

MCFD STRATEGIC AND OPERATIONAL PLAN WORKING DRAFT

2012/13 – 2014/15

Ministry of Children and Family Development

SECTION ONE: INTRODUCTION – MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT STRATEGIC AND OPERATIONAL SCOPE

This document provides an overview of the Ministry of Children and Family Development's (MCFD) programs and services and outlines the strategic and operational direction for the coming three years focused on incrementally improving and strengthening those services. This document is primarily intended as a source and reference document for MCFD, Delegated Aboriginal Agencies, and Community Social Service Agency management and staff teams. However, it is also intended to be available for anyone seeking to gain a better understanding of MCFD's scope, challenges, intended strategic and operational direction over the coming three years.

A credible strategy needs to:

- Build from a solid organizational and operational platform.
- Start with an organizational diagnosis of current state (what is) and desired state (what might be) as a basis for identifying areas for improvement.
- Establish a guiding map on which to build a shared understanding, support coordination and a logic model for successful action.
- Develop a coherent and manageable plan of action based on key actions that have clear, measurable objectives with sequenced deliverables, initiatives, and tasks linked to operations and embedded in a sustainable budget.
- Be supported by strong leadership, management, evaluation, and continuous learning.

This directional plan attempts to address these elements. It is divided into nine major sections. It starts by setting out the macro level strategy built around a number of key result areas. The directional strategy section sets out an overall logic for the sector built around a number of linked - cause-and-effect - key result areas that are thought to be integral to a successful strategy in this sector. The plan then systematically covers the key areas of focus for MCFD: implementing effective organizational performance management and quality; improving services to Aboriginal children, youth, and families; then sequentially moving through the six service lines. Each section is structured using a similar format starting with the current context, a brief analysis, followed by key actions/timelines linked to the key result areas to improve services over the coming three years.

The document is structured to provide an overall picture of direction but also allows a reader to focus on one particular service area by looking first at the macro level strategy section at the front of the plan and then the specific strategy in the service line section of interest.

It is intended as a directional plan and not a locked down traditional strategic plan. This is for a few reasons. The document has been developed with input from a fair number of people from across the sector but not the majority. . In any event the document will need to adapt and develop as it interacts with operational processes and organizational capacity across the sector. This document as it moves out across the sector is open to ideas, challenges, and additions as

service recipients and practitioners become engaged in its implementation. Within such a diverse sector there are a diversity of interests and viewpoints. At their core, this diversity is based upon a passion for doing the best for a particular population of children, youth, and families. This diversity of perspectives is sometimes not easily resolved, especially when linked to competing demands for funding within a finite budget in a challenging fiscal environment, both for the province and in the broader context of the current world economy. There will be a strong and concerted effort from MCFD to engage much more widely over the coming year and to adapt and shape the directions set out as needed. There are a number of areas where consultation has not yet been undertaken

That said there will be a strong focus on moving ahead and taking action. The focus on action will be underpinned by a strong emphasis on performance management and quality assurance combined with the transparency of regular reporting and updates. The action contemplated by this document must take place at the same time as continued ongoing delivery of services which involves striking a balance between stability and continuous improvement.

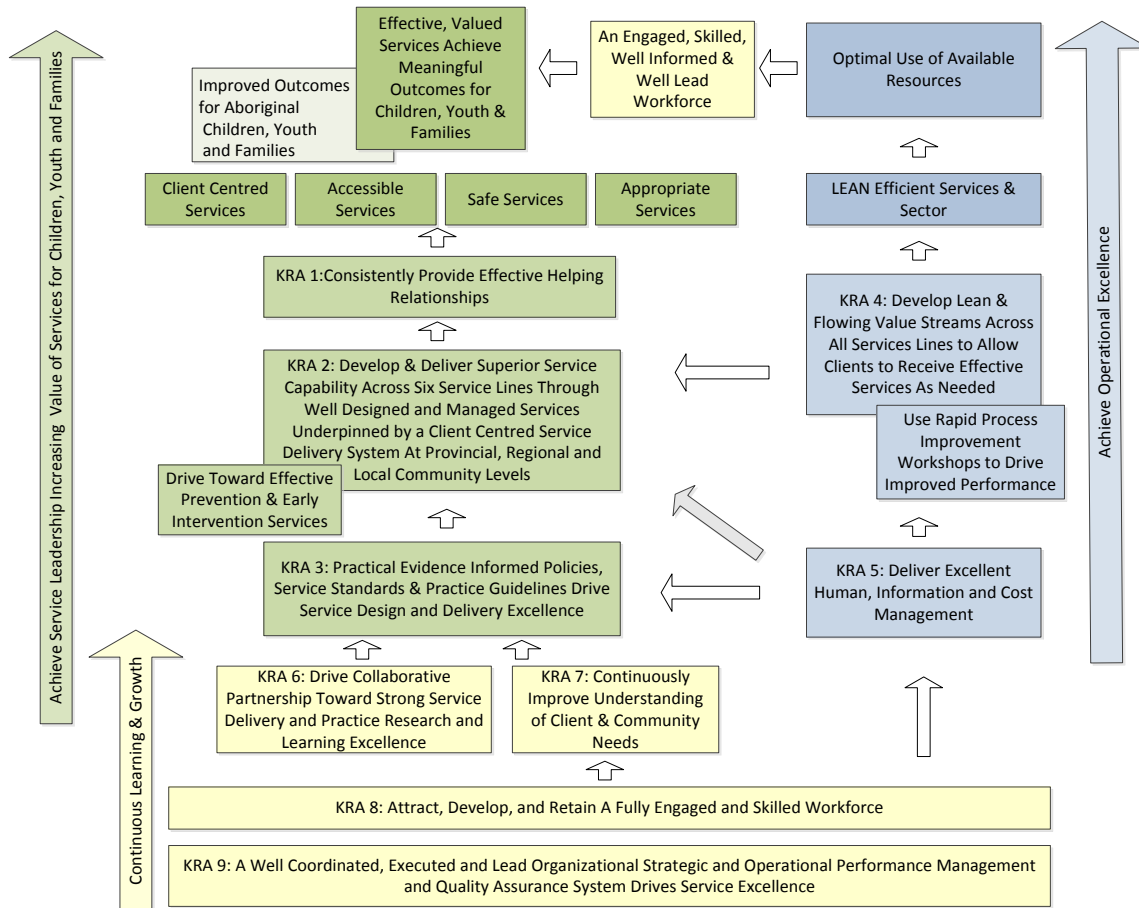
MCFD's work is, by nature, heavily dependent on people, rather than technology, which often makes taking action more complex. The complexity of this environment is also reflected in the composition of the sector, which includes a wide range of professional, cultural, advocacy, and delivery perspectives. For this reason there is a strong focus on organizational learning, growth and continuous improvement throughout the document.

In implementing this plan there will be a strong focus on creating a healthy organizational culture and practice that strengthens the links between people and performance in humanly sustainable ways through creating a positive culture, an inclusive approach to leadership, and a vibrant work environment that inspires and engages employees across the sector.

In moving forward the actions set out in this directional plan, MCFD will be driven by a strong sense of accountability to the children, youth, and families served and underpinned by a strong commitment to partnership, collaboration, and respectful working relationships. The action proposed in this plan is an invitation to become engaged while asking everyone committed to improving and strengthening services to children, youth and families to be open to new ways of designing and delivering services.

SECTION TWO: MCFD STRATEGY - KEY RESULT AREAS TO POSITION CHILD AND FAMILY DEVELOPMENT AS A HIGH PERFORMING SERVICE DELIVERY SECTOR

MCFD Strategy Map



The *strategy map* outlined above sets out an overall game plan for the child and family development sector and is built on key result areas (KRAs) that will be applied across MCFD's six service lines. The KRAs are linked in a cause-and-effect relationship building from learning and growth, through key internal processes to support child, youth and family outcomes.

A strategy map uses the Balanced Scorecard Approach¹ that starts with the organization's mission (organization's purpose) and values (internal compass that guides its actions) to **establish a strategic vision and logic for action** (aspirations for future results):

¹ See Kaplan and Norton *The Balance Scorecard* (1996), *The Strategy Focused Organization* (2001), *Strategy Maps* (2004), *The Execution Premium* (2008); Harvard Business School Publishing Corporation

MCFD's *strategy map* is built around **three strategic themes** important to the ministry:

1. **Achieving service excellence** across MCFD's six service lines by increasing the value of MCFD delivered or funded services for children, youth, and families.
2. **Achieving operational excellence** by optimizing the use of available resources to maximize available services and support to children, youth and families.
3. Pursuing **continuous learning and growth** to improve services based on an engaged, skilled, well-informed and well-led workforce.

MCFD's *strategy map* describes **three key outcome areas** linked to:

1. **Children, Youth, and Families:** Value is created by meeting the client's needs. This is the heart of the strategy and defines the context for the rest of the key outcomes.
2. **Workforce Development:** Creating a healthy organizational context that links workforce well-being to organizational performance through to getting results for children, youth, and families.
3. **Fiduciary Results:** The ultimate goal of any publicly funded organization is to create long-term value for citizens based on optimal use of available resources.

These three outcomes are driven by a number of **key result areas** linked to:

- **Service Processes:** Internal processes create and deliver the value to meet clients' needs, and also contribute to the fiduciary productivity objectives. This area of the map identifies the few critical processes that will satisfy the client and fiduciary objectives. All organizational processes must be performed adequately, but a few will create the real differentiation for a successful overall strategy. The strategy map identifies those key processes that are critical for high performance so that managers and employees can focus on continually improving them.

