



District of Sault Ste. Marie

Our Children, Their Future

2015 Best Start Network Report, Volume 3



District of Sault Ste. Marie Best Start Network
Réseau Meilleur départ district de Sault Ste Marie

This report was created for the Best Start Network by the Sault Ste. Marie Innovation Centre's Community Geomatics Centre with the help of the District of Sault Ste. Marie Social Services Administration Board. The data in this report was compiled and the report was co-authored by Steve Zuppa, Kristen Hoffman, and Danika Montgomery with the help of community partners and the District of Sault Ste. Marie Best Start Network.

This report was made possible through the generous support of the District of Sault Ste. Marie Social Services Administration Board



District of Sault Ste. Marie

Social Services Administration Board



SAULT STE. MARIE
INNOVATION
CENTRE
Community Geomatics Centre

Thank you to our community parents and early learning programs for providing the photos in this report.

A digital version of this report can be found online.
Go to www.ssm-dssab.ca and select the Child Care tab.

The Algoma Best Start Network has also released a report in tandem.

Acknowledgements

We would like to thank all of those who made this report possible:

Algoma Family Services
Algoma Public Health
Algoma District School Board
Algoma District Services Administration Board
Canadian Red Cross
Child Care Algoma Ontario Early Years/Best Start Hubs
Children's Aid Society of Algoma
City of Sault Ste. Marie
Community Assistance Trust
Conseil scolaire catholique du Nouvel-Ontario
Conseil scolaire public du Grand Nord de l'Ontario
District of Sault Ste. Marie Social Services Administration Board
Group Health Centre
Huron-Superior Catholic District School Board
The Indian Friendship Centre/Best Start Hub
Metis Nation of Ontario
Ministry of Children and Youth Services
Ministry of Education
Offord Centre for Child Studies
Best Start Parent Advisory Committee
Phoenix Rising Non-Profit Homes and Women's Centre Inc.
Prince Township Best Start Hub
Salvation Army Community & Family Services
Sault Ste. Marie Child Care Supervisors Committee
Sault Ste. Marie Innovation Centre – Community Geomatics Centre
Sault Ste. Marie Police Service
Soup Kitchen Community Centre
THRIVE Child Development Centre
United Way of Sault Ste. Marie & District
Vincent Place Food Services

A Message from The Best Start Network



District of Sault Ste. Marie Best Start Network Réseau Meilleur départ district de Sault Ste Marie

Communities Growing, Children Thriving

The Algoma District and the Sault Ste. Marie Best Start Network have strategically operated in partnership to achieve a single Best Start mission and vision for the entire District of Algoma.

It is our goal to ensure that across Algoma, “children and families have easy access to consistent, quality services that are welcoming, integrated and responsive.” The joint planning enables our two networks to maximize collaboration for the benefit of all children and families in our geographic areas.

The Joint Network’s central goal is that all children born and growing up in the District of Algoma and the District of Sault Ste. Marie will achieve their social, intellectual, economic, physical and emotional potential through the provision of integrated children’s services. In recent years, the Joint Best Start Network has been instrumental in the community planning of integrated children’s services. Our table is comprised of representatives from many local children’s service sector organizations and we regularly consult with community parents across the area.

This is the third edition of a report that provides community information on some key areas that have a significant impact on how well our children are developing: family structure, child care, health, education, family support services and our physical environment. By measuring these indicators in our communities, we are given an opportunity to identify and plan for the development or enhancement of services that support improved outcomes for our children. Our communities must continue to work towards building and maintaining successful relationships and decreased fragmentation in service delivery between children’s service providers, as well as partnering that supports seamless access for parents. The Joint Best Start Network remains committed to supporting children’s development, family support and the development of an integrated service system that improves lives in our communities. We look forward to the future knowing that our Network partners continue to demonstrate the passion and determination to achieve our Vision.

We would like to thank our invested partners for their dedication as we recognize that a true system of integration is an ongoing process whereby service providers and stakeholders engage in progressively greater degrees of joint service activity.

Carla Fairbrother
Co-Chair
District of Sault Ste. Marie
Best Start Network

Brenda Clarke
Co-Chair
District of Sault Ste. Marie
Best Start Network

Table of Contents

| | | | |
|---|-----------|---|-----------|
| Executive Summary | 2 | Communication Skills & General Knowledge..... | 50 |
| Best Start Introduction | 3 | Low in One or More Domains..... | 52 |
| Community Overview | 5 | Low in Two or More Domains..... | 52 |
| Sault Ste. Marie Census Agglomeration Definition .. | | Best for Kids Summer Program..... | 55 |
| Population Change Between 2001-2011 | 6 | Kindergarten Parent Survey..... | 56 |
| Number of Children Aged 0 to 6 | 6 | JK and SK Enrolment..... | 67 |
| Aboriginal Profile | 8 | Where have we gone since the last report? | 69 |
| Francophone Profile..... | 9 | Child & Family | 70 |
| Socioeconomic Risk..... | 11 | Family Structure..... | 70 |
| Where have we gone since the last report? | 13 | Median Family Income..... | 71 |
| Health and Physical Environment | 14 | Youth Living in Low Income..... | 72 |
| Births..... | 14 | Families Receiving Social Assistance | 74 |
| Teen Mothers..... | 14 | Best Start Hubs | 76 |
| Healthy Babies Healthy Children | 15 | Best Start Hub Locations..... | 79 |
| Infant & Child Development Program..... | 15 | Best Start Hub Drop In Visits..... | 80 |
| Don't Wait and See | 15 | Prenatal Education..... | 82 |
| Mental Health | 16 | Parenting Programs | 82 |
| Oral Health | 17 | Parenting and Family Literacy Centres..... | 82 |
| NutriSTEP® | 18 | Algoma Speech and Language Services..... | 84 |
| Food Security..... | 18 | Early Literacy..... | 84 |
| Canada Prenatal Nutrition Program | 18 | Triple P..... | 85 |
| Community Kitchens..... | 18 | Children's Aid Society of Algoma | 86 |
| Community Gardens..... | 19 | Social Services Community Hubs | 87 |
| Community Assistance Trust..... | 19 | Where have we gone since the last report? | 88 |
| The Student Nutrition Program..... | 20 | | |
| Lunch Programs, Soup Kitchens, Food Banks..... | 21 | | |
| Childhood Injuries | 22 | | |
| Car Seat Safety..... | 23 | | |
| Crime..... | 23 | | |
| Playgrounds within Walking Distance..... | 24 | | |
| Where have we gone since the last report? | 29 | | |
| Education and Child Care | 30 | | |
| Child Care..... | 30 | | |
| Fee Subsidy | 30 | | |
| Licensed Child Care Spaces..... | 30 | | |
| Service Gaps..... | 32 | | |
| Child Care and Full Day Kindergarten..... | 32 | | |
| Child Care and Schools..... | 32 | | |
| Funding Changes | 32 | | |
| Child Care Wage Enhancement Grant | 33 | | |
| Quality Assurance | 33 | | |
| Best Start Hubs | 33 | | |
| Parenting and Family Literacy Centres..... | 33 | | |
| Early Development Instrument (EDI) | 34 | | |
| EDI Results for Sault Ste. Marie | 34 | | |
| Physical Health & Well-Being | 36 | | |
| Social Competence..... | 39 | | |
| Emotional Maturity..... | 42 | | |
| Language and Cognitive Development | 46 | | |

Executive Summary

This report, commissioned by the Sault Ste. Marie Best Start Network to assist in community planning, outlines and measures the services supporting children and families in Sault Ste. Marie, with a focus on children age 0 to 6. It includes a collection of indicators that impact child development and our children's ability to reach their full potential. By examining information across neighbourhoods in Sault Ste. Marie, we can determine where more attention is needed in terms of accessing services and programs. It is important to find out where children shine in Sault Ste. Marie, as well as where they may need more attention.

The Community Overview examines the population and age breakdown of Sault Ste. Marie, as well as Aboriginal and Francophone profiles. This demographic information gives us a better understanding of Sault Ste. Marie, the age and sex breakdown of the population, and where children are located. The Social Risk Index is also outlined in this section, providing a more in-depth look into the population of Sault Ste. Marie using socioeconomic risk indicators. This helps to determine which neighbourhoods are more prone to socioeconomic risk. A map showing the social risk index by Census Tract in Sault Ste. Marie can be viewed on page 12.

The Health and Physical Environment section is a general assessment of infant and child health and services, as well as nutrition, safety, mental health and physical activity. Information on the birth rate in Sault Ste. Marie, teen mothers, the Infant and Child Development Program and the Don't Wait and See program can be found in this section. Nutrition programs are also outlined and include the new NutriSTEP® program, designed to assess the nutritional risk of preschoolers, the Milk Program (Canada Prenatal Nutrition Program), Community Kitchens and Gardens, Community Assistance Trust, the Energy Break Program, lunch programs, Soup Kitchens and Food Banks. Children's safety is addressed as well, with statistics on childhood injuries and crime. More and more importance is being placed on the physical activity levels of children due to the rise in obesity rates in Canada. Playgrounds are an important source for the healthy physical and social development of children. Page 24 begins a study on the number of playgrounds within walking distance in Sault Ste. Marie and their general quality.

The Education and Child Care section reviews the cost and availability of child care in Sault Ste. Marie, subsidies, service gaps and funding changes. The Early Development Instrument (EDI) is a questionnaire that uses five domains (Physical Health and Well-Being, Social Competence, Emotional Maturity, Language and Cognitive Development and Communication Skills and General Knowledge) to measure development and readiness to learn in kindergarteners. EDI results have been mapped for Sault Ste. Marie and can be found starting on page 34. The Kindergarten Parent Survey (KPS) results have

been included in this report and can be found beginning on page 56. JK and SK enrolment numbers for the Algoma District School Board and the Huron-Superior Catholic District School Board have been graphed and can be found on page 67.

The section titled Child & Family reports on family structure, with information on the percentage of families with children under 6, median family income, and youth living in low income. Best Start Hubs services, programs, and location information, and a study of visits and transportation to Best Start Hubs are outlined in this section. The Healthy Babies Healthy Children program focuses on a range of areas, including breast-feeding, nutrition and health, parenting and literacy programs to give children a healthy start in life. Prenatal education is designed to provide expectant mothers and their partners with information about all aspects of pregnancy and delivery to aid their transition to parenting. Information on parenting, including classes, Parent and Family Literacy Centres, the Speech and Language Preschool Development Program, Best Start Hubs and Triple P (Positive Parenting Program) can also be found in this section. Children's Aid Society statistics are located at the end of the Family section on page 85.

Following each section is a summary detailing how the indicators have changed since the "Our Children, Their Future" report of 2013. By comparing this data from report-to-report, services can be modified and implemented to better serve all children in Sault Ste. Marie, giving them their best start towards a bright future.

Best Start Introduction

Best Start is a provincially funded strategy that promotes optimal child development by supporting parents and caregivers. Local planning tables, called Best Start Networks, decide how best to organize and integrate services to meet the needs of their own population. Network members recognize that the health, well-being, and capabilities of residents in any community are vital to its long term economic success. Children who reach their full potential in life lead to the long term success of the community. Parents and caregivers have the most profound impact on a child's early years of development and their subsequent success with school, employment and their overall contribution to society. Best Start seeks to provide parents and children with the health, education, social supports, and specialized children's services that are necessary to support healthy child development and early learning.

The goal of community planning continues to be that parents with children from prenatal to age 6 have accessible services and supports. A child's best start in life takes place at home, in child care programs, classrooms, health facilities, libraries, recreation facilities or wherever we interact with our children. The Best Start Network is committed to ensuring that children with special needs are identified early on for service intervention and that children experience a successful transition to school. Parent participation is central to the planning process and input from parents is sought on a regular basis. The result will be children who are ready and eager to learn by the time they enter school.

The first phase of Best Start involved the expansion of licensed child care spaces. The focus of the next phase shifted to better service integration in the children's sector. In his report, "With our Best Future in Mind", Ontario's Special Advisor on Early Learning, Dr. Charles Pascal, recommends building upon the successes of the Best Start strategy for a system of integrated children's services.ⁱ Service integration promotes the best use of existing funding and resources through collaborative agency planning. It addresses duplications and gaps in services to parents and children and makes services accessible to parents.

"Integration is a key process through which the service system will realize the ten year vision of Best Start. Improving our ability to meet the needs of young children and their families through the transformation of the service system is a goal of Best Start. Through integration, the system will be more capable of responding to current and future opportunities in a way that will most benefit children".ⁱⁱ

i. Pascal, Charles E. (2009). With Our Best Future in Mind, Implementing Early Learning in Ontario. Toronto: Queen's Printer for Ontario.
ii. Building on the Foundation - Moving Forward. Addendum to the Implementation Planning Guidelines for Best Start Networks – System Integration, November 2006, pg. 3

System integration is an ongoing process whereby service providers and stakeholders engage in progressively greater degrees of joint service activity. To facilitate planning that meets the needs of families, we recognized the benefits of combining the efforts of the Sault Ste. Marie and Algoma District Best Start Networks and have been meeting jointly since June 2011. As we move further along the continuum of system integration, the Joint Best Start Network continues to make improvements in developing a system of services that seamlessly supports families and children in their communities in the District of Algoma and District of Sault Ste. Marie.

The Sault Ste. Marie Network is pleased to note the progress that has been made over the last few years in the area of Language and Cognitive Development. Children across Sault Ste. Marie are below the threshold for vulnerability on the EDI in this domain. We credit this in part to the considerable focus that has been placed on Early Literacy. Community planning strategies and programs related to Early Literacy have been taking place for a number of years.

The Early Literacy Practitioners utilize the Pre-K Early Language and Literacy Classroom Observation (ELLCO) Tool to assess literacy-rich environments and experiences using best practice. The observations focus on indicators of quality including Structure, Curriculum, Language Environment, Books, Book Reading, Print and Early Writing.

Quarterly Early Literacy Newsletters are available and include early literacy information and resources for parents, caregivers and professionals.

The vision of the Network is "Communities Growing, Children Thriving". The Network has been very successful in accessing special purpose funding to facilitate the development of the service integration plan. In 2011/2012, an Innovation Fund project enhanced the community Coordinated Access Referral Mechanism and provided training to service providers. In 2012/2013, consultations with parents and front-line service providers were conducted across the district. The consultations revealed many systems and processes that were working well and also revealed areas where there is still some work to be done to streamline, simplify and improve access to services.

In 2013/2014 Community Integration Leaders funding was used to design and develop two technology projects: the "No Wrong Door" digital referral system and the Best Start Hub digital sign-in solution. The "No Wrong Door" system allows Hubs, Child Care Centres and other organizations to submit secure online referrals to Coordinated Access agencies. The purpose of this solution is to simplify access to service for parents and also to simplify the communication loop once

Best Start Introduction

a referral is made within the system. The “No Wrong Door” system helps ensure that at any point a parent accesses the children’s service system, a responsive continuum of services is available to them and that where necessary, a personal connection is made available to respond to complex queries and issues.

The Best Start Hub digital sign-in is a tablet based solution that allows Hub visitors to sign themselves and the children in their care quickly using a QR code printed on a key tag. This solution replaced a paper based system that required many hours of data entry and limited information on visits and visitors. This solution is based on a membership approach where parents and caregivers become voluntary members of the Hubs.

The membership approach benefits Hub staff and administration as well as visiting parents/caregivers. Through the new system, hub staff and administration can accurately track unique visits, standardize data collection amongst all sites, create mail out lists for information/feedback, contact parents if they forgot something at the Hub, and store emergency contact info for each child in the membership database. Parents/caregivers benefit from a much faster sign-in process for drop-in visits, workshops and special events, and are able to sign in for drop-in and events simultaneously.

The Joint Best Start Network includes four subcommittees:

The **Algoma Child Care Supervisor’s Committee** members provide leadership and opportunity for professional development, developmentally appropriate practice, prevention and education, life-long learning, research, early intervention and investment in early years to the professionals of charitable, non-profit, commercial, school board and government service providers in Algoma and surrounding district. The committee advocates for quality early development and child care opportunities for all children and their families within a system that is responsive to diversity in the Algoma District.

The **Algoma Parenting Coordination Committee** members provide direction and recommendation for the design and implementation of parenting programs for families and children, professional development opportunities and interagency networking in the District of Algoma. The committee oversees the Triple P community of practice. The committee creates opportunities for networking between Practitioners, plans a yearly calendar, identifies implementation issues, and provides recommendations.

The **Hub Coordination Committee** members support Ontario’s vision of providing high quality programs and services that are child and family centered. The committee

collectively develop strategies to provide parents and caregivers with universally accessible programs, services and resources; promote healthy pregnancy, birth and infancy; improve parenting and family supports; strengthen early childhood development, learning and care, and strengthen community supports. Best practices are shared with community partners to develop quality services, engaging parents, caregivers and children in culturally inclusive programs.

The **Best Start Integrated Services Committee** participates in activities to promote, identify and link children to community services with the goal of attaining healthy growth and development. In 2015/2016, the committee worked in partnership to provide: early identification screening clinics (How Am I Growing Clinics); professional development opportunities for services providers (Safe Sleep and Supporting Families Dealing with Mental Health Issues); community awareness campaigns (Don’t Wait and See); and training for service providers on nutrition screening for toddlers and preschoolers (NutriSTEP®).

The Joint Best Start Network is committed to ensuring its roles and responsibilities are fulfilled in helping the present day children in the community realize their full potential. It is understood that this is the best possible investment in the communities of tomorrow. To achieve this, the Joint network is committed to working with the government, and other partners to ensure the successful implementation of the vision of the Best Start Initiative.



Community Overview

In this section...

| | |
|--|----|
| Sault Ste. Marie Census Agglomeration Definition | 5 |
| Population Change Between 2001-2011 | 6 |
| Number of Children Aged 0 to 6 | 6 |
| Aboriginal Profile..... | 8 |
| Francophone Profile..... | 9 |
| Socioeconomic Risk | 11 |
| Where have we gone since the last report?..... | 13 |

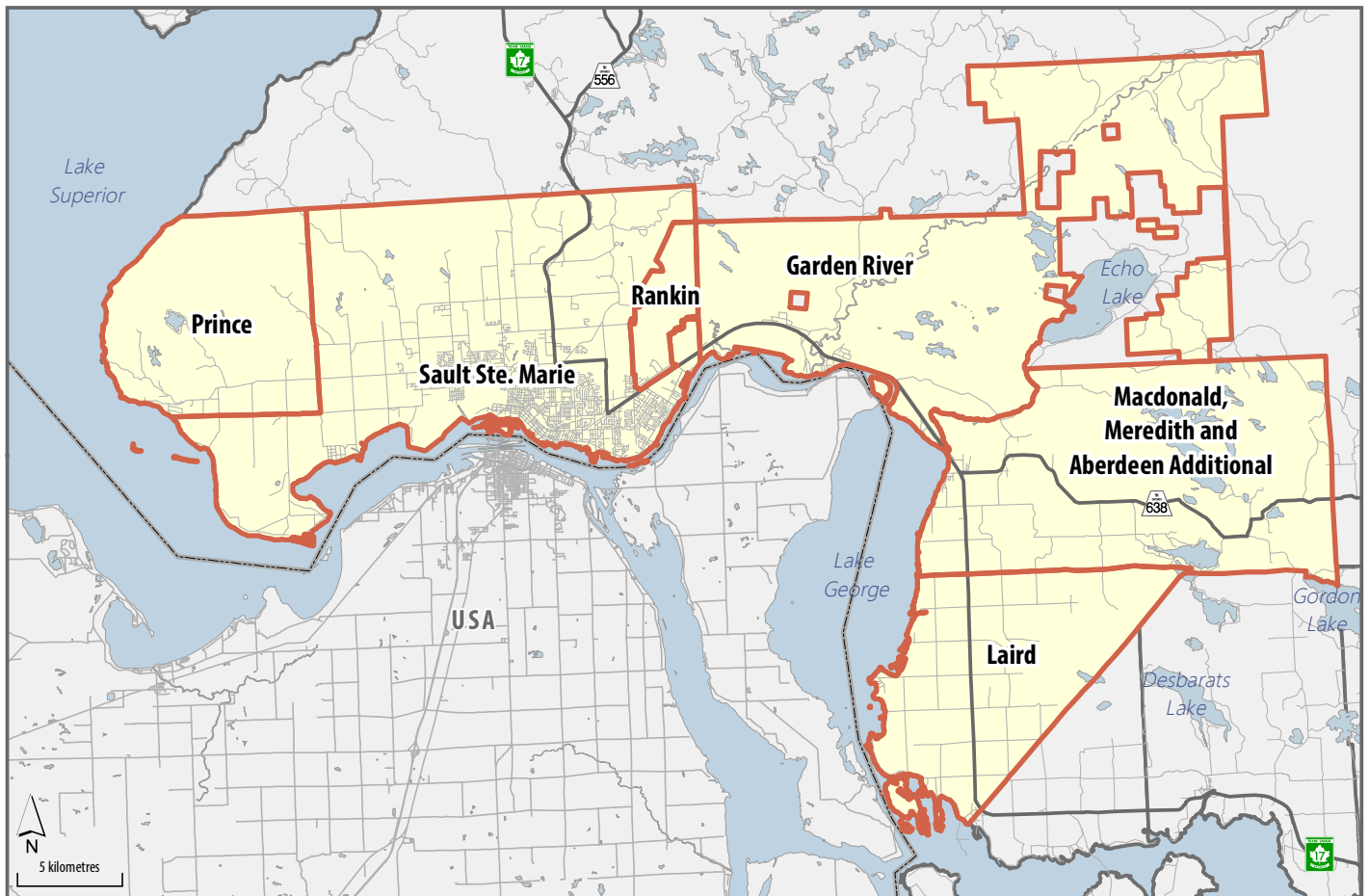
Sault Ste. Marie Census Agglomeration Definition

This report commonly makes reference to the Sault Ste. Marie Census Agglomeration (CA). The Sault Ste. Marie CA is an area defined by Statistics Canada which consists of a number of neighbouring municipalities situated around the urban core of Sault Ste. Marie. To be included in the CA, the surrounding municipalities must be strongly connected to Sault Ste. Marie in terms of place of work and commuting¹.

The Sault Ste. Marie CA is made up of the City of Sault Ste. Marie, Prince Township, Rankin Location, Garden River, Macdonald, Meredith and Aberdeen Additional Township, and Laird Township. Many of the indicators presented in this report, including all from Statistics Canada, are only available at the CA level. The full geographic extent of the Sault Ste. Marie CA is shown in Figure 1.

1. Statistics Canada, "Census Metropolitan Area (CMA) and Census Agglomeration (CA)", 2012, Accessed: <http://www12.statcan.gc.ca/census-recensement/2011/ref/dict/geo009-eng.cfm>.

Figure 1: Map of the Sault Ste. Marie Census Agglomeration (CA) (Statistics Canada)



Community Overview

Where possible, statistics have been included for the geographic area covered by the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB). The DSSMSSAB territory covers the City of Sault Ste. Marie, Prince Township and a number of unincorporated townships north of Sault Ste. Marie to Montreal River, including unincorporated communities such as Goulais River and Searchmont. However, due to the lack of localized statistics, the population of the northern unorganized areas has been omitted from many indicators presented in this report.

Population Change Between 2001-2011

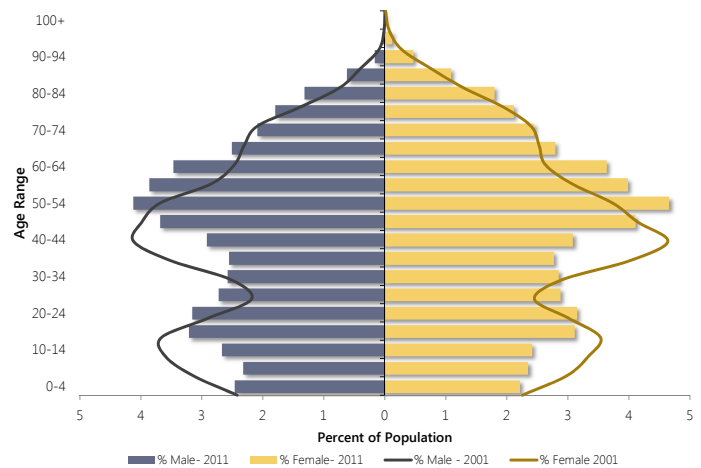
The City of Sault Ste. Marie and the surrounding areas that make up the Census Agglomeration had a population of 79,800* in 2011, an increase from 78,908* in 2001, but a slight decrease from 80,098 in 2006. Over the next five years, the population of this area is projected to grow by 0.2%². The vast majority of people in this area reside in the City of Sault Ste. Marie, which had a population of 75,141 in 2011, 74,948 in 2006, and 74,566 in 2001.

The 2011 age-sex structure chart (Figure 2) shows a breakdown of males and females by age group. Traditionally, charts of this shape signify a declining population³ as a large proportion of females age beyond the traditional fertility years of 15 to 44. These areas usually have a steady death rate, coupled with a low birth rate. Any growth in population is usually a result of immigration rather than natural increase.

The Sault Ste. Marie CA graph indicates an aging population, with a significant bulge in the 45 to 64 age groups, which represents the 'baby-boom' generation. The population of Sault Ste. Marie is older than the population of Ontario, as the median age of the population was 44.8 years in 2011 compared to 40.0 years for Ontario.

Overall, the youth population of Sault Ste. Marie has been in decline for a number of years. There are proportionately fewer children and more seniors in the Sault Ste. Marie CA than the whole of Ontario. Within the CA in 2011 the proportion of older adults aged 65 and up (19.3%) exceeded the proportion of children aged 0 to 14 (14.4%) for the second straight census year.

Figure 2: Age-Sex Structure Comparison, 2001 - 2011, Sault Ste. Marie Census Agglomeration (CA) (Statistics Canada)



Number of Children Aged 0 to 6

In addition to 5 year age groupings (see previous section) Statistics Canada also reports the number of persons by each individual year of age. The Sault Ste. Marie CA had 5,155 children aged 0 to 6 in 2011, up from 4,985 children aged 0 to 6 in 2006 but down from 5,515 in 2001. This represents a 6.5% decline in population in this age group from 2001 to 2011, but a 3.4% increase from 2006 to 2011 (Figure 3).

Figure 4 shows total population aged 0 to 6 by Census Tract (CT). Census Tracts (CTs) are small, stable geographic areas that usually have a total population of 2,500 to 8,000. The main map shows the urban area of the city, while the inset map shows all Census Tracts that make up the Census Agglomeration of Sault Ste. Marie, including Prince, Garden River/Rankin, Macdonald, Meredith and Aberdeen Additional, and Laird.

The Census Tract with the greatest number of children aged 0 to 6 in 2011 was 0017.00 (the P-Patch) with 515, while the fewest reside in Prince Township (60 children aged 0 to 6).

*It is important to note that the Rankin band council did not give permission to Statistics Canada in 2011 and 2001 to enter their territory for enumeration and therefore no population counts were recorded. Permission was granted in 2006 and population counts for Rankin are included in the totals for 2006.

2. Environics Analytics 2013 – available through PCensus 10 for ArcView (distributed by Tetrad Computer Applications)

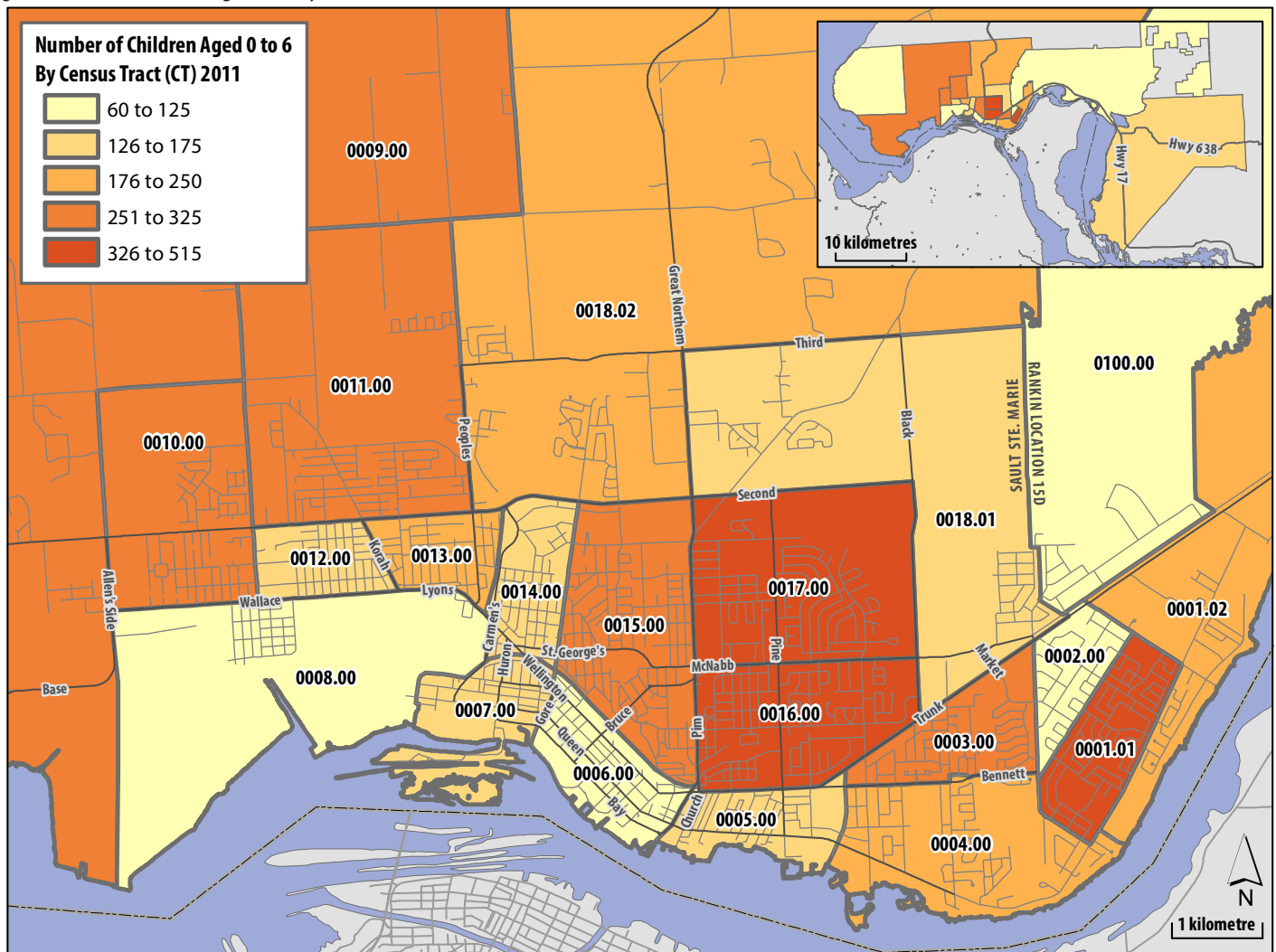
3. Statistics Canada, "Population Pyramids," 2011, Accessed: http://www.statcan.gc.ca/kits-trousses/animat/edu06a_0000-eng.htm.

Community Overview

Figure 3: Population of Children by Age, Sault Ste. Marie Census Agglomeration (CA) (Statistics Canada)

| Age Group | Total Pop. 2001 | Total Pop. 2006 | Total Pop. 2011 | % Change 2001 - 2011 | % Change 2006 - 2011 |
|-------------------|-----------------|-----------------|-----------------|----------------------|----------------------|
| 0 to 6 (all) | 5,515 | 4,985 | 5,155 | -6.5% | 3.4% |
| 7 to 12 (all) | 6,285 | 5,315 | 4,635 | -26.3% | -12.8% |
| 0 to 6 (females) | 2,695 | 2,435 | 2,470 | -8.3% | 1.4% |
| 7 to 12 (females) | 2,350 | 2,585 | 2,270 | -3.4% | -12.2% |
| 0 to 6 (males) | 2,825 | 2,550 | 2,680 | -5.1% | 5.1% |
| 7 to 12 (males) | 3,260 | 2,720 | 2,360 | -27.6% | -13.2% |

Figure 4: Number of Children Aged 0 to 6 by Census Tract, 2011 (Statistics Canada)



Community Overview

Aboriginal Profile

Starting in 2011, Aboriginal specific data became part of the National Household Survey rather than the long-form census. The following 2011 figures for the Sault Ste. Marie CA do not include data from Rankin Location. Please interpret this data with caution.

In 2011, there were 8,065 Aboriginal people living in the Sault Ste. Marie CA, making up approximately 10.1% of the total population. In 2011, 4,840 persons identified as First Nations, accounting for over half (60%) of the Aboriginal population of the Sault Ste. Marie CA. Another 2,955 identified as Métis, accounting for a further 36.6% of the Aboriginal population. A small percentage (2%) reported multiple or other Aboriginal responses.

Generally speaking, the Aboriginal population of the Sault Ste. Marie CA is younger than the non-Aboriginal population of the CA⁴. The median age of the Aboriginal population in the CA was 32.0 years in 2011, compared to 46.3 for all persons in the CA. In comparison, the median age of the Aboriginal population in Ontario was 31.2 years in 2011, compared to 40.2 for all persons in Ontario.

Nearly a quarter of all Aboriginal persons in Sault Ste. Marie were under the age of 15 in 2011, while only 6.2% were over the age of 65. Figure 5 shows the Aboriginal age breakdown. Figure 6 indicates that there are proportionally more Aboriginal people in every age group in the Sault Ste. Marie CA than that of Ontario. Also the two age groups with the highest proportion of Aboriginal people in the Sault Ste. Marie CA in 2011 were the 0-4 and 5-9 age groups with 20.1% and 17.8% respectively. The proportion of Aboriginal people generally rises with youth in both the Sault Ste. Marie CA and Ontario. When examining the Ontario figures, please note that numeration was incomplete for some Aboriginal reserves and settlements in the 2011 Census for various reasons⁵.

