Building the Future in Atlantic Canada: Integrating early childhood and family services

I. Introduction

Over the last few decades the science of early development has witnessed explosive growth. New technologies confirm that infancy and early childhood are the first and most critical phase of human development. A child's earliest experiences shape the structure of genes and the architecture of the developing brain.

At the same time families have changed, becoming more diverse and are raising young children in circumstances that are significantly more complex, and for many, more stressful. Families and their needs have changed; the services designed to support them have not.

Outside Quebec, children's programming in Canada is divided into three distinct streams — education, child care, and family supports. All promote the healthy development of children as their primary goal yet they have no, or little, interaction. There are pockets of innovation and increased levels of investment, but service overlap prevails alongside large gaps. Each stream has its own bureaucracy, culture and mandate based on a narrow range of needs. The result is service silos. Children and families don't experience their lives in silos; their needs can't be dissected and addressed in isolation.

The Organization for Economic and Co-operative Development (OECD)[1] reports that Canada spends the lowest amount per child on early years programs among all the industrialized

A great change is coming over childhood in the world's richest countries. Today's rising generation is the first in which a majority is spending a large part of early childhood in some form of out-of-home child care. At the same time, neuro-scientific research is demonstrating that loving, stable, secure, and stimulating relationships with caregivers in the earliest months and years of life are critical for every aspect of a child's development. Taken together, these two developments confront public and policymakers in OECD countries with urgent questions. Whether the child care transition will represent an advance or a setback – for today's children and tomorrow's world – will depend on the response.

The Child Care Transition,

UNICEF, 2008

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[1] ***Starting Strong*** (2006). The OECD provides economic and social analysis for the governments of its 20 member states. Starting Strong is the most comprehensive examination of early childhood education and care ever undertaken. It took eight years to complete and involved 15 countries.

countries. As a result Canadian children participate in universal preschool programs much later than their European counterparts and have the lowest rate of access to child care and intervention services.

The OECD review found that in jurisdictions where the policy and delivery of education, child care and related supports are divided, similar challenges prevail:

- Coverage is sparse.
- Not all families receive the services they are eligible for.
- Service location and affordability are barriers.
- Services hours and parents' work schedules often conflict.
- Families with multiple needs have difficulty fitting services together.
- Families lose needed services as children age or their circumstances change.

Service providers are also challenged.

- There is no ongoing contact with families during their children's early years.
- Inflexible mandates and funding criteria leave providers unable to provide cohesive support.
- Services are funded on the basis of outputs rather than outcomes making it difficult to tailor services to families' diverse needs and circumstances.
- Services are typically treatment, rather than prevention or promotion-focused, and are unable to adapt to emerging needs.

Improving outcomes for children requires a greater public commitment but new investments must be accompanied by smart decisions about program and system design if the transformative effects of investing in early childhood are to be realized.

What is a seamless continuum?
A seamless continuum provides a continuity of people, environments, expectations and programming for children and parents, and careful management of transitions from home to child care, between child care and preschool or kindergarten, and between kindergarten and the primary school grades.

The *Early Years Study*, co-chaired by the Hon. Margaret Norrie McCain and Dr. Fraser Mustard in 1999, and the *Early Years Study 2* (McCain, Mustard & Shanker, 2007) brought the science of early human development to the attention of policy makers and the public. Their work acknowledges that modern families need a modern support system, one that places the healthy development of children at the centre, but also recognizes that children do not exist in isolation from their families. It called on governments to invest in the early years at the same rate as older children and to address their developmental need through the creation of early childhood and parenting centres, linked to public education and sensitive to local communities. Since then, initiatives in Toronto, South Australia and the United Kingdom have used this vision to consolidate existing early childhood programs into working models to inform public policy change.

Drawing on these cumulative experiences the Government of New Brunswick and the Department of Education and Early Childhood Development of Prince Edward Island, with support from the Margaret and Wallace McCain Family Foundation, are sponsoring partnering with community networks to create integrated children's centres.   The nine sites involved in New Brunswick are part of a three year pilot project and reflect the urban and rural, Francophone and Anglophone diversity of the region. Each jurisdiction will create its own path based on its unique history, culture, resources and circumstances. The evaluation of the project will be used to inform program practice and assist policy makers in building a comprehensive, assessable, and accountable family-oriented child care and education system.