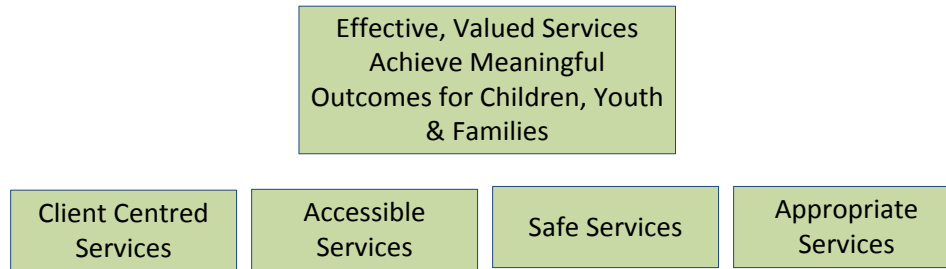
The key processes are in turn driven by **key result areas** linked to:

- **Learning and Growth:** Intangible assets (people, information, technology, and culture) drive performance improvements across the key processes that deliver value to clients and stakeholders

Together the client, workforce and financial dimensions in the strategy map and balanced scorecards describe what MCFD wants to achieve through its funded services. The package of key result areas in the **service process** and **learning and growth areas** describe **MCFD's strategy** to drive these **outcomes**.

THEME 1: ACHIEVE SERVICE LEADERSHIP INCREASING VALUE OF SERVICES FOR CHILDREN, YOUTH AND FAMILIES

OUTCOMES



Outcomes for children, youth or families will be linked to the **five dimensions of quality** measured against **ten criteria**: **effectiveness** linked to providing **client-centered, accessible, safe, and appropriate** services:

1. Effective Services

- Services address the presenting child, youth or family needs.
- In the context of providing help through a specific service line the client's physical health needs, physical dwelling and financial circumstances, social and emotional well-being needs and developmental needs are reviewed and the client is actively supported in taking effective action to address these needs.
- Services are part of a geographical system or continuum of services at a community level that work together in addressing the needs of the children, youth and families being served.

2. Client-Centered Services

- The views of children, youth, and families are heard and fully considered as part of determining their service needs.
- Services are provided in the context of a meaningful helping relationship and case planning/management process that builds on the capacities, resources, developmental stage, world views and self-direction of the children, youth and families being served using active listening, empathy, respect and genuineness combined with professional competence.

3. Accessible Services

- Services are delivered in a timely manner.
- Barriers (physical, geographic, linguistic, time of day/week) to access are addressed for children, youth and families eligible for services.

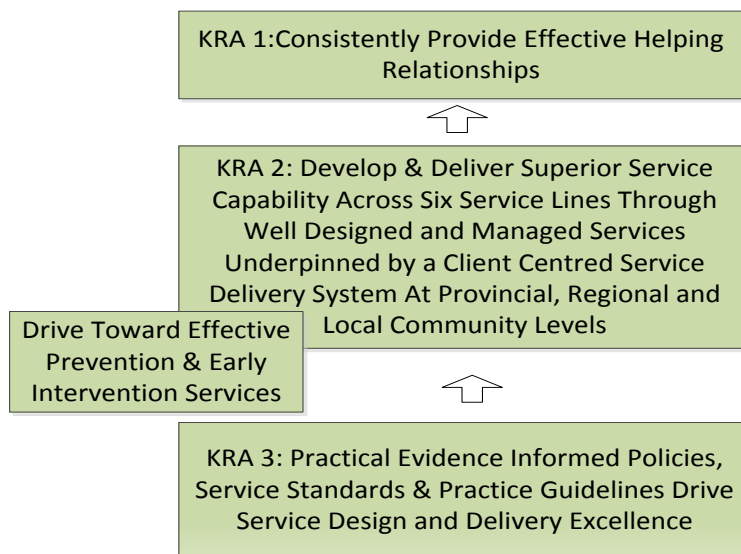
4. Safe Services

- Child safety or protection services provide timely response and keep referred children and youth safe.
- Services are delivered in a safe manner with respect to physical, emotional, cultural appropriateness, and other aspects of safety.

5. Appropriate Services

- Based on evidence, services are neither over nor under supplied related to addressing child, youth and family needs.

KEY RESULT AREAS ACROSS SERVICE PROCESSES



Outcomes for children, youth, and families are achieved when they are **linked** to *evidence informed specific practice* and access to a *safe, appropriate service or group of services* that meet the client's needs at a specific time.

Key Result Area 1: Consistently Provide Effective Helping Relationships to Children, Youth and Families

Establishing an **effective professional helping relationship** will be the corner stone of MCFD's ability to successfully achieve its mission.

In any helping relationship provided through MCFD the **safety and well-being of a child or youth will be paramount**. Further the delivery system itself must be child-centered, recognizing children and young people as individuals with rights, including their right to participate in major decisions about them in line with their age and maturity as set out in the United Nations Convention on the Rights of the Child (CRC) which details basic human rights that all children have, including 'the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The **four core principles** of the Convention are: non-discrimination, devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child. These rights underpin BC's *Children, Family and Community Service Act*.

Also, as underscored in the CRC, is the case that the **family is usually the best place for bringing up children and young people**. The **family is the preferred and normally the healthiest environment** for the care and upbringing of children. MCFD will have a strong focus on supporting families to provide safe and nurturing environments for their children in cases where they have special needs, mental health issues, developmental needs, or to parents where their own developmental issues, behavior or skills are posing a risk or having a significant negative impact on the well-being of their children.

Families function best as part of **healthy extended families and communities**. Attachment to extended family and the broader community, with an emphasis on maintaining and supporting the cultural identity of a child, will be a critical part of the continuum of services offered by MCFD. MCFD plays a role with other partner Ministries, municipal government and community agencies in strengthening communities to care for and protect vulnerable children, youth and families.

MCFD will have a particular focus on **working with Aboriginal communities** to support their efforts to strengthen their capacity to care for and protect their vulnerable children, youth and families.

Helping children and families **involves working with them** and therefore the **quality of the relationship and the continuity of relationship** between the child and family and professionals can have a direct impact on the effectiveness of help given. The principle of

clinical practice related to effective change based on **collaboration** between a worker and individual is well established².

Working with families is more effective when support or services links and builds on a **developmental, strengths-based approach**. A **developmental** approach requires understanding life-span developmental needs and challenges, then adequately designing and adapting services to meet those needs. Strengths-based, solution focused, approaches enhance the capacities of individuals, families, neighborhoods and communities to deal with their own challenges. Effective change results from being treated with respect, empathy and genuineness and having strengths (capabilities, assets, resources) acknowledged and enhanced.

The helping relationship should **empower existing client strengths** and services should be molded to fit the client's goals and expectations. The true value of those services can be understood as the elements of a service that a child, youth, and/or family are willing to invest their time and effort into to getting an outcome they value.

Four **common elements** will be central to and will drive effective practice:

1. Working with the **contribution of clients** and their environment
2. Working with the client to establish a **helping relationship**
3. Competently using **evidence-informed** techniques and services
4. Creating **expectations and hope** for a successful outcome

Key Result Area 2: Develop and Deliver Superior Service Capability Across Six Service Lines Through Well Designed and Managed Services Linked to a Client Focused Service Delivery System at the Provincial, Regional and Local Community Levels.

MCFD is structured to deliver or fund **six service lines** to meet the needs of BC children, youth and families:

1. Early Childhood Development and Child Care Services (ECD/CC)
2. Services for Children and Youth With Special Needs (CYSN)
3. Child and Youth Mental Health Services (CYMH)
4. Child Safety, Family Support and Children in Care Services (CS/CIC)
5. Adoption Services (A)
6. Youth Justice Services (YJ)

² See International Centre for Clinical Excellence (www.centreforclinicaexcellence.com) – in this context the helping relationship is substituted for the therapeutic relationship which is more proper to CYMH services offered by MCFD

Superior service capability is understood as consistently providing quality services across a geographically dispersed delivery system (ranging from provincial, regional, service delivery areas to local service areas providing services to several communities), a range of professionals and a network of service providers ranging from MCFD teams, Delegated Aboriginal Agencies, and Community Social Service agencies.

To consistently provide quality services across MCFD's geographically dispersed delivery system will require a **service delivery culture** built on:

- **delivering quality services** – ensuring children, youth, and families get the most timely, appropriate, safe and effective care
- **delivering service excellence** – a focus on exceeding expectations and being accommodating and flexible to the needs of those served; across both practice and support areas in our day-to-day interactions.
- **continuous improvement** – the ongoing process of identifying opportunities for improving all services based on the dimensions of quality: client-centeredness, accessibility, safety, appropriateness, and effectiveness. It includes both testing and implementing promising ideas for change and measuring progress to ensure changes lead to improvement (see KRA 4 and 5).

This approach will be underscored by embedding accountability through tools such as a *visibility wall* to show implementation progress using data as well as *weekly stand up meetings* to review progress towards goals and addressing problems. Continuous improvement can be facilitated through a range of approaches including individual coaching, focusing on a collective area for improvement using the Plan-Do-Study-Act cycle embedded in a structured collaborative across service providers or using an Rapid Process Improvement Workshop (see KRA 4).

The culture will be driven by **effective operational management skills** built around:

- **Creating an optimal service delivery system** – the range and quantity of services needs to match client needs and demand. The services can be delivered locally (by MCFD, DAA or Community Social Service Agency based on a best quality and cost analysis), regionally, or provincially. The service delivery system must need to respond to the different geographies and demand parameters.
- **Creating optimal work processes** – optimizing the number of children, youth and families that can receive quality services and service excellence.
- **Creating collaborative practice across service lines, between professionals (MCFD, delegated and contracted agencies) and out to clients and communities** – collaboration is essential to providing effective and safe services to multi-need children, youth and families. Collaborative practice across service lines and between professionals (MCFD, delegated and contracted agencies) is critical to providing services to multi-need children, youth and families. It is important that all practitioners working together to

safeguard children and young people fully understand their responsibilities and duties, as set out in primary legislation and associated regulations, policy, standards and practice guidelines.

- **Providing effective human, information and cost management** (see KRA 5 and 8)

This key result area will be **informed by evidence informed policies**, service standards, and practice guidelines, (KRA 3) service delivery and practice research (KRA 6) and an understanding of client and community needs (KRA 7)

Across all Six Service Lines Drive toward Effective Prevention and Early Intervention Services

There is recognition of the **effectiveness of prevention and early intervention**. From a child or young person's point of view, the earlier help is received the better. Research on children's development emphasizes the importance of the early years on children's long-term outcomes; therefore, preventative services to help children, youth and families, are a key strategy.