Figure 5: Aboriginal Population by Age and Sex, Sault Ste. Marie CA, 2011 (Statistics Canada)

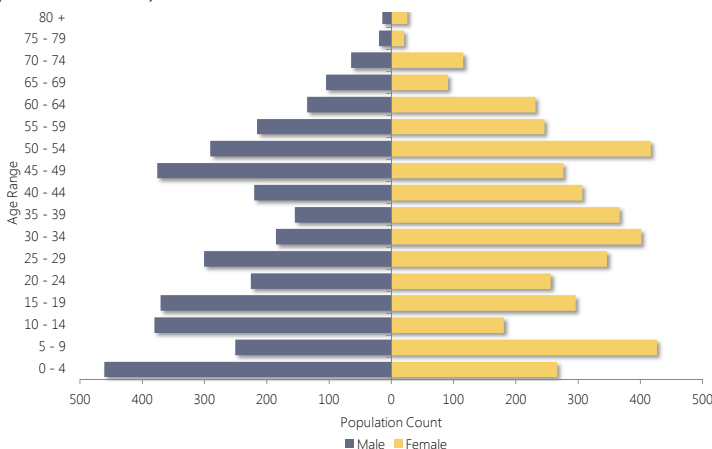


Figure 6: Percent Aboriginal by Age Group, Sault Ste. Marie CA and Ontario, 2011 (Statistics Canada)

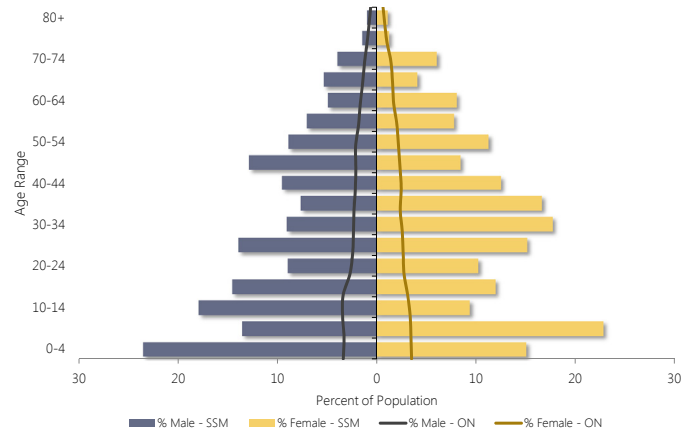


Figure 7 shows the percent of the population by Census Tract in the Sault Ste. Marie CA who identify as Aboriginal. Rankin and Garden River First Nations reserves have a primarily Aboriginal population. The areas of downtown Sault Ste. Marie (CT 0007.00) and west of Korah Road (CT 0012.00) have an Aboriginal population of between 15% and 30%.

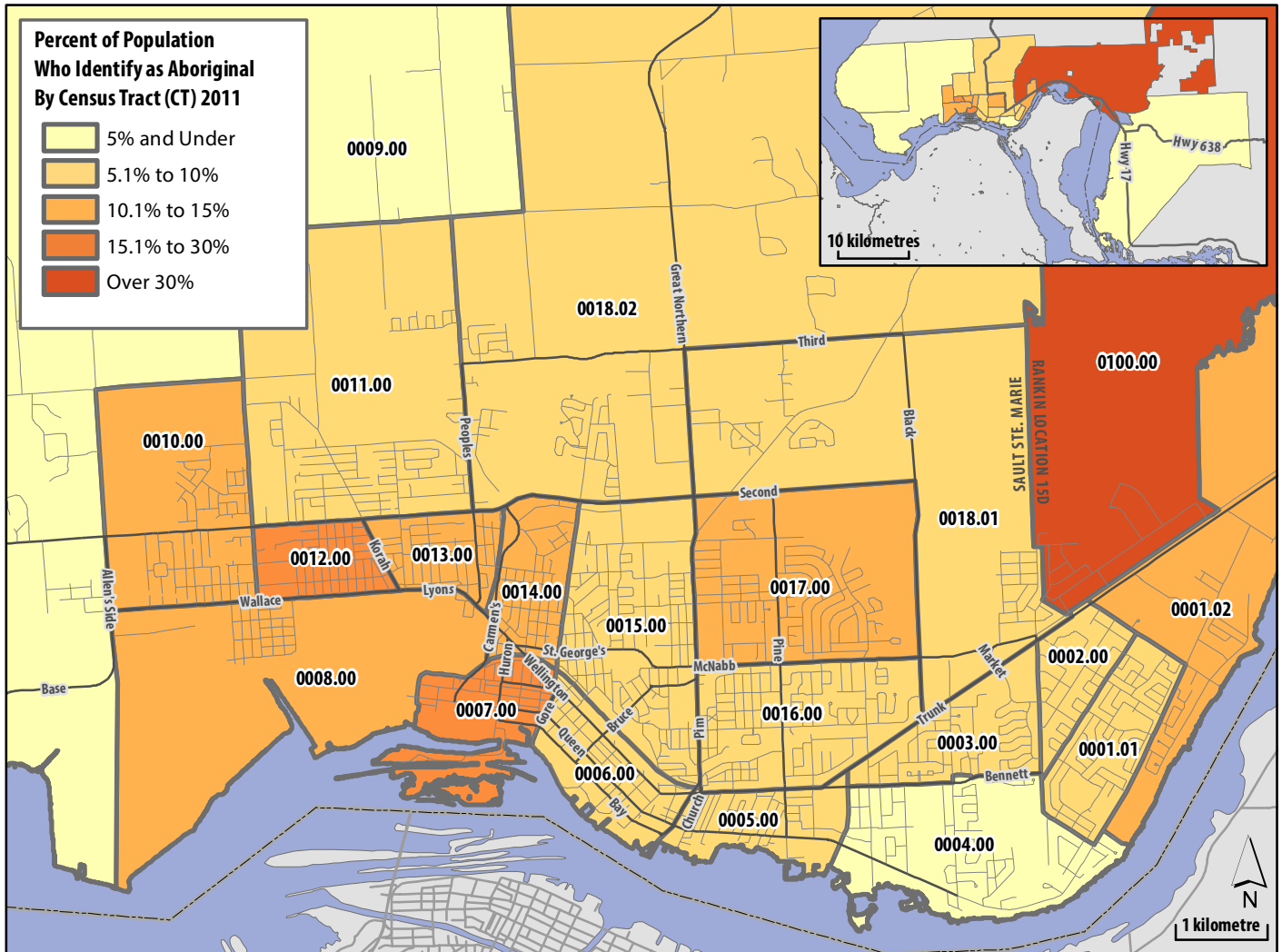


4. France et al., 2009, pp. 7.

5. Statistics Canada, "Census Data Notes: Incompletely enumerated Indian reserves and Indian settlements, Appendix 3", Accessed: <http://www12.statcan.gc.ca/census-recensement/2011/ref/irr-app-ann-1-eng.cfm>.

Community Overview

Figure 7: Percent of Population Who Identify as Aboriginal by Census Tract (CT), Sault Ste. Marie CA, 2011 (Statistics Canada)

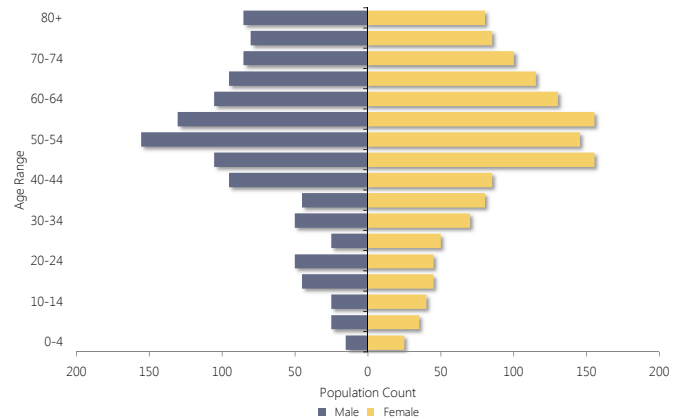


Francophone Profile

According to the 2011 Census of Canada, the Francophone population in the Sault Ste. Marie CA totalled 2,640 persons, representing approximately 3.4% of the total population. In Ontario, the Francophone population totalled 584,500 persons, making up 4.6% of the entire population. For the purposes of this report, the Francophone population refers to the persons reporting French as their first official language spoken.

The Francophone Population age-sex structure chart (Figure 8) shows an aging population with a high number of seniors and older working age persons and a very low number of youth. In a report on Francophones in Ontario, Jean-Pierre Corbeil and Sylvie Lafrenière state: “[t]he change over time in the age structure of the Franco-Ontarian population reflects the aging of the population, and it results from the combined effect of a fertility rate below the replacement level

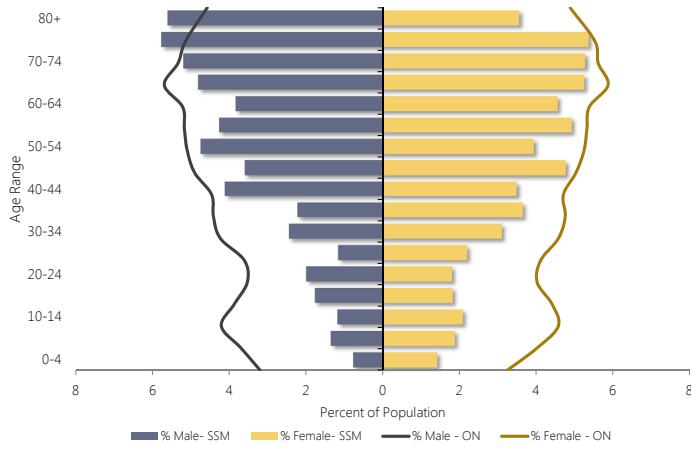
Figure 8: Francophone Population by Age & Sex, Sault Ste. Marie CA, 2011 (Statistics Canada)



6. Jean-Pierre Corbeil and Sylvie Lafrenière, “Portrait of Official-Language Minorities in Canada: Francophones in Ontario”, Ottawa: Statistics Canada, Catalogue no. 89-642-X-001, pp. 80.

Community Overview

Figure 9: Francophone Age-Sex Structure Comparison, Sault Ste. Marie CA and Ontario, 2011 (Statistics Canada)

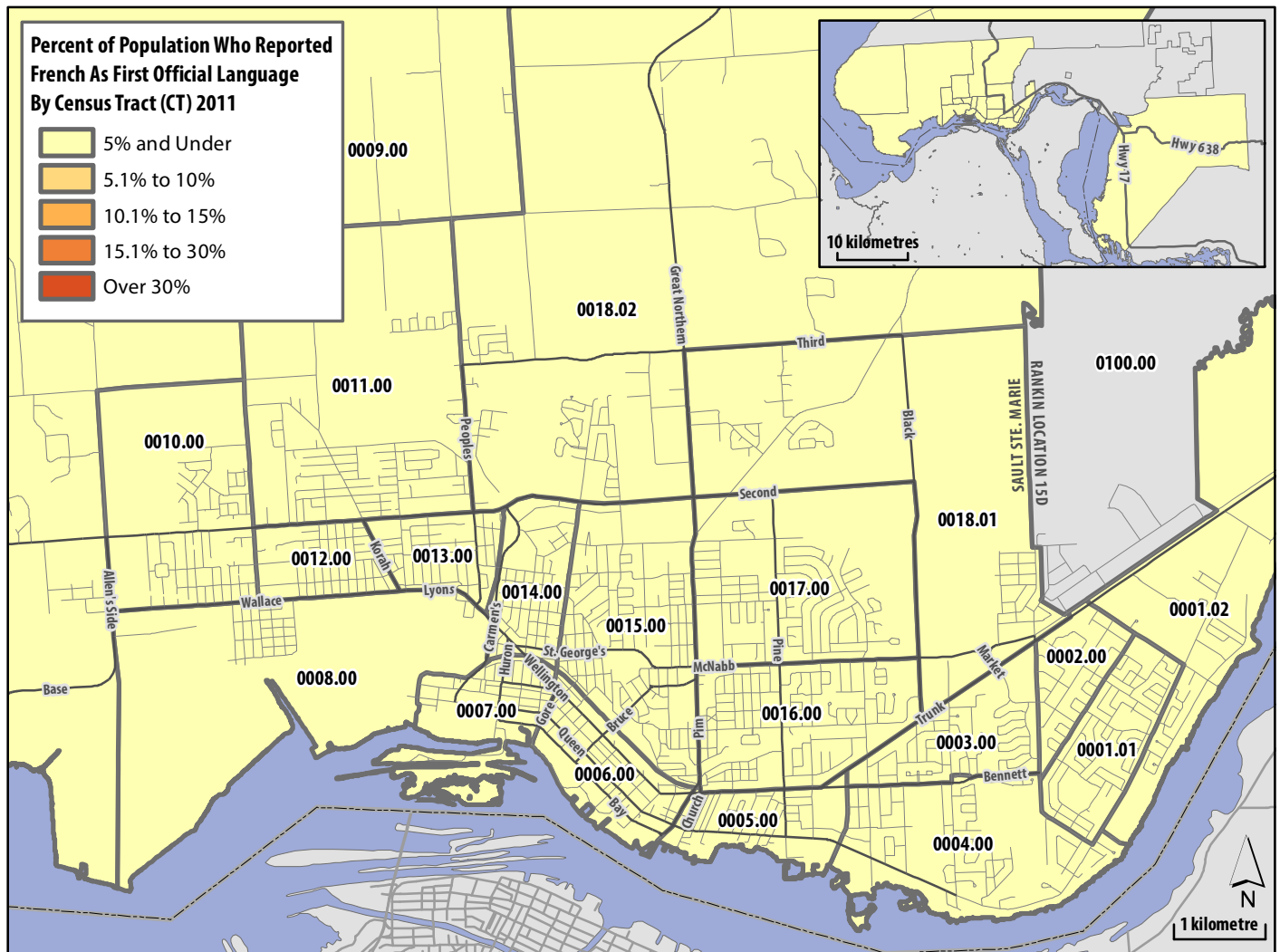


and incomplete transmission of the French language from parents to children⁶. These factors may help to explain the small numbers of Francophone youth in the Sault Ste. Marie CA.

The Percent Francophone by Age Group chart indicates there are proportionally less Francophone people in every age group in the Sault Ste. Marie CA than that of Ontario (Figure 9). Combining male and female populations, the two age groups with the highest proportion of Francophones in the CA in 2011 were the 70-74 and 75-79 age groups, both with 5.4%, while the three lowest were the 0-4, 5-9 and 10-14 cohorts with 0.9%, 1.4% and 1.5% respectively.

Figure 10 shows the percent of the population by Census Tract in the Sault Ste. Marie CA who reported French as their First Official Language. No Census Tract in the Sault Ste. Marie CA had Francophone population higher than 5%.

Figure 10: Percent of Population Who Reported French as First Official Language by Census Tract (CT), Sault Ste. Marie CA and Ontario, 2011 (Statistics Canada)



Community Overview

Socioeconomic Risk: The Social Risk Index Calculation

The Social Risk Index is a measure of socioeconomic risk in communities and neighbourhoods and is derived from census data from Statistics Canada. The Social Risk Index used in this report is based on 2006 Census data, rather than the newer 2011 National Household Survey (NHS) data. This is for reasons of data reliability; as the change in collection methodology from the mandatory long-form census of 2006 to the voluntary NHS in 2011 has introduced a potential non-response bias in local results of Sault Ste. Marie.

The index measures nine critical risk indicators and compares the results of each against the provincial average. If the neighbourhood is worse than the provincial average in a certain indicator, that variable is given a score of 1. Adding up the scores for each indicator will result in a neighbourhood score of 0-9, where 0 indicates the lowest degree of socioeconomic risk and a score of 9 indicates the highest degree of socioeconomic risk. (Please note that local neighbourhoods could also be compared to the national average which may result in slightly different final scores). Results are generally classified by four established categories of risk:

- 0 to 2 - Low Risk
- 3 to 4 - Somewhat Low Risk
- 5 to 6 - Somewhat High Risk
- 7 to 9 - High Risk

The nine indicators used in the index are: lone-parent families, low income, knowledge of an official language, immigration, tenancy, residential mobility, unemployment, education and government income transfers. Results for the Sault Ste. Marie CA, the District of Algoma, and Ontario are shown in the table below. Results for Sault Ste. Marie and Algoma that are higher than the Ontario value are shown in red.

Figure 11 shows that Sault Ste. Marie and Algoma both have a social risk index score of 4 and are considered to be at somewhat low socioeconomic risk. Sault Ste. Marie has a higher percentage of lone parent families, rented dwellings, and income from government transfers, as well as a higher unemployment rate than Ontario. The only indicators that are significantly lower than the provincial average are the percentage of persons not speaking an official language and recent immigrants, confirming that fewer recent immigrants have chosen to reside in Sault Ste. Marie and the Algoma District than other parts of Ontario.

For a more in depth look at the city, socioeconomic risk scores have been calculated by Census Tract (CT) and colour coded based on the four categories of risk. Due to insufficient data, scores for Tracts 5900100.00 (Garden River and Rankin Reserves) and 5900101.00 (Macdonald, Meredith and Aberdeen Additional and Laird) could not be calculated.

The resulting map (Figure 12) shows that the Social Risk Index scores of Sault Ste. Marie CTs vary considerably.* Findings can be summarized as follows:

- Five CTs were deemed to be 'High Risk', each with a social risk index score of 7. The majority of high risk CTs are located at or near the central core of the city. Combined, these Tracts had an approximate population of 850 children under the age of 6 in 2011. This is down from 890 in 2006 and 940 in 2001.
- Six CTs scored as 'Somewhat High Risk', and had a combined population of approximately 1,810 children aged 0 to 6 in 2011. This is up from 1,680 in 2006, but down from 1,880 in 2001.
- Four CTs scored as 'Somewhat Low Risk', and had a combined population of approximately 860 children aged 0 to 6 in 2011. This is up from 855 in 2006, but down from 1,010 in 2001.
- Six CTs were deemed to be 'Low Risk', each with index scores ranging from 0 to 2. The majority of low risk CTs are located in the east end to Dacey Road and the

Figure 11: Indicators of the Social Risk Index, Sault Ste. Marie CA, Algoma District and Ontario (Statistics Canada)

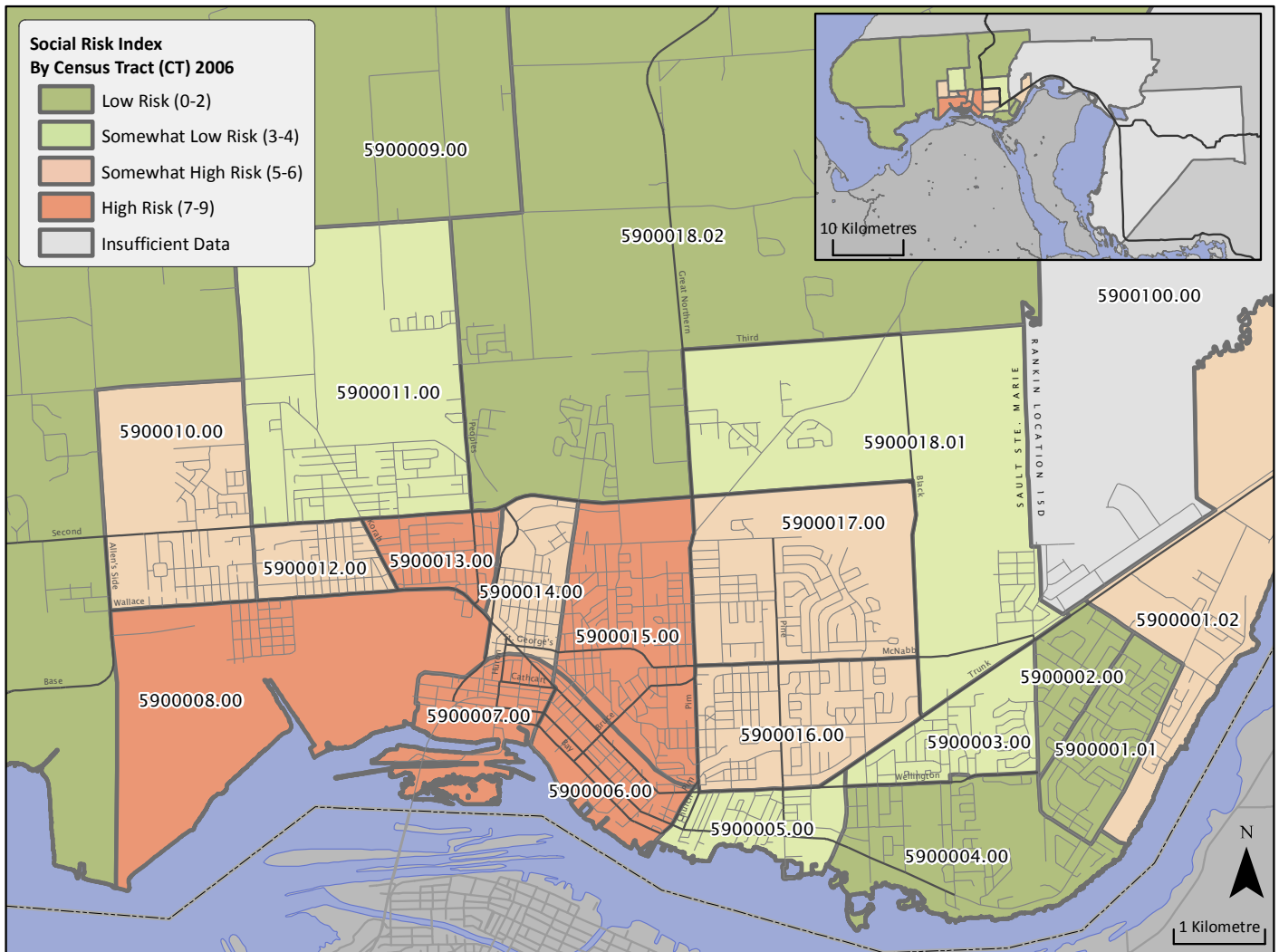
| Indicators (Census 2006) | Sault Ste. Marie CA | Algoma District | Ontario |
|---|---------------------|-----------------|---------|
| Lone Parent Families (%) | 18.2% | 16.3% | 15.8% |
| Families with Low Income (%) | 10.1% | 9.6% | 11.7% |
| Not Speaking an Official Language (%) | 0.5% | 0.4% | 2.2% |
| Recent Immigrants (%) | 0.2% | 0.2% | 4.8% |
| Rented Dwellings (%) | 29.6% | 28.0% | 28.8% |
| Who Moved in the Past Year (%) | 12.6% | 12.2% | 13.4% |
| Adult Unemployment Rate | 8.1% | 8.9% | 6.4% |
| Adults with Less than High School Education (%) | 13.6% | 16.3% | 13.6% |
| Income from Government Transfers (%) | 12.9% | 14.6% | 8.8% |
| Social Risk Index | 4 | 4 | - |

Community Overview

more rural areas of Sault Ste. Marie and Prince Township. Combined, these Tracts had an approximate population of 1,265 children aged 0 to 6 in 2011. This is up from 1,230 in 2006, but down from 1,445 in 2001.

** Please note that further variations may exist within each CT, however a smaller geographic analysis by Census Dissemination Area (DA) may contain unreliable data due to low population counts and random rounding of values.*






Figure 12: Social Risk by Census Tract, 2006 (Statistics Canada)



Community Overview

Where have we gone since the last report?

| The Community Overview section of the last Best Start Network report and this report both focus on census data from 2011, since it is the most reliable and up-to-date data available. | | |
|--|--|-----|
| Population | Same data source as last report, unable to measure change. | N/A |
| Population by Age | Same data source as last report, unable to measure change. | N/A |
| Child Population | Same data source as last report, unable to measure change. | N/A |
| Aboriginal Population | Same data source as last report, unable to measure change. | N/A |
| Francophone Population | Same data source as last report, unable to measure change. | N/A |
| Social Risk Index | Same data source as last report, unable to measure change. | N/A |
| High Risk Neighbourhoods | Same data source as last report, unable to measure change. | N/A |
| Low Risk Neighbourhoods | Same data source as last report, unable to measure change. | N/A |

| | | | |
|--|-----------------------|---|---------------------------|
|  | Favourable Increase |  | Favourable Decrease |
|  | Unfavourable Increase |  | Unfavourable Decrease |
|  | No Change | N/A | Change cannot be measured |

Health and Physical Environment

In this section...

| | |
|--|----|
| Births | 14 |
| Teen Mothers | 14 |
| Healthy Babies Healthy Children..... | 15 |
| Infant & Child Development Program..... | 15 |
| Don't Wait and See..... | 15 |
| Mental Health | 16 |
| Oral Health | 17 |
| NutriSTEP® | 18 |
| Food Security | 18 |
| Canada Prenatal Nutrition Program..... | 18 |
| Community Kitchens..... | 18 |
| Community Gardens..... | 19 |
| Community Assistance Trust..... | 19 |
| The Student Nutrition Program..... | 20 |
| Lunch Programs, Soup Kitchens, Food Banks..... | 21 |
| Childhood Injuries..... | 22 |
| Car Seat Safety | 23 |
| Crime..... | 23 |
| Playgrounds within Walking Distance | 24 |
| Where have we gone since the last report?..... | 29 |

* Please note that rates are based on Statistics Canada Population estimates for each year. For 2013 to present, rates are based on 2013 population estimates.

Births

The number of births per year in a municipality is an important measure that can help to predict the number of children to plan for in the community. This helps education, health and child services to prepare for the number of clients they will receive in upcoming years. In the past 8 years, the number of births in the Sault Ste. Marie CA was lowest in 2009 with 717 births, increasing each year after that to a high of 810 in 2014, then dropping to 754 in 2015 (Figure 13).

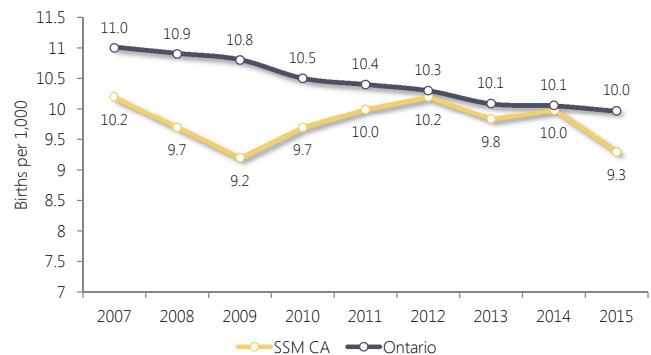
Figure 13: Number of Births, Sault Ste. Marie CA



The crude birth rate in the Sault Ste. Marie CA has fluctuated slightly each year, with a rise in birth rate in 2012 (10.2 per 1,000), and a slight rise again in 2014 (9.98 per 1,000). In 2015, Sault Ste. Marie saw a slight decline in the birth rate to 9.29 births per 1,000. Since 2007, Sault Ste. Marie CA had a

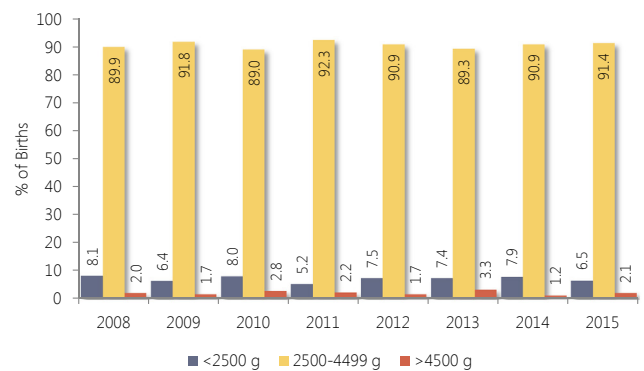
slightly lower crude birth rate than Ontario each year, likely because the percentage of the population represented by women in their child bearing years (15 to 49 years of age) was lower in Sault Ste. Marie CA than in Ontario. More recently, the difference between crude birth rates in the Sault Ste. Marie CA and Ontario has decreased. In 2012, the crude birth rate was almost the same in the Sault Ste. Marie CA and Ontario, at 10.2 and 10.3 per 1,000. However in 2015, the Sault Ste. Marie CA dropped to 9.3 per 1,000, while Ontario saw a lesser decline to 10 per 1,000.

Figure 14: Crude Birth Rate, Sault Ste. Marie CA and Ontario



The percentage of low birth weight babies (<2500 g) fluctuated between 5.2% and 8.1% from 2008 to 2015 (Figure 15). Looking back at the past 3 years, 7.4% of births in 2013 were considered low birth weight, rising slightly to 7.9% in 2014 and then dropping again to 6.5% in 2015; the lowest percentage of low birth weight births since 2011.

Figure 15: Percent of Births by Weight Category, Sault Ste. Marie CA



Teen Mothers

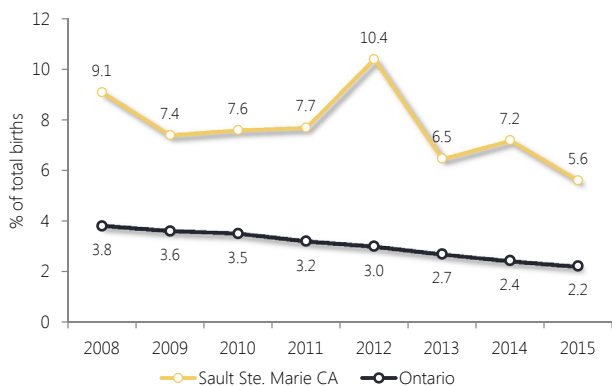
Teen mothers include women between the ages of 15 and 19 who have given birth to a live baby that year. There is a higher risk of "social exclusion, poverty, dropping out of school and food insecurity" in young mothers.⁷ Figure 16 shows the births to teen mothers as a percentage of total

7. Sexual and Prenatal Health in Algoma Report, Algoma Public Health, March 2010.

Health and Physical Environment

births for 2008 to 2015. The percentage of births to teen mothers in Sault Ste. Marie CA decreased in 2013 to 6.5%, rose slightly in 2014 then dropped again in 2015 to 5.6%. In contrast, the percentage of births to teen mothers in Ontario has declined very gradually over the seven years studied, from 3.8% in 2008 to 2.2% in 2015.

Figure 16: Live Births to Teen Mothers as a Percent of Total Births, Sault Ste. Marie CA and Ontario



Healthy Babies Healthy Children

Healthy Babies Healthy Children (HBHC) is a free and voluntary Public Health program which provides families with home visits by Public Health Nurses (PHN), and Family Support Workers (FSW). The program goal for families is to promote optimal physical, cognitive, communicative and psychosocial development in children through a system of effective prevention and early intervention services for families.

The HBHC program offers support and information regarding pregnancy and parenting, healthy child development as well as healthy parent child interactions. The program staff can talk with you about infant feeding, caring for yourself and your newborn, and ideas for play and positive parenting for your child. They can also connect you with Algoma Public Health programs and community services and resources such as parenting and prenatal classes, mental health and addiction support, the Canadian Prenatal Nutrition Program, Infant and Child Development Program, Speech and Language Program and Oral Health Services. There was no data provided for this indicator.

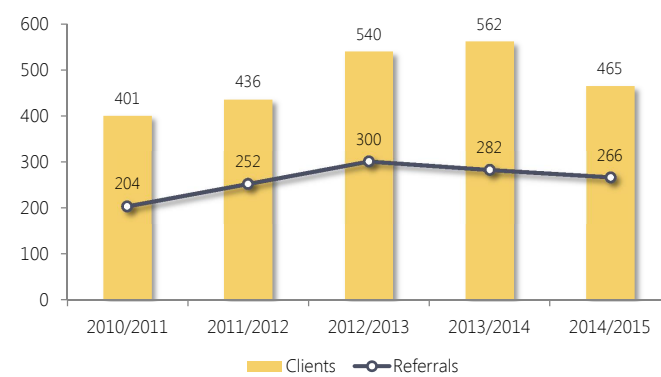
Infant & Child Development Program

The Algoma Public Health Infant and Child Development Program offers services to parents with children from birth to five years of age (entry into school) who are either experiencing developmental delay or are at risk for delayed development. Reasons for referral include premature birth, prenatal drug and/or alcohol exposure, Autism Spectrum

Disorders, and developmental delays of unknown origin. A continuum of client centred services are offered including parent support and education in both one-on-one and in group formats, developmental screening and assessment, direct and parent mediated intervention, and case management.

Figure 17 shows the number of referrals, and clients receiving services from 2010 to 2015. Anyone can refer a child with permission of the parent or caregiver by calling the Parent Child Information Line at (705) 541-7101.

Figure 17: Infant and Child Development Program, Referrals and Clients in Sault Ste. Marie



Don't Wait and See

Across Algoma, professionals who work with young children are asking parents "not to wait and see" if they suspect their child is not developing as expected. "Don't Wait and See" is the theme for a campaign sponsored by the Sault Ste. Marie Best Start Network and the Algoma District Best Start Network and the Integrated Services Committee.

The purpose is to raise awareness about the importance of screening and early intervention to help children who may be experiencing delays in reaching some important milestones.

Accessing services early when your child is a toddler or preschooler can make all the difference.

According to a Parent Child Advisor from the Infant and Child Development Program, it is very rewarding to hear parents say, "I am feeling more confident about putting my child in school" or "I was so excited to see my child having fun playing with other kids."