Life Cycle approach to learning

An understanding of lifelong learning and a life-cycle approach to human development provides a powerful policy framework recognising that:

- Support interventions are cumulative: each experience building on preceding ones.

- Supports provided in early childhood can change development trajectories, thereby influencing life outcomes

- Supports in one generation can bring benefits to successive generations by breaking intergenerational cycles of illiteracy, poverty, social isolation and poor health.

- Short term, sporadic interventions are not sustainable.

Features of an Integrated Children's Centre

The integrated children's centre model combines regulated child care, education, family and community health services into a single, accessible program designed to meet the needs of children and their families from the prenatal period through to the transition to the elementary school.   By demonstrating the possible, the efforts inform program practice and provide policy makers with a guide to building a comprehensive, accessible, accountable child and family service system.

Combined Resources: Child care, schools and family and community health services pool their resources, including staff, facilities, program supplies and administrative infrastructure, to create an inclusive, flexible full day, year-round program.

Staff Team: Teachers, early childhood educators, family support and health professionals work as a team to plan and deliver program activities. Informed and supportive leadership, adequate planning time and joint professional development creates a common approach to programming.

Parent Participation: Children's healthy development and joy in learning requires a reciprocal partnership between parents and staff. Parents are always welcomed and encouraged to take part in their children's programming. They participate in governance structures, join in their children's activities, and take classes at the school.

Seamless Access: Schools are the neighbourhood hubs for child and family services. There is a single intake procedure and a schedule that provides parents with full day, year-round flexible enrolment options. Fees, where charged, are not a barrier to access.

Community Partnerships: The model recognizes that the well- being of children is directly linked to the welfare of their families and communities. The school site provides universal access to the learning, care and family supports that most families use and provides a platform to deliver public health and intervention supports. Staff members also link families to community resources and mentor them in accessing social services or specialized programs.

II. The Policy Context

New Brunswick

In June 2008, the Government of New Brunswick, under the leadership of the Ministerial Committee on Early Childhood Development and Care[2], released *Be Ready for Success: A 10 Year Early Childhood Strategy for New Brunswick*, the province's first long-term strategy for early learning and child care in New Brunswick. This strategy complements the provincial Education Plan, *When Kids Come First*, the provincial Health Plan, *Transforming New Brunswick's Healthcare System,* the provincial wellness strategy *Live Well, Be Well*, and the provincial poverty reduction plan *Overcoming Poverty Together: The New Brunswick Economic and Social Inclusion Plan*.

In the first year of *Be Ready for Success,* the Government of New Brunswick selected four demonstration sites to test the concept of early childhood development centers as a way to better integrate early childhood services. It further committed to provide grant funding of $400,000 per year ($100,000 each site) for a three-year period with the expectation that the sites would be self-sustaining following completion of the pilot project.

In 2009, the Margaret and Wallace McCain Family Foundation and Government agreed to partner to add an additional five demonstration sites, provide a research and evaluation strategy, support site development and communications and participate on the Interdepartmental Working Group.

Toronto First Duty

This model integrates existing education, childcare and family supports into a seamless continuum beginning with pre-natal and post-natal nutrition resources; parent-child activities, and programs that encourage parents to choose alternatives to corporal punishment and to read and play more with their children.

As children progress through the infant and toddler play groups, to enrol in the flexible pre-school and 4/5 year old and then into primary school, they have continuous access to year round extended hour programming, health screening, special needs intervention, family counselling employment, immigration and housing.

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[2] The work of the Interdepartmental Working Group is overseen by the Interdepartmental Steering Committee on Early Childhood Center Demonstration Sites, comprised of representatives from the Department of Social Development (Chair), the Department of Education, the Department of Health, the Department of Wellness, Culture and Sport and the Margaret and Wallace McCain Family Foundation.

These demonstration sites are primarily located in schools and integrate existing community-offered preschool programs, child care programs, parenting programs with education-operated kindergarten. The centres serve as neighborhood hubs where early years services can be accessed in an integrated way, under the direction of a local community network and non-profit board of directors.