MCFD provides or funds an array of services ranging from fully voluntary supports through increasing levels of involvement and intervention in the lives of children, youth and families to reduce risk and vulnerability. Early intervention services will respond quickly to low level concerns, or be targeted to specifically address individuals or groups at greater risk of particular vulnerability. The focus will be on **mitigating risks** and **strengthening the child, youth or family's resilience** so that they are better able to respond to future challenges as well as, on mitigating any additional or further adverse effects.

Key Result Area 3: Practical Evidence Informed Policies, Service Standards & Practice Guidelines Drive Service Design and Delivery Excellence

MCFD will collaboratively develop and use **a single set of evidence informed policies**, implemented through **service standards and, where needed, procedures** and/or **practice guidelines** that will be applied across its six service lines and delivery modalities (MCFD, DAA, and Community Social Service Agencies). This key result area will be informed by service delivery and practice research (KRA 6) and an understanding of client and community needs (KRA 7)

- **Policies** refer to any course of action adopted or pursued by the government or specific ministry wide, service line and/or program policies which provide a principle or rule to guide decisions and achieve a particular outcome(s).
- **Service Standards** describe specific attributes of the six service lines in terms of expected quality or quantity with the effect of reducing unwarranted variability.

Service standards are sometimes supported by procedures which guide operational steps to achieving the standard.

- **Procedures** play a crucial role when people have to work together, enabling them to predict what each other will do, setting out basic rules about roles and tasks; this is even more important when it is not an established team but a group who come together for a particular purpose, as is often the case when carrying out child, youth and family work and especially in the context of a protection enquiry into an allegation of child abuse or neglect.

In professional practice, procedures are an effective way of formulating best operational practice in carrying out a task so that the wisdom of experienced staff is readily disseminated throughout the organization and variation in the quality and type of service received is reduced. Procedures are also good as training tools, helping less experienced practitioners get started in learning a task, giving them simple rules to follow without going through the longer process of understanding why those rules are sensible. For experienced workers, they are valuable as a checklist to use when reviewing their practice.

The downside is that procedures can lead to people *just* following procedures and not seeking to understand them or trying to become more effective in completing complex tasks. Efforts to make procedures cover more variety, can quickly lead to the proliferation of procedural manuals that, because of their size, become harder to use in daily practice. Professional expertise and judgment remain critical which leads to the next key element.

- **Practice Guidelines** provide an evidence-informed guide for the delivery of quality services. Currently, much of social services are delivered without an empirical understanding of outcomes and costs. Practitioners rely heavily on their experience and their current understanding of the research. As such, there is a great deal of **unnecessary variability** inherent in how practitioners deliver care and services.

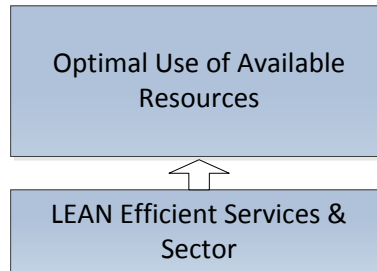
Driving this unnecessary variation out of the process can help to improve outcomes and reduce costs. If practitioners know what standard of care has proven most effective at the onset of each client encounter, then practitioners can more efficiently develop a service plan for each client. As variation is reduced by providing **standard baselines** for services, practitioners become free to focus their attentions on the unique attributes of each case and to tailor care to best meet the needs of the client based on their individual expertise and competency.

Critical to this approach will be choosing the right targets for guideline development. Since only a handful of issues are responsible for the majority of time and costs across the six service lines, the organization needs to know where the biggest quality and cost advantages can be found. Based on this analysis, the **development and**

implementation of guidelines will be prioritized over the coming three years.

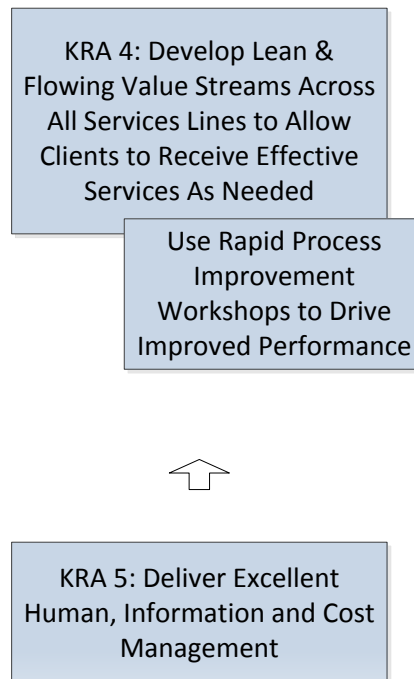
THEME 2: ACHIEVE OPERATIONAL EXCELLENCE TO DELIVER EFFICIENT SERVICES

OUTCOMES



Optimal use of available resources, based on LEAN³, will be about doing more with existing resources based on aligning every bit of work done up, down, through and across the sector so that the client flows through the service process from end to end with minimal interruptions and with access to a supply and mix of skills, expertise, materials and information that exactly meets demand and need at the best available cost.

KEY RESULT AREAS ACROSS SERVICE PROCESSES



³ This material is adapted from several sources including the Joint Commission Resources on Lean Thinking (2006); and the Toyota Way to Health Care Excellence by Black and Miller (2008).

Key Result Area 4: Develop LEAN and Flowing Value Streams across All Service Lines to Allow Clients to Receive Effective Services as Needed

Achieving a LEAN sector will require a broad-scale improvement across and between all service lines and service delivery modalities (MCFD, DAA, Community Social Service Agencies) from direct service delivery through to support functions. It will start with individual units and expand horizontally to contiguous linked services and vertically to support, oversight, and control functions.

Five Steps of LEAN Thinking

- **Specifying Value**

Value is clearly understood when it is specified in terms of a specific outcome for a child, youth or family linked to a specific service or group of services that meet the client's needs at a specific time and within a specific cost.

- **Identifying the Value Stream**

To meet the client's specified valued outcome, the organization producing the service identifies the 'value stream' – a set of service processes (a sequence of steps required to create increments of value) that produces the valued outcome. Implementing lean thinking starts with an analysis of the work that is being done across a specific service's value stream. The value stream is the set of all the specific actions required to develop and deliver a service. Identifying the entire value stream is an excellent opportunity to detect waste in a process. Activities in the value stream either add value or add waste to the delivery of a service or are non-value-added activities.

The product of this step will be a high-level value stream map and process flow diagram for key service areas embedded in system delivery maps and process flow diagrams that cross service delivery modalities: MCFD, DAA, contracted Community Social Service Agency and other key agents for service delivery including health, education, and social development. As such, the value stream can be developed at the service process level, the program level, the service line level, the facility or provincial program level, and/or across service providers. Attention will be paid to the reality of services being delivered by cross-functional teams, the inter-relationship of tasks across those teams and the issue of handoffs between individuals and teams.

Value stream mapping will involve focused work at three stages: service design, service implementation, ongoing re-evaluation. A key building block will be 'standardization' or 'quality function deployment' (QFD). QFD allows team members to standardize work processes enabling all organizational teams to follow the same procedure every time. Service standards, practice guidelines and consistently adopting different cultural approaches are examples of standardization in child, youth and family services that take into account the variable needs and world-views of clients.

- **Achieving Flow**

Once the client has defined the value and the service deliverer has both mapped the value stream and eliminated waste, it is necessary to make the remaining value-creating steps flow. Flow is delivering a service from beginning to end in a continuous course without delay or interruption, which is to say without waste

- **Ensuring Pull**

Mapping out the value stream to produce an outcome valued by the client, based on their needs, effectively allows the client needs to “pull” the services as needed rather than having the service “pushed” by the practitioner’s or organization’s timetable. Pull accommodates changes in client demand.

Pull is supported by the just-in-time (JIT) concept. JIT focuses on producing and delivering the right items or services at the right time in the right amounts. This will require careful planning for the necessary *resources* of people, services, materials (supplies) and technology.

- **Striving for Perfection**

This step is focused on “perfecting” the process in a never-ending evaluation. The organizational goal will be to create an environment in which people are encouraged to think and act to bring about continuous improvement. This can be achieved by using a continuous improvement event called Rapid Process Improvement Workshops (RPIWs) to look for areas of improvement.

Rapid Process Improvement Workshop involves the team of people who do the work fully engaged in a rigorous and disciplined process, using the tools of LEAN to achieve immediate results in the elimination of waste. Based on identifying key areas for improvement, teams can experiment in driving improvement by using a 30-60-90 day plan-do-study-act (PDSA) cycle.

Key Result Area 5: Deliver Excellent Human Resource, Information, and Cost Management

Key enablers for operational excellence for MCFD will be strong human resource (also see KRA 8), information and cost management functions. In the context of MCFD this will also require a strong focus on effective contract management.

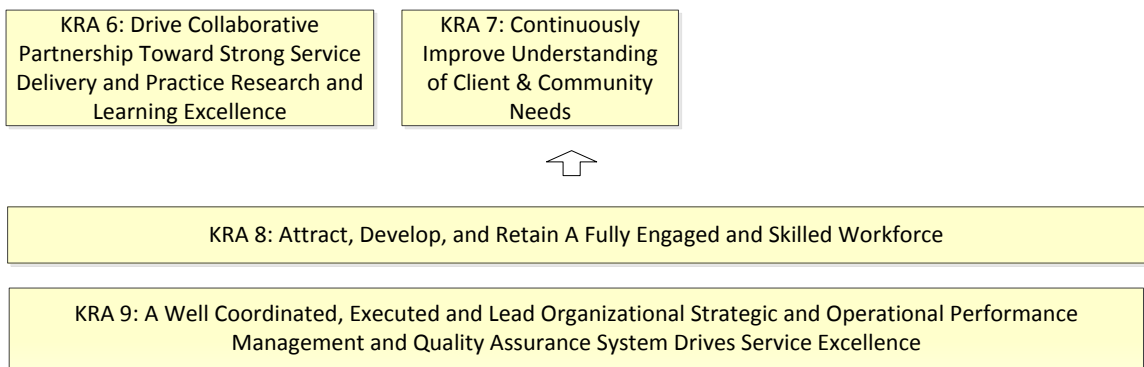
THEME 3: DRIVE CONTINUOUS LEARNING AND GROWTH

OUTCOMES

An Engaged, Skilled,
Well Informed &
Well Lead
Workforce

Current research on attracting, developing and retaining a fully engaged and skilled workforce points to forging an enduring link between employee well-being and organizational performance which for MCFD is linked to a passion for getting results for children, youth, and families.