Parents are encouraged to ask themselves if their 18 month old child can:

- Say 20 words or more?
- Point to show you something they are interested in?
- Look at books and show you something?

Health and Physical Environment



Parents who answer “no” to any of these skills or who have questions about their child’s development should call the Parent Child Information Line at (705) 541-7101 or 1-888-537-5741. Eighteen months is a milestone in a child’s development and a visit to a family physician or other health care provider is important at this time.

Families and health care providers can also visit www.18monthvisit.ca.

Mental Health

The Ministry of Children and Youth Services states that “approximately one in five children and youth in Ontario have a mental health challenge. Mental health issues often begin at a young age — about 70 per cent of mental health challenges have their onset in childhood and adolescence. Early identification and intervention leads to improved school achievement and better health outcomes.”⁸

In Sault Ste. Marie and the Algoma District, Algoma Family Services (AFS) provides a range of voluntary Mental Health, Addictions and Family Violence Treatment Services for children and youth ages 0 to 18 years, and their families. The most common presenting problems for children and AFS youth in Sault Ste. Marie and Algoma are:

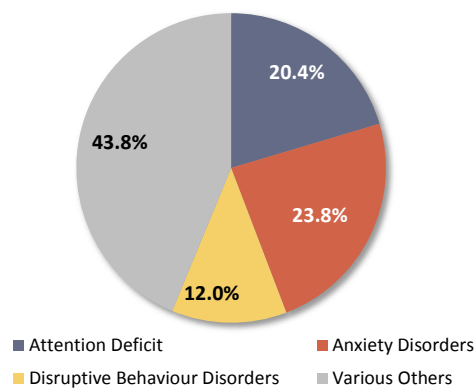
- Aggressive Behaviour
- Attention or Concentration
- Anxious
- Being withdrawn/Depression

Top 3 Diagnoses

“Diagnosis”/“diagnoses” is defined as a determining or analysis of the cause or nature of a problem, situation and/or patient. The diagnoses presented here were determined from client evaluation upon intake into Algoma Family Services.

1. Anxiety Disorders: 611 clients (23.8% of total)
1. Attention Deficit: 523 clients (20.4% of total)
2. Disruptive Behaviour Disorders: 381 clients (12% of total)

Figure 18: Top 3 Diagnoses for Children and Youth, 2013-2015



Overall, it appears that attention deficit and anxiety disorders are the most prominent clinical diagnoses of children and youth aged 0 to 18 years. These top three diagnoses (attention deficit, anxiety, disruptive behaviour) make up more than half of the total amount of diagnoses for children and youth in the Sault Ste. Marie and Algoma Region. The fourth most common diagnosis of mood disorders is not far behind at 8.7%. Special attention should be paid to these top conditions in the Algoma Region.

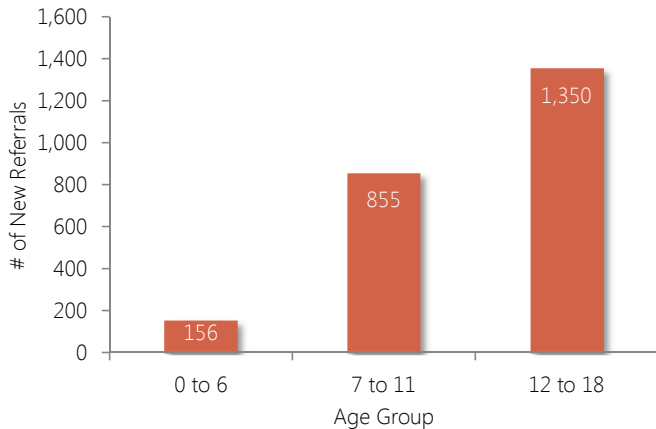
In addition to already registered clients receiving services, AFS received 2,361 new referrals for individual services in 2013-2015. Approximately 70% of referrals are from Sault Ste. Marie and 30% from Central, East and North Algoma.

⁸. “Mental Health Services.” Ministry of Children and Youth Services. October 2011. Accessed February 13, 2014.

Health and Physical Environment

Figure 19 reflects the age breakdown of new referrals for 2013-2015 for the entire Algoma District (including Sault Ste. Marie).

Figure 19: Number of New Referrals (Service Requests), 2013-2015



Greater than 2,400 children and youth were served between 2013 and 2015 and the break downs for the entire Algoma District (including Sault Ste. Marie) are provided in Figure 20.

Figure 20: Number of Children Served, SSM and Algoma, 2013-2015

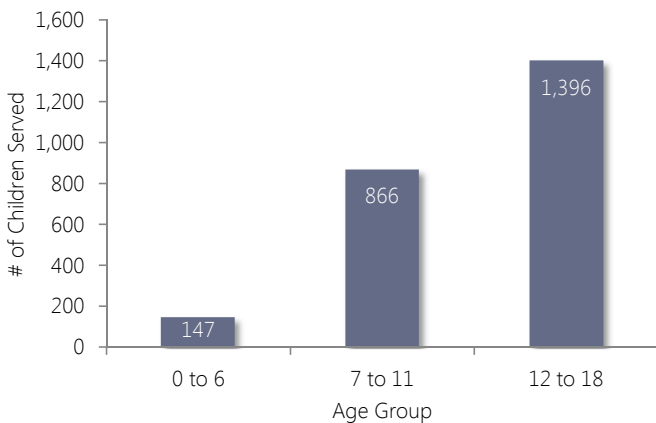
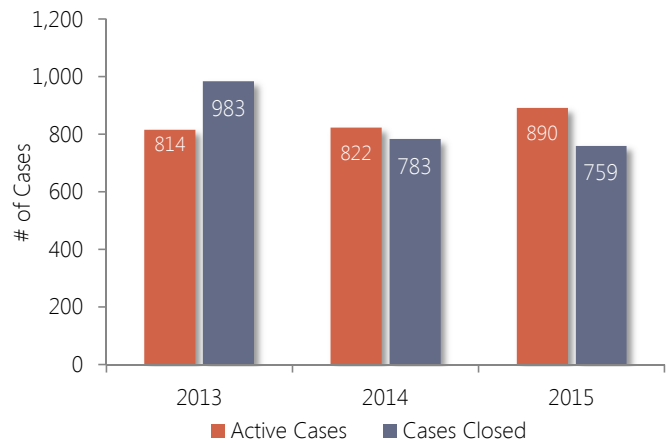


Figure 21 shows the AFS youth client flow by open and closed cases for the entire Algoma District (including Sault Ste. Marie) for each year between 2013 and 2015.

Figure 21: AFS Youth Client Cases, SSM and Algoma, 2013-2015



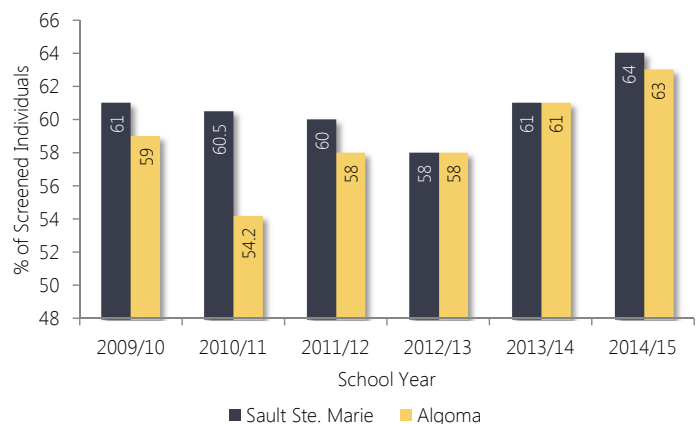
Oral Health

Dental decay is a common preventable childhood disease. Severe early childhood tooth decay is the leading cause of day surgery among toddlers and young children.

Dental screening takes place annually in all elementary schools and child care centres in Sault Ste. Marie. This screening is a quick visual examination to determine any immediate dental needs of the child and also provides data on the oral health status of children in the community.

In the 2014/15 school year, 1,352 Early Learning Kindergarten students were screened in Sault Ste. Marie. Of these children, 64% were determined to be caries free. Caries free is defined as having no history of, or current decayed, missing, or filled teeth (Figure 22).

Figure 22: Children who were Caries Free as a Percent of Total Children Screened by School Year



The Ministry of Health and Long Term Care provides the Healthy Smiles Ontario (HSO) program which is administered through Algoma Public Health (APH). The HSO program provides free dental treatment and preventive services to

Health and Physical Environment

eligible low income families for children 0-17 years of age. Parents are welcome to make an appointment at an APH clinic in their area.

Oral Health is a fundamental component of overall health. In an effort to increase the percentage of caries free children in Sault Ste. Marie, Oral Health Services promotes and supports:

- community water fluoridation
- first dental visit by first birthday - oral health assessment, education and fluoride varnish application for toddlers and preschoolers
- fluoride varnish programs
- families in accessing care and establishing a dental home
- oral health screening in child care centres and elementary schools throughout the district.

NutriSTEP®

Children's food choices directly affect their growth, development and academic performance. Eating habits are established at an early age and young children are especially vulnerable to poor nutrition. Algoma Public Health is implementing the provincial NutriSTEP® program (www.nutristep.ca). Toddler NutriSTEP® and Preschooler NutriSTEP® are questionnaires used with parents to assess eating habits and identify nutrition problems in children. These screening tools address children's food and nutrient intake, physical growth, development and physical capabilities, physical activity, food security and the feeding environment. Once the screening tool is completed, a score will show if the child is identified at low, moderate or high risk of nutrition concerns. Approximately 10-17% of the population of young children aged 18 months to 5 years will be identified as high nutritional risk. Parents are provided with educational resources and referral to community (i.e. health care provider, registered dietitian) and provincial supports (i.e. EatRight Ontario). From October 2014 to December 2015, Algoma Public Health has completed 67 toddler and preschooler screens with parents in their Child Health programs with 3 children being identified at high nutritional risk. Work is underway with community partners on NutriSTEP® implementation across Algoma.

Food Security

Eating a nutritious diet is important to help ensure optimal growth and development and to help prevent some chronic diseases. Algoma Public Health conducts an annual nutritious food basket costing in grocery stores across Algoma every May to prepare "The Cost of Eating Well in Algoma" report. These costs are based on a healthy diet including a variety of foods from Canada's Food Guide. Money for food must

be balanced with other household expenses, such as rent or mortgage payments, utilities, transportation, along with many other expenses. Measuring the cost of nutritious food is one step in drawing attention to the need to ensure that people have incomes that allow them to buy nutritious food.

In 2015, the Nutritious Food Basket weekly cost for a family of four was \$211.07, and the monthly cost was \$913.93. This is an increase of over 8% since 2013, and over 21% since 2010, which can make it difficult for people with a limited income to afford a nutritious diet for themselves and their families.

Canada Prenatal Nutrition Program AKA "The Milk Program"

Pregnant women in financial need and their families continue to receive support from the Canada Prenatal Nutrition Program in sites across the Algoma District including North Algoma, Sault Ste. Marie, Central Algoma, Blind River and Elliot Lake. Algoma Public Health is one of the community partners and service providers of the Algoma Cooperative Children's Services project that is sponsored by Algoma Family Services through funding from the Public Health Agency of Canada. Algoma Public Health staff, including public health nurses, registered dietitians and family support workers, provide prenatal and post-partum education and support, referrals to community programs and resources as well as assistance with milk and food. In 2014, the Sault Ste. Marie Canada Prenatal Nutrition Program provided support to 186 women (109 new registrations and 77 returning clients). In 2015, 116 pregnant women were registered and there were 53 clients active from the previous year, for a total of 169 women who received support from the program.

Community Kitchens

A Community Kitchen is a small group of people who get together on a monthly basis to plan, cook and bring home nutritious meals for themselves and their families. Participants learn budgeting skills, cooking skills and positive social interaction with other group members and children while accessing affordable nutritious food. The Canadian Red Cross provides programming in several locations across the community, including Best Start Hubs. In 2015 there were 3,097 meals prepared at the the Canadian Red Cross Community Kitchens (Figure 23), and 187 adults and 428 children attend the community kitchens (Figure 24).

Health and Physical Environment

There was an increase in the number of children attending community kitchen programs in 2015 due to elementary school groups. The statistics include all children, however, the agency indicates that most children attending the kitchens with their parents require child care and are within the 0 to 6 age group.

Figure 23: Meals Prepared at Red Cross Community Kitchens

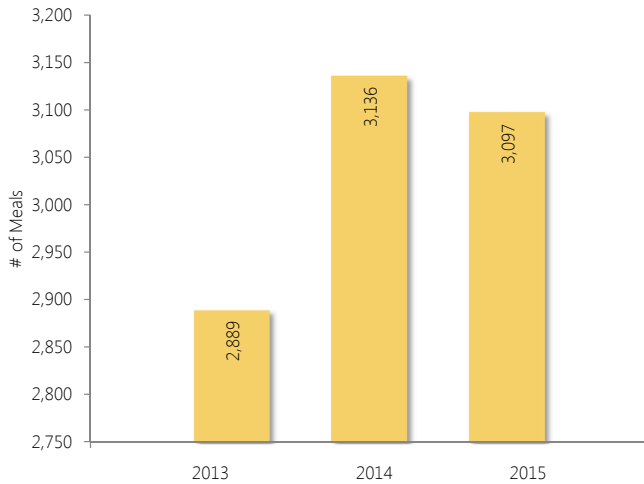
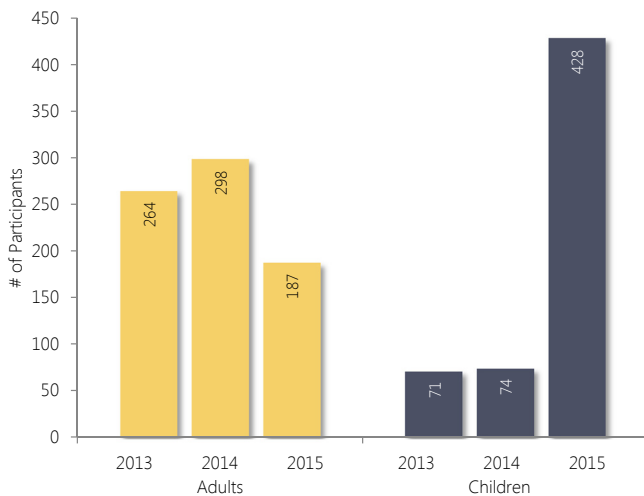


Figure 24: Participants at Red Cross Community Kitchens



Community Gardens

The Allard Street Community Garden (ASCG), in partnership with the Canadian Red Cross, New to the Sault, Best Start Hubs, Community Living Algoma, Program for Assertive Community Treatment (PACT), Community Alcohol Drug Assessment Program (CADAP), and Addictions Services Initiative (ASI), has been growing and prospering for the past 12 years. It currently houses 65 raised garden beds and planter boxes for easier accessibility and offers fresh organic

produce to many members of the community. The ASCG has beds that are rented by individuals, families and organizations for a nominal fee. Eight of the beds are financially supported by the Red Cross for partnering agencies (one belongs to the Red Cross for the Community Kitchen program). The ASCG supports the community by donating to the Soup Kitchen, St. Vincent de Paul, Pauline's Place and individual families in need. The garden's motto, "We not only grow vegetables, we grow hope" recognizes the commitment to building a sense of community on site and is open to anyone regardless of age, income or ability.

Another community garden, the Canal District Community Garden (CDCG) is housed onsite at Etienne Brule Public School and is part of the Planning Partnership Project with the Algoma District School Board, the City of Sault Ste. Marie and Destination North Discovery Group. The CDCG is a safe community hub that hosts a wide range of events during the summer.

There are currently 22 garden boxes at the CDCG. Boxes are available for individuals, families, or community groups.

Community Assistance Trust

In 2015, the United Way of Sault Ste. Marie and district took a leadership role in developing a community strategy to reduce poverty. The plan was completed in 2016 and endorsed by the United Way Board of Directors. United Way and has chosen two aspects of the community poverty strategy; Essential Services and Workforce Entry. Going forward United Way will focus on funding programs that deliver expected outcomes in these two areas.

Community Assistance Trust (CAT) is one of the funded programs that will assist our most vulnerable citizens, individuals and families; providing one-time financial assistance in emergencies or extraordinary circumstances. A volunteer committee of United Way provides direction and oversight to the program coordinators.

Community Assistance Trust (CAT) assistance may include: rent, home heating, utilities, cribs, crib mattresses, car seats (including booster seats), baby safety gates, diapers, formula, eyeglasses, prescriptions (for children) and dental. Referrals will be made where appropriate to community partners to meet the immediate needs of the clientele.

Figure 25: Number of Households that Accessed CAT Assistance

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|-------------------|------|------|------|------|------|
| Utilities | 150 | 132 | 155 | 151 | 172 |
| Rent | 59 | 75 | 68 | 55 | 85 |
| Home Heating | 58 | 53 | 43 | 47 | 55 |
| Other Basic Needs | 37 | 59 | 82 | 54 | 15 |

Health and Physical Environment

Community Assistance Trust can also provide Northern Health Travel Grant Advancements to those who are deemed low income and meet the eligibility criteria through the Ministry of Health and Long Term Care.

Those in need may access assistance from CAT, when all other resources have been exhausted, making CAT the last resort for those in need.

Figures 25 through 29 show how much the Community Assistance Trust has helped people in Sault Ste. Marie and the District.

Figure 26: Number of Adults and Children Assisted by CAT for Home Heating

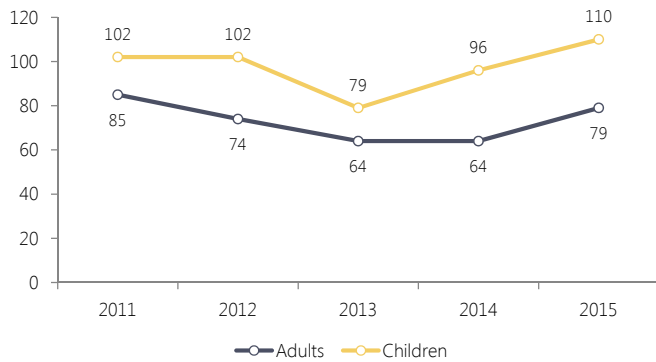


Figure 27: Number of Adults and Children Assisted by CAT for Utilities

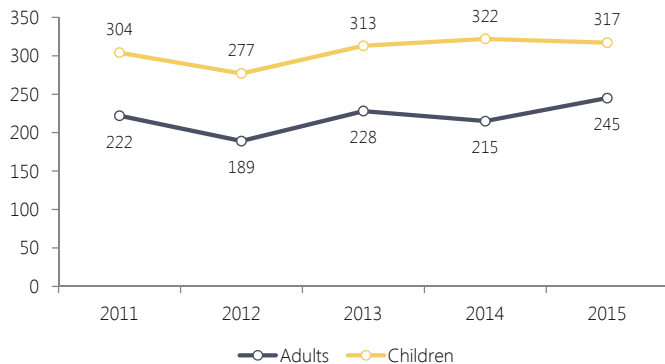


Figure 28: Number of Adults and Children Assisted by CAT for Rent

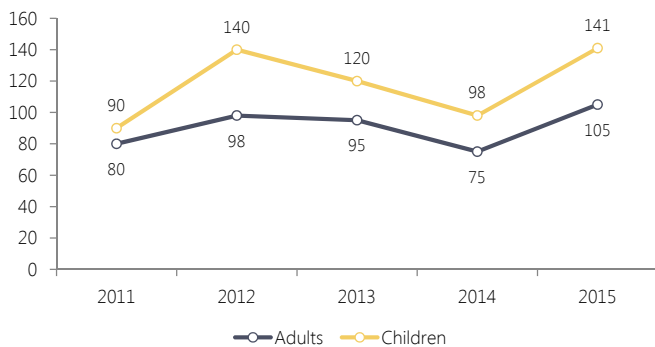
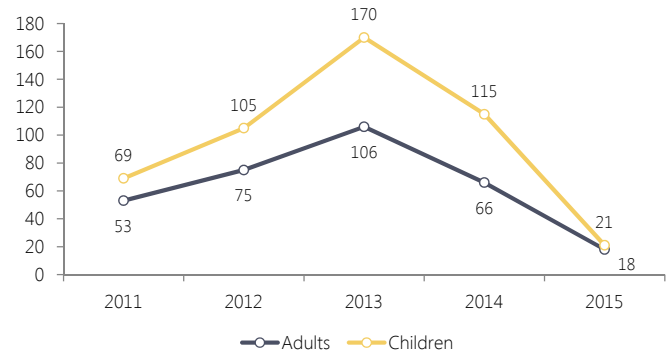


Figure 29: Number of Adults and Children Assisted by CAT for Other Basic Needs



The Student Nutrition Program

The Student Nutrition Program (SNP) supports elementary and secondary schools across the District of Algoma by providing annual grants that support the purchase of nutritious foods for a breakfast, lunch, or snack program. By promoting healthy eating and providing nutrition programs in school settings, students have the potential of achieving optimal health, growth and intellectual development.⁹

Figure 30 shows the number of Algoma District schools that participated in the Student Nutrition Program during the school years of 2009/10 to 2014/15. In 2014/15, 80 schools participated, the highest number in the past six years.

Figure 30: Number of Algoma District Schools Participating in the Student Nutrition Program

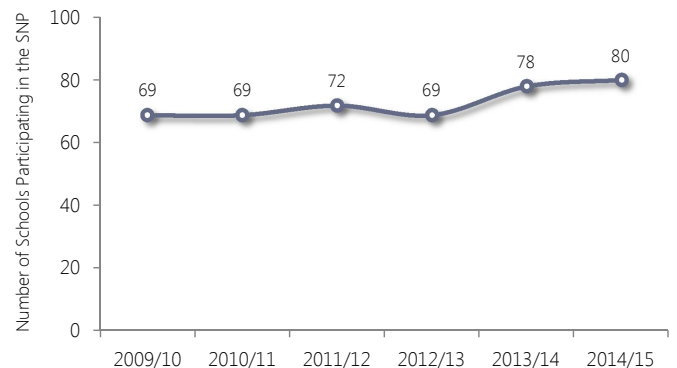


Figure 31 shows the number of students that were served through the Student Nutrition Program. For the 2013/14 and 2014/15 school years, separate totals for Sault Ste. Marie and Algoma were provided. In 2014/15, 8,209 individual students were served, the highest number in the past six years. Of these students, 5,196 (63.3%) went to a Sault Ste. Marie school and 3,013 (36.7%) students went to a school elsewhere in the District of Algoma.

9. <http://www.algomafamilyservices.org/index.php?g=3,24,63>

Health and Physical Environment

Figure 31: Number of Students Served through the Student Nutrition Program

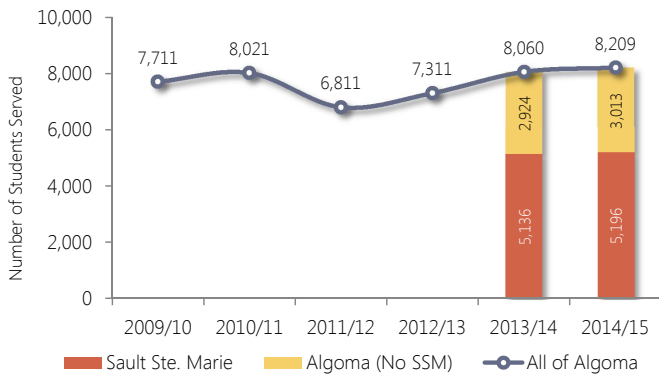
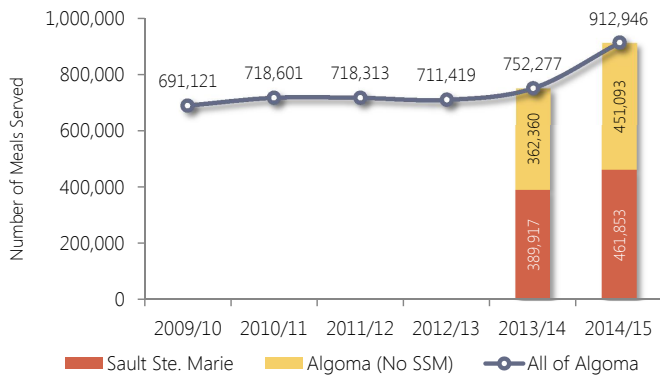


Figure 32 shows the number of meals that were served through the Student Nutrition Program. For the 2013/14 and 2014/15 school years, totals for Sault Ste. Marie and Algoma were provided. This figure shows that since 2010/2011 over 700,000 meals have been served each year to Sault Ste. Marie and Algoma District students. The 2014/15 school year saw an increase of 160,669 meals served from the previous year, bringing the annual total to 912,946 meals served. Of these meals, 461,853 (50.6%) were served in a Sault Ste. Marie school and 451,093 (49.4%) were served in a school elsewhere in the District of Algoma.

Figure 32: Number of Meals Served through the Student Nutrition Program



Lunch Programs, Soup Kitchens, Food Banks

Lunch programs, Soup Kitchens and Food Banks do not track children 0 to 6 specifically, therefore, these numbers may include children from 7 to 16 years of age as well. However, since nutrition is so crucial to a child's development, it is important to note the number of programs that address food security in our community.

The following programs provide meals to those in need in Sault Ste. Marie (Figures 33 and 34). In 2015:

- The Soup Kitchen Community Centre served 587 meals to children and 19,815 meals to adults

- Vincent Place Soup Kitchen provided 395 meals to children in 2015 and 9,756 meals to adults.
- Phoenix Rising Women's Centre served 59 meals to children and 2,771 meals to women.

Figure 33: Number of Meals Served to Adults

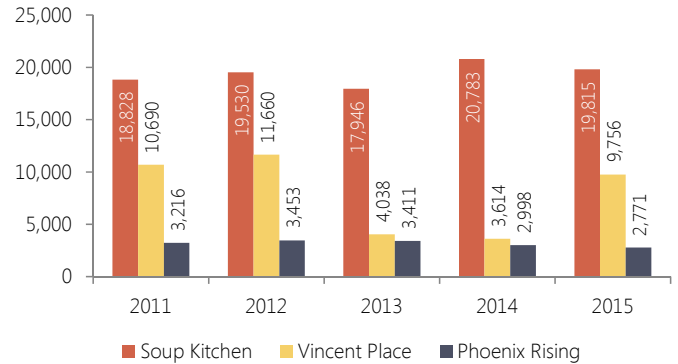
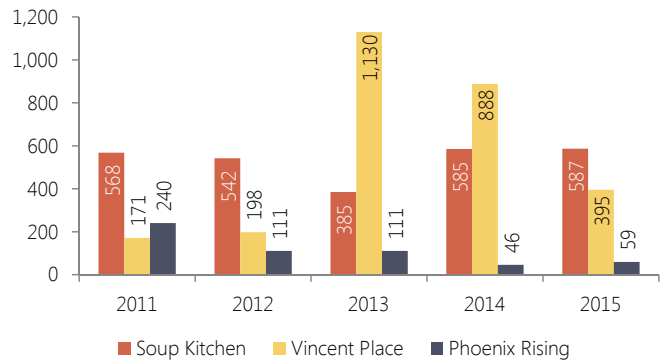


Figure 34: Number of Meals Served to Children



The Soup Kitchen Community Centre provides lunch food items to parents for children attending school. An Afterschool Program licensed for 30 children serves healthy snacks to about 17 to 22 students each day.

The following food bank programs provided food assistance to those in need in 2015:

- The Food Bank at Vincent Place Food Services provided children with food 880 times, and adults 2,811 times (Figures 35 & 36)
- The Salvation Army Community & Family Services provided food assistance to 846 children and teens (Figure 37).

Health and Physical Environment

Figure 35: St. Vincent Place Food Bank, Adults Served

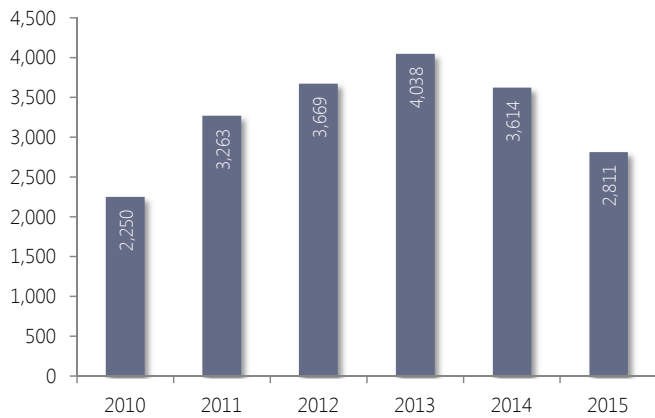


Figure 36: St. Vincent Place Food Bank, Children Served

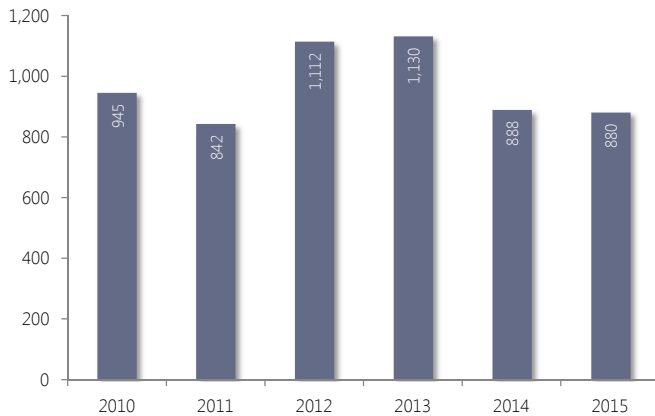
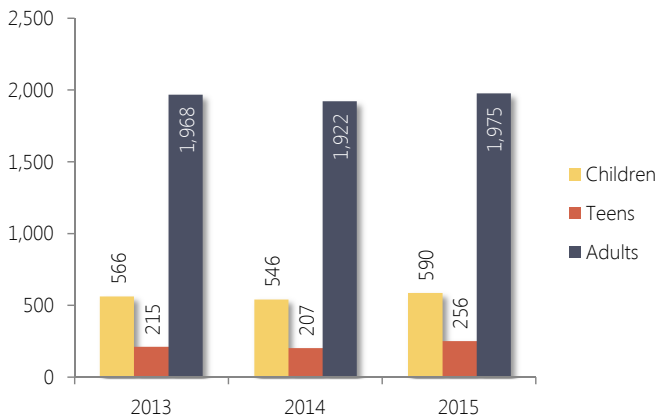


Figure 37: Salvation Army, Food Assistance

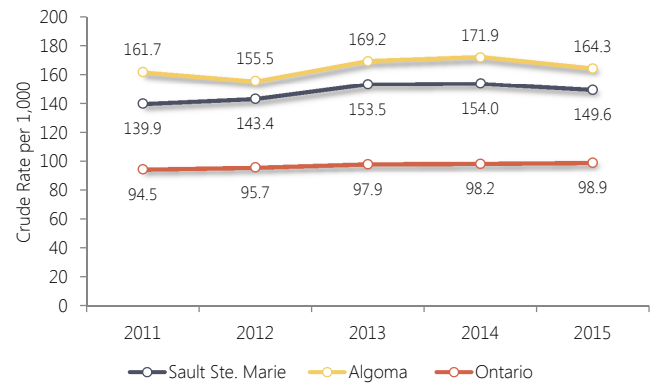


Childhood Injuries

In Canada, injuries are the leading cause of death in children. Many injuries can be prevented through safety precautions. For more information on how to prevent childhood injuries, visit <http://www.parachutecanada.org/child-injury-prevention>.

Figure 38 shows the rate of child injuries (aged 0 to 6) per 1,000 population for Sault Ste. Marie, Algoma, and Ontario between 2011 to 2015. These are injuries reported in an Ontario emergency room (i.e. Sault Area Hospital or another location). The rates fluctuate slightly from year to year. In Sault Ste. Marie, the child injury rate was lowest in 2011 at 139.9 per 1,000 population, and highest in 2014 at 154 per 1,000. In 2015, there were 149.6 child injuries per 1,000 people. The average number of child injuries per year over these five years was 794 injuries. Comparatively, the rate of child injuries in Sault Ste. Marie was lower than the Algoma rate, but higher than the Ontario rate each year.

Figure 38: Rate of Child Injuries per 1,000 Population



Health and Physical Environment

Car Seat Safety

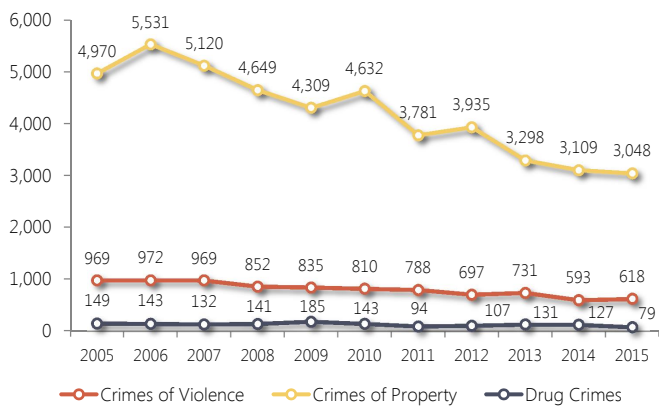
Best Start Hubs' trained and certified Car Seat Technicians educate the public on current regulations to select appropriate child car seats or booster seats to fit the child's development based on height and weight. Car Seat Technicians provide specific steps necessary to ensure the correct installation of the car seat or booster seat in the vehicle. They stay up-to-date with obtaining recall notices from Transport Canada, and attending specialized training. Car Seat Technicians provide the community with scheduled inspection clinics and emergency car seat installations. Car Seat Clinics are held monthly.