Prince Edward Island

Based on a history of success with integrated service delivery elsewhere, the Margaret and Wallace McCain Family Foundation approached CHANCES, a multi-service community agency to demonstrate the model within the PEI context. With the approval of the Department of Education and Early Childhood Development and the participation of the Eastern School District, Smart Start was created. This school/community partnership offers local families a full-service continuum of pre-and post-natal resources, nutrition counselling, an early development program for infants and toddlers, school-based pre-school for two to four year olds, and child/parent activities and resources.

Supported by a three-year, grant, the Smart Start initiative is poised to provide valuable learnings to PEI's 5-year Framework for Early Childhood Development. It will be a resource to policy makers and the early childhood care and education sector as the province transitions kindergarten from commercial/non-profit operators to the public school system.

III. What Can We Learn from Others?

Service integration is not a new concept and has been used widely in the reorganization of health and other human services. Integration should result in more effective use of current resources. It is not a cost-saving exercise nor will service integration on its own satisfy the unmet

The commitment to lifelong learning and achievement must start during the preschool years. Abilities at school entry can be traced to experiences in and out of home from birth on. How children do in grade one is a measure of the developmental opportunities available in a community, just as infant mortality and low birth weight rates reflect the supports and resources available to pregnant women.

Finn-Stevenson & Ziegler

need for child and family supports. Rather integration captures existing early childhood services blending them into a single program with a common mandate. This provides a coherent and stable platform for new investments.

While integration research[3] has focused largely on the process, positive gains have also been documented for children, families and staff. Evaluations of Sure Start in the UK, Communities for Children in Australia and Toronto First Duty found children in neighbourhoods with integrated children's services showed better social development, more positive social behaviour and greater independence/self-regulation compared with children living in similar areas without an integrated service.

The studies report more families were informed about services and found them more accessible. They attended programs more often and participated in a broader range of activities. There was a reduction in the number of agencies families had to approach and fewer families 'fell through the cracks'. Parents reported greater satisfaction with services, less family stress, reduced social isolation, more confidence in their parenting and improved communication with staff.

Integrated models challenge staff to abandon professional rigidity and develop a shared understanding and language with respect to early childhood practice. When supported by effective leadership they adopted a more collaborative practice and enjoyed expanded professional development and more opportunities for peer learning

Program quality is another benefit of integration. Integrated models seem to push back against developmentally inappropriate curriculum and approaches and promote a more progressive vision of what early childhood programming should be: building engaged active learning; less modularization; whole child development including supports to build self-regulation; enhancing parent capacity to

Those involved in planning for and implementing service integration must be well-informed about the strengths and weaknesses of current service delivery and about cutting-edge efforts to reshape and integrate services. A vision for what the various interests want to achieve for children and families should be shaped from the knowledge they acquire.

Dan Keating

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[3] www.Toronto.ca/firstduty; www.rch.org.au/ccch/resources.cfm?doc_id=10885;
www.dfes.gov.uk/research/data/uploadfiles/RB798.pdf;
www.c4eo.org.uk/themes/earlyyears/effectivepractice/files/c4eo_effective_practice_kr_1.pdf.

partner with educators to support their children's development, and expanding community and school links. The Toronto First Duty initiative found that quality ratings reflected the degree of integration, with programs receiving a higher quality rating when integration ratings were also high.

For service providers integration can be difficult, involving real change to culture, methodologies, and requiring new skills and ways of working. Integration efforts are often frustrated by real or perceived requirements to keep multiple regulatory and reporting lines in place. Change requires leadership. At the site level this involves vision, charisma, and decision-making power. In short, not only the agreement, but the time and enthusiasm of the school principal and participating agency leaders are necessary.

Evaluations agree -- the good will of stakeholders alone cannot sustain institutional change. Community level integration efforts can inform new policy frameworks but only senior levels of government have the authority to merge public and private services with multiple overlapping purposes, regulatory requirements, and funding.

Successful transformations require high level political will and direction that goes beyond single ministries to embrace the whole of government. Without top-level direction departments remain accountable to their governance structures. As a result, most aim to improve coordination while retaining their respective funding and legislative silos. The re-engineering required to integrate services into something new, becomes stalled at improved coordination. Targeting more resources to improve coordination entrenches existing practice. While it may be easier to address service gaps by starting new programs, the research indicates it often adds to the service patchwork. Moreover, the advent of new programs can destabilize of others.