KEY RESULT AREAS ACROSS SERVICE PROCESSES



Key Result Area 6: Drive Collaborative Partnership toward Service Delivery and Practice Research and Learning Excellence

The strategic and operational agenda will be strengthened if it is continually **informed by relevant research** and enabled by ongoing organizational learning.

An effective partnership with relevant post-secondary institutions will facilitate access to applied research and learning for MCFD, DAAs and Community Social Services agencies and access to practice, data and the opportunity to make a real applied contribution to the lives of children, youth and families for those involved in post-secondary institutions.

An effective partnership with the community service sector will also facilitate access to service delivery data, practice-based knowledge and applied research, and formative, process and summative evaluative information about interventions, programs and services. This data and knowledge will enhance the capacity of MCFD to better understand the characteristics of the service delivery system, including client needs, access and outcomes and practice approaches, necessary to make informed service delivery decisions. In addition, for substantive practice change to occur, the practitioners and leaders in the community services sector need to be

engaged participants and consumers of research informed knowledge. Collaborative knowledge development work between the post-secondary institutions and community service providers is underway in some areas of the Province and there will be a strong focus on scaling up collaborative and applied research in the coming eighteen months.

Key Result Area 7: Continuously Improve Understanding of Client and Community Needs

Knowledge about the children, youth and families served will be critical to better tailoring evidence informed services to meet their needs. The client is actually the single, most important contributor to achieving outcomes in a helping relationship – the total matrix of who they are – their strengths and resources, the duration of their issues, their social supports, and the circumstances in which they live.

Key Result Area 8: Attract, Develop and Retain a Fully Engaged and Skilled Workforce

Attracting, developing and retaining a fully engaged and skilled workforce requires forging an enduring link between employee well-being and organizational performance, which for MCFD is linked to a passion for getting results for children, youth, and families. This link will become central to the sector's philosophy, long-term strategy, and day-to-day operations.

A key area of focus for MCFD, linked to the broader public sector employee engagement strategy, will be an emphasis on fostering the creation and maintenance of healthy organizations across the sector, where employee health and wellness is integrated into the culture, operations, and service strategy of the organization through collaborative and comprehensive initiatives, policies and practices to achieve positive organizational and employee outcomes.⁴ This approach will be taken in collaboration with service sector partners and the union representatives. It will be built around:

- Positive cultures built on strong, people-centered values that shape the day-to-day interactions among co-workers; between managers and employees; between MCFD and its service partners, and between employees and the children, youth and families receiving services, and the larger community.
- Inclusive leadership, where employees across the sector are actively involved in shaping its trajectory. Healthy organizations are co-created through ongoing actions across the entire workplace community.

⁴ See Graham Lowe, *Creating Healthy Organizations: How Vibrant Workplaces Inspire Employees to Achieve Sustainable Success* published by Rotman / UTP Publishing (www.creatinghealthyorganizations.ca).

- Vibrant workplaces grounded on the quality of relationships, jobs, teamwork, and human resource support systems. Employees are supported to learn, collaborate and innovate in the interests of children, youth, and families.
- Inspired employees who contribute their best to the work place and feel part of a healthy workplace community.

Action will be built around relevant metrics and how to make the fullest use of metrics to learn and improve.

This approach fits well with the recent analysis by Munro's⁵ review of child protection which has resonance for all six service lines (early childhood development and child care, children and youth with special needs, child safety, family support, and children in care, child and youth, mental health, adoption and youth justice). It points to the need for ongoing formal training and development to achieve **the level of critical reasoning** needed to make sound judgments and decisions on the complex family problems they confront as well as strong **helping relationship skills**.

Strengthening the requisite expertise for child and family social work practice is linked to three key areas: (i) relationship skills; (ii) developing reasoning and judgment in relationship-based practice; and (iii) using evidence to inform assessment and action.

Supervision, coaching and continuing professional development will be critical to achieving a high performing social service sector. Flexibility in accessing other reflective opportunities to think differently about what is happening in a family and what might help, takes a proactive attitude to accessing consultation and on-going training from more experienced colleagues and the ability to contact a resource or specialist when dealing with complex and challenging cases will be a key focus of future action. If child and family social workers are to develop their capabilities throughout their careers, it is essential that they engage productively in continuing professional development in an organizational context that adopts a strong teaching and learning culture at the local service area level.

What is needed most of all is a structure in which there are **clear lines of accountability and support**, where there is no ambiguity about the decision-making process for the quality of services to children and families. A clear view on what regulation, policy, standards and procedures, and practice guidelines are necessary to enable practitioners to do their jobs in a reflective and safe manner will be a key focus supported by an operational structure and system (practice and managerial) which enables all practitioners to spend most of their time undertaking effective work that directly benefits children and families. To enable this, strong **leadership and management** will be important building blocks for an effective organization.

⁵ http://www.education.gov.uk/munroreview/downloads/8875_DfE_Munro_Report_TAGGED.pdf

A **learning culture**, built on **measuring the effectiveness of its services**, will be final key organizational element which results in the organization knowing its child and family services and provides the ability to make responsive adjustments to increase its practice effectiveness with families and improve outcomes for children. The measure of the success of a child, youth and family services system is whether children, youth and families are receiving effective help.

Amongst other approaches this will involve collecting feedback from children, youth and families who have received services.

Key Result Area 9: A Well Coordinated, Executed and Lead Organizational Strategic and Operational Performance Management and Quality Assurance System Drives Service Excellence

Performance is defined as the ability to achieve desired outcomes and meet the needs of children, youth and families. Enterprise performance management is a disciplined process for measuring the performance and quality of all aspects of organizational performance against stated objectives and targets. It is essential for MCFD, to continue to develop integrated, comprehensive and meaningful indicators, scorecards and dashboards to support enterprise performance management and there will be a strong commitment to reporting our results to internal and external stakeholders.

1. MCFD EARLY CHILDHOOD DEVELOPMENT AND CHILD CARE

CURRENT CONTEXT

Target Populations

Early Childhood Development (ECD): ECD programs in BC aim to assist parents, families, and service providers in providing the best possible start for children from birth to six-years of age. In practice the programs currently serve a broad range of families from a variety of cultural backgrounds based primarily on individuals seeking out services. Some programs are focused on the general young family population while others are focused on specific sub-populations: Aboriginal; immigrant; refugee; low-income; and those which are geographically and/or socially isolated.

Child Care: Child care programs are utilized and required by parents in a number of different circumstances. While the majority of child care is targeted at working parents, it is also needed by those who are attending school or participating in an employment-related program. In addition, child care supports parents who, due to a medical condition, are unable to care for their children full-time, and plays a supportive role for vulnerable and at risk families by providing access to opportunities that enrich children's healthy development and improves mothers' and fathers' parenting skills.

Preschool and child care services are also sought out by parents to provide their children with rich learning experiences in their early years and positively affect their social, emotional, physical and cognitive development.

While child care programs primarily serve families with children aged 0-12, some children with special needs who require extra support and are unable to care for themselves may be served through child care programs up to the age of 18.

There is a high demand for licensed child care spaces for both children under school age and for school aged care.

Service Rationale

There are no statutory obligations related to the provision of **Early Childhood Development (ECD)** programs, other than the requirements set out in the September 2000 Federal/Provincial/Territorial (F/P/T) Agreement on ECD. This Agreement signified a national commitment to the importance of the early years (birth to six years), under which BC received \$289.1 million in funding over five years (2001/2002 – 2005/2006) to improve and expand ECD programs and services in four priority areas:

- Promote healthy pregnancy, birth, and infancy;
- Improve parenting and family supports;
- Strengthen early childhood development, learning, and care; and
- Strengthen community supports.

The federal budget of 2007 extended this ongoing ECD federal funding commitment through 2013/2014.

The **Child Care** system is governed and administered under a number of different pieces of legislation and regulation. MCFD is responsible for the *Child Care BC Act*, which provides authority for the provision of funding for child care programs, and the *Child Care Subsidy Act and Regulation*, which govern the application of subsidies under the Child Care Subsidy Program. The ministry also administers the Early Childhood Education (ECE) Registry that is responsible for the certification and monitoring of Early Childhood Educators and for approving and monitoring post-secondary ECE training programs. The legislation and regulations governing this program are under the Ministry of Health's *Community Care and Assisted Living Act* and Child Care Licensing Regulation. The Ministry of Health is responsible for licensing and monitoring licensed child care facilities and is governed under the *Community Care and Assisted Living Act* and Child Care Licensing Regulation.

Related Research, Studies and Statistics

Current research clearly underscores the value of effective **ECD** and **Child Care** programs and services. Studies of brain development reveal that environmental conditions and personal experiences shape brain architecture through a series of dynamic interactions. These interactions significantly impact how genetic predispositions are expressed.⁶

During this time the child's brain is optimally programmed to benefit from specific types of experience.⁷ Brain architecture and developing abilities are built from the bottom up, with complex skills building on the more basic foundations that preceded them.

Brain plasticity continues through life, and children can overcome the effects of early adversity. However, impoverished early experience can have "severe and long-lasting detrimental effects on later brain capabilities."⁸

⁶ Friederici, 2006; Grossman, Churchill, McKinnery, Kodish, Otte, & Grennough, 2003; Hensch, 2005; Horn, 2004; Katz & Shatz, 1996; Majdan & Shatz, 2006; Singer, 1995.

