. de L'Esp. Phase 2	10	15	8		12			55,942	42,140	7,219	105,301
St. Albert	10	5	8					40,245	26,338	3,690	70,272
St. Charles		5	8		5			37,219	26,338	4,652	68,209
St. Francis	10	10	16	8	8			68,114	42,140	8,342	118,596
St. John	10	15	24					78,874	47,408	7,860	134,142
St. Mary Phase 2	10			20				42,315	26,338	4,813	73,465
St. Paul Phase 2	10	10	16					59,560	36,873	5,775	102,208
St. Raphael		15	24	10	15			89,567	57,943	11,871	159,380
Churchill			8	20		150,000	10,000	32,851	15,803	4,492	63,145
Cyril Varney			8	20		150,000	10,000	32,851	15,803	4,492	63,145
Franco Nord		10	16			98,000	40,000	38,630	21,070	4,171	103,871
George Vanier			16	20	20	37,500	17,500	44,317	31,605	8,983	102,405
Hélène Gravel		?	?			852,000	90,000	0	0	0	90,000
Immaculate Conception		5	8	5	5	600,000	88,500	37,219	31,605	4,652	161,976

Project Name	# infant	# toddler	# pre school	# of JK alt.	# of JK/Sk	Estimated Capital Costs	Estimated Start-up costs	Fee Subsidy 2007/08	Wage Subsidy 2007/08	Special Needs 2007/08	Total Operating
Jeanne Sauvé		?	?			855,000	90,000	0	0	0	90,000
Long Lake Phase 2			16			77,000	5,000	22,932	10,535	2,567	41,034
Princess Anne			8	10		150,000	7,500	22,159	10,535	2,888	43,082
Queen Elizabeth				20		35,000	7,500	21,385	10,535	3,208	42,628
R.H. Murray				10	10	35,000	6,500	10,693	5,268	3,208	25,669
R.L. Beattie Phase 2			8			150,000	2,500	11,466	5,268	1,283	20,517
St. Joseph (Flour Mill)			16			TBD	5,000	22,932	10,535	2,567	41,034
St. Dominique	10					150,000	20,000	0	15,803	0	35,803
						3,339,500	400,000	1,852,381	1,067,045	244,956	3,564,382

6.0 Moving Forward – Long-Term Development Strategies

6.1 System / Policy Issues

OEYC Boundaries and Funding

The Network is recommending that MCYS review its Early Years Strategy to explicitly include OEYCs and define their role in the Best Start Initiative. This recommendation is in support of OMSSA's formal submission to the Minister. The CGS and the OEYCs serving the City have developed a good working relationship. However, OEYC boundaries currently correspond with political riding boundaries and are not consistent with CMSM/DSSAB boundaries, resulting in service gaps for children and families in some areas. The Best Start Network recommends that MCYS realign OEYC boundaries so they are consistent with CMSM/DSSAB boundaries. This will enhance the capacity of municipalities and community partners to plan and implement comprehensive and effective Best Start programs and services. This capacity would be further enhanced if OEYC funding were transferred to municipalities to be used within the context of the Best Start initiative. The Network also recommends resources be allocated to support this realignment.

MOHLTC and MCYS Funded Services

MOHLTC and MCYS funded services overlap with regard to certain services, such as speech and language services and clinical support services for children with special needs. Although the services provided are the same, and models of service delivery may be similar, policy differences sometimes result in service gaps. In addition, MOHLTC, CCAC and MCYS are utilizing different access mechanisms, both of which are considered Single Points of Access. At this time, two MCYS services, HBHC and Preschool Speech and Language, are not accessed through the MCYS Single Point of Access. The Network agrees that they would work with a view to create a system of services that is seamless from the perspective of families and presents no barriers to accessibility.

Access to School

The Network is concerned that the Safe Schools Act could affect accessibility to certain Best Start programs, i.e. that a child in a childcare program located in a school could be excluded from the program if he or she does anything in violation of the Act. The Network is recommending a review and, if needed, revision of the Act to ensure accessibility to childcare or other Early Learning and Care Hub programs and services. The Hub has to have distinct separation from the school function, however the hub and the school need to be able to co-exist.

Nurse Practitioner Funding

Nurse practitioner funding (100% Early Years funding) should be extended and enhanced to continue to support families with children 0-6 with no family doctor. These services can be linked directed to Best Start hubs.

Transportation

Transportation has been identified as a serious issue in many components of the development of this plan (see Section 6.5). This Network is aware that this is an issue across the Province and recommends that MCYS recognize the restriction to the development of any new programs without adequate access to transportation.