Crime

Community and neighbourhood safety is important for child development. Parental supervision and a safe neighbourhood can allow children to play without worry. Low crime rates are an important factor of neighbourhood safety. The Sault Ste. Marie Police Service, Community Services Branch is dedicated to keeping kids safe. Their website offers information on bullying, cyberbullying, internet safety, drugs and alcohol, depression and suicide, as well as other safety tips for winter, water, Halloween, bikes, etc. This information can be found online at www.ssmpskeepingkidssafe.org.

Since 2010, the total number of crime occurrences has been decreasing. Property crime occurrences dropped from 4,632 in 2010 to 3,048 in 2015, violent crimes dropped from 810 in 2010 to 618 in 2015, and drug crime occurrences decreased from 143 in 2010 to 79 in 2015 (Figure 39).

Figure 39: Number of Crimes by Type and Year in Sault Ste. Marie

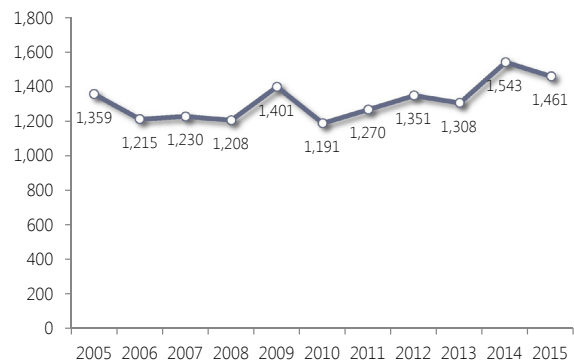


Car Seat Installation at the Holy Angels Best Start Hub



In 2014, there were 1,543 domestic violent crime occurrences in Sault Ste. Marie, which was the highest number of instances of this type of crime in a ten year span from 2005 to 2015. In 2015, there was a 5.61% drop with 1,461 occurrences recorded (Figure 40).

Figure 40: Number of Domestic Violence Occurrences by Year in Sault Ste. Marie



Health and Physical Environment

Playgrounds within Walking Distance

The physical activity level of children can be partly influenced by access to playgrounds. Research has shown that playgrounds are an important environment for the healthy physical development of children and can also them provide social, emotional and cognitive benefits.¹⁰ A playground can provide the types of play that help children learn reflexes and movement control, develop fine and gross motor skills, increase flexibility and balancing skills, and learn to walk, run, jump, throw, climb, slide and swing. These activities all lead to improved physical health and fitness.¹¹

Playgrounds also help children build self-confidence and self-esteem though risk-taking, conflict resolution and imaginative dramatic play. Children can also learn to interact with others by learning to take turns and play cooperatively. Research has also shown that certain types of playground equipment facilitate cognitive learning for children. Examples include: climbers/bars assist children in learning scientific concepts such as the force of gravity and spatial awareness. Swings also help kids learn perceptual processes and body awareness through space.¹²

The following analysis examines the walking distance to playgrounds and the general condition and quality of playgrounds as of summer 2016. This analysis builds on the playground data collected in the summer of 2013 and published in the Our Children, Their Future 2013 report.

The results can help identify the neighbourhoods that do not have a playground within a reasonable walking distance as well as playgrounds that are in need of attention due to poor condition.

Playground "Gaps"

For the purposes of this analysis, playgrounds have been defined as any publically accessible municipal or schoolyard park that contains playground equipment, such as swings, a climber and/or a slide. Analysis boundaries were also restricted to the City of Sault Ste. Marie and Prince Township, due to lack of available data outside of these areas.

There are 85 publicly accessible playgrounds in Sault Ste. Marie and Prince, of which 60 are operated by the City of Sault Ste. Marie and 3 by Prince Township. There are also 23 school grounds with play equipment. Private playgrounds, of which there are 13, were not included in the distance calculation results as access is normally restricted to a small population.

To determine "gaps" in playground coverage within the city, a reasonable maximum distance that a child can be expected to walk must be determined. Research has shown that the average child can reasonably be expected to walk a maximum of 800 metres (1/2 mile) to reach a playground. Assuming average adult walking speed is about 5 kilometres per hour, and a child's walking speed is about 3 kilometres per hour (50 metres per minute), an 800 metre walk would take around 15 to 16 minutes.

Playground Equipment Evaluation

All municipal, school and private playgrounds in the City of Sault Ste. Marie and Prince Township were visited by SSMIC staff members in July/August 2013 and then revisited in July 2016. Playgrounds were given a score for each visit, based on the following criteria:

10. <http://voiceofplay.org/content.aspx?pid=14>

11. <http://voiceofplay.org/content.aspx?pid=15>

12. Voice of play



Health and Physical Environment

Age Appropriateness of Equipment: A great playground will have equipment tailored to children aged 0 to 12. Children of different ages that live in the same neighbourhood should all be able to enjoy the playground.

Equipment Variety: A great playground should have a wide variety of equipment for children to play on to learn balance, build strength and interact with other children. A full park should contain multiple climbing apparatuses/bars, multiple slides, and at least one swingset or saucer/tire swing, and other types of equipment.

Equipment Condition: A great playground will have equipment that is in working order, is safe to use, and does not require repairs.

Green Space & Sportsfields: A great playground should have space either within the playground itself or some room outside of the playground like baseball diamonds and fields for children to run around. A great park/playground may

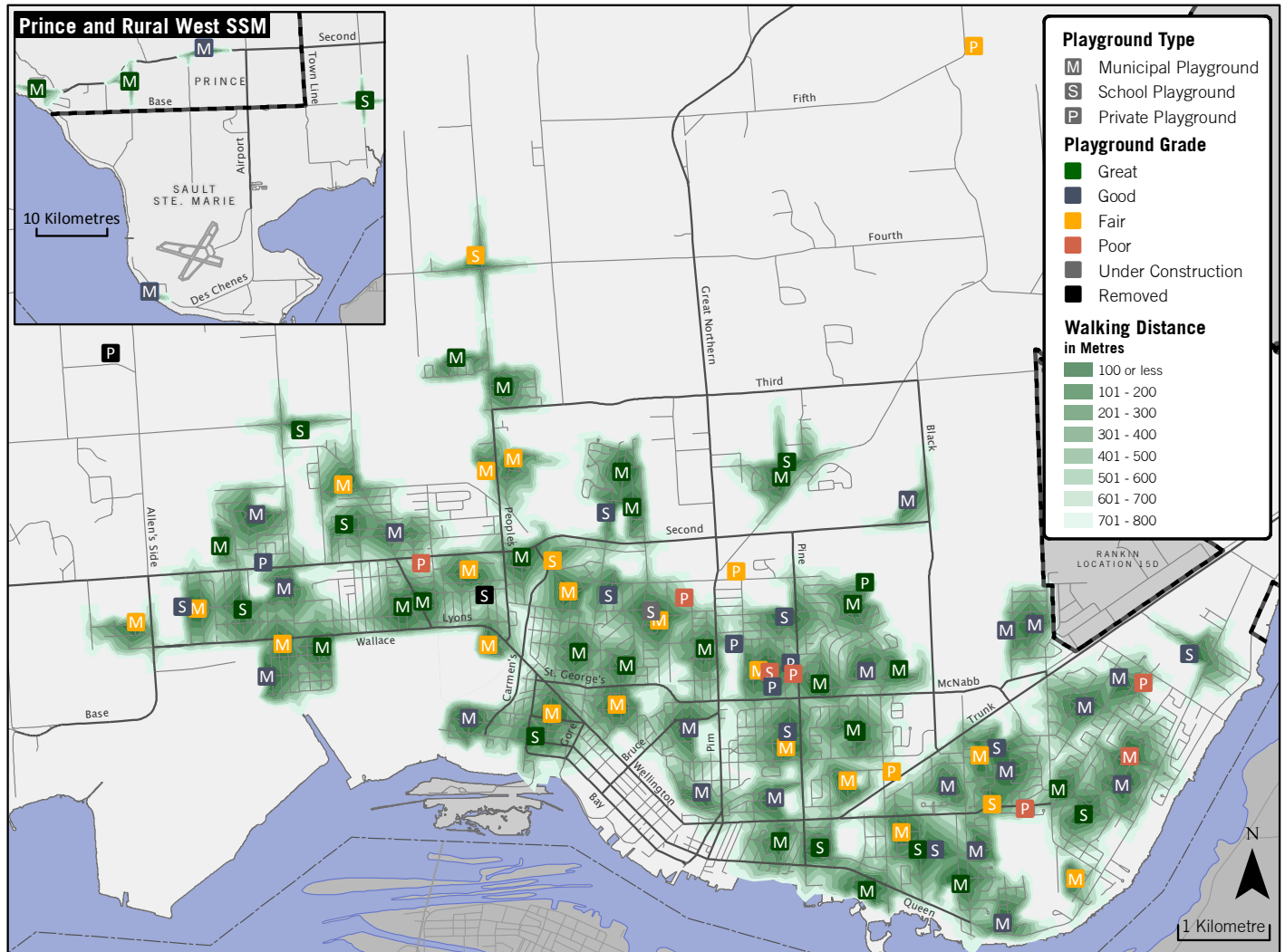
offer a sportsfield, such as a baseball diamond or a basketball court.

Playgrounds that contained limited equipment, minimal greenspace, or hazards/conditions that may cause injury (damaged equipment, corrosion, loose railings, etc.) were given lower scores depending on the number of infractions identified. Playgrounds were also given less points if they were strewn with litter and/or contained vulgar graffiti.

The score for each playground was tallied (out of 100) and playgrounds were then slotted into the following grades:

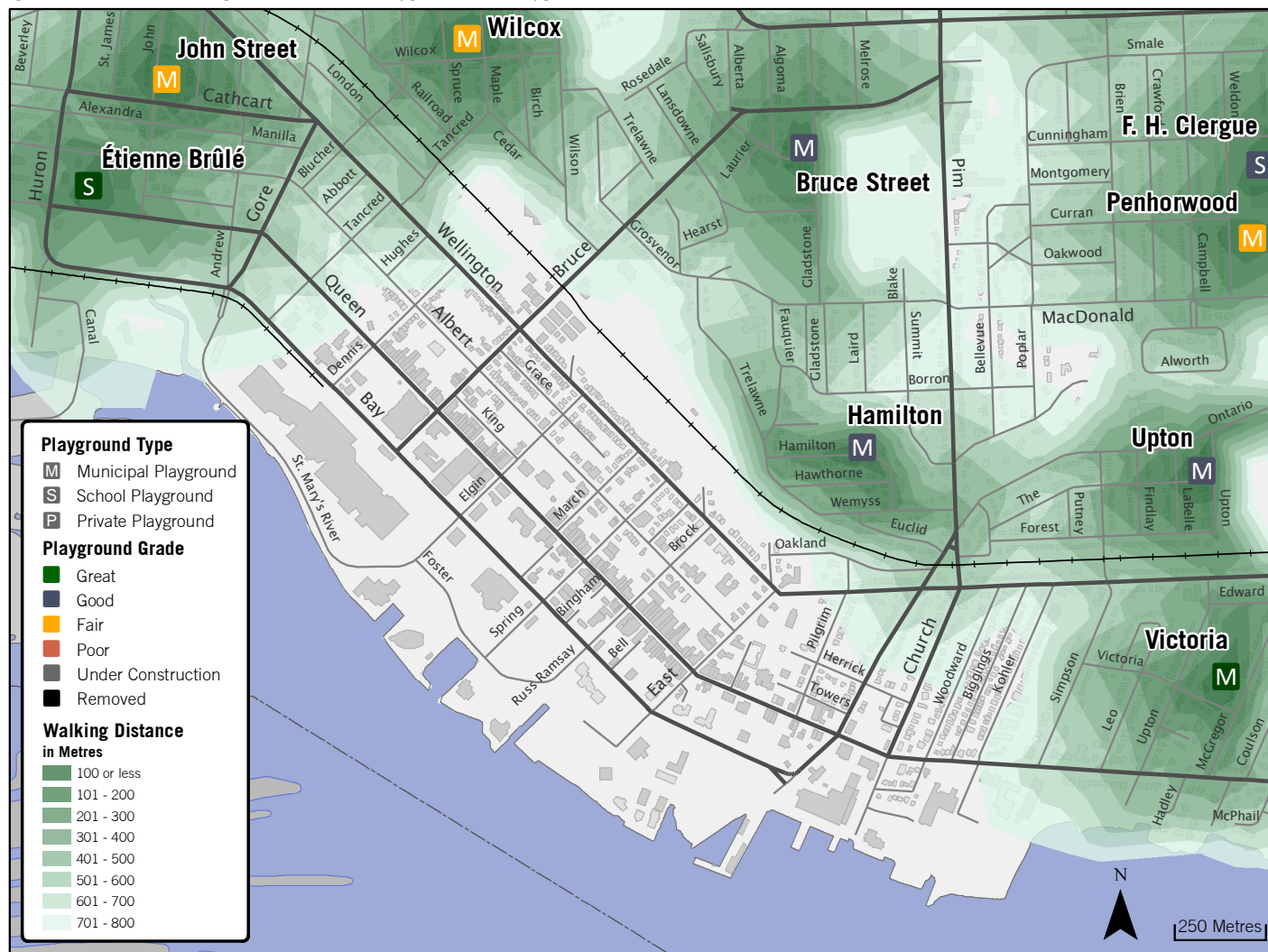
- Great (score of 85 to 100)
- Good (score of 70 to 84)
- Fair (score of 50 to 64)
- Poor (score of under 50)

Figure 41: Walking Distance to Public Playgrounds and Playground Grades



Health and Physical Environment

Figure 42: Downtown Walking Distance to Public Playgrounds and Playground Grades



Results

In Figure 41, the darker green colour indicates a playground close by, the lighter green has a playground near the limits of a reasonable walking distance, and the light grey areas do not have a playground within walking distance. The resulting map (Figure 41) shows that the city of Sault Ste. Marie mostly has suitable access to playgrounds, however, there are some neighbourhoods within the urban area of the city that do not have playgrounds within a reasonable walking distance of 800 metres (1/2 mile).

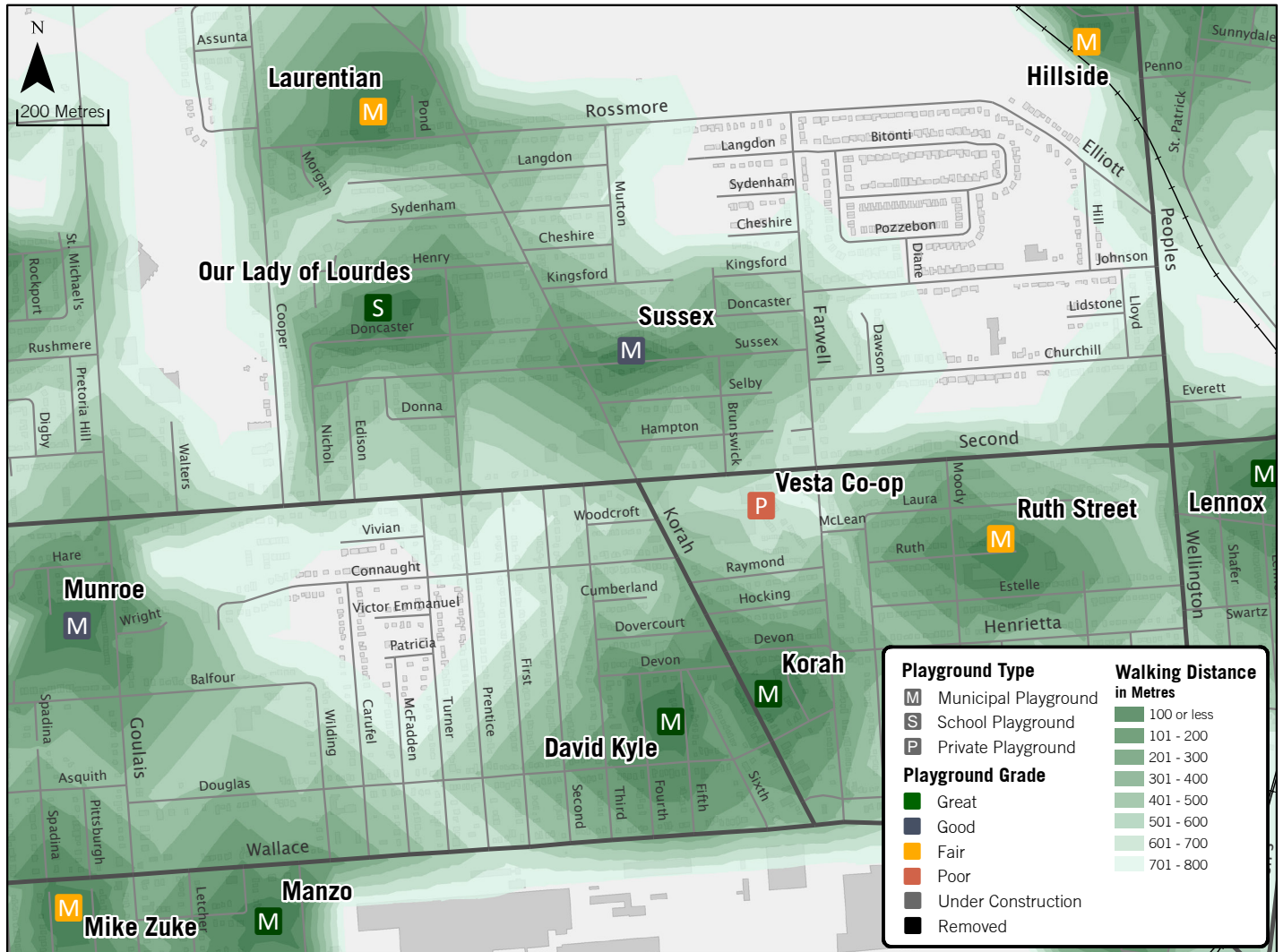
These areas without suitable access to a playground include a large portion of downtown, the Bitonti/Pozzebon subdivision, the Connaught/Turner area, the Millcreek Heights/Bianchi Estates subdivision, the Kingsmount Boulevard area, River Road at Dacey, and several others. These gaps existed in 2013 and have not been addressed as of 2016.

The downtown is of particular interest as a mixed commercial and residential neighbourhood, with a generally lower socioeconomic status than the Sault Ste. Marie average. This means there are lower levels of parental education, lower income households, a high proportion of rented dwellings, and very mobile population. Those who live from Dennis Street east to Kohler Street generally do not have access to a playground within walking distance (Figure 42). In 2011 there were approximately 120 children aged 0 to 6 living in this area of downtown.

The west end also has two significant gaps in playground coverage (Figure 43). The Bitonti/Pozzebon subdivision near the Elliott Sports Complex and the area surrounding the western half of Connaught Avenue do not have playgrounds within a reasonable walking distance. A new playground installed at Our Lady of Lourdes Catholic School between 2013 and 2016 has closed some of the identified gap near Connaught Avenue.

Health and Physical Environment

Figure 43: West End Walking Distance to Public Playgrounds and Playground Grades



Of the 86 public access playgrounds in Sault Ste. Marie and Prince in 2016, 33 received a grade of "Great" (38.4%), 28 received a grade of "Good" (33.7%), 21 received a grade of "Fair" (24.4%), and 2 received a grade of "Poor" (2.3%). One playground (Northern Heights School) was under construction the two times it was visited by SSMIC staff and was therefore not graded. The William Merrifield School

playground that was evaluated in 2013 was removed before the summer of 2016. The average score for public access playgrounds for Sault Ste. Marie and Prince in 2016 was "Good" (average score of 77). The distribution of playground grades is shown in figures 41 to 43.

Health and Physical Environment

In 2013, 26 playgrounds received a grade of "Great" (31.3%), 30 received a grade of "Good" (36.1%), 23 received a grade of "Fair" (27.7%) and 4 received a grade of "Poor" (4.8%). The average score for public access playgrounds for Sault Ste. Marie and Prince in 2013 was "Good" (average score of 75). Results are summarized in Figure 44.

Overall, the public access playground grades are trending upwards. Only two public access playgrounds fell into the Poor category in 2016 (Parkland and Rosedale School), an improvement from four playgrounds in 2013. These playgrounds received poor scores due to multiple hazards, signs of repeated vandalism and/or a general lack of equipment.

Of the 13 private playgrounds identified in Sault Ste. Marie and Prince in 2016, 1 received a grade of "Great", 4 received a grade of "Good", 3 received a grade of "Fair" and 5 received a grade of "Poor". The private playgrounds that fell into the Poor category generally had worn out, damaged or completely inoperable equipment. Four of these poor playgrounds were located at apartment buildings/co-ops (Constellation

Place, Pine Hill Apartments, Columbian Towers, and Vesta Co-operative Homes) and one was a neighbourhood run playground (Greenview Estates).

Figure 45 shows the summarized results for all playgrounds in Sault Ste. Marie and Prince in both 2013 and 2016, whether they are public or private. The majority of playgrounds received a "Great" or "Good" score.



Figure 44: Public Access Playground Grades (Municipal & Schools), 2013 and 2016

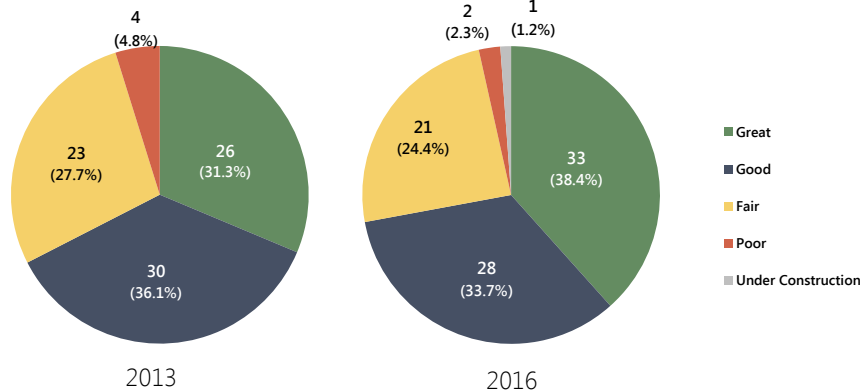
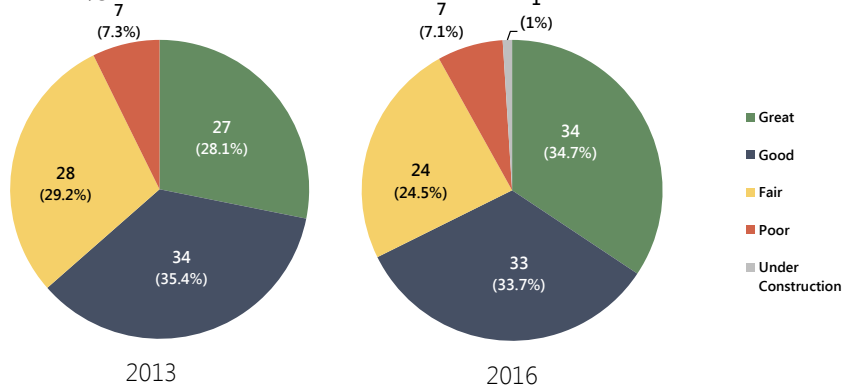














Figure 45: All Playground Grades (Public & Private Combined), 2013 and 2016








Health and Physical Environment

Where have we gone since the last report?

The Health and Physical Environment section of this Best Start Network report builds on the existing indicators selected for the 2013 report. For each indicator, two to three years of data has been added.

| | | |
|--|---|---|
| Births | <i>The number of births in Sault Ste. Marie rose in 2013 and 2014, but then dropped again in 2015 to below the 2012 number. The crude birth rate in Sault Ste. Marie in 2015 was lower than the birth rate in Ontario.</i> |  |
| Births to Teenage Mothers | <i>The percentage of births to teenage mothers has declined since 2012, from 10.4% of total births in 2012 to 5.6% of total births in 2015.</i> |  |
| Infant & Child Development Program | <i>The Infant & Child Development Program has seen a decrease in the number of clients between 2012/13 and 2014/15. There were 540 clients receiving services in 2012/13, which decreased to 465 clients in 2014/15. The number of referrals also dropped, from 300 in 2012/13 to 266 in 2014/15.</i> |  |
| Mental Health | <i>Data is not comparable to the last report because of a change in data collection methods.</i> | N/A |
| Oral Health | <i>This indicator is new to this report.</i> | N/A |
| NutriSTEP | <i>There was no data available for this indicator in the last report.</i> | N/A |
| Food Security | <i>The cost of a nutritious food basket continues to rise. The monthly cost for a family of four was \$913.93 in 2015, an increase of over 8% from \$840 in 2013.</i> |  |
| Canada Prenatal Nutrition Program | <i>The number of women who received support through this program declined since 2013, with 213 women in 2013, 186 in 2014 and 169 in 2015.</i> |  |
| Community Kitchens | <i>Since 2013, there has been an increase in meals prepared at the Red Cross Community Kitchens, from 2,889 in 2013 to 3,097 meals in 2015. There were less adult participants (264 in 2013, 187 in 2015) and more child participants (71 in 2013 and 428 in 2015).</i> |  |
| Community Assistance Trust | <i>In 2015, the CAT provided assistance to more people for utilities, rent and home heating than in 2013. However, less funding was provided to people for basic needs in 2015 than in 2013. Data is not comparable to the last report because of a change in data collection methods.</i> | N/A |
| Student Nutrition Program | <i>Since 2012/13, there has been an increase in schools participating, students served and meals served through the Student Nutrition Program.</i> |  |
| Lunch Programs, Soup Kitchens, Food Banks | <i>Because of differences in reporting from centre to centre, it is not possible to determine if there was an increase in the total number of meals provided to children in the community between 2012 and 2015.</i> | N/A |
| Childhood Injuries | <i>The rate of childhood injuries per 1,000 population stayed relatively the same in Sault Ste. Marie since the last report. In 2012, there were 143.4 per 1,000 injuries in Sault Ste. Marie, which rose slightly to 149.6 per 1,000 in 2015. This is still much higher than the Ontario rate of 98.9 per 1,000 population in 2015.</i> |  |
| Crime | <i>The number of crime occurrences decreased since the last report. There were declines in each of the crime categories: property, violent and drug crimes.</i> |  |
| Domestic Violence | <i>The number of domestic violent crime occurrences decreased in Sault Ste. Marie between 2014 and 2015, however, the 2015 number of occurrences is higher than in 2012.</i> |  |
| Playgrounds: Gaps | <i>The playground gap identified in downtown SSM in 2013 has not been formally addressed.</i> • Please note that this analysis has led several community organizations to express an interest in building a playground in the downtown area. |  |
| Playgrounds: Equipment Condition | <i>Overall, the public access playground grades are trending upwards. In 2016, 72.1% of public playgrounds scored "Good" or "Great" as compared to 67.4% in 2013. Only 2 public playgrounds scored "Poor" in 2016, as compared to 4 in 2013. However, five private playgrounds are in a poor state and should be either completely replaced or removed.</i> |  |

| | | | |
|---|-----------------------|---|---------------------------|
|  | Favourable Increase |  | Favourable Decrease |
|  | Unfavourable Increase |  | Unfavourable Decrease |
|  | No Change | N/A | Change cannot be measured |

Education and Child Care

In this section...

| | |
|--|----|
| Child Care | 30 |
| Fee Subsidy | 30 |
| Licensed Child Care Spaces..... | 30 |
| Service Gaps..... | 32 |
| Child Care and Full Day Kindergarten | 32 |
| Child Care and Schools | 32 |
| Funding Changes..... | 32 |
| Child Care Wage Enhancement Grant..... | 33 |
| Quality Assurance | 33 |
| Best Start Hubs..... | 33 |
| Parenting and Family Literacy Centres..... | 33 |
| Early Development Instrument (EDI) | 34 |
| EDI Results for Sault Ste. Marie | 34 |
| Best for Kids Summer Program | 55 |
| Kindergarten Parent Survey | 56 |
| JK and SK Enrolment | 67 |
| Where have we gone since the last report?..... | 69 |

Child Care

The District of Sault Ste. Marie Social Services Administration Board (DSSAB) provides service system management for child care and early years programming in Sault Ste. Marie and the surrounding area. Through agreements with the Ministry of Education, funding is provided to assist licensed child care programs with operating costs and child care fee subsidies.

In August 2015, the new Child Care and Early Years Act, 2014 came into effect. It replaces the Day Nurseries Act which has been the legislation governing Child Care for 70 years. This has initiated many regulatory changes within the sector which address many matters including the management of child care, expectations for quality, and the health and safety of children enrolled in licensed child care.

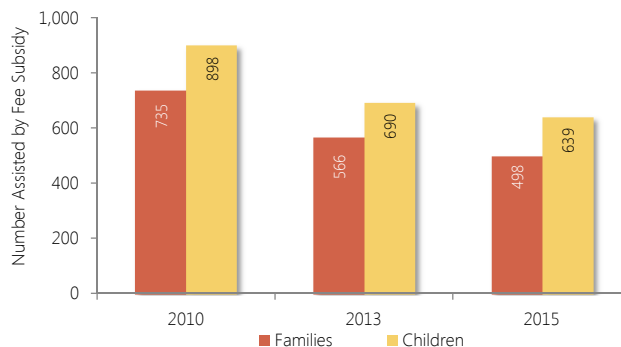
Fee Subsidy

A fee subsidy assists parents with the cost of a child care space. Eligibility for a fee subsidy is dependent on a family's level of income. As of December 31st, 2015, the average charge for a full day of care in the community ranges from \$37.49 for preschoolers to \$44.48 for infants, up from \$35.87 for preschoolers to \$41.70 for infants in 2013.

In 2015, 498 families and 639 children were assisted with fee subsidy. A significant majority (79%) was lone parent families and of these, 39% had an annual income of less than \$20,000. The most common reason noted for requiring a

child care subsidy (44%) continues to be to sustain full-time employment. The numbers of families and children assisted with fee subsidy have declined since 2010 (Figure 46).

Figure 46: Families and Children Assisted with Fee Subsidy in Sault Ste. Marie



Licensed Child Care Spaces

Sault Ste. Marie now has a total of 1,693 licensed child care spaces available. This is an increase of 29 spaces since 2013, and 351 spaces since 2011. This includes infant, toddler, JK/SK and before and after school program spaces. Spaces in the community are located in child care centres (783), schools (735) and licensed home child care (175) (Figure 47).

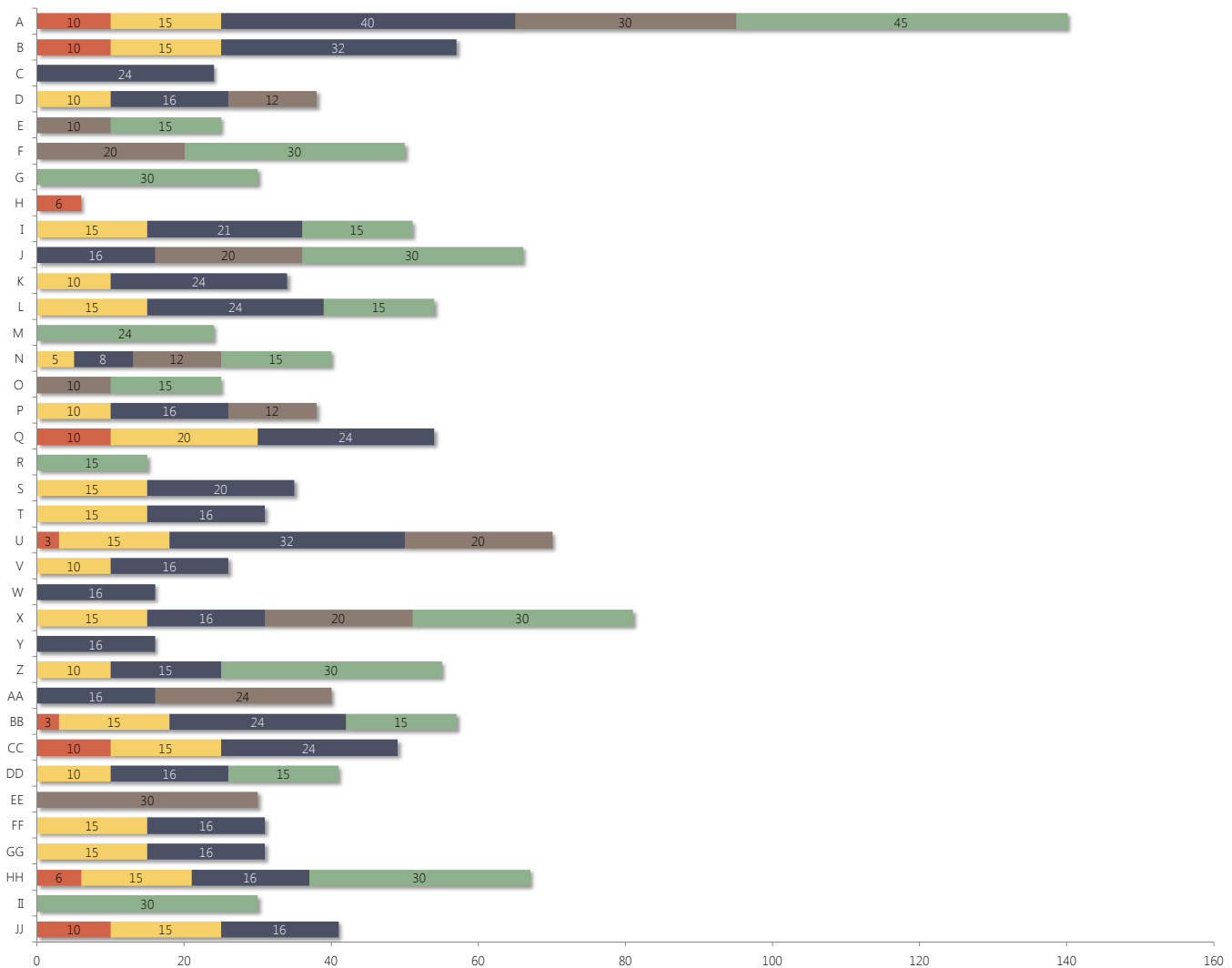
On any given day the wait list for child care in the community is approximately 700 children, with around 40% of the families registered requesting fee subsidy assistance. In 2014/2015, approximately 20% of child care spaces in Sault Ste. Marie had subsidy available.