⁷ National Scientific Council on the Developing Child; NSCDC, 2007.

⁸ NSCDC, 2007, p. 4; see also Neslon, 2007; Rice & Baron, 2000.

Researchers have identified some **chronic stressors and threats** to healthy child development, including:

- deep, persistent poverty,
- chronic maternal depression,
- ongoing parental drug abuse,
- recurrent maltreatment,
- dysfunctional families and communities, and
- exposure to family or community violence.

Researchers have also identified a set of factors that **build resilience** (the capacity to develop well in the context of adversity, past or present), including:

- connections to caring, competent adults,
- developing cognitive and self-regulation skills, and
- developing a positive view of the self and motivation to be effective in the environment.⁹

Early intervention and prevention programs can support vulnerable children and enable them to grow to their full potential. Prevention programs decrease the chance of vulnerability and increase the chances of well-being and healthy development in children, families and communities. Early intervention programs provide support to children, youth, and families *after* vulnerability has been identified.

Protecting children and their families from vulnerability and toxic stress supports healthy development and the interconnected domains of emotional well-being, social competence and cognitive abilities.¹⁰

Researchers have also made **economic arguments** for the financial benefits of early intervention.¹¹ In particular, the positive effects of prevention and early intervention programs are recognized in developmental outcomes including:

- improved employment and earnings,¹²
- improved academic achievement,¹³
- reduced delinquency and antisocial behavior,¹⁴

⁹ Masten, 2001, 2007; Masten & Obradovic, 2006.

¹⁰ NSCDC, 2007.

¹¹ Mustard et al., as quoted in Pascal, 2009; National Scientific Council on the Developing Child, 2007, 2008.

¹² Schweinhart, L. J., Montie, J., Xiang, Z., Barnett, W. S., Belfield, C. R., & Nores, M. (2005). *Lifetime effects: The High/Scope Perry Preschool study through age 40* [Monographs of the High/Scope Educational Research Foundation, 14]. Ypsilanti, MI: High/Scope Press.

¹³ Reynolds 2000, 2004, 2007.

¹⁴ Boisjoli, R., Vitaro, F., Lacourse, E., Barker, E. D., & Tremblay, R. E. (2007). Impact and clinical significance of

- reduced emotional and behavioral problems, and
- improved child health.¹⁵

The research clearly suggests that early investments in children yield a higher rate of return over a life course when compared to more costly, later in life investments in teenagers or young adults.¹⁶

Increasingly, research also shows the importance of supporting families and communities with **culturally-relevant programming** that connects children with the languages, cultures and beliefs of their communities. These factors support the ecological perspective of child development – that children grow within interconnected, dynamic, nested systems. Programs will be most successful when they tap into basic but powerful adaptive systems in child development residing both in the child and the child’s environment.

In addition to the benefits outlined in current research, a key rationale supporting the need for high quality, effective early childhood development programs may be found in the “**vulnerability**” rates in BC’s young children.

Vulnerability rates are determined through the Human Early Learning Partnership’s (HELP) administration of the Early Development Instrument (EDI) – a research tool that assesses the state of children’s development at kindergarten by gathering data on five key scales of child development: **physical health and well-being; social competence; emotional maturity; language and cognitive development; and communication skills and general knowledge.**

The most recent round of EDI data - collected in all but one BC community over two years (during the 2010 and 2011 school years) – showed no significant progress over the last nearly ten years of data collection with 30.9 per cent of kindergarten children in BC measured as vulnerable on one or more of the scales¹⁷. Overall, it was revealed that while proportionately the greatest risk of vulnerability is in the most disadvantaged neighbourhoods, the largest actual number of children with developmental vulnerabilities are found across middle-class neighbourhoods.

preventive intervention for disruptive boys: 15-year follow-up. *British Journal of Psychiatry*, 191, 415-419.

¹⁵ Peters, R. DeV. (2005). A community-based approach to promoting resilience in young children, their families, and their neighborhoods. In R. DeV. Peters, B. Leadbeater, & R. J. McMahon (Eds.), *Resilience in children, families and communities* (pp. 157-176). New York, NY: Kluwer Academic/Plenum Publishers..

¹⁶ Heckman, J. (2000). *Invest in the very young*. Harris School of Public Policy Studies. University of Chicago; Heckman, J. & Masterov, D. (2007). *The productivity argument for investing in young children*. *Review of Agriculture Economics*, 29 (3), pp 446-493.

¹⁷ Human Early Learning Partnership, 2011. University of British Columbia.

Proportion of Vulnerable Children by Domain							
Wave	Sample Size	Physical Health & Well-Being	Social Competence	Emotional Maturity	Language & Cognitive Development	Communication Skills & General Knowledge	One or More Scales
Wave 2 (2004/05-06/07)	41,170	11.8	13.0	11.7	11.1	14.0	29.6
Wave 3 (2007/08 - 08/09)	37,398	11.7	12.7	12.4	10.1	13.2	28.7
Wave 4 (2009/10-10/11)	46,318	13.5	14.5	13.8	10.3	13.7	30.9

** Due to changes in the EDI between Wave 1 and Wave 2, HELP is currently conducting a reanalysis of the Wave 1 data, and is presently not reporting on Wave 1**

The EDI is not the only measurement-based tool citing child vulnerability across multiple domains in BC. According to the **National Longitudinal Survey on Children & Youth**, children in BC are not performing as well as their national counterparts on a number of important childhood **health and well-being outcomes**, including:

- Low birth weight;
- High emotional problems;
- Physical aggression and conduct problems;
- Age-appropriate personal-social behaviours;
- Positive parenting, and;
- Neighbourhood safety¹⁸.

In addition, British Columbia's **population continues to grow**, having shown an increase of 1.1 per cent over the 2010/11 fiscal year¹⁹ with 270,843 children under the age of six living in the province²⁰. Between 1971 and 2010, BC's population increased by over 100 per cent, with immigration accounting for a significant proportion of this increase.²¹ With a growing (0-6 years) population base, demand for ECD services will increase, especially among vulnerable populations.

¹⁸ MCFD, (2008/09). *Indicators of Early Childhood Health & Well-Being in B.C. Fourth Report*. Retrieved March 6, 2012 from, http://www.mcf.gov.bc.ca/early_childhood/pdf/early_indicators_fourth_report.pdf

¹⁹ Province of British Columbia. (2011). *Economic Indicators*. Retrieved September 16, 2011 from, http://www.gov.bc.ca/keyinitiatives/economic_indicators.html

²⁰ BC Statistics. PEOPLE 36 and Health Data Warehouse.

²¹ BC Stats. (2010). *BC Annual Population, 1931-2010*. Retrieved September 16, 2011 from, <http://www.bcstats.gov.bc.ca/data/pop/pop/BCPop.asp>

A fundamental issue relating to child vulnerability is that of deep and persistent **poverty**. The 2011 Child Poverty Report Card²² reports that under the Low Income Cut-Offs (LICO) after income taxes, the poverty rate rose from 10.4 per cent to 12 per cent in 2009 – representing an estimated 100,000 poor children – while the national rate was 9.5 per cent. The poverty rate for BC children living in families headed by lone-parent mothers was a record low of 24.2 per cent in 2009, down from 30.9 per cent in 2008. However, despite this drop, their poverty rate was still one of the higher poverty rates among any family type in BC. The poverty rate for BC children in two-parent families was 15 per cent in 2009, up from 12.2 per cent a year earlier. BC children under six also had a higher poverty rate of 20.2 per cent in 2009, compared to the overall BC child poverty rate of 16.4 per cent. This percentage would represent 51,900 young children in this province.

Many, if not all, ECD programs can help mitigate these challenges at little to no cost to families. Programs address children’s developmental needs and support families to provide stimulating, enriching environments in which children may thrive and grow to their full potential. Child care has been demonstrated to benefit both children and families by facilitating parents’ labor force attachment and providing an enriching environment to support children’s healthy development. Child care can make a major contribution to mitigating the effects of poverty and can also be a venue for a number of services to children and families, such as access to vision and hearing screening, developmental testing, meal programs, and parent support and education.²³

Through various studies, quality child care has been demonstrated to provide positive benefits for practically every developmental outcome that has been assessed, especially in terms of children’s social and emotional development.²⁴

Quality child care has also been shown to mitigate some of the stressors and threats to the healthy development of children. Providing quality child care to low income, at risk populations and for children at risk of developmental delays has been shown to improve children’s language and cognitive abilities, their school readiness and achievement at school and provide an overall benefit to early learning.²⁵ Studies have even demonstrated improvements in the children’s reading and mathematics abilities up to age 15.²⁶

²² Produced by First Call: BC Child and Youth Advocacy Coalition, with the collaboration and support of SPARC BC and AMSSA

²³ Fein and Clarke-Stewart, 1973; Lamb, 1998; Scarr and Eisenberg, 1993.

²⁴ NICHD Early Child Care Research Network, 1998c and reviews by Lamb, 1998; National Research Council, 1990; Scarr and Eisenberg, 1993.

²⁵ Barnett, 1995; Brooks-Gunn et al., 1994; Burchinal et al., 1997; Feagans et al., 1995; Lamb, 1998; Ramey and Ramey, 1998; Roberts et al., 1989.

²⁶ Campbell, F. A., & Ramey, C. T. (1994). Ramey, C. T., Campbell, F. A., Burchinal, M., Skinner, M. L., Gardner, D. M., & Ramey, 2000.

Child care can also protect children from risks within the family. Early intervention programs targeted to low-income families or those involved in the child welfare system have been shown to play a protective role for the entire family. Mothers with children in high-quality child care showed more positive interactions with their young infants than low-income mothers using lower quality child care.²⁷

In addition to the benefits of quality child care for children, access to child care is a key factor in supporting parents' **labor force attachment**. With access to affordable child care, parents are able to pursue and maintain employment or participate in educational opportunities. The evidence indicates that access to affordable child care positively affects parents' employment, especially for low income families and single mothers.²⁸ Studies that have targeted the provision of child care to low-income parents have found that parents in these circumstances are more likely to be employed and to increase their education.²⁹

Range and Current Status of Services

The Province of BC invests in Early Years programs and services that are intended to improve parent and child outcomes by providing evidence-informed supportive, preventative, and early intervention services based on the principles of choice and quality.