Growth in early childhood services slowed significantly in Canada, despite profound economic and social changes that affect the capacity of many parents to support early childhood development. The result is a patchwork of uneconomic, fragmented services, within which a small "child care" sector is seen as a labour market support, often without a focused child development and education role.

OECD Starting Strong, 2006

One solution that is increasingly being adopted is to identify a lead department responsible for all early childhood services. In Canada; Ontario, Saskatchewan, Prince Edward Island and Nunavut have taken steps to combine their education and children's ministries, and Quebec schools are responsible for extended day programs for children aged 5 to 12 years. Ontario's reform blueprint for early childhood and elementary education[4] recommends a specialized division within the education ministry to address the unique need of young children.

While acknowledging the contribution to early childhood policy and practice made by health and social welfare, Moss and Bennett[5] gave these reasons for consolidating children's programming within education:

- The primary focus of education is children.

- Contemporary education theory recognizes that children are learners from birth and promotes the importance of lifelong learning.

- Unlike welfare-based services, education offers universal access and a strong infrastructure (financing, training, support, curriculum, data collection, evaluation and research).

- Education is a publicly recognized and publicly supported system.

In the 10 years since Quebec introduced low fee after school and child care policy, child poverty rates were cut in half and standardized student test results went from among the lowest in the country to the highest. Quebec mothers are more likely to be in the labour force than mothers in the rest of Canada, yet Quebec is the only jurisdiction to enjoy a baby boom. Economic analysis indicates that the tax income from mothers who would not have be working without the plan now pays for 40% of the cost of the program.

Factors that hinder integrated service delivery

Structure: Structural barriers both top-down decision-making as well as an absence of direction, conflicts born of too many initiatives

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[4] Pascal, Charles E (2009). *With Our Best Future in Mind: Implementing Full Day Learning in Ontario*. Toronto, Ontario: Government of Ontario.

[5] Moss, P. & Bennett, J. (2006) *Toward A New Pedagogical Meeting Place/ Bringing Early Childhood Into the Education System.* Briefing paper for a Nuffield Educational Seminar: September 26, 2006. Available at: www.child carecanada.org/res/issues/blending.htm)

and players with different professional ideologies and departmental and agency cultures.

Combining universal and targeted programs: Kindergarten is available at no direct costs to parents. Health and family support programs have no or modest fees and, where available, are open to all pre-schoolers attending with their parents. Few families can find and/or pay for child care. This fractured funding structure locks the participants into their silos and prevents sites from offering the full and flexible range of services.

Communication: Poor communication leads to a lack of clarity about roles and responsibilities.

Resources: The absence of joint budgets creates resourcing problems. Financial uncertainties can hinder success.

Staff: A lack of commitment, support and leadership from management; constant reorganization; frequent staff turnover and a lack of qualified staff. Disparity in remuneration and working conditions among professionals with similar skills and responsibilities, labour contracts and professional regulation can limit flexibility.

Practice and policy implications from the research

While findings elsewhere will help inform the development of integrated children's centres in Atlantic Canada, it will be important to remain open to new lessons and create new hypothesis as local experiences are documented and analyzed.

Shared understandings: Families and communities should be partners in planning and governance. It is essential that integrated programs are sensitive and responsive to diversity and to families' and communities' needs and priorities. A shared philosophical approach and common principles about working in integrated ways should be embedded in all program policy and practice documents and communicated to all staff and families. Information needs to be shared effectively within the program and with relevant external services. Processes for referrals should be standardized and contact with families maintained.

Shared practices: Staff and families should jointly agree to program aims and outcomes, with staff keeping these in mind at all times when designing and implementing programs. Integrated children's centres should strive to offer the range of services families require as their children grow and ensure smooth transitions to the next phase. A simple, inclusive and non-stigmatizing enrolment process should welcome all families and children to core services, identify specialized services for those who require them, and link families to outside social services as needed.

Commitment to quality: It is essential that managers, staff and families have a shared understanding of quality, adopt common standards and participate in ongoing evaluation and improvements. Staff and families should monitor children's progress and wellbeing.