In 2015, operators reported an approximate vacancy rate of 15%. Many of these vacancies were a result of summer closures, especially before and after school programs. Vacancies can occur even with a lengthy waitlist. For example, parents may be waiting for a space at a particular location, require full-day/year round care, or may require subsidy when the space available is full fee.

It is also important to note that some operators do not offer spaces up to their licensed capacity. There is a shortage of qualified Registered Early Childhood Educators (RECEs) and operators may only have staff available to offer a portion of their licensed spaces. The reasons for the shortage of RECEs are many, including non-competitive salary ranges. In Sault Ste. Marie the average yearly salary for RECEs in a licensed child care program is approximately \$37,000 per year (including the Provincial wage enhancement supplement).

Education and Child Care

Figure 47: Licensed Child Care Spaces by Age Grouping, December 2015



| | | | | | |
|---|--|---|------------------------|----|------------------------|
| A | Alternative Child Care/Orchard | N | Holy Family | AA | R.M. Moore |
| B | Brighter Beginnings | O | HS McLellan Preschool | BB | Riverside Christian |
| C | Cedarbrook Child Development | P | Jessie Irving | CC | Shannon Road |
| D | Sault College Child Development Centre | Q | Maycourt | DD | St John Back to Basics |
| E | Child Development Centre | R | Meadow Park Montessori | EE | St Paul's |
| F | Clergue | S | Mountain View | FF | St. Francis |
| G | Community Cooperative | T | Northridge Montessori | GG | Tarentorus |
| H | Crystal's Little School | U | Notre Dame du Sault | HH | Waabinong Head Start |
| I | Dacey Road + Before | V | Our Lady of Lourdes | II | Waterfront |
| J | East View | W | Parkland | JJ | YMCA Child Care |
| K | Hand in Hand | X | Pinewood +After School | | |
| L | Holy Angels Preschool | Y | Precious Moments | | |
| M | Holy Cross | Z | Queen | | |

Education and Child Care

Service Gaps

For many years, the Community Child Care Plan has cited infant spaces and extended hours of care as service gaps to the community. Many parents place their child on the centralized wait list for child care prior to their child's birth. Extended hours of care for shift work and weekend care is only available through licensed home child care. These two issues continue to be identified, despite a small increase in infant spaces over the last two years. Although the community is licensed for 70 homes, it is currently at approximately 50% capacity. There continues to be an ongoing effort to recruit and license more home child care operators and to increase the number of homes meeting the cultural needs of Francophone and Aboriginal families.

Child Care and Full Day Kindergarten

Between September 2011 and September 2014, Full Day Learning was fully implemented in Sault Ste. Marie as directed by the Ministry of Education. This means that most children begin a full day of school as young as 3.8 years of age. This has had a significant impact on the child care system and efforts have been made to help transition programs to serve younger age groups through additional funding. Capital funds for infrastructure changes to meet licensing requirements for younger age groups requiring care, as well as funds targeted for programs offering extended day programming for the full day JK and SK classes have been utilized. Unfortunately, operating programs for younger children is also much more costly, largely due to increased child-staff ratios and ongoing funding for such costs has been limited.

Since all Full-Day Kindergarten Early Learning Program classes have teaching teams including RECEs, recruitment and retention of RECEs to child care centres has become increasingly more difficult and a significant challenge for programs. In addition, school boards offer a very competitive rate of pay compared to many licensed child care programs. In a few instances, partnerships between school boards and child care providers that included the sharing of RECE staff have been beneficial, however not all providers are able to meet the financial/salary obligations such a partnership entails.

Child Care and Schools

Recent changes to legislation allowing school boards to have before and after school programs run by child care operators has increased the number of child care spaces located in schools. In addition, in 2013, funding through the Ministry of Education's Capital Retrofit program became available. This provided opportunities for some existing child care programs to relocate to schools that had available space and were able to accommodate the necessary physical changes to meet licensing requirements for child care. This program was done in partnership with local school boards, the DSSAB and identified local service providers. To date, seven such projects have been completed. Currently in Sault Ste. Marie, 735 licensed spaces (43.4%) are located in 16 elementary schools.

Funding Changes

In December of 2012, a new funding formula for child care was released by the Ministry of Education. Although the new formula was based on a number of weighted factors, Sault Ste. Marie was significantly and negatively impacted by the child population factor used as this population continues to decline in the community, much as it is in many communities in the North. Unfortunately for Sault Ste. Marie, this resulted in a significant cut in funding. Mitigation funding was provided to assist in a gradual implementation of the required changes which would need to be considered.

2015 was the first full year that reflected the effects of the funding changes to our community. Given that the Ministry of Education has continued to invest in child care, we have been able to reduce the capping on our initial funding but have seen minimal increases. It remains challenging to anticipate what future reductions will be, based on the decline in population. We continue to work with the Service Providers to make adjustments to our funding model to better meet the needs of both providers and parents and to ensure equity in the system. Every effort is being made to preserve subsidized spaces for families.

The centralized waitlist continues to be monitored and remains high. Vacancy rates in Sault Ste. Marie have varied in 2015 and in some cases access to child care spaces has improved. Overall the vacancy rate has averaged 15 percent. As previously mentioned, access to infant spaces remains a particular challenge, as does access to evening, weekend and shift work care.

Education and Child Care



Child Care Wage Enhancement Grant

The new funding formula did not include a funding strategy that would address the salary disparity between licensed child care programs and school board early learning programs, however in 2014, the Ministry of Education announced a new Wage Enhancement Grant. By 2016, this will provide up to a \$2.00 per hour salary increase per eligible staff working directly with children and their supervisor. Eligible licensed home care agencies are also included in this initiative.

Quality Assurance

Since 2013, there has been significant support from the Ministry of Education to enhance the level of quality offered within the Child Care sector. In 2015, the Ministry of Education released the Minister's Policy Statement on programming and pedagogy for the early years. *How Does Learning Happen?* has been released and sets the foundation for early learning in the sector. At the same time, the DSSMSSAB is committed to ensuring that community Child Care programs are of the highest quality in the province. As such, the DSSMSSAB has been working to develop a Quality Assurance Framework for the community that is expected to be implemented by late 2016. All programs with a service contract with the DSSMSSAB will be participating.

The DSSMSSAB continues to offer regular professional development opportunities for licensed child care programs across the area. This is fully supported by the Ministry of Education through the provision of funding to specifically address opportunities to enhance quality.

One way to further ensure quality is to employ Registered Early Childhood Educators in licensed child care programs. Registered Early Childhood Educators (RECEs) are trained professionals specializing in the early development and learning of children, and are registered with the College of Early Childhood Educators. RECEs work directly with children in licensed child care settings, and are responsible for planning and leading activities to stimulate and develop the intellectual, physical, emotional and social growth of young children.

Best Start Hubs

Best Start Hubs were created under the direction of the Ministry of Children and Youth Services (MCYS) in 2003 and were initially called Ontario Early Years Centres (OEYCs); expanding their name to include the term "Best Start Hubs" in response to the provincial government's Best Start Initiative. Prior to being OEYCs, many of these centres had been Family Resource Programs (FRPs). The goal of Best Start Hubs is to provide families with seamless services.

Research has shown that a child's earliest experiences shape the physical development of the brain and the child's capacity for further development. Children who have achieved their developmental milestones before starting school are better able to cope with, and take advantage of all the experiences a school environment has to offer. While it is recognized that families provide the primary and most important environments to support optimal development, the neighbourhoods and communities in which children are raised also influence their developmental outcomes.

See more information on Best Start Hubs on page 76, in the Child and Family section.

Parenting and Family Literacy Centres

Parenting and Family Literacy Centres in Sault Ste. Marie are offered through the Algoma District School Board and funded by the Ministry of Education. There are currently 4 locations: Etienne Brule, Northern Heights, Riverview and Pinewood Public Schools.

For more information on Parenting and Family Literacy Centres please refer to page 82 in the Child and Family section of this report.

Education and Child Care

Early Development Instrument (EDI) - Results for Sault Ste. Marie

What is the EDI?

The EDI is a questionnaire that measures kindergarten aged child development and school readiness. "School readiness", refers to the child's ability to meet the task demands of school. Such expectations include being curious about the world, proficient at holding a pen, able to communicate one's own needs, playing and working with other children, and following the rules. Results of the EDI questionnaire are grouped into five domains of child development: Physical Health & Well-Being, Social Competence, Emotional Maturity, Language & Cognitive Development, and Communication Skills & General Knowledge.

It is important to note that the EDI is a population level measure of readiness to learn and results are aggregated to a community or neighbourhood level. These results are useful in measuring a community's (or a neighbourhood's) capacity to prepare children for school. The results are not suitable for determining development of an individual child, nor are they used to rank teachers or schools.

The EDI was designed by the Offord Centre for Child Studies (OCCS) at McMaster University and has been implemented in many communities across Canada and the world.

EDI Participation

The four major Sault Ste. Marie EDI implementations took place during the 2004/05, 2008/2009, 2011/12 and 2014/15 school years. The number of children in SK has dipped slightly between 2004/05 and 2011/12, yet rose to nearly 2008/09 levels in 2014/15. EDI analysis in Ontario commonly excludes children who have been diagnosed with a special need. This analysis follows the Ontario guidelines. The number of valid cases without special needs for each year is listed in the table below.

Figure 48: Sault Ste. Marie - Valid EDI Counts without Special Needs

| EDI Year | 2004/05 | 2008/09 | 2011/12 | 2014/15 |
|---|---------|---------|---------|---------|
| Number of Valid Cases (without Special Needs) | 722 | 722 | 671 | 716 |

EDI results can also be broken down by neighbourhood to get a sense of regional differences within an area. The Sault Ste. Marie area has been divided into nine neighbourhoods:

- Far West SSM
- West SSM
- West Central SSM

- East Central SSM
- Waterfront
- East SSM
- Far East SSM
- North SSM
- SSM North Unorganized

The boundaries of these neighbourhoods can be seen in Figure 49. The map is coloured according to the number of valid cases within each neighbourhood. EDI results are mapped based on where children live, not where they go to school. It is important to note that this map also includes the EDI neighbourhoods of Algoma District (North Algoma, Central Algoma, East Algoma and Elliot Lake & Area); however the children in these neighbourhoods do not count towards the valid case total for Sault Ste. Marie. They are simply shown in this map for the purposes of a district wide comparison.

EDI Results for Sault Ste. Marie: Vulnerability

The EDI is commonly used to get a sense of vulnerability in a population of children. If a child scores below the 10th percentile cut-off of the site/comparison population on any of the five domains, he/she is said to be vulnerable on that scale of development. The lowest 10th percentile is of particular interest as vulnerability in kindergarten has been reported to contribute to children's outcomes later in school.¹³ For this analysis, the Ontario Baseline has been used to determine vulnerability. When looking at vulnerability rates, a lower percentage is a more favourable result.

Significance Testing

This EDI report makes note of statistical significance in two ways:

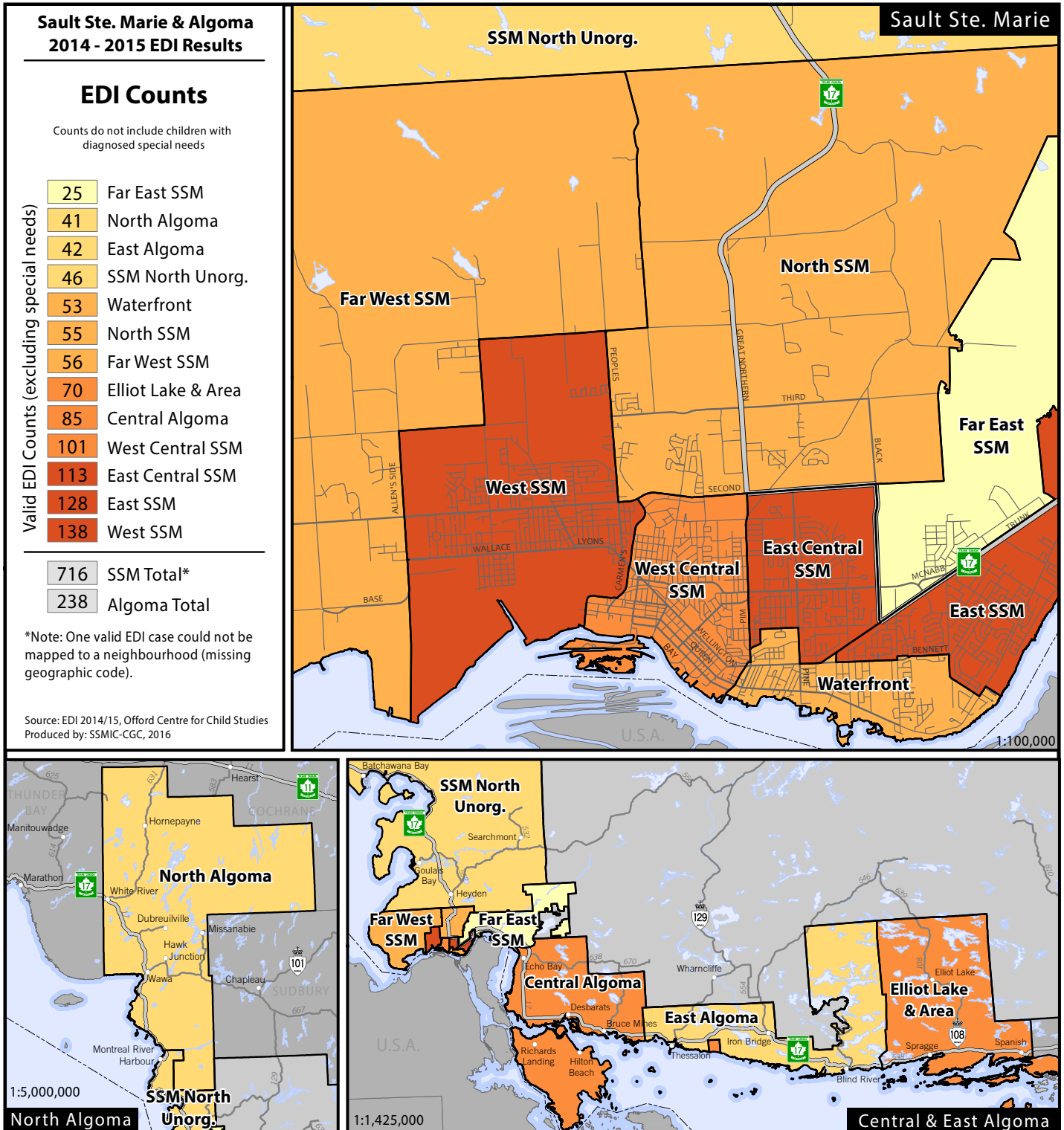
1. in showing the changes in Sault Ste. Marie vulnerability rates between the latest two implementations, and
2. the difference between the 2014/15 vulnerability rates of Sault Ste. Marie and those of Ontario.

Two-tailed hypothesis testing (p-value of less than 0.05) was used to determine statistical significance. The term "statistical significance" means a result is unlikely due to chance; however it does not necessarily mean practical significance. Whether or not a difference is practically significant (meaning it requires action), can only be determined by considering the context of the change.

13. Magdalena Janus, *The Early Development Instrument: A Tool for Monitoring Children's Development and Readiness for School*, November 2006. Accessed: http://www.offordcentre.com/readiness/files/PUB.11.2006_Janus.pdf.

Education and Child Care

Figure 49: Sault Ste. Marie & Algoma - Valid EDI Counts by Neighbourhood



Education and Child Care

Figure 50 illustrates the vulnerability rate of Sault Ste. Marie SK children for each of the last four EDI implementations. In 2014/15, Sault Ste. Marie had a vulnerability rate of 31.3% compared to the provincial baseline vulnerability rate of 28%. This figure also shows the percentage of SK children who scored low on two or more domains, indicating the percentage of children with significant challenges.

Figure 50: Percent Vulnerable in One and Two or More EDI Domains

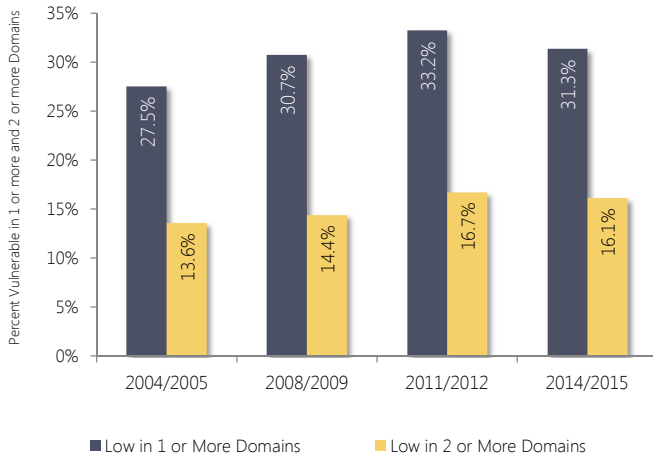
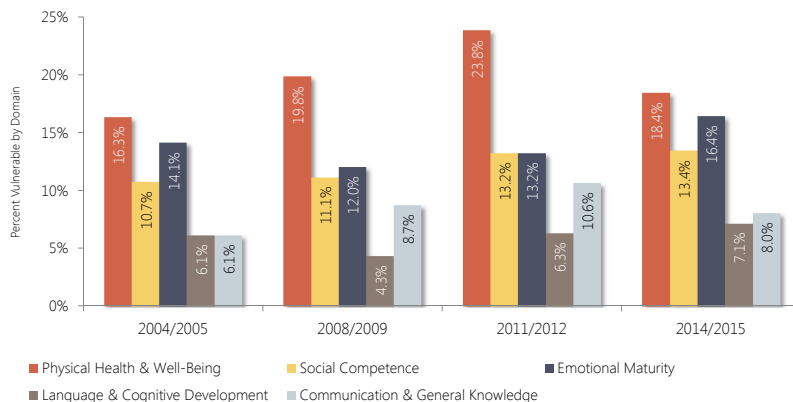


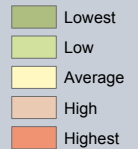
Figure 51 illustrates the percentage of Sault Ste. Marie SK children who fell below the 10th percentile cut-off based on the Ontario Baseline for the last four EDI implementations. This figure shows that in 2014/15 the Sault Ste. Marie vulnerability rates for the Physical Health & Well-Being, Social Competence and Emotional Maturity domains were significantly higher than those of the provincial rate. Conversely, the Language & Cognitive Development and Communication Skills & General Knowledge domains were significantly lower vulnerability rates than those of the province. All differences between the vulnerability rates of Sault Ste. Marie and the Ontario baseline were deemed statistically significant (all domains tested).

Figure 51: Percent Vulnerable by EDI Domain



Each EDI domain is made up of several subdomains which focus on a specific skill or ability. The following sections provide detailed information about each EDI domain and its related subdomains. Subdomains are reported by the percent of children who are “ready”, “middle”, or “not ready” for the school day. In the following subdomain graphs, the percent ready is shown in green, the percent in the middle category is shown in yellow, and the percent not ready is shown in orange. Each graph includes the latest available Ontario data for the purposes of comparison. Understanding these subdomains allows service providers to be specific as to what needs should be targeted in program planning.

Vulnerable children are not spread evenly throughout Sault Ste. Marie, as some neighbourhoods have a higher share of children facing difficulties. A 2014/15 vulnerability map has been included for each domain within the following sections of this report. In these maps, the large EDI neighbourhoods of Sault Ste. Marie and the Algoma District are classified from low to high vulnerability using the Ontario Baseline. Sault Ste. Marie and Algoma District neighbourhoods with a lower percentage of vulnerable children compared to the Ontario average are depicted in green, while neighbourhoods with a higher percentage of vulnerable children are depicted in orange. Sault Ste. Marie and Algoma District neighbourhoods that are at or near the Ontario average vulnerability rate are shown in yellow.



Physical Health & Well-Being

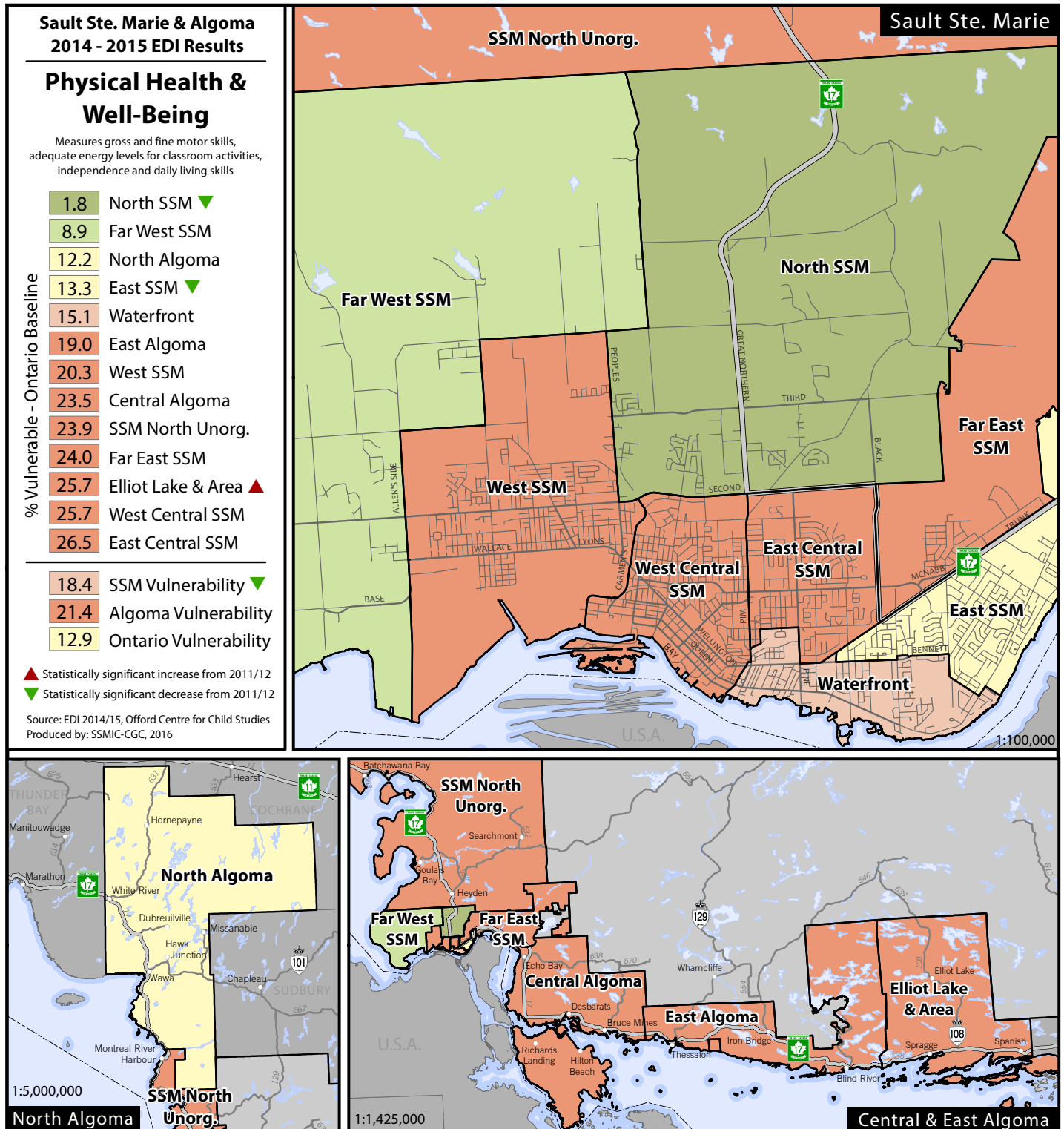
The Physical Health & Well-Being domain measures gross and fine motor skills (holding a pencil, running on the playground, motor coordination), adequate energy levels for classroom activities, independence in looking after own needs, and daily living skills. A child below the 10th percentile “has inadequate fine and gross motor skills, is sometimes tired or hungry, is usually clumsy, and may have flagging energy levels”.¹⁴

In 2014/15, 18.4% of SK children in Sault Ste. Marie were deemed vulnerable in this domain. This is down from nearly one in four (23.8%) in 2011/2012 (Figure 52). In Sault Ste. Marie, vulnerability has traditionally been the highest in this domain as compared to all others; however in 2014/15 the vulnerability rate decreased 5.4 percentage points from the previous implementation. This represents a statistically significant decrease in vulnerability in this domain over this time period. A statistically significant change most likely represents a real shift in the Physical Health & Well-being vulnerability rate of Sault Ste. Marie rather than a change influenced by measurement issues.

14. Magdalena Janus “The Early Development Instrument: A Tool for Monitoring Children’s Development and Readiness for School”, *Early Child Development from Measurement to Action: A Priority for Growth and Equity* Ed. Mary Eming Young and Linda M. Richardson, World Bank Publications, 2007, pg. 188.

Education and Child Care

Figure 52: Percent Vulnerable in the Physical Health & Well-Being Domain by Neighbourhood, 2014/15



In 2014/15, Sault Ste. Marie neighbourhoods ranged from 1.8% to 26.5% vulnerable. The West Central SSM and East Central SSM neighbourhoods had the highest vulnerability rates in this domain at 25.7% and 26.5% respectively (Figure 52).

The East SSM and North SSM neighbourhoods both saw statistically significant declines in the vulnerability rates of this domain between 2011/12 and 2014/15.

Education and Child Care

Subdomains

The Physical Health & Well-Being domain can be further divided into three subdomains:

- Physical Readiness for the School Day
- Physical Independence
- Gross and Fine Motor Skills

Physical Readiness for the School Day

A child who meets all or almost all of the developmental expectations of this subdomain has never or almost never experienced being dressed inappropriately for school activities, coming to school tired, late or hungry. The vast majority of children in Ontario (96.5%) meet these developmental expectations and are therefore physically ready for the school day. On the other hand, children who at least sometimes experienced being dressed inappropriately for school activities, coming to school tired, late or hungry are said to be not ready for school.

In Sault Ste. Marie, the number and percentage of children not ready for school in this subdomain has decreased between 2012 and 2015.

In 2015, there were relatively more children not ready for school in Sault Ste. Marie (7.5%) than in Ontario as a whole (4.8%). This represents a statistically significant difference in the percentage of children not ready for school in this subdomain between Sault Ste. Marie and Ontario.

Physical Independence

A child who meets all or almost all of the developmental expectations of this subdomain is independent looking after their needs, has an established hand preference, and is well coordinated, and does not suck a thumb/finger. Children who are not ready for school range from those who have not developed one of the three skills (independence, handedness, coordination) and/or suck a thumb to those who have not developed any of the skills and suck a thumb.

In Sault Ste. Marie, the percentage of children not ready for school in this subdomain has declined slightly between 2009 and 2015.

In 2015, there were relatively more children not ready for school in Sault Ste. Marie (12.4%) than in Ontario as a whole (10.1%). This represents a statistically significant difference in the percentage of children not ready for school in this subdomain between Sault Ste. Marie and Ontario.

Figure 53: Physical Readiness Subdomain

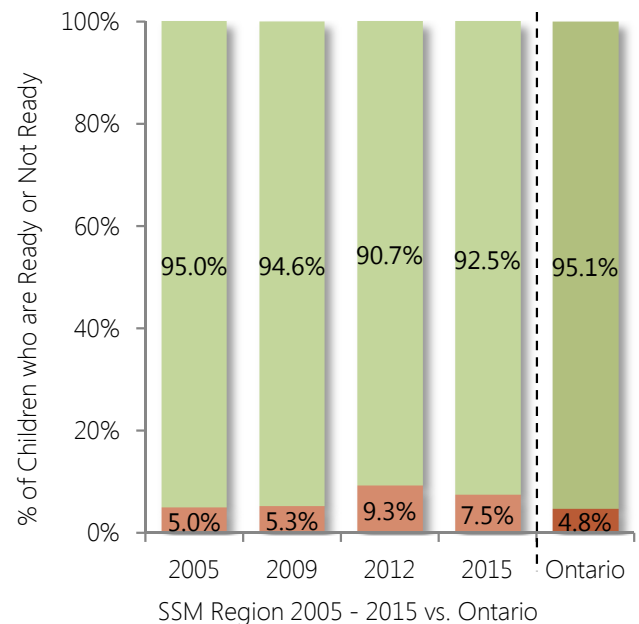
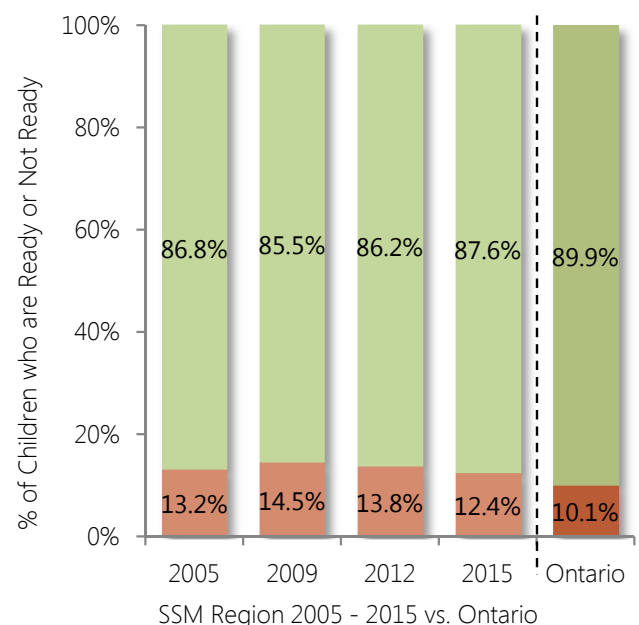


Figure 54: Physical Independence Subdomain



Education and Child Care

Gross and Fine Motor Skills

A child who meets all or almost all of the developmental expectations of this subdomain has an excellent ability to physically tackle the school day and has excellent or good gross and fine motor skills. Children who are not ready for school range from those who have an average ability to perform skills requiring gross and fine motor competence and good or average overall energy levels, to those who have poor fine and gross motor skills, overall energy levels, and physical skills.

In Sault Ste. Marie, the percentage of children not ready for school in this subdomain decreased by 7 percentage points between 2012 and 2015. This represents a statistically significant decrease in the percentage of children not ready for school in this subdomain over this time period.

In 2015, 18.9% of Sault Ste. Marie children were not ready for school in this subdomain. This is relatively lower than Ontario as a whole (20.5%). This is the only subdomain of the Physical Health & Well-Being domain where Sault Ste. Marie has a smaller percentage of children not ready than the province as a whole.

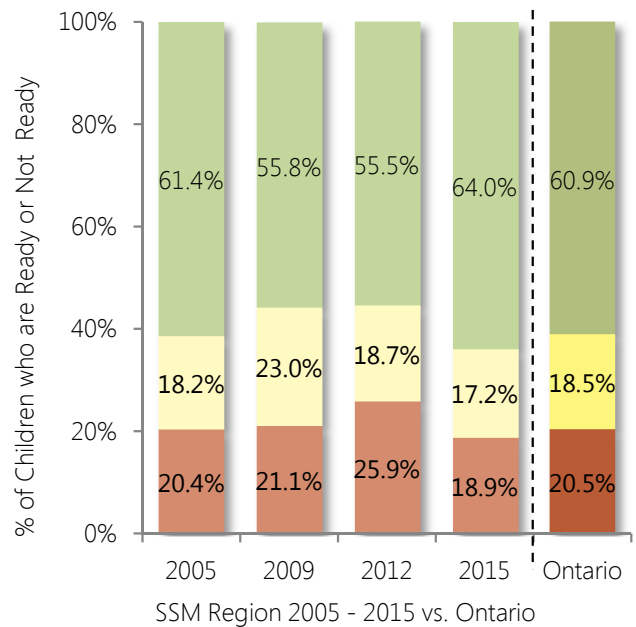
Social Competence

The Social Competence domain measures curiosity about the world, eagerness to try new experiences, knowledge of standards of acceptable behaviour in a public place, ability to control own behaviour, appropriate respect for adult authority, cooperation with others, following rules, and the ability to play and work with other children. A child below the 10th percentile “has poor overall social skills; has regular serious problems in more than one area of getting along with other children – accepting responsibility for his or her own actions, following rules and class routines, being respectful of adults, children and others’ property, having self-confidence and self-control, and adjusting to change; and is usually unable to work independently”.¹⁵

In 2014/15, 13.4% of children in Sault Ste. Marie were deemed vulnerable in this domain; up from 13.2% in 2011/12 and up from 11.1% in 2008/09. This domain is seeing a very slight upward trend in the percentage of vulnerable children; however the difference between the most recent two implementations is not statistically significant.

In 2014/15, Sault Ste. Marie neighbourhoods ranged from 1.8% to 22.1% vulnerable. The West Central SSM and East Central SSM neighbourhoods had the highest vulnerability rates in this domain at 19.8% and 22.1% respectively (Figure 56).