They are provided by multiple provincial Ministries through **three primary streams**:

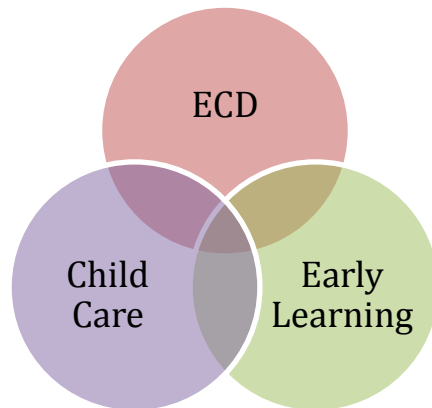


Figure 1: Early childhood development programs, early learning and child care

- **ECD Programs (Ministry of Children and Family Development, Ministry of Health, Ministry of Education, Ministry of Jobs, Tourism and Innovation, Ministry of Social Development, Ministry of Aboriginal Relations and Reconciliation).** These

²⁷ NICHD Early Child Care Research Network, 1997d.

²⁸ Bainbridge, Meyers, Waldfogel, 2003; Han, Waldfogel, 2001, Tekin, 2004.

²⁹ Campbell, F. A., & Ramey, C. T. (1994). Ramey, C. T., Campbell, F. A., Burchinal, M., Skinner, M. L., Gardner, D. M., & Ramey, 2000.

programs aim to assist parents, families and service providers to provide the best possible start for BC's children (ages 0 – 6 years).

Programs are designed to improve outcomes across the *four Federal, Provincial, and Territorial (F/P/T) priority areas*:

- Promote healthy pregnancy, birth, and infancy;
 - Improve parenting and family supports;
 - Strengthen early childhood development, and
 - Strengthen community supports.
- **Child Care (Ministry of Children and Family Development)** – Child care means the care and supervision of a child in a child care setting or other facility by someone other than the child's parent. Educational programs provided under the *School Act*, the *Independent School Act* or a law of a Treaty First Nation in relation to kindergarten to grade 12 are excluded from the definition of child care.

Child care programs in BC include a range of options, such as:

- licensed;
- registered or license-not-required family child care;
- licensed group child care;
- licensed out-of-school child care;
- licensed preschool; and
- child care in the child's own home.

Child care programs aim to provide healthy, developmentally appropriate environments for children to learn, play, and grow and to support parents' labor force attachment.

- **Early Learning Programs, Ministry of Education** – Guided by the *BC Early Learning Framework*, which articulates a common vision and learning outcomes for children aged birth to five years, Early Learning programs support the physical, social, emotional, language, and cognitive development of young children from birth to school entry.

Early learning programs encompass a range of quality environments including StrongStart BC Early Learning Programs, Ready, Set, Learn Initiatives, and full-day kindergarten, which is now available for all five-year-olds in the province.

- *StrongStart BC³⁰ Early Learning Centres*: led by qualified ECEs, StrongStart BC Centres support the physical, cognitive, language and social-emotional development of children by providing free programming for preschool aged children accompanied by a parent or caregiver. StrongStart BC early learning centers, located in school facilities throughout the province, are open five days per week for three to four hours per day.

³⁰ Ministry of Education, n.d.

StrongStart BC Outreach programs have the same goals as centers but serve rural and isolated communities and operate on a reduced schedule. Since 2006, three hundred and twenty six StrongStart BC early learning programs have been opened across the province.

- *Full Day Kindergarten*³¹: play-based program designed to address all areas of child development: physical, social, emotional, language and cognitive. Since September 2011, the full day program is now available for all five-year-olds in the province.

Current Expenditures and Focus

Based on blended funding from both the provincial and federal governments, total MCFD funding for **ECD programs** in **2011/12 is \$22.120 million** directed towards the four Federal/Provincial/Territorial priority areas:

- **Promote Healthy Pregnancy and Birth**³²:
 - **Shaken Baby Syndrome Prevention Program** The Period of PURPLE Crying[®] program comprises elements of education, surveillance and intervention related to the prevention of shaken baby syndrome in infants. The ultimate goals of this program are to create a cultural change in parents' understanding of and response to infant crying and a 50 per cent decrease in the number of cases of traumatic brain injury due to shaken baby syndrome. Budget: \$0.173 million in 2011/12
- **Strengthen Early Childhood, Learning & Care**³³:
 - **Roots of Empathy**
Roots of Empathy (ROE) is an evidence-based classroom program for students age five to fourteen aimed at reducing childhood aggression, bullying and violence in schools and communities. The program will be offered in 360 classrooms during the 2011/12 school year. Budget: \$0.400 million in 2011/12 (with additional \$0.400M coming from Med).
 - **Seeds of Empathy (SOE funding included in ROE investment above)**
Based on the Roots of Empathy program, Seeds of Empathy is designed for early childhood settings to foster social and emotional competence and early literacy skills and attitudes in children three to five years of age. The program will be offered in 22 preschools and/or child care settings during 2011/12.

³¹ Ministry of Education, 2011.

³² MCFD funded ECD programs listed only – other provincial ECD programs under this F/P/T category include: Childhood Immunizations; Aboriginal Maternal Health, Midwifery Program etc. (Ministry of Health).

³³ MCFD funded ECD programs listed only – other provincial ECD programs under this F/P/T category include: StrongStart Early Learning Centres; Ready, Set, Learn (Ministry of Education); Public Health Nursing/Speech, Audiology, Nutrition, Dental (Ministry of Health), etc.

- **Aboriginal Seeds of Empathy** MCFD is also supporting culturally specific SOE programs in 14 Urban Aboriginal settings or First Nations communities across BC during 2011/12, reaching approximately 260 children. Budget: \$0.073 million in 2011/12
- **Improve Parenting & Family Supports³⁴:**
 - **Family Resource Programs**
Family Resource Programs (FRPs) aim to strengthen parenting skills, promote family and community engagement, and provide stimulating environments for children. FRPs engage with families through five core areas of service: family support, play-based learning, early learning and literacy, parent education, information and referrals. Aboriginal FRPs ensure that Aboriginal children and families have access to culturally appropriate family support services and resources, both on and off reserve. Budget: \$1.132 million in 2011/12
 - **BC Association of Family Resource Programs**
The BC Association of Family Resource Programs (FRP-BC) represents approximately 270 FRPs across the province through leadership, resources and professional development support. Budget: \$0.073 million in 2011/12
 - **BC Council for Families**
The BC Council for Families provides a number of family support and early childhood development programs and services across BC and supports well-established parenting and family support programs and initiatives such as Home Visitor Training, Parent-Child Mother Goose, and the BC Alliance for Young Parents. Budget: \$0.120 million in 2011/12
 - **Building Blocks**
The Building Blocks initiative serves children and families province-wide, with communities determining the supports that best meet their needs. Programs offered via Building Blocks strive to increase parental capacity by focusing on enhanced parent/child relationships, lay home visiting, early literacy and language development and healthy growth. Current programming includes the following: Home Visiting Programs, Parent-Child Mother Goose, Nobody's Perfect Parenting Program, prenatal support, pregnancy outreach, and parent/child drop-ins. Budget: \$3.852 million in 2011/12
- **Strengthen Community Supports**
 - **Human Early Learning Partnership**

³⁴ MCFD funded ECD programs listed only – other provincial ECD programs under this F/P/T category include: BC Nurseline (Ministry of Health); and BC Healthy Kids Program (Ministry of Social Development).

The Human Early Learning Partnership (HELP) is a collaborative, interdisciplinary research network that contributes to new knowledge in early childhood development and enhances the quality of children's early years. HELP is jointly funded by MCFD and the Ministries of Health and Education to implement the Early Development Instrument (EDI) in kindergarten classrooms across BC. Budget: \$1.900 million in 2011/12

- **UVic Unit for Early Years Research and Development (School of Child & Youth Care)**

The Unit for Early Years Research and Development at the University of Victoria addresses issues related to quality early childhood education services through two key projects: Investigating Quality and the BC Early Learning Framework Implementation. Budget: \$0.070 million

- **ECD Evaluation Project**

The ECD Evaluation Project focuses on creating an integrated evaluation and reporting system for ECD in BC. The Project is currently focuses on two areas: rolling out the community capacity building evaluation in 75 communities across BC and developing a model to evaluate a range of parent education and support programs. Budget: \$0.030 million in 2011/12

- **Children First**

Children First is a community development initiative designed to facilitate cross-sectoral partnerships and build community capacity to support the healthy development of children, birth to six-years-old.

Forty-five initiatives across the province use a collaborative, inclusive, community-driven approach to identify and plan for the unique needs and priorities of their communities. Children First collaborates with other ECD community partners such as Success By 6[®], the Human Early Learning Partnership, and Community Action Program for Children, to enhance early childhood services across BC. Budget: \$5.573 million in 2011/12

- **Aboriginal Early Childhood Development**

Since 2002, the Aboriginal Early Childhood Development (AECD) regional initiative has supported Aboriginal communities, both on and off reserve, through 22 delegated Aboriginal agencies across BC. Community-based Aboriginal ECD programs include involvement of parents, elders, extended family and community in the planning, development, operation and evaluation of these programs. In addition, programming addresses the historical context of families with an emphasis on restoring, reclaiming, and celebrating culture within a prevention and early intervention context.

In 2010/2011, MCFD reinvested \$5 million, plus \$1 million in one-time-only funding to prioritize early childhood development initiatives for Aboriginal people. Up to 537 community initiatives across BC have received funding to focus on ECD. Regional AECD Budget: \$6.854 million in 2011/12.