Leaders. It is critical that leaders are well-trained and supported, effective in their roles, inspiring and supportive of all staff, and able to work across traditional divides. Given the key role of leadership in effective service integration, ways of identifying, training and supporting leaders should be explored.

Staff. The move to integrated service delivery will alter the way that early childhood professionals work with each other and organize their practice. Where possible staff should self-select to participate in integrated programs. Recruitment procedures should reflect the integrated environment, its expectations and responsibilities. Staff should receive an appropriate initiation to become familiar with the integrated service team and receive ongoing support. Policy makers, regulatory bodies and training institutions need to examine and adapt their programs, policy and practices to respond to the needs of professionals working in integrated early childhood settings.

Sustained support: Successful integration practices are challenging to achieve and sustain without ongoing support and investment. Well-integrated early childhood services result from integrated policies and practices at all levels: whole-of-government, regional, service providers, and team. Support must be available, both during the establishment phase and ongoing; this could be accomplished through a dedicated service integration support unit or use of dedicated advisory, training and other support services.

No single model is accepted as best practice: Many integrations initiatives have focused on locating child and family services in a single location. This is not the only option. In some situations (e.g. rural and remote areas), an integrated child and family service hub with satellite locations or travelling programs for families may better address needs.

Vision: A clear vision of service integration should be developed and promoted throughout government and to all service providers and staff.

Research and evaluation: Factors that promote and hinder effective integration of services are well documented and should inform future planning and policy development. Continuous improvements are supported through the sharing of

best practice, an ongoing research agenda and the transparent reporting of measurable inputs and outcomes.

Readiness for change. The full adoption of integrated service delivery models will ultimately require new legislative and regulatory oversight, the amalgamation of agencies, changes to funding arrangements, position descriptions, and recruitment and training practices.

IV. The Research Design

The children's centres in the study are demonstrating how integrated programming functions as an effective delivery model for early childhood services. A robust research and evaluation process, lead by the Health and Education Research Group (HERG) at the University of New Brunswick, is attached to the sites to document the lessons learned. Researchers from the Université de Moncton are adding their expertise. The University of PEI and Holland College support Smart Start. The Evaluation Advisory Committee on Early Childhood Center Demonstration Sites holds semi-annual meetings with the research team to receive progress updates and provide feedback.

The six-member HERG team is responsible for data collection and reporting. It uses a number of sources to form a picture of the integration process at each site. In addition to their own observations, the researchers review policy and financial documents, track program use, survey and conduct individual and group interviews with policy makers, administrators, service providers, parents and staff. To ensure practice is informed by the research, team members provide regular feedback to the site partners. Communications are maintained through monthly site visits using telephone and email contact in between visits. Communication takes place in the preferred language of the sites. All aspects of the research follow the terms of the Tri-Council Policy Statement on *Ethical Conduct for Research Involving Humans,* which requires the informed consent of all participants.

To understand and document the impact of service integration on children, families and communities the research poses two questions: How does integration work in each site? Why does it work in each site?

A primary tool is the "Indicators of Change". Developed by Toronto First Duty it is an assessment, planning and evaluation instrument rolled into one. It has been adapted for Francophone programs and to address the regulatory and

culture context the sites operate in. It allows sites to monitor their progress and set goals along a continuum from co-existence (programs working in parallel with no or little contact) to integration (jointly planning and delivering programs) answering questions organized into six dimensions:

- *Governance:* How are the sites managed? How do the partners set priorities, make resource and funding decisions and provide leadership to the staff team?
- *Access and intake processes:* Is there a common intake process, facilitated access to outside services and integrated information/data collection and sharing?
- *The Early Learning Environment:* Is there a common approach to programming; are space and program resources shared?
- *Staff Team:* Are there joint professional development opportunities? Is there time scheduled for staff to share experiences and learnings? Do they jointly plan and deliver program activities? How?
- *Parent and Community Participation:* How is parenting capacity being supported; how do parents engage in the program, in their children's activities and in decision-making bodies? How does the site reach out to parents and the community; how is the site known in the community?
- *Linguistic and Cultural Responsiveness:* Do programs support the linguistic development of the community?

Information from two additional tools already in use will fill out the picture to determine the influence of integrated children's centres on each community.