Figure 55: Gross & Fine Motor Skills Subdomain



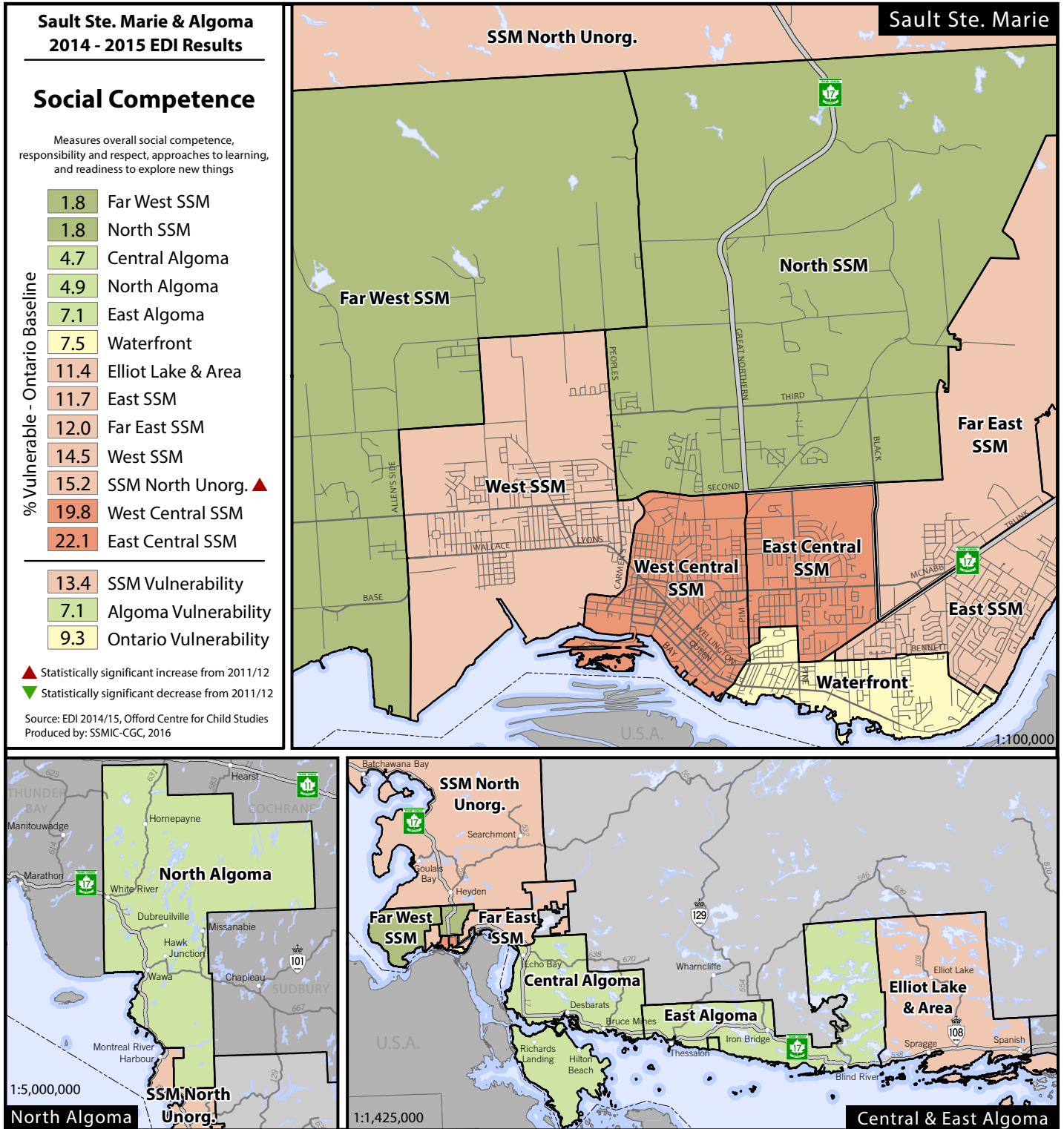
The SSM North Unorganized neighbourhood saw a statistically significant increase in the vulnerability rate of this domain between 2011/12 and 2014/15.

15. Janus, 2007, pg. 188.



Education and Child Care

Figure 56: Percent Vulnerable in the Social Competence Domain by Neighbourhood, 2014/15



Education and Child Care

Subdomains

The Social Competence domain can be further divided into four subdomains:

- Overall Social Competence
- Responsibility and Respect
- Approaches to Learning
- Readiness to Explore New Things

Overall Social Competence

A child who meets all or almost all of the developmental expectations of this subdomain has excellent or good overall social development, a very good ability to get along with other children and play with various children, and is usually cooperative and self-confident. Children who are not ready for school have average to poor overall social skills, low self-confidence and are rarely able to play with various children and interact cooperatively.

In Sault Ste. Marie, the percentage of children not ready for school in this subdomain remained nearly the same between 2005 and 2015.

In 2015, there were relatively more children not ready for school in Sault Ste. Marie (11.9%) than in Ontario as a whole (9.6%). *This represents a statistically significant difference in the percentage of children not ready for school in this subdomain between Sault Ste. Marie and Ontario.*

Responsibility and Respect

A child who meets all or almost all of the developmental expectations of this subdomain always or most of the time shows respect for others and for property, follows rules and takes care of materials, accepts responsibility for actions, and shows self-control. Children who are not ready for school only sometimes or never accept responsibility for actions, show respect for others and for property, demonstrate self-control, and are rarely able to follow rules and take care of materials.

In Sault Ste. Marie, the percentage of children not ready for school in this subdomain rose slightly between 2012 and 2015.

In 2015, there was a higher percentage of children not ready for school in Sault Ste. Marie (8.4%) than in Ontario as a whole (6%). This represents a statistically significant difference in the percentage of children not ready for school in this subdomain between Sault Ste. Marie and Ontario.

Figure 57: Overall Social Competence Subdomain

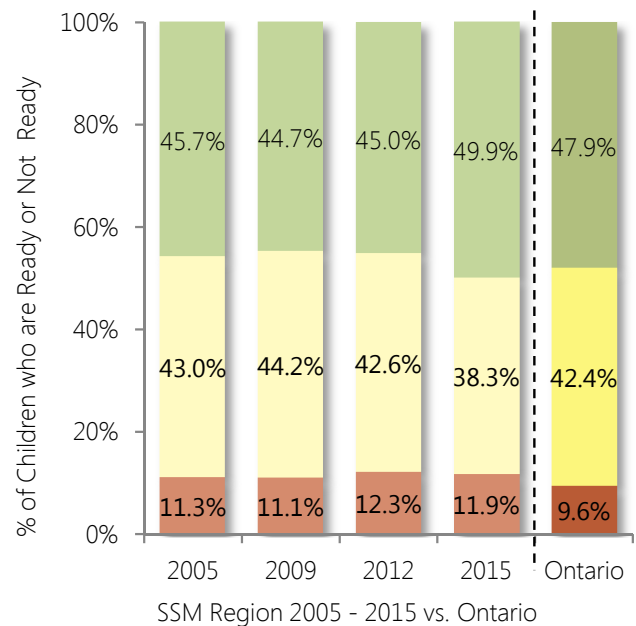
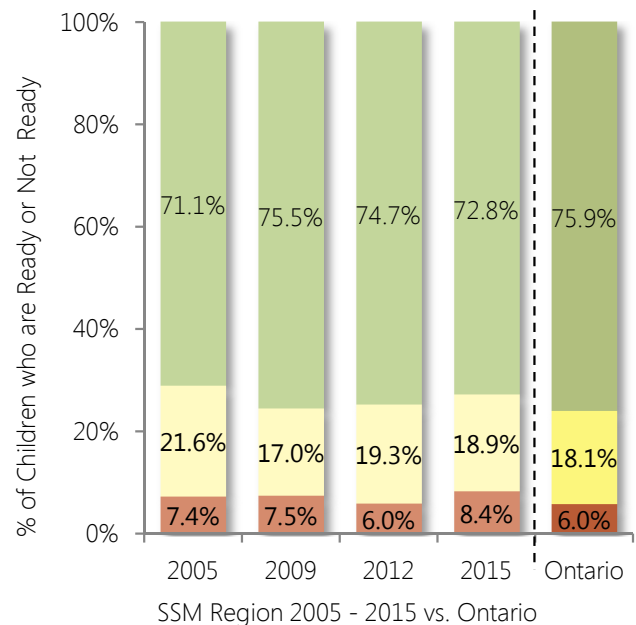


Figure 58: Responsibility and Respect Subdomain



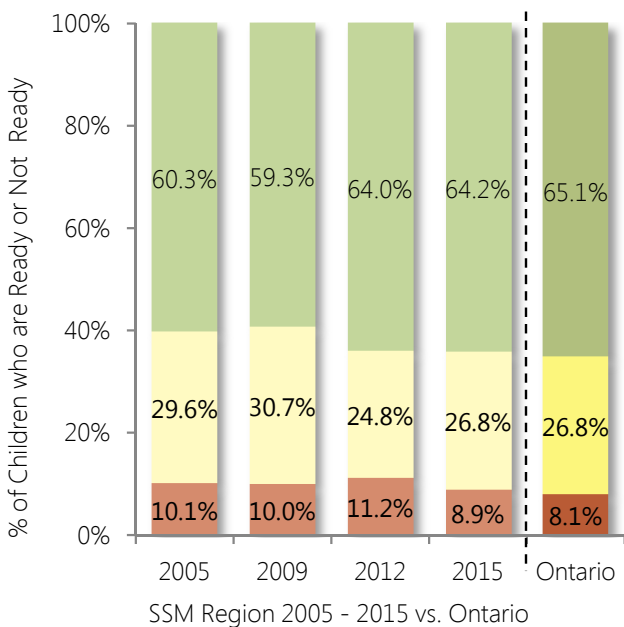
Education and Child Care

Approaches to Learning

A child who meets all or almost all of the developmental expectations of this subdomain always or most of the time works neatly, independently, and solves problems, follows instructions and class routines, and easily adjusts to changes. Children who are not ready for school only sometimes or never work neatly, independently, are rarely able to solve problems, follow class routines and do not easily adjust to changes in routines.

In Sault Ste. Marie, the percentage of children not ready for school in this subdomain declined between 2012 and 2015. In 2015 the percentage of children not ready for school in Sault Ste. Marie (8.9%) was on par with that of Ontario as a whole (8.1%).

Figure 59: Approaches to Learning Subdomain

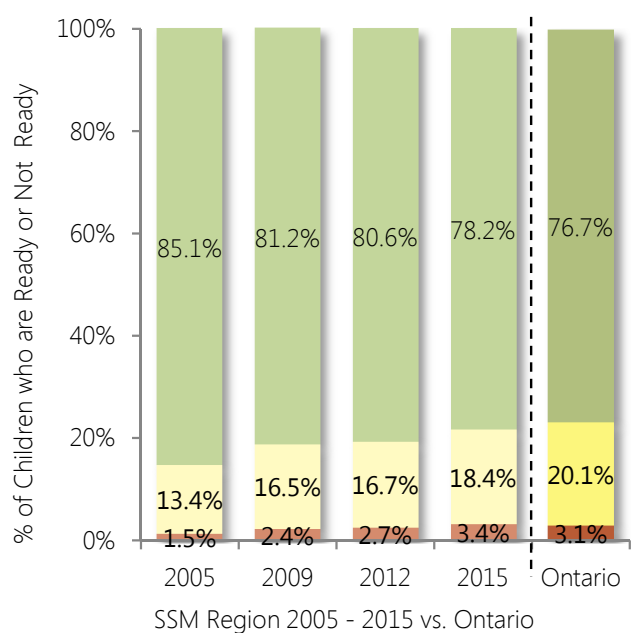


Readiness to Explore New Things

A child who meets all or almost all of the developmental expectations of this subdomain is curious about the surrounding world, and is eager to explore new books, toys and games. Children who are not ready for school only sometimes or never show curiosity about the world, and are not eager to explore new books, toys and games. Very few children are not ready for school in this subdomain.

In Sault Ste. Marie, the percentage of children not ready for school in this subdomain has increased slightly between 2005 and 2012. In 2015, the percentage of children not ready for school in Sault Ste. Marie (3.4%) was on par with that of Ontario as a whole (3.1%).

Figure 60: Readiness to Explore New Things Subdomain



Emotional Maturity

The Emotional Maturity domain measures ability to reflect before acting, a balance between being too fearful and too impulsive, the ability to deal with feelings at the age-appropriate level, and empathic responses to other people's feelings. A child below the 10th percentile "has regular problems managing aggressive behaviour; is prone to disobedience and/or easily distractible, inattentive, and impulsive; is usually unable to show helping behaviour toward other children; and is sometimes upset when left by the caregiver".¹⁶

In 2014/15, 16.4% of children in Sault Ste. Marie were deemed vulnerable in this domain; up from 13.4% in 2011/12 and up from 12% in 2008/09. This domain is seeing an upward

trend in the percentage of vulnerable children; however the difference between the most recent two implementations is not statistically significant.

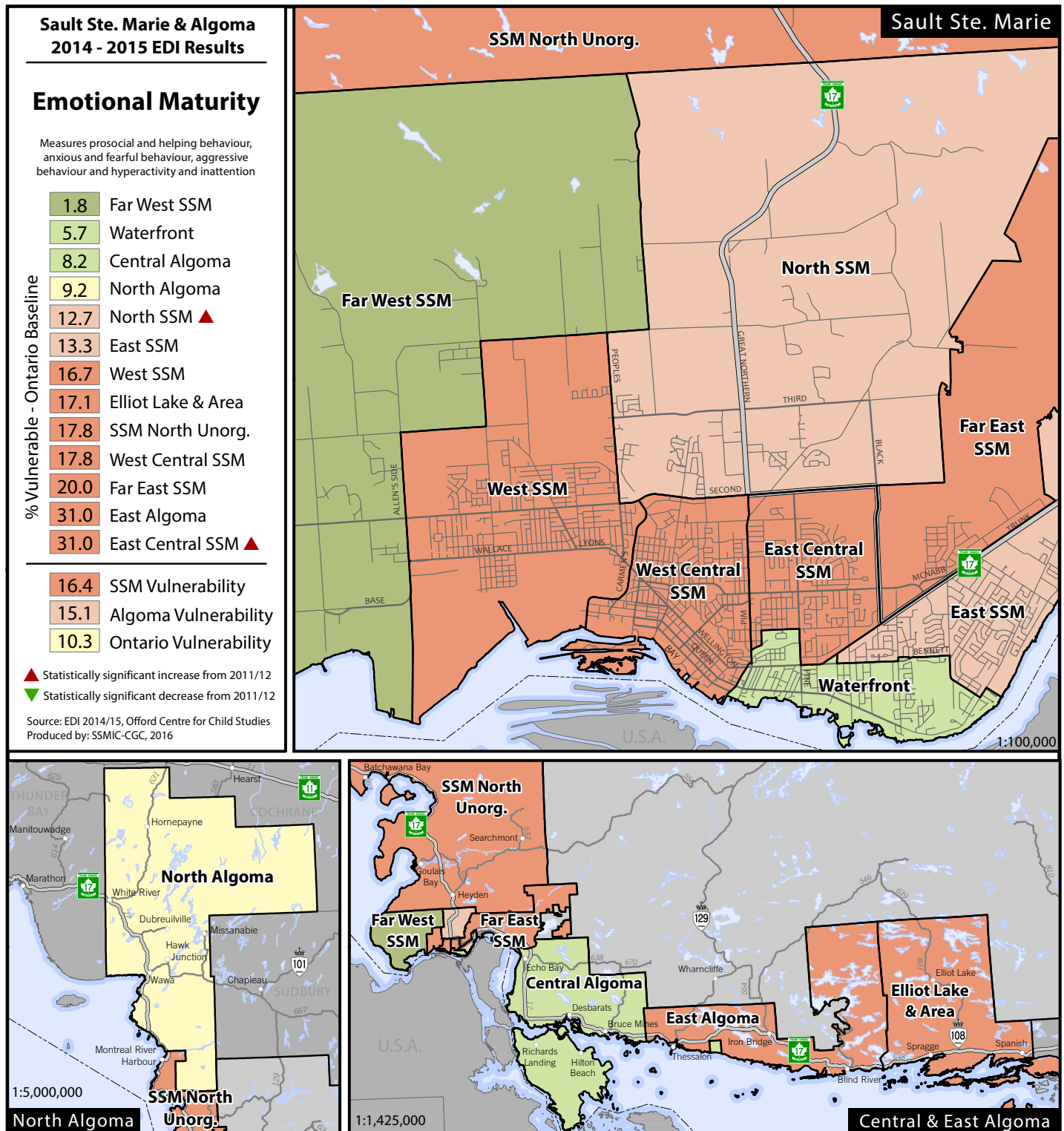
Neighbourhoods ranged from 1.8% to 31% vulnerable. The West SSM (16.7%), SSM North Unorganized (17.8%), West Central SSM (17.8%), West SSM (20%) and East Central SSM (31%) neighbourhoods had vulnerability levels considerably higher than the province as a whole (Figure 61).

The North SSM and East Central SSM neighbourhoods both saw statistically significant increases in the vulnerability rates of this domain between 2011/12 and 2014/15.

16. Janus, 2007, pg. 188.

Education and Child Care

Figure 61: Percent Vulnerable in the Emotional Maturity Domain by Neighbourhood, 2014/15



Education and Child Care

Subdomains

The Emotional Maturity domain can be further divided into four subdomains:

- Prosocial and Helping Behaviour
- Anxious and Fearful Behaviour
- Aggressive Behaviour
- Hyperactivity and Inattention

Prosocial and Helping Behaviour

A child who meets all or almost all of the developmental expectations of this subdomain often shows most of the helping behaviours: helping someone hurt, sick or upset, offering to help spontaneously, invite bystanders to join in. Children who are not ready for school never or almost never show most of the helping behaviours; they do not help someone hurt, sick or upset, do not spontaneously offer to help, or invite bystanders to join in.

In Sault Ste. Marie, the percentage of children not ready for school in this subdomain increased by 6 percentage points between 2012 and 2015. This represents a statistically significant increase in the percentage of children not ready for school in this subdomain over this time period.

In 2015, the percentage of children not ready for school in Sault Ste. Marie (32%) was on par with that of Ontario as a whole (32.2%).

Anxious and Fearful Behaviour

A child who meets all or almost all of the developmental expectations of this subdomain rarely or never shows most of the anxious behaviours; they are happy and able to enjoy school, and are comfortable being left at school by caregivers. Children who are not ready for school often show most of the anxious behaviours; they could be worried, unhappy, nervous, sad or excessively shy, indecisive; and they can be upset when left at school. Very few children are not ready for school in this subdomain.

In Sault Ste. Marie, the percentage of children not ready for school in this subdomain increased between 2012 and 2015.

In 2015, there was a higher percentage of children not ready for school in Sault Ste. Marie (4.6%) than in Ontario as a whole (2.5%). This represents a statistically significant difference in the percentage of children not ready for school in this subdomain between Sault Ste. Marie and Ontario.

Figure 62: Prosocial and Helping Behaviour

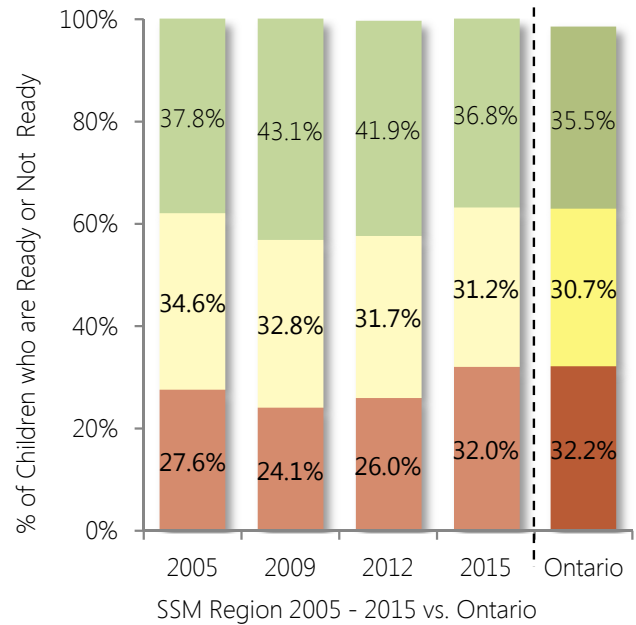
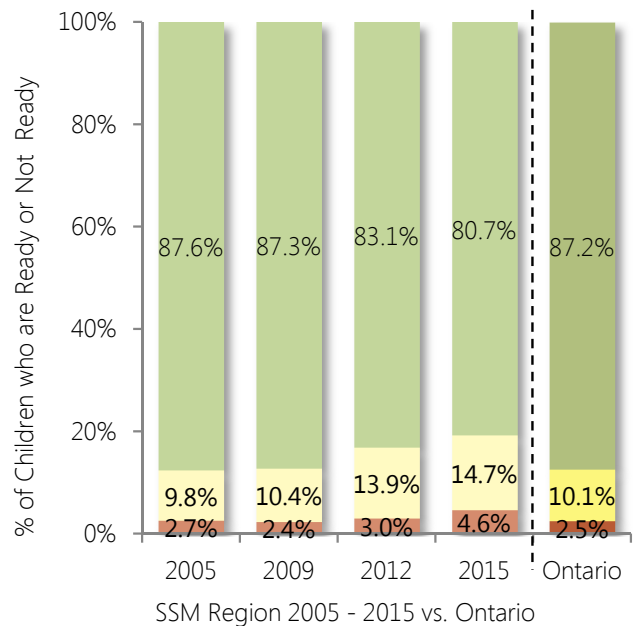


Figure 63: Anxious and Fearful Behaviour



Education and Child Care

Aggressive Behaviour

A child who meets all or almost all of the developmental expectations of this subdomain rarely or never shows most of the aggressive behaviours; they do not use aggression as means of solving a conflict, do not have temper tantrums, and are not mean to others. Children who are not ready for school often show most of the aggressive behaviours; they get into physical fights, kick or bite others, take other people's things, are disobedient or have temper tantrums.

In Sault Ste. Marie, the percentage of children not ready for school in this subdomain remained nearly the same between 2012 and 2015.

In 2012 there were relatively more children not ready for school in Sault Ste. Marie (12.9%) than in Ontario as a whole (10.3%). This represents a statistically significant difference in the percentage of children not ready for school in this subdomain between Sault Ste. Marie and Ontario.

Hyperactivity and Inattention

A child who meets all or almost all of the developmental expectations of this subdomain never shows most of the hyperactive behaviours; they are able to concentrate, settle to chosen activities, wait their turn, and most of the time think before doing something. Children who are not ready for school often show most of the hyperactive behaviours; they could be restless, distractible, impulsive; they fidget and have difficulty settling into activities.

In Sault Ste. Marie, the percentage of children not ready for school in this subdomain increased slightly between 2012 and 2015.

In 2015 there were relatively more children not ready for school in Sault Ste. Marie (15.7%) than in Ontario as a whole (13.1%). This represents a statistically significant difference in the percentage of children not ready for school in this subdomain between Sault Ste. Marie and Ontario.

Figure 64: Aggressive Behaviour Subdomain

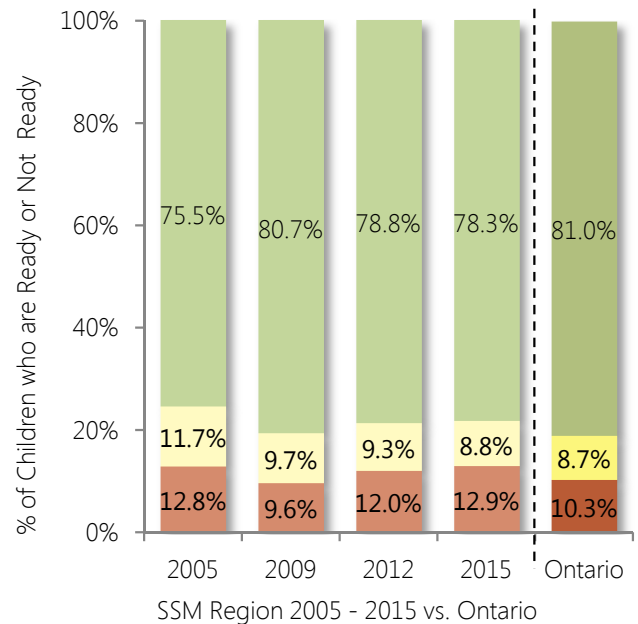
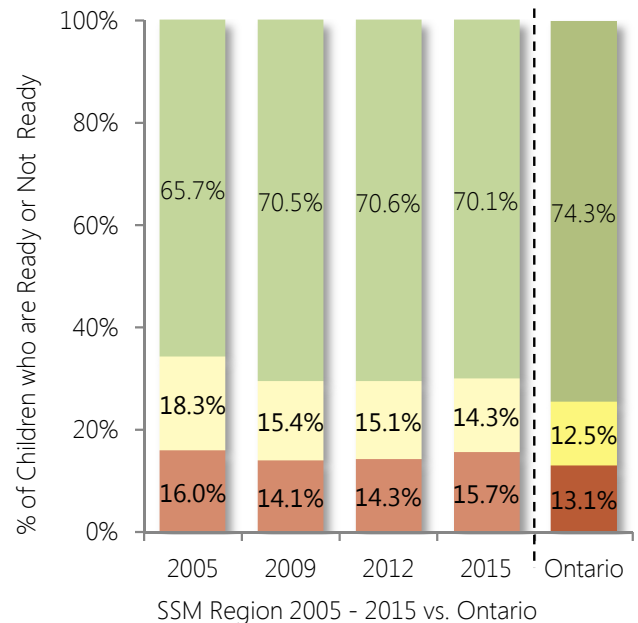


Figure 65: Hyperactivity and Inattention Subdomain



Education and Child Care

Language and Cognitive Development

The Language & Cognitive Development domain measures reading awareness, age-appropriate reading and writing skills, age-appropriate numeracy skills, the ability to understand similarities and differences, and the ability to recite back specific pieces of information from memory. A child below the 10th percentile “has problems in both reading/writing and numeracy; is unable to read and write simple words, is uninterested in trying, and is often unable to attach sounds to letters; has difficulty remembering things, counting to 20, and recognizing and comparing numbers; and is usually not interested in numbers”.¹⁷

In 2014/15, 7.1% of children in Sault Ste. Marie were deemed vulnerable in this domain; up from 6.3% in 2011/12 and up from 4.3% in 2008/09. In Sault Ste. Marie, vulnerability has traditionally been the lowest in this domain as compared to all others; however this domain is seeing a very slight upward trend in the percentage of vulnerable children.

In 2014/15, Sault Ste. Marie neighbourhoods ranged from 0% to 14.9% vulnerable. The West Central SSM neighbourhood had the highest vulnerability rates in this domain at 14.9% (Figure 66).

17. Janus, 2007, pg. 188.



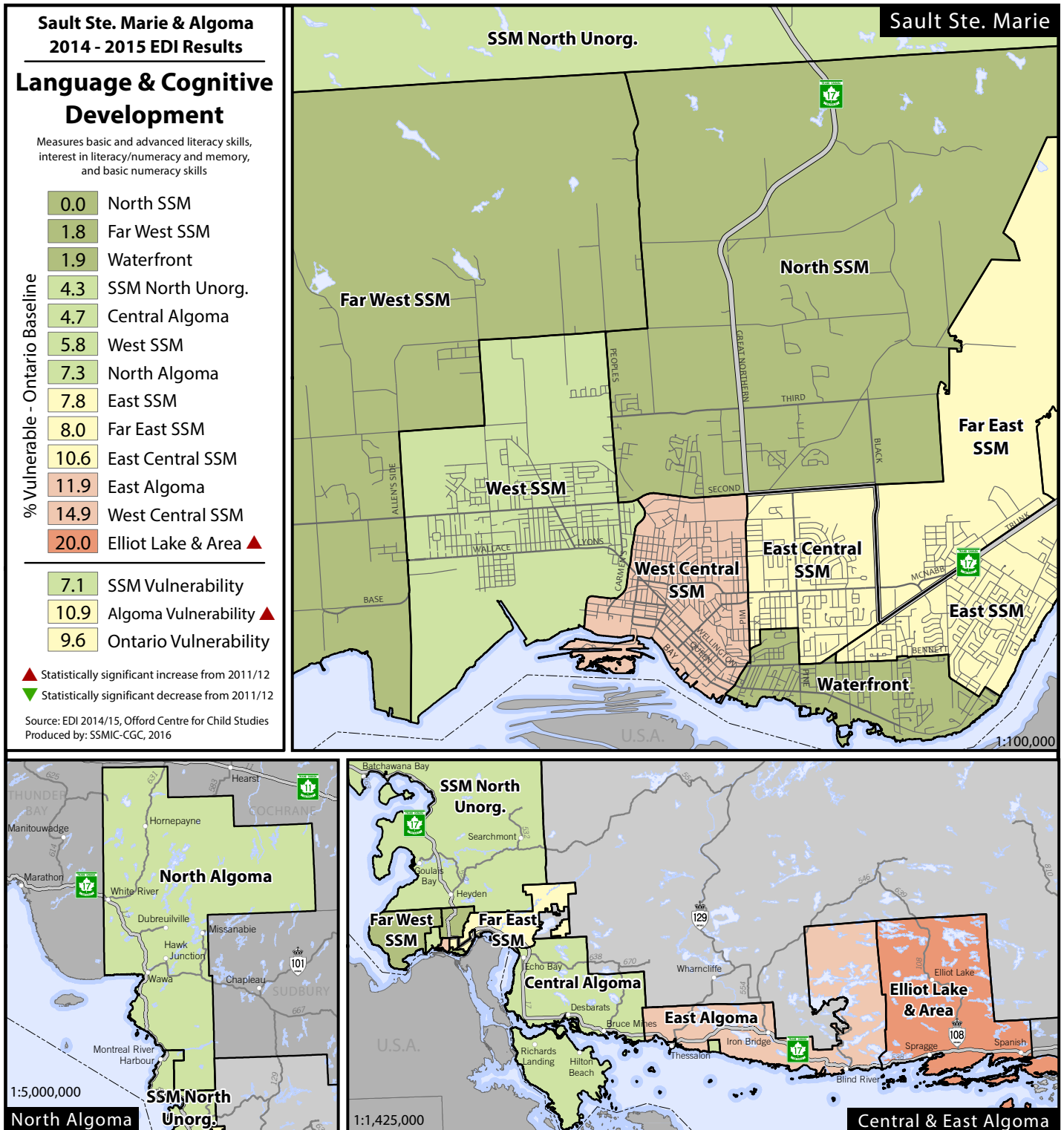
Subdomains

The Language & Cognitive Development domain can be further divided into four subdomains:

- Basic Literacy Skills
- Interest Literacy/Numeracy and Memory
- Advanced Literacy Skills
- Basic Numeracy Skills

Education and Child Care

Figure 66: Percent Vulnerable in the Language & Cognitive Development Domain by Neighbourhood, 2014/15



Education and Child Care

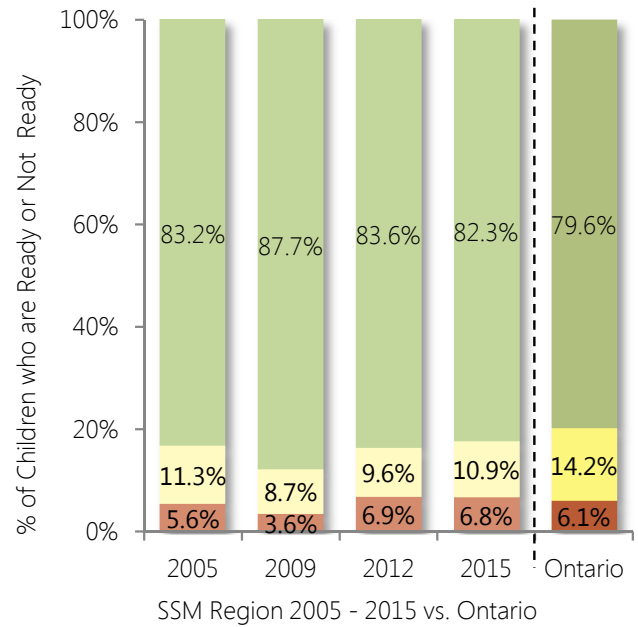
Basic Literacy Skills

A child who meets all or almost all of the developmental expectations of this subdomain has all the basic literacy skills: knows how to handle a book, can identify some letters and attach sounds to some letters, shows awareness of rhyming words, knows the writing directions, and is able to write their own name. Children who are not ready for school do not have most of the basic literacy skills: they have problems with identifying letters or attaching sounds to them, rhyming; may not know the writing directions and even how to write their own name.

In Sault Ste. Marie, the percentage of children not ready for school in this subdomain remained nearly the same between 2012 and 2015.

In 2015, the percentage of children not ready for school in Sault Ste. Marie (6.8%) was on par with that of Ontario as a whole (6.1%).