- **Success By 6[®]**

As an internationally-branded United Way initiative, Success By 6[®] (SB6) supports communities working together to improve outcomes for children ages birth to six-years-old, by ensuring access to resources and programs that support healthy child development and growth.

In BC, the Early Childhood Development Provincial Partnership leads SB6 and includes the following partners: the United Way, Credit Unions of BC, and the BC Government.

The SB6 Aboriginal Engagement Strategy employs Aboriginal SB6 Coordinators – in collaboration with the Aboriginal community – to focus on increasing representation in SB6 initiatives, strengthening community capacity, increasing cultural awareness within the context of Aboriginal early childhood development, and promoting awareness of the importance of the early years. Budget: \$1.9 million in 2011/12

MCFD ECD programs receive provincial funding through **one-time-only grants, annual contracts or ongoing base budget funding**. A range of ECD programs and services (listed above) are provided through MCFD funding, at either the regional or provincial levels depending on the type of service. For example, Success By 6[®] funding is provided through an annual Provincial contract, while funding for Building Blocks is provided at the regional level through base budget funding.

In addition to MCFD, a number of **provincial ministries** are actively involved in supporting a range of ECD programs, including the Ministries of Education, Social Development, Aboriginal Relations and Reconciliation, and Health, as well as the Ministry of Jobs, Tourism and Innovation.

Municipalities and local governments are also playing a developing role in the provision of ECD services, with many communities hosting an ECD Planning Table. These tables have been successful in building collaboration amongst community partners, with nearly half of all tables including representation from local government and 90 percent of participating initiatives reporting having a community ECD plan in place, or in the process of developing one.³⁵

MCFD currently funds five **Child Care** programs with a total budget of **\$297M in 2011/12**:

- **Child Care Resource and Referral (CCRR) Programs**: Provides support, resources and referral services for child care providers and parents across the province. CCRRs assist parents to find child care and make informed choices regarding quality child care. CCRRs also provide training, resources and other support services to local child care providers, in particular license-not-required family child care providers. The BC Aboriginal Child Care

³⁵ Success By 6[®], (2011). *Highlights of the 2011 Progress Report - Community Capacity Building in BC for the Early Years*. ECD Evaluation Project.

Society is contracted to provide provincial CCRR services to Aboriginal communities. Total budget \$ 9.7M

- **Child Care Operating Funding Program (CCOF):** Assists eligible licensed group and family child care providers with the cost of providing child care. Currently CCOF funds over 5,000 licensed child care facilities and supports over 99,000 total spaces across the province. CCOF is available for licensed child care centers both on and off reserve. Total budget \$65M
- **Child Care Subsidy Program:** Supports low- and moderate-income families with the costs of child care. In 2010/11, an average of 29,000 children were supported by child care subsidies per month and the parents of over 54,000 distinct children received subsidies. The Child Care Subsidy Program supports at risk families involved in child protection services and young parents completing their secondary education. Child care subsidy is available for Aboriginal families both on and off reserve. Total budget \$ 154.2M
- **Child Care Capital Funding Program (Minor & Major):** *Minor Capital:* Funding has been available to assist licensed, group non-profit child care providers with emergency repairs or upgrades, replacement of equipment and furnishings to meet licensing requirements, or to assist with moving costs. Funds for this program were expended in September 2011 for the 2011/12 fiscal year. Total budget \$ 0.5M. *Major Capital:* Has supported child care providers to purchase equipment, build, renovate or expand existing child care facilities to create new licensed child care spaces.
- **Supported Child Development:** Assists families and child care providers to fully include children needing extra support in typical child care settings. The program serves children from birth to 12 years old, with services for youth 13 – 19 years old available in some communities. Services include individualized planning, training, information and resources, referrals to other specialized services and when required, staffing supports. Total budget \$56.99M

Child Care and ECD Stakeholders and Service Providers

Child Care and ECD stakeholders are a diverse group of individuals and organizations that offer a wide range of programs across the province: Provincial ECD and Child Care Advisory Organizations; Research Community; ECD and child care Services Umbrella Organizations Representatives; ECD Community Development and Partnerships; Aboriginal ECD; Population Health ECD; ECD and Child Care Advocacy Organizations; Immigrant and Multicultural ECD Organizations; and other non-traditional stakeholders such as BC Recreation and Parks Association and the YWCA.

ANALYSIS

Early Childhood Development

The strengths of the current ECD framework start with a strong community-based interest and commitment to early childhood development, supported by a strong commitment to generating information and evaluating services. The Province funds a range ECD programs in communities across BC, offering a wide breadth of community-driven programs to parents and young children at little or no cost to families. A mapping project that identifies the geographic distribution of ECD services across the province is underway. In addition to providing families with valuable information about ECD services in their community, the mapping effort will help identify whether duplication or gaps in services exist or where there is unmet demand. .

Across the ECD sector there are excellent examples of collaboration among community partners, including partnerships with businesses, municipalities, and Aboriginal communities while local ECD Planning Tables help facilitate vibrant, active community planning for local service delivery. In addition, the *BC Early Learning Framework*, which draws on best practices from three of the most progressive jurisdictions in terms of early learning and care (Sweden, New Zealand and Italy) provides an overarching early years curriculum for children from birth to school entry.

There are also a number of perceived **weaknesses in the current system**. A framework to strengthen and focus regional and local governance and decision making is needed. The sector has grown organically and consequently tends to be made up of a collection of specific interests with significant variability at the regional and community levels. This means that progress on a population basis is hard to achieve.

The issue of variability is exacerbated by multiple funding strategies related to ECD programs. Funding provided through multiple Ministries is often distributed/allocated based on specific jurisdictional boundaries (e.g. local school districts, health authorities, or regions). Efficiencies and economies of scale could be realized through the consistent rationalization of funding models via a single provincial model and shared approach at a community level.

There is also no overarching provincial infrastructure to support the provision of ECD programs in the province, similar to Alberta's Parent-Link Centres, or Ontario's Best Start Child and Family Centres. While the existing combination of contracted agencies, local planning tables and multiple sources of funding supports flexibility and local autonomy, the current structure is not conducive to resolving issues related to sustainable funding, reducing duplication of or gaps in existing programs, and establishing and maintaining consistent standards and quality. Innovative approaches are needed.

In terms of evaluating the effectiveness of ECD programs and services, progress is being made through the ECD Evaluation Project and future partnerships to improve program quality are being explored with post secondary institutions such as UBC (HELP) and UVic (Unit for Early Years Research and Development). More program/service evaluation work is needed.

Child Care

Existing child care programs and services in BC support parents' participation in the workforce and enhance children's healthy development. However, meeting the evolving child care needs of families in British Columbia continues to be an **on-going challenge** due to many factors, including:

- An increasing number of women are participating in the workforce and in more families, both parents are working.³⁶
- From 1976-2009, the employment rate for women with children under three years of age increased 233 per cent.
- The number of lone-parent families looking for affordable childcare (at 16 per cent).

In 2010, there were approximately 585,500 children aged 0-12 in BC. In 2010/11, the **Child Care Operating Funding (CCOF)** Program provided funding to over 99,000 child care spaces. Since 2005/06, the number of licensed spaces in receipt of funding through the CCOF Program has increased by over 20,000 spaces.

Based on the average monthly number of CCOF contracted spaces over the 2010/11 fiscal year, there were CCOF funded child care spaces for approximately 15 per cent of the 0-12 population. While there is a demand for child care for all ages, there are the fewest number of spaces for infants and toddlers. In 2009/10, there were 5,864 licensed funded group child care spaces for infants and toddlers and 23,068 licensed funded group child care spaces for children 30 months to school age.³⁷

Based on the number of CCOF spaces, 103 per cent of spaces for 0-3 year olds were utilized, while 92 per cent of spaces for children 3-5 were utilized.

Almost 16 per cent of CCOF contracted spaces are in the Vancouver/Richmond SDA, and almost 60 per cent are in the Coast/Fraser region. At just over 7 per cent of child care spaces, the North region has the lowest percentage of CCOF spaces and the lowest percentage of child care spaces per capita. At 7 per cent, the Northeast has the lowest number of CCOF contracted child care spaces per 0-12 population, while at 21 per cent South Vancouver Island had the largest number of CCOF contracted child care spaces per 0-12 population. Overall in the North region, there was a higher utilization rate for licensed family child care spaces than for licensed group spaces.

Although there is **no formal provincial waitlist** process, in 2010/11 over 40 per cent of CCOF contracted facilities reported children on a waitlists.

The **Child Care Subsidy Program** does not have a cap on the number of recipients it will support over the course of a year and funding is provided to all eligible families who apply. In

³⁶ 80 percent of women are working and both parents are working in two thirds of BC families. Statistics Canada 2008/09.

³⁷ MCFD Provider Profile 2009/10.

an average month in 2010/11, the Child Care Subsidy Program supported 29,000 children in 20,000 families and over the course of the year more than 54,000 children in over 37,000 families received a child care subsidy. The number of children and families receiving child care subsidies has grown steadily over the past few years from 46,516 children in 2005/06 to 54,103 in 2010/11. Expenditures have increased in a similar fashion from \$108M in 2005/06 to \$149M in 2010/11.

At approximately 15 per cent of clients and expenditures, clients in the South Fraser SDA received the largest share of Child Care Subsidy while at approximately one percent, the Northeast SDA received the smallest share. The Coast Fraser region accounted for over 52 percent of Child Care Subsidy clients and expenditures.

Data from the **Child Care Resource and Referral Program** is as follows for 2010/11:

- 27,658 families received referrals to local child care services through this program
- 288,248 individuals received consultations.
- 52,470 parents received consultations.
- 777 workshops and 238 courses were provided to child care providers.
- 852 license-not-required providers were registered.
- More than 29,044 parents were assisted with their Child Care Subsidy application and inquiries.
- More than 4,575 consultations were provided by BCACCS and culturally specific training courses and workshops were delivered in 40 locations across the province to 813 participants.
- 13,632 participants received training (533 workshops, 106 courses and 41 conferences) which was supported by professional development training funding from the Ministry of Children and Development.