The Early Development Instrument (EDI) is a checklist used by kindergarten teachers to assess children's development across five areas: physical health and well-being; social competence; emotional maturity; language and cognitive development and communication skills. The EDI measures children's readiness for school by assessing the development supports they received in and outside the home before their entry to kindergarten. The results are grouped

geographically to provide a snapshot of how well children are doing against the socio-economic conditions they live in and how broadly and to what extent they were able to fully participate in the activities of the children's centres. EDI information has been already been gathered for the communities under study. It will be gathered again at the end of the three years.

The Early Years Evaluation – Direct Assessment (EYE-DA) assists educators in assessing the skills of children when they register for kindergarten. It helps teachers adapt their program to the individual needs of the children. The EYE-DA data can also be aggregated to the school and district levels. Combining EDI and EYE-DA results will measure community changes over the three-year period and allow researchers to analyze the influence of integrated programming on children, their families and communities, and permit comparisons between those communities with integrated children's centres and those without.

The research plan pays particular attention to the potential outcomes:

- Are more families able to use integrated services, and use them in ways that fit their needs? Are families who are using the service reflective of the community? Are children, parents, stakeholders and staff satisfied with the results?

- What changes in child and family functioning occurred (e.g. physical health and well being, social competency, interest in literacy and numeracy activities, communication skills, parent and child interactions, as well as parenting capacity)?

- Did program quality improve?

In addition the sites are informing public policy by answering other essential questions:

- What resources and approaches supported integration?

- What hindered the integration of early childhood services linked to schools? How did they affect service delivery? How were they addressed or how could they be addressed?

- What were the operational costs and financial supports associated with each site? How did these considerations influence progam development, impementation and service delivery? How do partners pool resources (monetary

and in-kind) to create sustainability? What resources are necessary for the long-term financial viability of integrated children's centres?

- What specific developments should be considered to enhance the effectiveness of early childhood services in New Brunswick and PEI? What lessons learned may be beneficial for other jurisdctions?
- How are government departments working together to support integrated children's centres?
- How does the integration of early childhood services linked to schools align with provincial integrated service delivery frameworks?

The following chart compiles the areas of research, how the information will be gathered and the proposed time frames:

Gathering the Evidence		
Area of inquiry: Implementation	Research Instrument	Time Line
How public policy informs a program delivery model of integrated early childhood services that is closely linked to schools.	• Review of public policy documents & key informant interviews with key policy makers • Observational notes from site visits • Key informant interviews (all stakeholders) • Focus groups	• Ongoing • Monthly site visits, weekly emails, biweekly phone contact • Twice a year (January and June) • Once each year
How and why the indicators of change progress along the continuum from co-existence to coordination to integration in five categories: • early learning environment, • early childhood team and service providers, • leadership and management structure, • access and intake processes, and • parent and community opportunities for engagement and activities	• Indicators of Change • Adapted Indicators of Change Document with Francophone sites • Implementation of adapted Indicators of Change document in French	• Facilitated focus group with Management Boards at two Anglophone sites (Jan. – Feb. 2010) • Facilitated discussion with two Francophone demonstrate sites (Moncton and Robertville) as well as WMMFF in January 2010 • Facilitated discussion with Management Boards at two Anglophone sites (February 2010) • Yearly review of the instrument with Management Boards to document change process
How effective and efficient the delivery processes is with respect to the eligibility process, application and decision review process, planning and facilitation, and funding mechanisms in the four demonstration sites.	• Observation Notes from site visits • Review of site policy documents • Key focus interviews • Administrative tracking (utilization)	• Monthly • Ongoing • Twice per year (January and June) • Quarterly
The expenditures and resources (monetary and in-kind) pooled by partners, that would be necessary for the long-term financial viability of the demonstration sites.	Financial Tracking • Set-up (budget statements and in-kind donations) • Quarterly tracking of in-kind donations and expenditures	• Quarterly tracking and analysis
Document and gain an understanding of the impact on children, families and communities	• Administrative Tracking of utilization • EYE data • Parent/Community Surveys • Key informant interviews • Parent/participant feedback form • EDI	• Monthly • Yearly • Yearly • Twice yearly • After site activities • At beginning and end of three year cycle

References are available at mwmccain.ca.