Figure 67: Basic Literacy Skills Subdomain



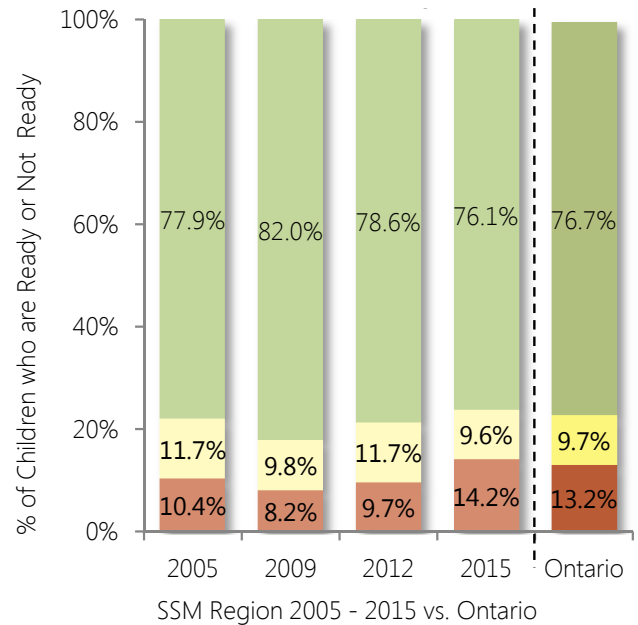
Interest in Literacy/Numeracy and Memory

A child who meets all or almost all of the developmental expectations of this subdomain shows interest in books and reading, math and numbers, and has no difficulty with remembering things. Children who are not ready for school may not show interest in books and reading, or math and number games, or both; and may have difficulty remembering things.

In Sault Ste. Marie, the percentage of children not ready for school in this subdomain decreased by 4.5 percentage points between 2012 and 2015. This represents a statistically significant increase in the percentage of children not ready for school in this subdomain over this time period.

In 2015, the percentage of children not ready for school in Sault Ste. Marie (14.2%) was slightly higher than that of Ontario as a whole (13.2%).

Figure 68: Interest in Literacy/Numeracy and Memory Subdomain



Education and Child Care

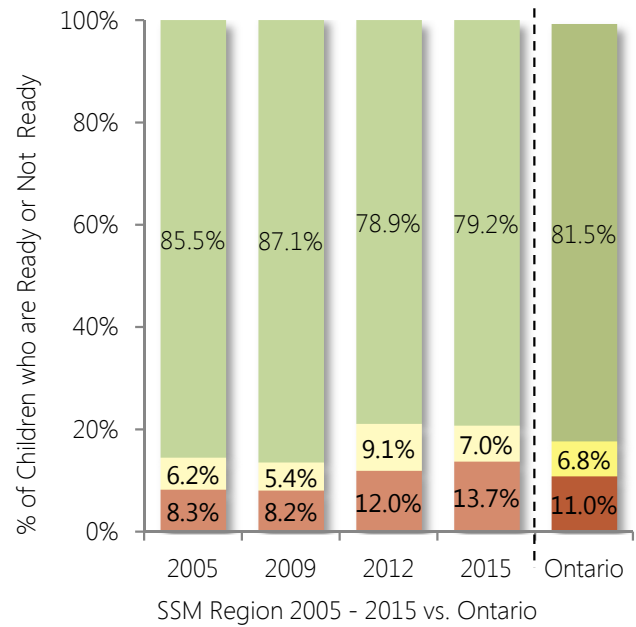
Advanced Literacy Skills

A child who meets all or almost all of the developmental expectations of this subdomain has at least half of the advanced literacy skills: reading simple, complex words or sentences, writing voluntarily, writing simple words or sentences. Children who are not ready for school have only up to one of the advanced literacy skills; cannot read or write simple words or sentences; and rarely write voluntarily.

In Sault Ste. Marie, the percentage of children not ready for school in this subdomain increased between 2012 and 2015.

In 2015, there were relatively more children not ready for school in Sault Ste. Marie (13.7%) than Ontario as a whole (11%). This represents a statistically significant difference in the percentage of children not ready for school in this subdomain between Sault Ste. Marie and Ontario.

Figure 69: Advanced Literacy Skills Subdomain



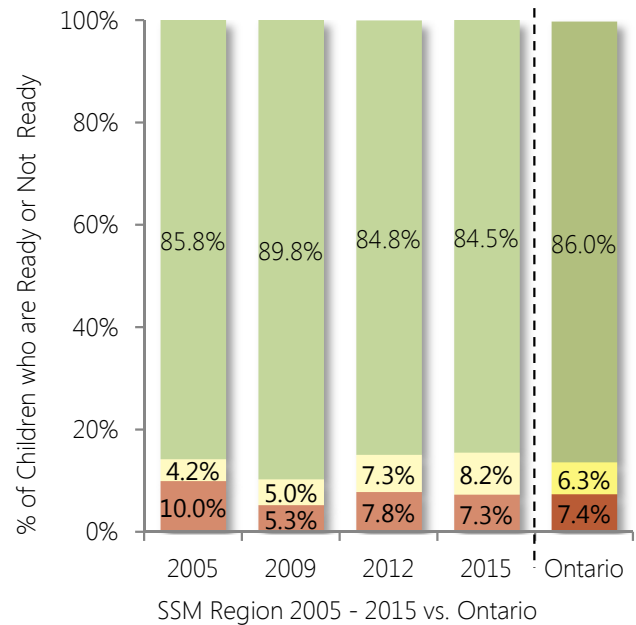
Basic Numeracy Skills

A child who meets all or almost all of the developmental expectations of this subdomain has all the basic numeracy skills: can count to 20 and recognize shapes and numbers, compare numbers, sort and classify, use one-to-one correspondence, and understand simple time concepts. Children who are not ready for school have marked difficulty with numbers; cannot count, compare, or recognize numbers; may not be able to name all the shapes and may have difficulty with time concepts.

In Sault Ste. Marie, the percentage of children not ready for school in this subdomain remained nearly the same between 2012 and 2015.

In 2015, the percentage of children not ready for school in Sault Ste. Marie (7.3%) was on par with that of Ontario as a whole (7.4%).

Figure 70: Basic Numeracy Skills Subdomain



Education and Child Care

Communication Skills & General Knowledge

The Communication Skills & General Knowledge domain measures skills to communicate needs and wants in socially appropriate ways, symbolic use of language, storytelling, and age-appropriate knowledge about the life and world around. A child below the 10th percentile “has poor communication skills and articulation; has difficulties in talking to others, understanding, and being understood; and has poor general knowledge”.¹⁸

In 2014/15, 8% of children in Sault Ste. Marie were deemed vulnerable in this domain; down from 10.6% in 2011/12 and down from 8.7% in 2008/09. This domain has seen a slight decline in the percentage of vulnerable children; however the difference between the most recent two implementations is not statistically significant.

In 2014/15, Sault Ste. Marie neighbourhoods ranged from 1.8% to 11.5% vulnerable. No neighbourhoods in Sault Ste. Marie had a vulnerability rate higher than the province in this domain (Figure 71).

The West Central SSM and North SSM neighbourhoods both saw statistically significant declines in the vulnerability rates of this domain between 2011/12 and 2014/15.

18. Janus, 2007, pg. 180.

Subdomains

The Communication Skills & General Knowledge domain has only one subdomain:

- Communication Skills & General Knowledge

Communications Skills & General Knowledge

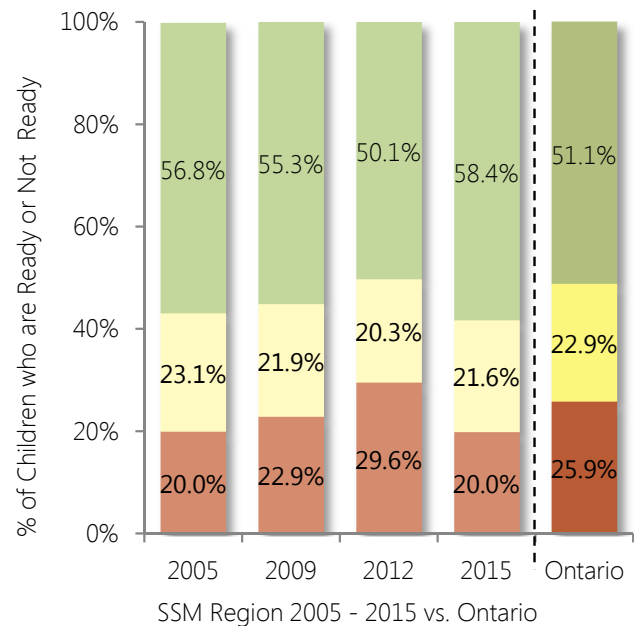
A child who meets all or almost all of the developmental expectations has excellent or very good communication skills; can communicate easily and effectively, can participate in story-telling or imaginative play, articulates clearly, shows adequate general knowledge, and is proficient in their native language. Children who are not ready for school range from being average to very poor in effective communication, may have difficulty in participating in games involving the use of language, may be difficult to understand and may have difficulty understanding others; may show little general knowledge and may have difficulty with their native language.

In Sault Ste. Marie, the percentage of children not ready for school in this subdomain decreased by 9.6 percentage

points between 2012 and 2015. This represents a statistically significant decrease in the percentage of children not ready for school in this subdomain over this time period.

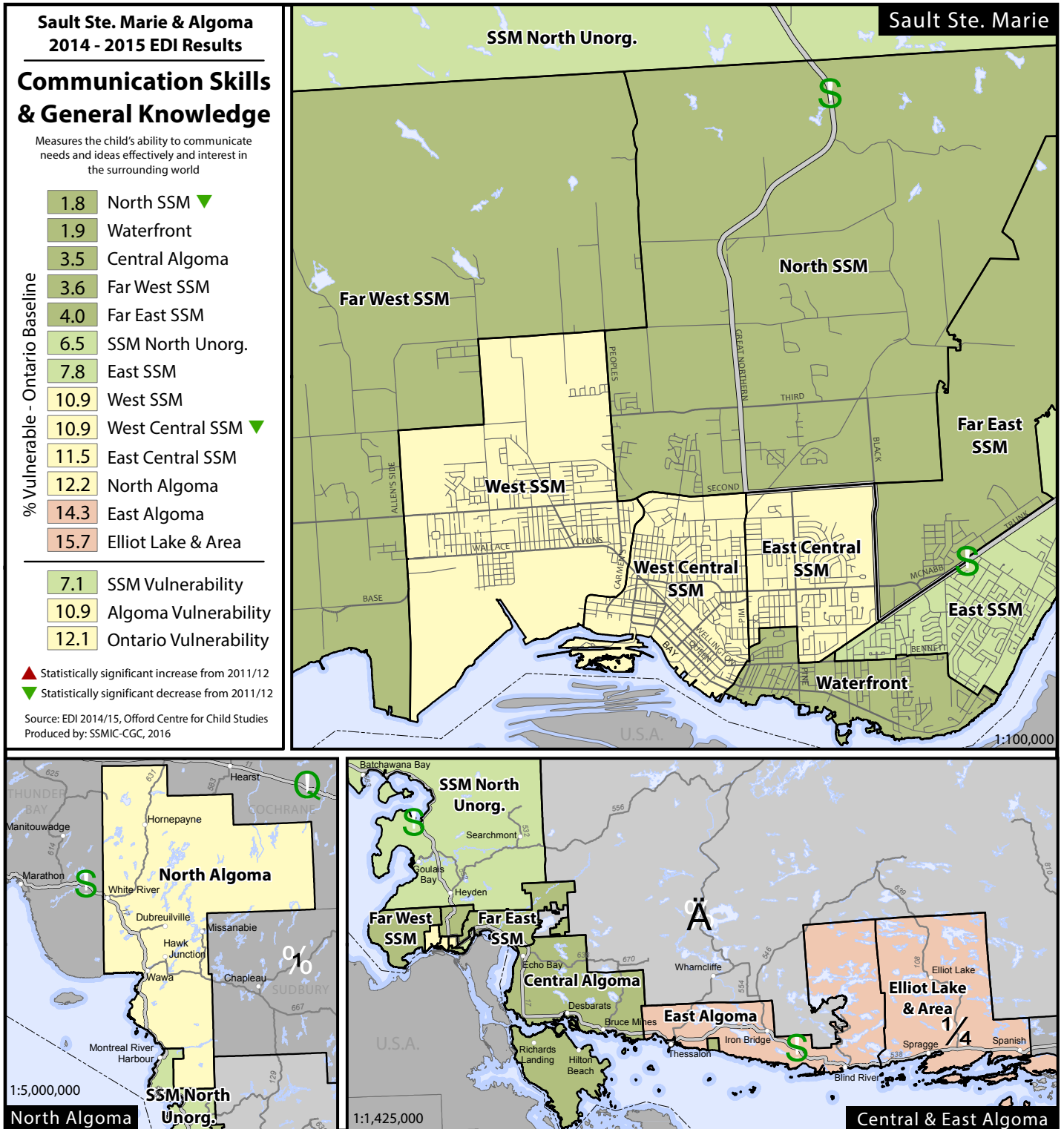
In 2012 there were relatively less children not ready for school in Sault Ste. Marie (20%) than Ontario as a whole (25.9%). This represents a statistically significant difference in the percentage of children not ready for school in this subdomain between Sault Ste. Marie and Ontario.

Figure 72: Communication Skills & General Knowledge Subdomain



Education and Child Care

Figure 71: Percent Vulnerable in the Communication Skills & General Knowledge Domain by Neighbourhood, 2014/15



Education and Child Care

Low in One or More Domains

The map in Figure 73 indicates the percentage of children who were deemed vulnerable in at least one domain. This indicator is often described as the general “vulnerability rate” of a community or neighbourhood.

In 2014/15, 31.3% of children in Sault Ste. Marie were deemed vulnerable; down from 33.2% in 2011/12 but up from 30.7% in 2008/09. There has been a slight fluctuation in the overall EDI vulnerability rate of SK children in Sault Ste. Marie over the past few implementations; however the difference between the most recent two implementations is not statistically significant.

In 2014/15, Sault Ste. Marie neighbourhoods ranged from 12.5% to 47.8% vulnerable. The West Central SSM (39.6%), Far East SSM (40%), SSM North Unorganized (41.3%), and East Central SSM (47.8%) neighbourhoods had overall vulnerability rates considerably higher than the province as a whole (28%) (Figure 73).

The overall vulnerability rate of the North SSM neighbourhood significantly declined between 2011/12 and 2014/15, while the overall vulnerability rate of the East Central SSM neighbourhood significantly increased between 2011/12 and 2014/15.

Low in Two or More Domains

The map in Figure 74 indicates the percentage of children who were deemed vulnerable in at least two domains. Children low in two or more domains are considered less ready to learn than those with one or no vulnerabilities.

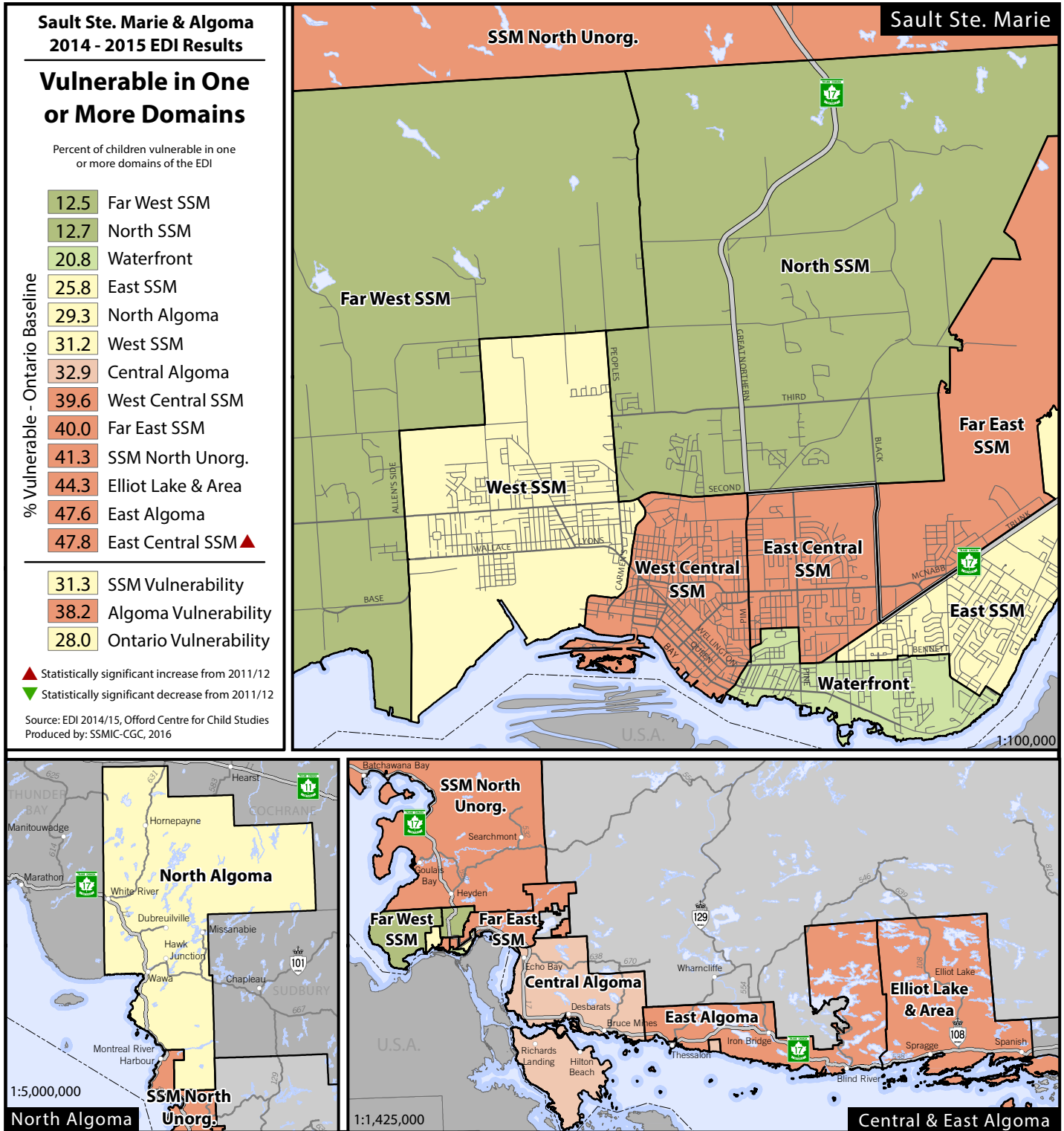
In 2014/15, 16.1% of children in Sault Ste. Marie were deemed vulnerable; down from 16.7% in 2011/12 but up from 14.4% in 2008/09. There has been a slight fluctuation in the percentage of Sault Ste. Marie SK children who are vulnerable in two or more domains over the past few implementations; however the difference between the most recent two implementations is not statistically significant.

In 2014/15, Sault Ste. Marie neighbourhoods ranged from 1.8% to 28.3% vulnerable in two or more domains. The West Central SSM (23.8%) and East Central SSM (28.3%) neighbourhoods had rates of SK children vulnerable in two or more domains that were considerably higher than the province as a whole (13.9%) (Figure 74).

The Far West SSM neighbourhood saw a statistically significant decline in the rate of SK children vulnerable in two or more domains between 2011/12 and 2014/15.

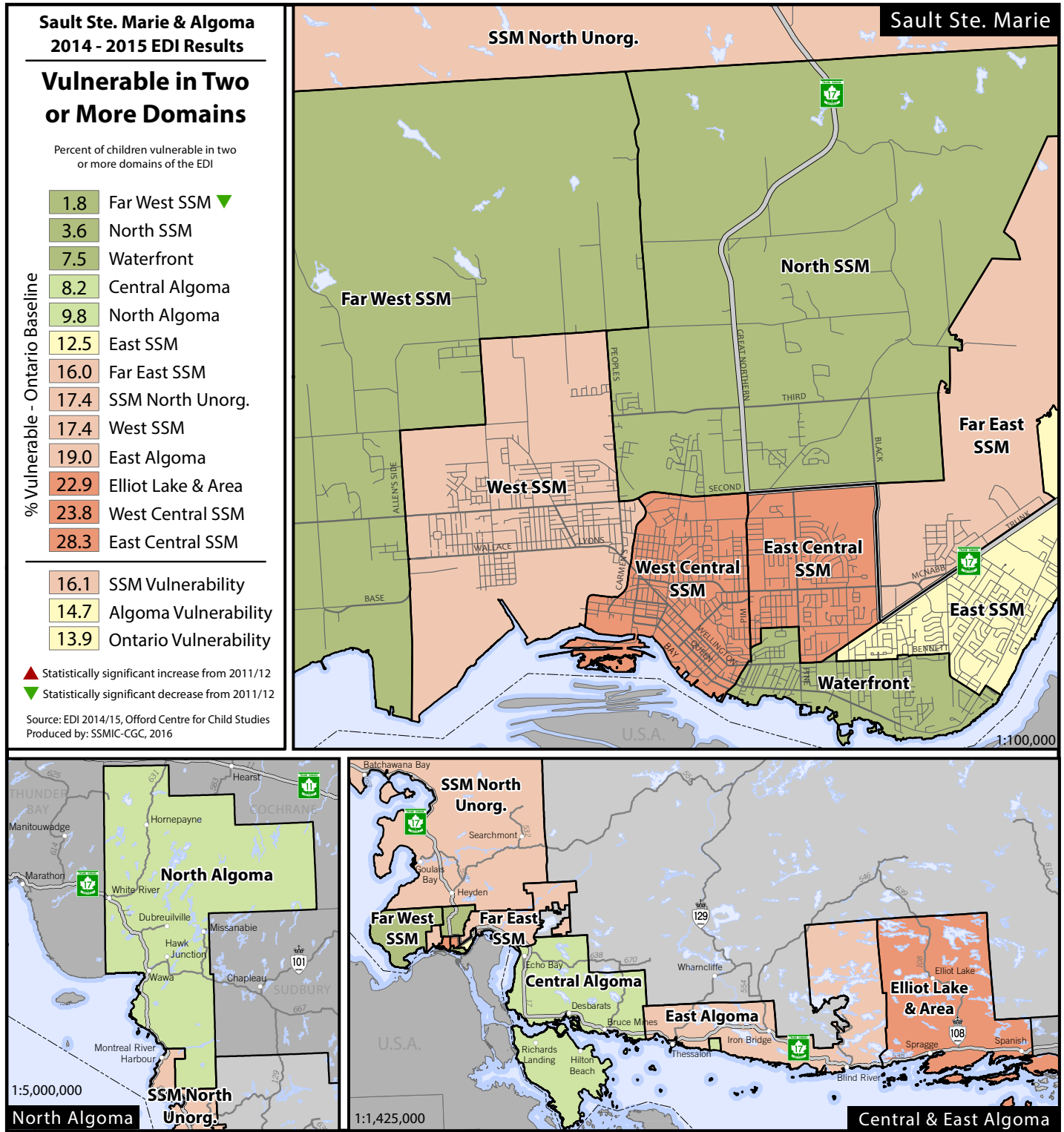
Education and Child Care

Figure 73: Percent Vulnerable in One or More Domains by Neighbourhood, 2014/15



Education and Child Care

Figure 74: Percent Vulnerable in Two or More Domains by Neighbourhood, 2014/15



Education and Child Care

Best for Kids Summer Program at Étienne Brûlé Public School

Data from past EDI implementations has shown an increasingly serious rate of vulnerability in physical health and well-being for children living in the downtown area of Sault Ste. Marie. Almost one out of two children in the downtown was shown to be vulnerable in this domain in 2011/12. Mapping has also shown that the downtown of Sault Ste. Marie is the area of the community most lacking in playground equipment. Most of the downtown is more than a kilometre walk from any play or recreation area. As well, children from the downtown have been shown to have the lowest participation rates for any type of sports and recreation activity.

The 2011/12 EDI data was presented to the Sault Ste. Marie Best for Kids Committee (BFK), which is a municipal committee passionately committed to fostering a community that has an extraordinary quality of life for children and families. In response to this information, the BFK committee received support from the Sault Ste. Marie City Council to pilot a summer day program at Étienne Brûlé Public School.

The City of Sault Ste. Marie committed several students to organize and administer the day program through the last four summers. Numerous agencies stepped forward to provide funds, programming and support to the summer program including: the Art Gallery of Algoma, Algoma District School Board, Huron Superior Catholic District School Board, Algoma Family Services, Algoma Public Health, Child Care Algoma, City of Sault Ste. Marie Fire, Police, Social Services and Transit, Sault Ste. Marie Public Library, Sault Ste. Marie Innovation Centre, United Steel Workers Union, Entomica, YMCA, Soup Kitchen Brighter Beginnings and many others. The day camp sessions were focused on physical activity, arts, crafts and nutrition.

In 2015, the summer program was expanded to include a second location at the Manzo pool in the Bayview neighborhood.

The 2014/15 EDI data does show an improvement for the physical health and well-being domain within the downtown neighbourhood. The vulnerability rate has improved from about 1 in 2 children in 2011/12 to just over 1 in 3 children being vulnerable in the 2014/15 EDI.



Education and Child Care

Kindergarten Parent Survey

The Kindergarten Parent Survey (KPS) is meant to produce additional information on the early life experiences of senior kindergarten children and their families. The goal of the KPS is to help identify factors that can be used towards better preparing pre-grade school children for their learning careers.

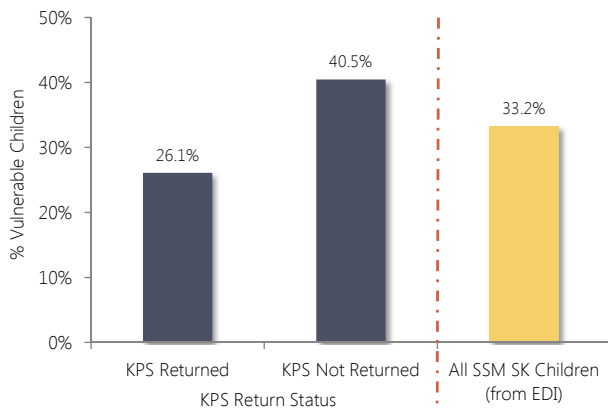
The KPS was sent to all parents of children that participated in the Early Development Instrument (EDI) implementation of 2011/2012. Of the 724 surveys sent out in Sault Ste. Marie, 316 were filled in and returned for a response rate of 44%. The 2011/12 KPS response rate in Sault Ste. Marie was nearly identical to the KPS response rate for all of Ontario (44.7%).

The following section outlines the responses to many important KPS questions. Topics include demographics, children's pre-kindergarten experiences, child care, community spaces, etc. This section also contains comparisons between KPS indicators and EDI vulnerability rates (where applicable). Comparisons between KPS indicators and EDI vulnerability rates help identify factors within the community that potentially influence a child's development.

It must be noted that because only 44% of eligible parents/guardians chose to fill out and return the survey, the results may be prone to non-response bias. Therefore, the survey may not accurately reflect the entire population of 2011/2012 senior kindergarten children in Sault Ste. Marie.

For example, when the EDI vulnerability rate of children in Sault Ste. Marie is compared between children whose parents/guardians returned the KPS and those who did not, those who did not return the survey were much more likely to have a vulnerable child (Figure 75). This could be an indication of non-response bias. Because of this possible existence of bias, all of the following KPS charts should be interpreted with caution.

Figure 75: EDI Vulnerability by KPS Return Status



KPS Respondents

Nearly all KPS respondents were mothers (90.5%), had always lived in Canada (88.2%), and spoke English at home (95.3%) (Figures 76,77,78).

Figure 76: Relationship to Child

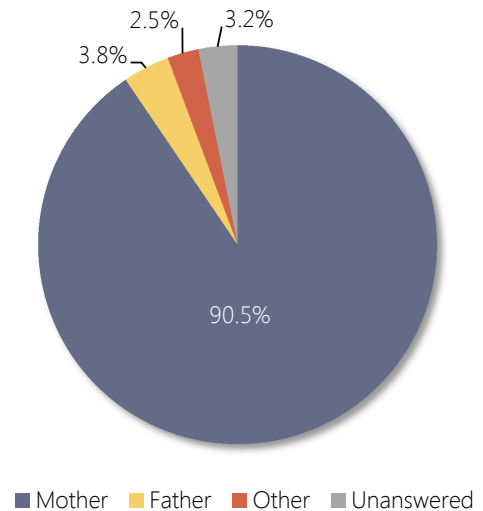
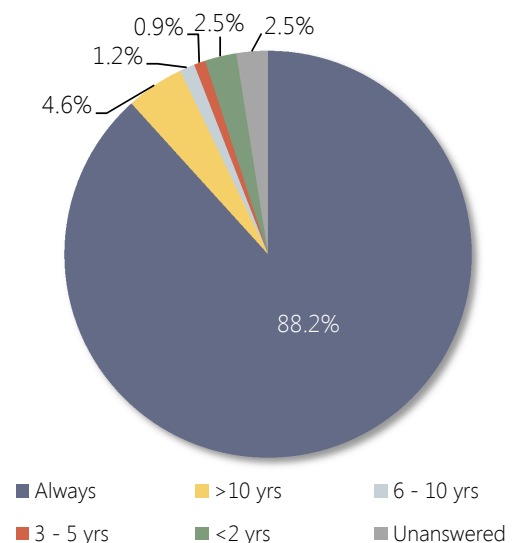
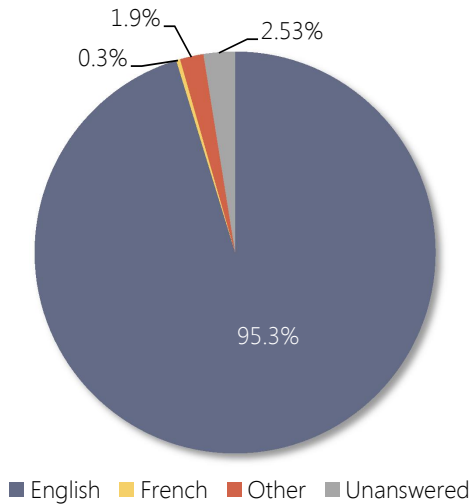


Figure 77: Years in Canada



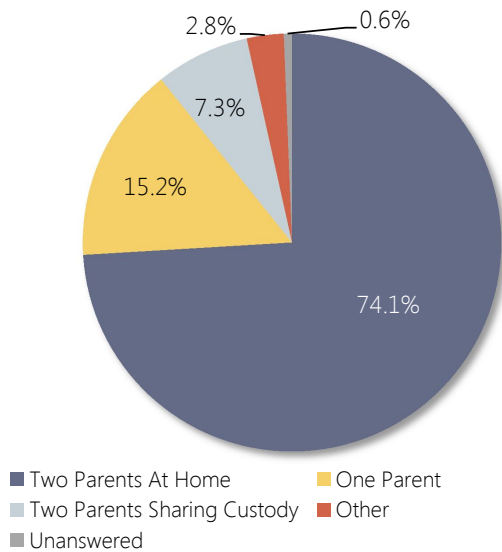
Education and Child Care

Figure 78: Language Spoken Most Often at Home (Parent)



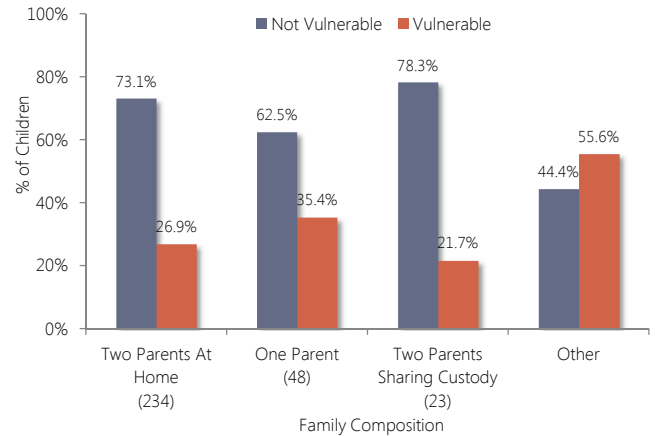
Most responding families had two parents living in the home (74.1%). Other parents shared custody (7.3%) or were raising a child on their own (15.2%) (Figure 79).

Figure 79: Family Composition



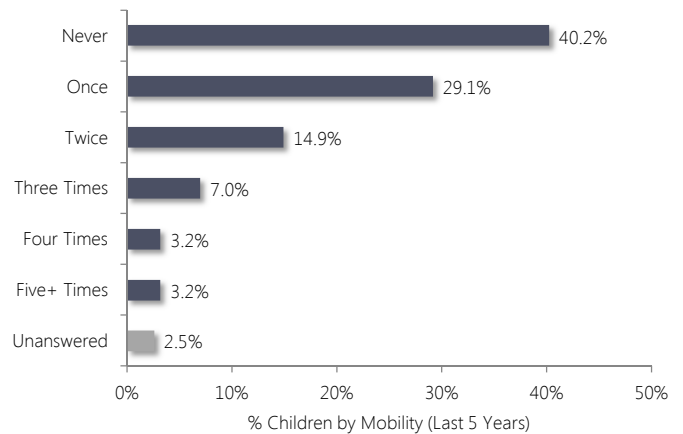
Family composition can have an effect on the EDI vulnerability of children. It was found that Sault Ste. Marie children who had only one parent had a higher likelihood of being vulnerable in one or more domains of the EDI (35.4% vulnerability rate) than children who had two parents either in the home or sharing custody (Figure 80).

Figure 80: EDI Vulnerability by Family Composition



The majority of children moved no more than once over the past five years (69.3%), however 13.4% of children moved three or more times within the past five years (Figure 81).

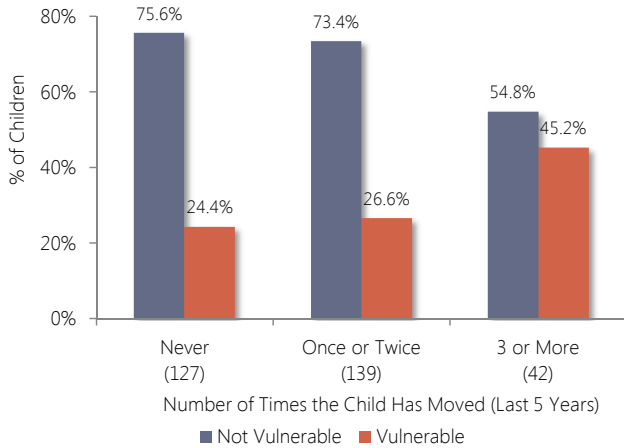
Figure 81: Number of Times Child has Moved (Last 5 Years)



Measuring mobility rates is important because frequent moves to a new home may have an impact on a child's development. In Sault Ste. Marie it has been found that senior kindergarten children who have moved three or more times in their lives are more likely to be vulnerable in one or more domains of the EDI than children who have moved two or less times (Figure 82).