The current child care and early learning system is supported by three provincial ministries with separate mandates and jurisdictions. MCFD is responsible for administering programs that provide funding and assistance to child care operators and families seeking to access child care. The Ministry of Health is responsible for licensing and monitoring child care facilities with three or more children and for the implementation of legislation for licensed child care facilities.

The Ministry of Education holds the mandate for early learning in BC, including Full Day Kindergarten, StrongStart BC centers and Neighborhood Learning Centres. British Columbia committed \$365 million over three years to implement full day kindergarten for all eligible children by September 2011. The expanded kindergarten program is play-based and designed to address all areas of child development: physical, social, emotional, language and cognitive. Full day kindergarten is now available for all five-year-olds in the province.³⁸

³⁸ Ministry of Education, 2011.

The **main strengths** of the child care programs administered by MCFD are that they **support parental choice** and **provide funding** for a variety of circumstances. Child care subsidies are available for a range of child care settings including licensed family and group care, license-not-required care and care in the child's own home. Subsidies are also provided to families who require child care for a number of different reasons, including because they are employed or self-employed, attending an educational institution or an employment-related program, seeking employment, have a medical condition that interferes with their ability to care for their child or have been referred by a social worker. In addition, child care subsidies support low and moderate income families that wish to provide their children with quality early learning and early childhood development opportunities by placing them in preschool.

While the child care system has a number of strengths, it also faces various challenges. The demand for programs funded by MCFD continues to rise.

The availability of licensed child care spaces is a challenge in many areas of the province. While parents can access the services of a CCRR to obtain information about child care providers in their community, CCRRs do not have information about the availability of spaces within each provider.

Parents also indicate that child care is expensive. The median child care fees for care for children younger than school age ranges from \$660 to \$900 province-wide.

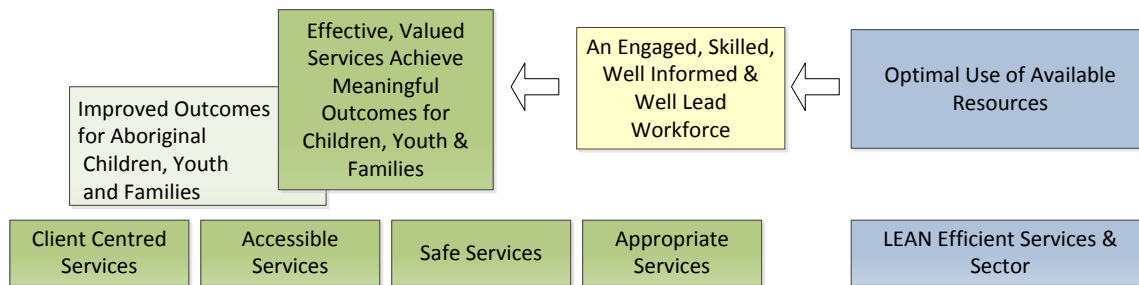
Families have also stated that child care subsidy thresholds are too low and should be raised to support a higher proportion of working families. While BC has one of the highest income thresholds for children younger than school age in regulated care, BC also has one of the lowest income thresholds and subsidy rates for school-aged children.

Also, while the CCOF Program supports a high proportion of licensed child care operators, funding allocations do not take into account any indicators regarding the quality of the programming. Funding is based on the age of the children served, the type of setting and enrolment.

Access to quality, affordable child care will likely continue to be an issue for parents over the next three years.

KEY ACTIONS TO IMPROVE SERVICES IN EARLY CHILDHOOD DEVELOPMENT (ECD) AND CHILD CARE 2012 - 2015

OUTCOMES

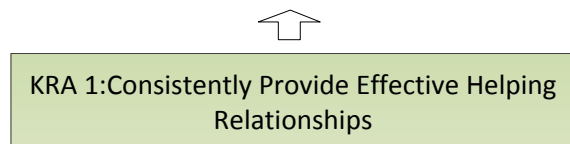


KEY ACTION: Over a three year period, in collaboration with clients and the sector, incrementally develop, implement and report out on service level outcomes for ECD and child care programs linked to the dimensions of quality; workforce skills; and efficiency measures, including a focus on two key areas:

- 1) mitigating “chronic stressors that impede positive physical, cognitive, emotional/mental health development:
- 2) strengthening resiliency enablers focused on enhancing children’s social and emotional wellbeing linked to positive mental health outcomes for children

- Development: April – September 2012

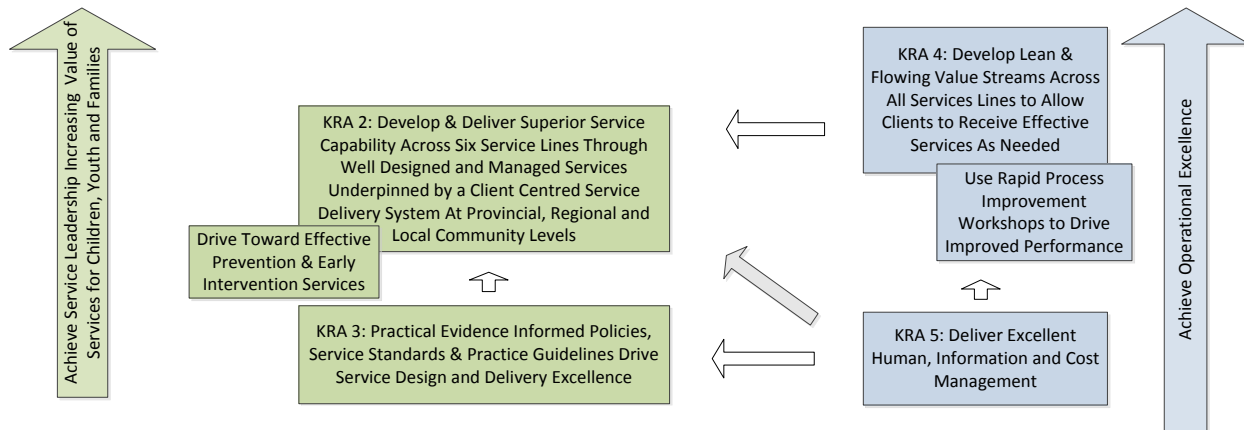
HELPING RELATIONSHIP



KEY ACTION: Using Child and Family Services Practice Framework and in collaboration with service partners, MCFD will develop and implement practice guidelines and training materials related to establishing effective **helping relationships** for children and their families using early childhood development and child care services (KRA 1)

- Development: January – September 2013
- Implementation: September 2013 – June 2014
- Monitoring and Reinforcement: September 2014 – March 2015

INTERNAL SERVICE PROCESSES



KEY ACTION: In collaboration with families, service partners, ministries, and key stakeholder groups, design and implement an integrated LSA level system of services with a strong focus on mitigating stressors and enhance resiliency, linked to achieving measurable outcomes. Focused on delivering quality local service systems, built on **a clear vision, clear policy, standards, and practice guidelines** (KRA 3), **underpinned by LEAN** process design principles (KRA 4), and **effective contract and cost management** (KRA 5), and adaptable to the **needs of local families and communities** (KRA 7. Aboriginal Service Improvement). The design must include:

- a. Improved data sets.
- b. Look at demand, supply and overlapping mandates to identify where integration is possible utilizing ECD coalitions, collaborations and/or consolidations to finesse boundaries between service providers and expand to include child care and Early Learning programs where this is helpful to children and families.
- c. Improve the coordination of like-services through direct funding into a larger “hub model with satellites” (one-stop for families; opportunity for cross-pollination of service providers, increased coordination and collaboration).
- d. Ensuring services are responsive to and engage the different cultures that make up BC.
- e. Increasing the operational linkages to CYSN, Child Mental Health, Child Safety and Children in Care, and Adoption Service Lines to better serve the needs of children and families throughout early childhood
- f. Coherent, family focused branding and promotion of services, linked to integrated provincial policy, standards, and practice guidelines for Early Childhood Services that allows for a degree of flexibility and adaptation by local community planning bodies in response to their specific community needs
- g. A province wide implementation plan for all LSAs
 - April – December 2012 – develop an overall design framework
 - January 2013 – March 2014 – implement a service delivery design across all LSAs
 - April 2014 – March 2014 – consolidate, evaluate and refine service delivery
- h. In collaboration with service partners develop recruitment, retention and training materials and approaches to support the implementation of the service design

- i. Leverage the Provincial ECD Evaluation Committee to establish a common evaluation framework for ECD, focused on implementing key actions and quality assurance linked to implementing service standards and practice guidelines

KEY ACTION: Complete an ECD services MCFD, DAA and Community Social Service Agency **cost management, HR, IM/Knowledge Management, and contract review** to support the system design process, focused on best use of funding to achieve improved future outcomes for children and their families (KRA5)

- April – September 2012

KEY ACTION: Explore policy and service delivery options to improve information, (including waitlists), access, affordability and options for child care within current fiscal environment (KRA 3)

- April – September 2012
- September 2012

KEY ACTION: In partnership with the Union of BC Municipalities, the private sector and other ministries develop regional strategies focused on working with families struggling with poverty by using social networks, personal action plans and coaching and other comprehensive community initiatives.

- April – June 2012: action planning with partners and communities
- September 2012 – June 2013: Recruit families, develop approaches for personalized planning
- June 2013: Expansion and Evaluation

LEARNING AND GROWTH



KEY ACTION: Use and develop the role and capacity of ECD coalitions, within Regional Community Partnership Forums, in planning, governance, and funding (allocation of resources)

of services based on building community plans linked to the service design template and supported by strong provincial working partnerships. (KRA 9)

- April – December 2012

KEY ACTION: Establish provincial and regional partnerships between MCFD, service delivery partners, relevant post-secondary institutions, researchers and the broader academic community to develop a shared knowledge management, translation, and shared strategic research and learning agenda to improve the quality of ECD and child care services and knowledge of promising practices.(KRA 6)

- April 2012 – June 2013