6.2 Parent Engagement Strategy

The Best Start Network has been very successful in engaging parents and caregivers in the Best Start planning process and intends to build on this success. For the first year of the initiative (2006/2007), the Network will hold quarterly public meetings that will be well advertised and open to all parents and caregivers in the CGS to provide input into implementation and ongoing planning for Best Start. In following years, public meetings will be held at least twice annually.

The Network will also continue to survey parents and caregivers on a regular basis, through childcare programs and schools, to identify their needs.

Each hub will establish a Neighbourhood Advisory Committee that includes at least 40% parents and caregivers. Each local committee will send a representative to the Parent Sub-Committee of the Network, which will continue to provide the Network with information about parent needs. The Parent Sub-Committee will elect one parent representative to the Network. These structures and the linkages between them will ensure that the voices of parents and caregivers are a critical influence on decision making at every level.

6.3 Implementation Strategies

The Best Start Network will continue to meet regularly to plan, develop and implement coordination strategies, and monitor the implementation of Best Start. The Network, with the assistance of a Best Start Facilitator (staff position at the CGS), will assume responsibility for reviewing services, community service needs and utilization trends and updating the Best Start Implementation Plan, including the model for service coordination, at regular and defined intervals. The Terms of Reference will be amended as needed in January 2006 to reflect new roles and responsibilities related to implementation. Partnership building and advocacy will be ongoing to ensure that the hub model has the capacity to meet the needs of all parents and caregivers with children 0-6 in the CGS.

In January 2006, the Network will begin the process of selecting priority areas in the CGS for implementation of "pilot" hub sites. The sites will be selected on the basis of community need and existing capacity, including suitable space and the presence of an organization with the capacity to coordinate early years programs and services in the area.

As resources permit and based on priority need, the Network will select additional sites for implementation in 2007. Each year, more sites will be added until the full complement of hubs is operational in the CGS.

6.4 Process for Monitoring Implementation

Early in the first year of operation, the Network will develop an evaluation plan and process to monitor implementation of the pilot sites. Data elements for the evaluation plan will include reports from Hub Coordinators, feedback from parents and caregivers of children, service providers and other community partners (from public meetings, Sub-Committees and Neighbourhood Advisory Committees), service utilization trends and other relevant information. The data elements will be reviewed at regular intervals during year one to guide the implementation process. Reports and plans will be shared with Sub-Committees, including the Parent Sub-Committees, as they are released.

After the first full year of operation, the Network will review the lessons learned from implementation of the pilot sites based on a compilation of all the data elements and will use this information to inform the development of new hub sites and to revise the Best Start

Implementation Plan as needed. The evaluation process will be ongoing and the Best Start Implementation Plan will be reviewed and updated annually.

6.5 Challenges and Strategies to Address Them

Improving Access to Primary Health Care

The shortage of primary health care providers has been a problem in the CGS for many years. The Network anticipates that the solutions will involve long-term strategies, and while the provision of primary health care services is not a function of Best Start, the Network is prepared to work collaboratively with health care funders and providers to improve access to these vital services.

The Network plans to work with health care providers – paediatricians, community health centres, the new Northern Ontario School of Medicine and the new Family Health Teams – to develop a model to link hubs with various sectors of the health care system so that hubs are able to assist families in accessing primary health care services as needed, including prenatal and postpartum / maternal depression services. The Network will also advocate ongoing for family access to primary health care as a key element in child health and well-being, and by extension, school readiness.

Transportation

Transportation is a critical component of effective outreach and access to services, and parents and caregivers identified lack of transportation as a barrier in community consultations. The Network expects transportation to present a significant and ongoing challenge to accessing hub services, particularly for low-income families, and it is recommending that hubs have some funds allocated specifically for transportation and outreach. The Network will ensure that these are distributed based on priority needs, i.e. first to the hubs serving at risk neighbourhoods. The Network will also explore other possibilities for transportation with its community partners, e.g. service providers contributing funds to the Rideshare program, discussion with school boards regarding the possibility of using school buses with empty seats to bring parents and caregivers and children to hubs, etc.

Resource Issues

The Network is committed to using the expertise, services and supports of service providers to implement Best Start in the CGS and expects to accomplish a great deal within existing resource allocations. However, some resource issues have already emerged, in particular for speech and language services, special needs resourcing, and possibly, the MCYS central access mechanism. Furthermore, adequate funding will be required to ensure that services are coordinated across hubs (a Best Start Facilitator position and IT support) and that hubs have the highest quality of staff. The Network anticipates that as hubs are established and families become aware of hub services and supports, more needs will be identified and the capacity of the service system may be challenged as a result. In order for Best Start to be fully inclusive of and responsive to children 0-6 and their families in the CGS, adequate resource allocations and flexible funding formulas will be required ongoing.

APPENDICES

Copies of Appendices A to I are available at the Children Services Office. They will also be available on the City of Greater Sudbury's website.