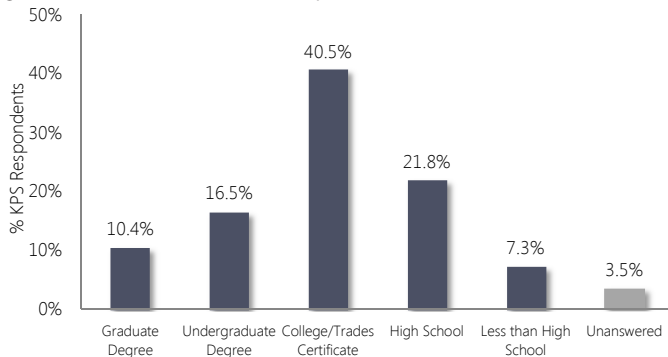
Education and Child Care

Figure 82: EDI Vulnerability by the Number of Times the Child Has Moved (Last 5 Years)



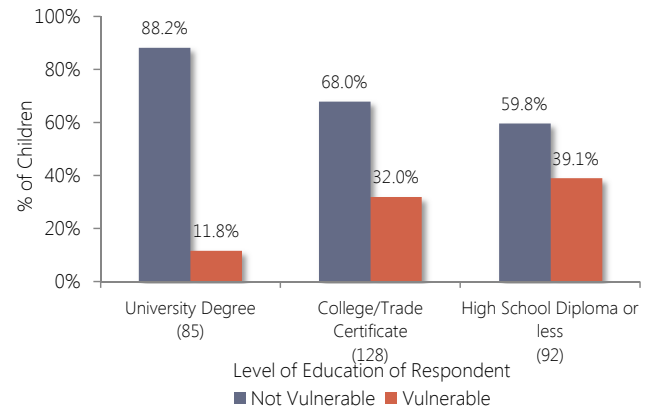
The majority of respondents had completed a post-secondary education (67.4%), and the largest proportion held a college degree or trade certification (40.5%) (Figure 83).

Figure 83: Level of Education of the Respondent



To compare the level of education of the responding parent or guardian to the EDI vulnerability of the child, the respondents who had a graduate or undergraduate degree were grouped into the "University Degree" category and those who had a high school diploma or did not complete high school were grouped into the "High School Diploma or Less" category. It was found that children of respondents who have a high school diploma or less were somewhat more likely to be vulnerable in one or more domains (39.1% vulnerability rate) than children of those who have a college or trade certificate (32% vulnerability rate) and much more likely than children of respondents who have a university degree (11.8% vulnerability rate) (Figure 84). The vulnerability rate of children of respondents who have a university degree is significantly below that of the Sault Ste. Marie average of 33.2%.

Figure 84: EDI Vulnerability by the Level of Education of the Respondent



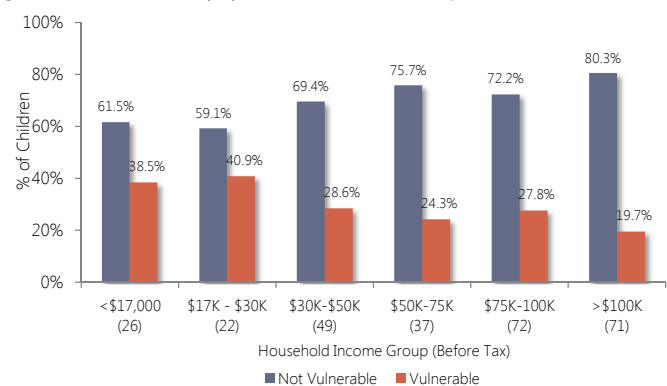
Most responding households (57%) had an income of at least \$50,000 a year, before taxes. A significant percentage of responding households were earning \$30,000 or less (15.2%) (Figure 85).

Figure 85: Household Income (Before Tax)



It was found that EDI vulnerability rates were higher in the lower income households than the higher income households in Sault Ste. Marie. Children who lived in households earning under \$17,000 a year had a vulnerability rate of 38.5%, while those living in households earning over \$100,000 a year had a vulnerability rate of 19.7% (Figure 86).

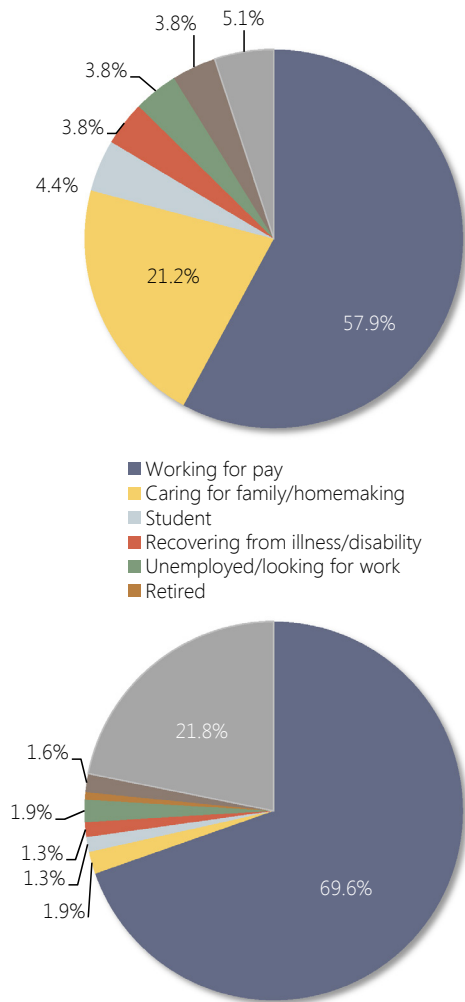
Figure 86: EDI Vulnerability by Household Income Group (Before Tax)



Education and Child Care

As seen in Figure 87, the majority of respondents were employed and working for pay (57.9%), as were their partners (69.6%). A large portion of respondents were caring for family/homemaking (21.2%), as compared to their partners (1.9%). More than half reported that they and their partner worked on average 25 to 49 hours per week (52.9% respondents; 51.9% partners). Partners were reported to work additional hours more frequently than respondents (>50 hours/week, 18.7% partners vs. 5.4% respondents).

Figure 87: Employment Status of Respondent (Top) and Partner (Bottom)



KPS Children

There was an almost even split between the number of boys (50.2%), and girls (49.8%) whose parent or guardian completed the KPS. The majority of these children spoke English as their first language (94.3%), and several spoke French (0.3%) or another language (0.9%) within the home (Figure 88).

The majority of children had previously attended a junior kindergarten program (91.4%). The bulk of those children

(96.5%) were enrolled in a Full-Day kindergarten program (Figure 89).

Figure 88: Language Spoken Most Often at Home (Child)

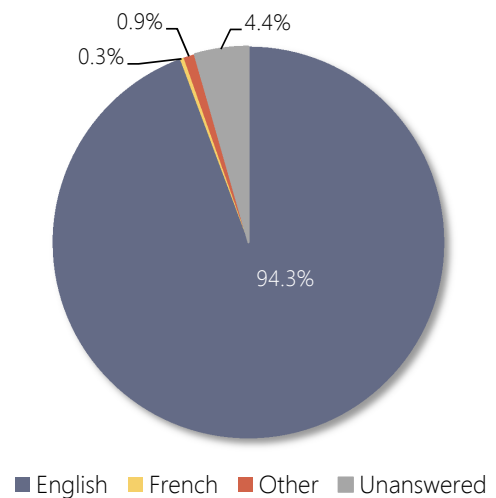
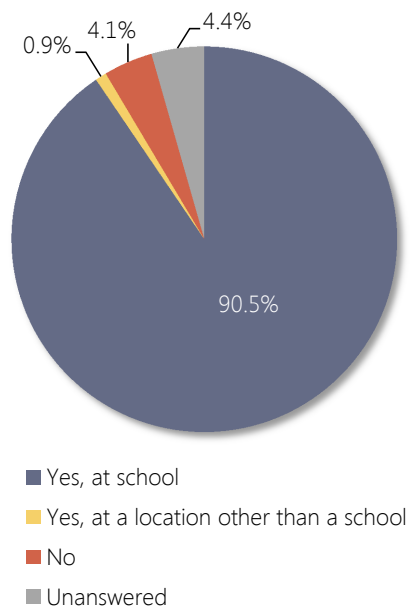


Figure 89: Children Attending Junior Kindergarten Program



Of the 316 KPS respondents, 11.1% of the children identify themselves as an Aboriginal, Metis, Inuit or First Nations person.

A large percentage (45.9%) of KPS respondents indicated that their families include two children, while 22.8% had three children, and 14% of families had four or more children.

When looking to understand a child's home environment it is helpful to identify that 7% of respondents reported using a community food service at least four times within the last year (Figure 90).

Education and Child Care

Figure 90: Visits to Community Food Services in the Last Year

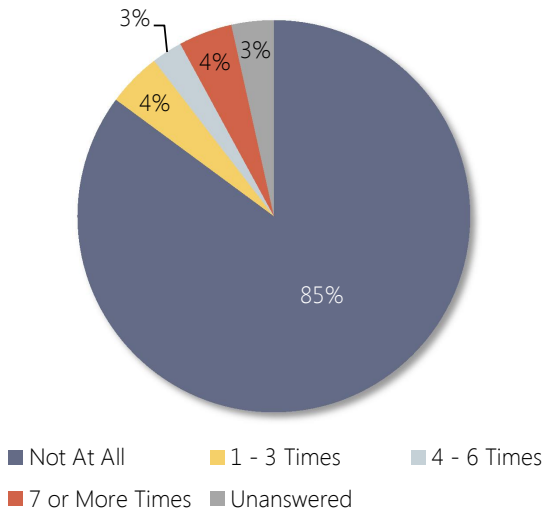
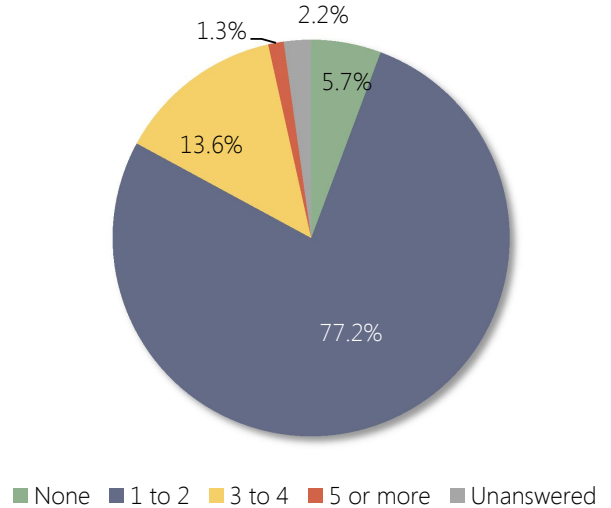


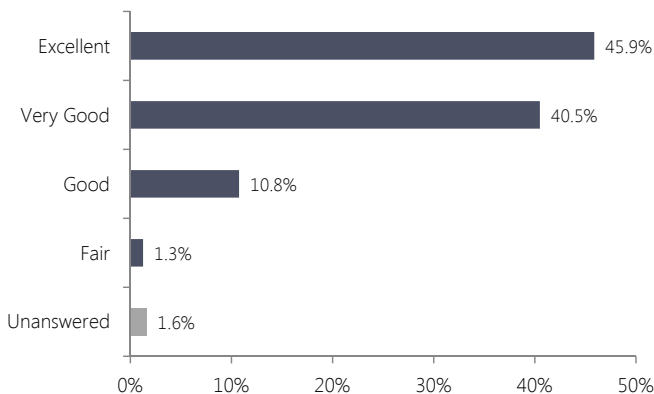
Figure 92: Child's Screen Time in Hours (TV/Computer/Video Games)



KPS – Child Health & Development

Children's health was most often reported to be good, very good, or excellent (97.2%) (Figure 91). Most children were living in smoke-free homes (90.8%). Most families had a regular family doctor or health care provider (94.3%). However, 4.4% did not have a regular family doctor or health care provider.

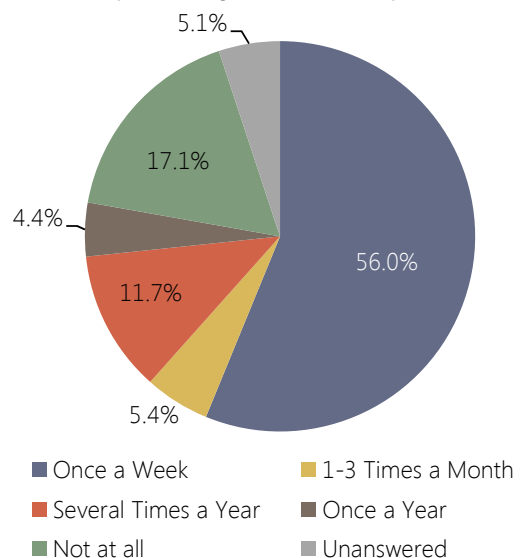
Figure 91: Child's General Health



Children's "screen time" and their participation in sports provide indicators of their physical activity and their interaction with other children. Most children spent 1-2 hours in front of a screen each day (77.2%), while a small percentage spent over five hours a day (1.3%) (Figure 92).

Children more frequently played sports without a coach, such as biking or skate-boarding (96.6%) compared to those who played with a coach at least once a year (82.0%) (for example, hockey or dance). Very few children in Sault Ste. Marie were not playing a sport, be it with or without a coach. The majority of those who participated in organized (coached) sports, played at least once a week (56%) while 33.2% indicated participating in an organized sport several times a year or less (Figure 93).

Figure 93: Child's Participation in Organized (Coached) Sports within Last Year

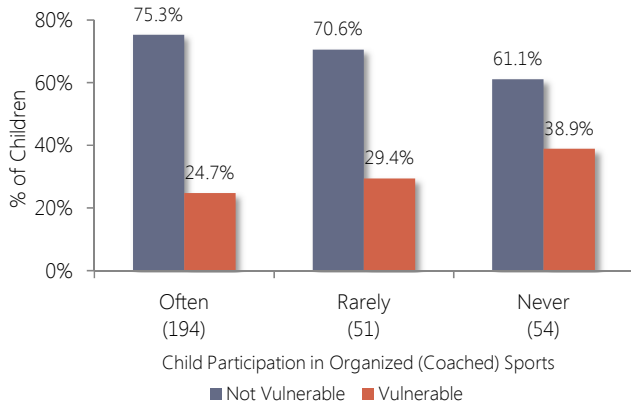


Children who played organized sports one to three times a month to more than once a week were grouped as "Often" playing sports, children who participated in organized sports once or several times a year were grouped as "Rarely" playing sports, and children who did not participate were grouped as "Never" playing sports. It was found that EDI vulnerability rates were higher for children never or rarely

Education and Child Care

playing organized sports than those who often played organized sports (Figure 94).

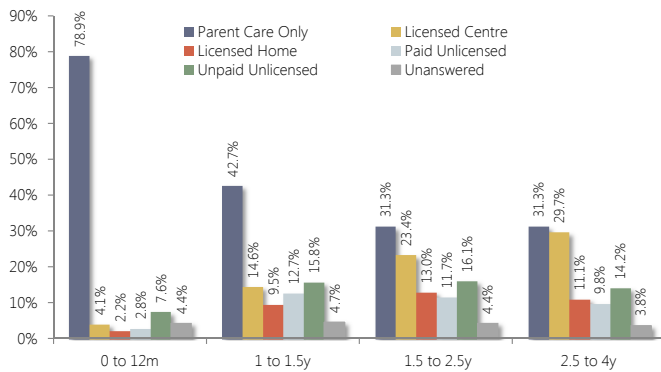
Figure 94: EDI Vulnerability Rate by Participation in Organized (Coached) Sports



KPS - Child Care

The majority of SK children were solely cared for by their parent(s) (78.9%) when they were infants and a large proportion remained in parental care from ages one to four (Figure 95). Most infants (0-12 months) in non-parental care were in unpaid unlicensed care (7.6%).

Figure 95: Type of Child Care Accessed by Child's Age

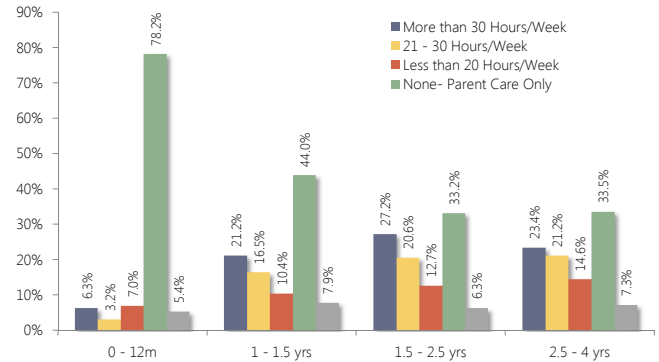


Alternative child care services were used more frequently as children got older, with licenced centres remaining more popular than other services (range 14.6% - 29.7%, ages 1-4 years). Children were more likely to move into licensed child care (either home or at a centre) as they got older.

In addition to the existing childcare arrangements, it is important to consider how much time children are spending with their parents as compared to being in the care of others (Figure 96). From birth to age four children spent more hours in parental care than in alternative care arrangements. Most infants (0-12 months) did not spend time in child care (78.9%). As children got older, they spent more time in the care of others. On average 24.4% of all children between the

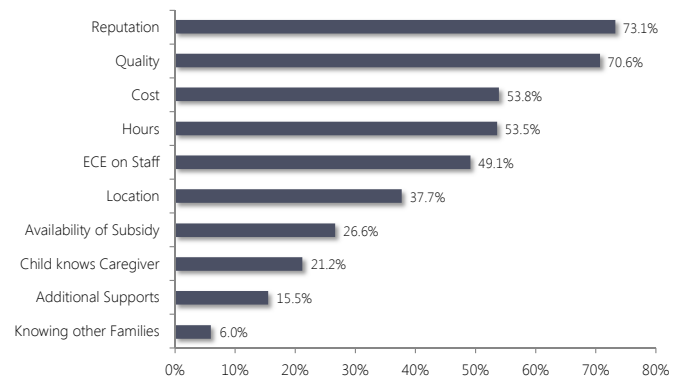
ages of one and four years old spent more than 30 hours per week in non-parental care.

Figure 96: Hours Spent in Child Care by Child's Age



Reputation, quality of care, cost, and hours of operation were the factors most often considered "very important" in child care choice by KPS respondents (Figure 97). Knowing other families using those services, having access to additional supports, child knowing the caregiver and having the availability of fee subsidies were the factors least often considered "very important" in child care choice by KPS respondents.

Figure 97: Factors Considered Very Important in Child Care Choice

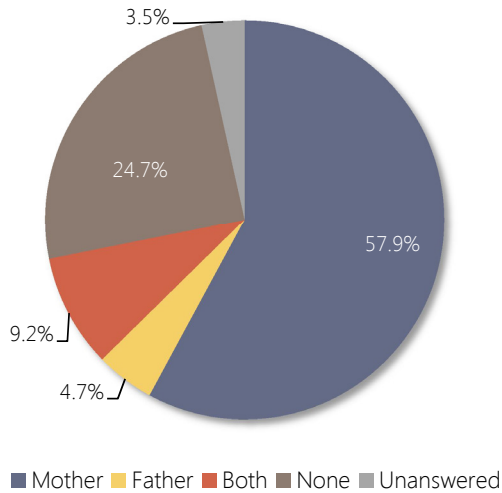


Most workplaces (55.2%) did not offer KPS respondents or their partners, if they had a partner, alternative work arrangements to accommodate child care needs. Overall, only 18% of families could make alternative work arrangements to accommodate their child care needs. The most common type of work arrangement was flexible start/end times (40.4%), followed by compressed work week (26.3%), and flex time (16.7%).

Although there were several instances where both parents took parental leave (9.2%), mothers most often took parental leave from work (57.9%) (Figure 98). Combined parental leave most often ranged between 6 months to a year (47.8%), although several families took parental leave for over one year (19.3%). Some families did not take parental leave (24.7%).

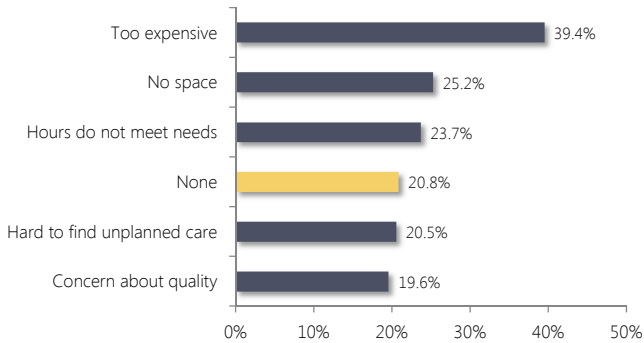
Education and Child Care

Figure 98: Parental Leave



There may be many barriers to parents and caregivers seeking childcare. The top five barriers identified by KPS respondents when looking for childcare are listed in Figure 99. They were: "too expensive" (39.4%), "no space" (25.2%), "hours do not meet needs" (23.7%), "hard to find unplanned care" (20.5%) and "concerns about quality" (19.6%). Of the respondents, 20.8% indicated they felt there were no barriers to child care.

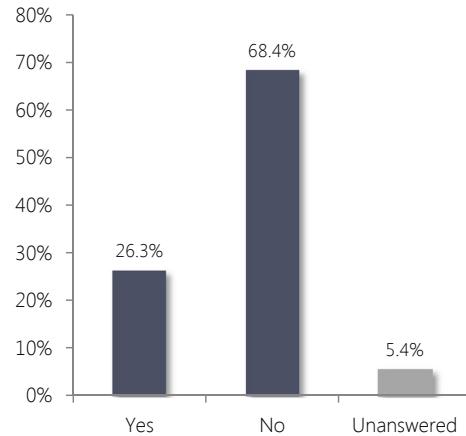
Figure 99: Top Barriers When Seeking Child Care



KPS – Parents, Children & Pre-Kindergarten Experiences

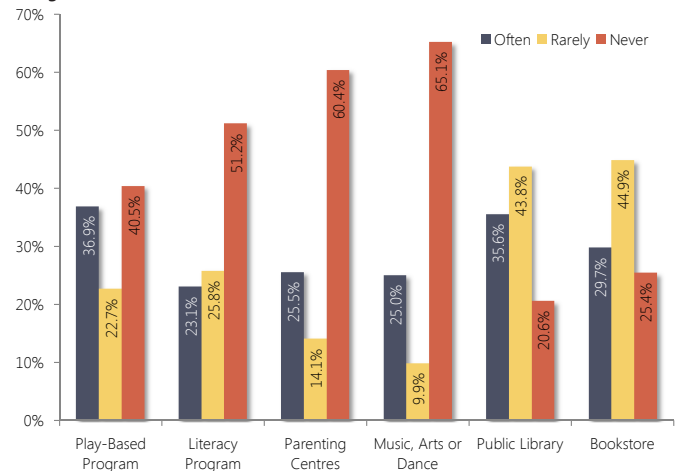
Just over a quarter of KPS respondents reported that they had attended a program like Triple-P to help them in their parenting role (26.3%) (Figure 100).

Figure 100: Parenting Program Attendance



Children's involvement in community activities was slightly limited; they most frequently made use of play-based programs, public library, and bookstores (Figure 101). Less than half of children participated in literacy programs, music, arts or dance, or visited parenting centres. Fewer than 5% of KPS respondents reported regular participation in children's clubs, cultural/ethnic programs, or language-based programs and are not included in Figure 101.

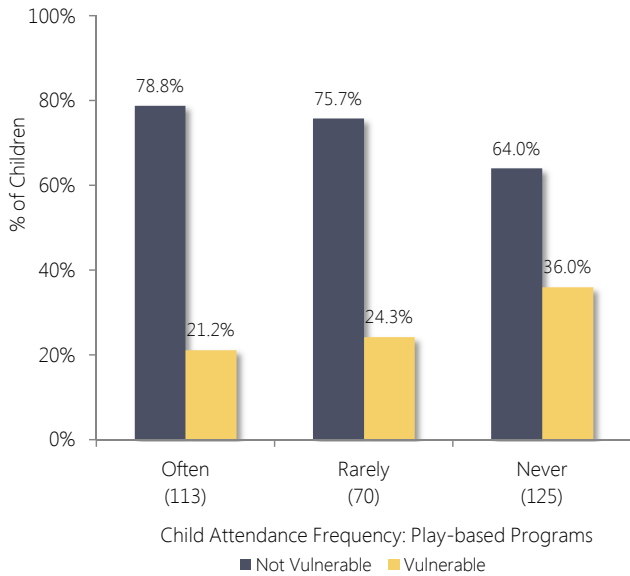
Figure 101: Child's Participation in Community Programs/Activities Prior to Kindergarten



It was found that Sault Ste. Marie EDI vulnerability rates varied by the frequency of child attendance to community activities and programs prior to kindergarten. Children who never attended play-based children's programs such as Best Start Hubs, drop-ins, etc., were more likely to be vulnerable in one or more EDI domains (36% vulnerability rate), than those who attended these programs on a frequent or infrequent basis (Figure 102).

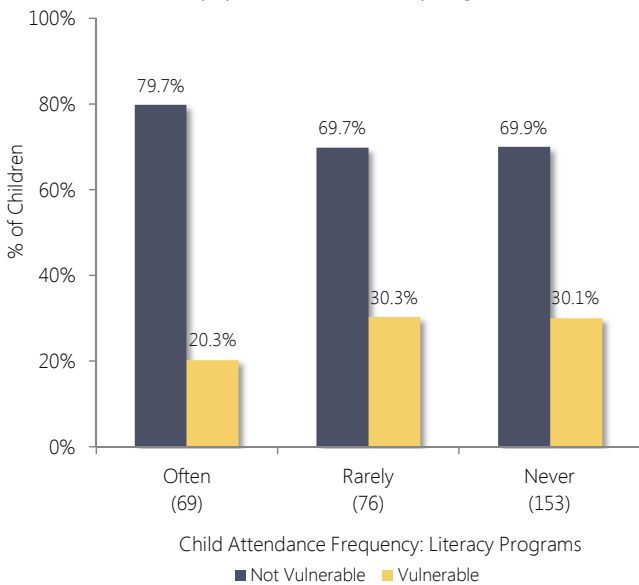
Education and Child Care

Figure 102: EDI Vulnerability by Attendance to Play-Based Programs



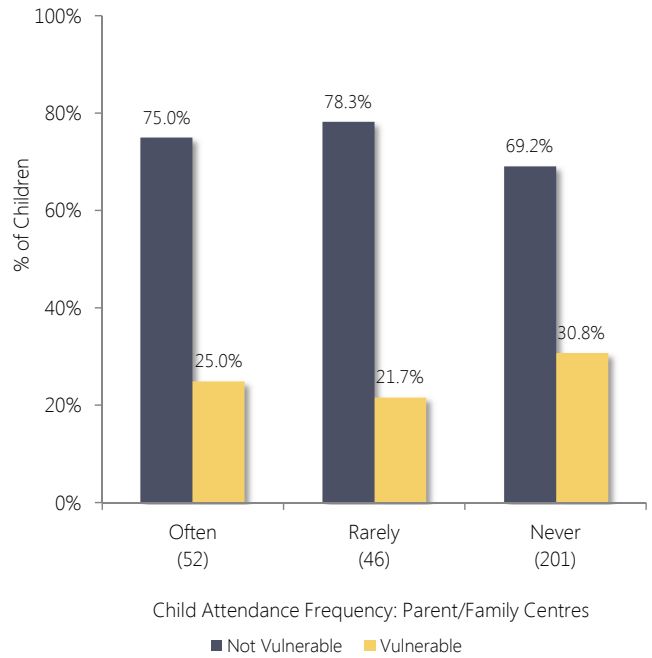
Children who rarely or never attended literacy and family reading programs such as “story times” or Literacy Play, were more likely to be vulnerable in one or more EDI domains (30.3% and 30.1% vulnerability rate respectively) than those who often attended these programs (20.3% vulnerability rate) (Figure 103).

Figure 103: EDI Vulnerability by Attendance to Literacy Programs



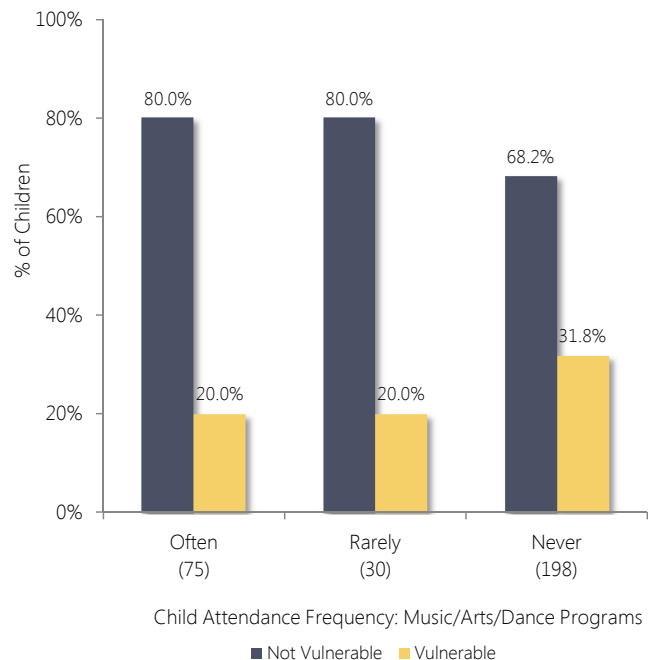
Children who never attended parenting and family literacy centres were more likely to be vulnerable in one or more EDI domains (30.8% vulnerability rate) than those who attended these centres on a frequent or infrequent basis (Figure 104).

Figure 104: EDI Vulnerability by Attendance to Parent/Family Centres



Children who never attended a music, arts or dance program were more likely to be vulnerable in one or more EDI domains (31.8% vulnerability rate) than those who attended these centres on a frequent or infrequent basis (Figure 105).

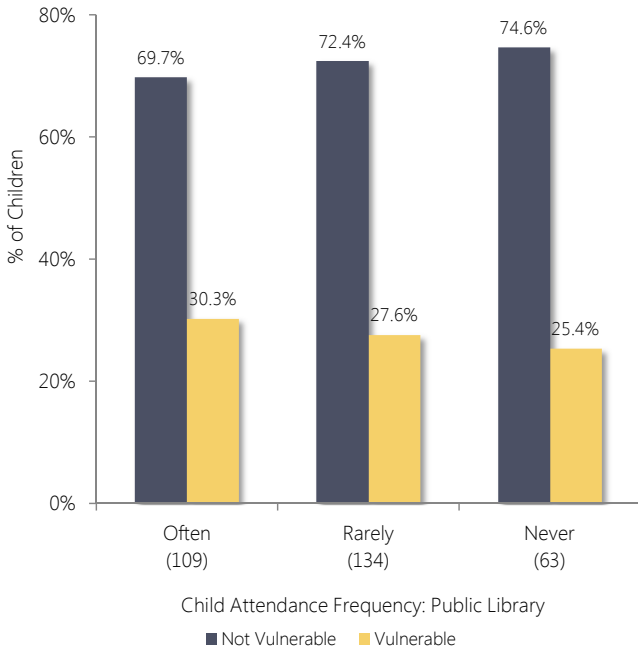
Figure 105: EDI Vulnerability by Attendance to Music/Arts/Dance Programs



Education and Child Care

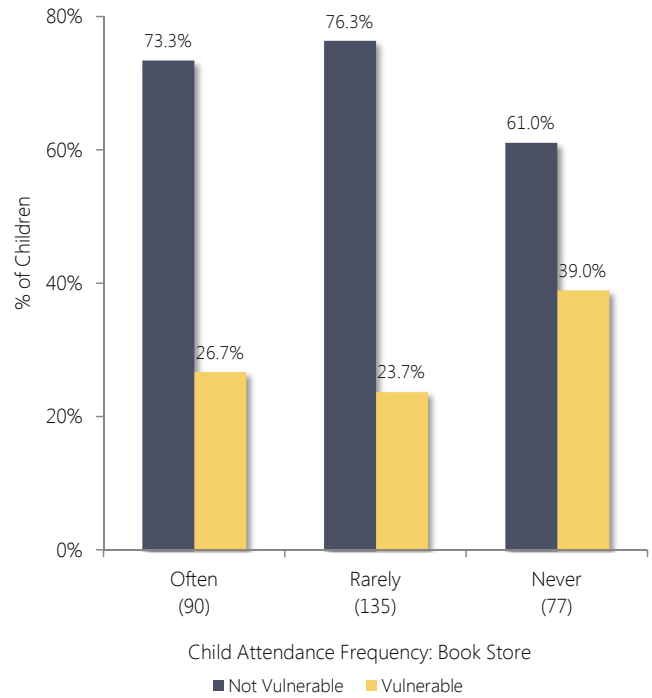
The results of EDI vulnerability compared to public library attendance were unexpected. It was found that children that often attended the library were somewhat more likely to be vulnerable on one or more domains (30.3% vulnerability rate) than those who rarely or never attended libraries (Figure 106).

Figure 106: EDI Vulnerability by Attendance to Public Libraries



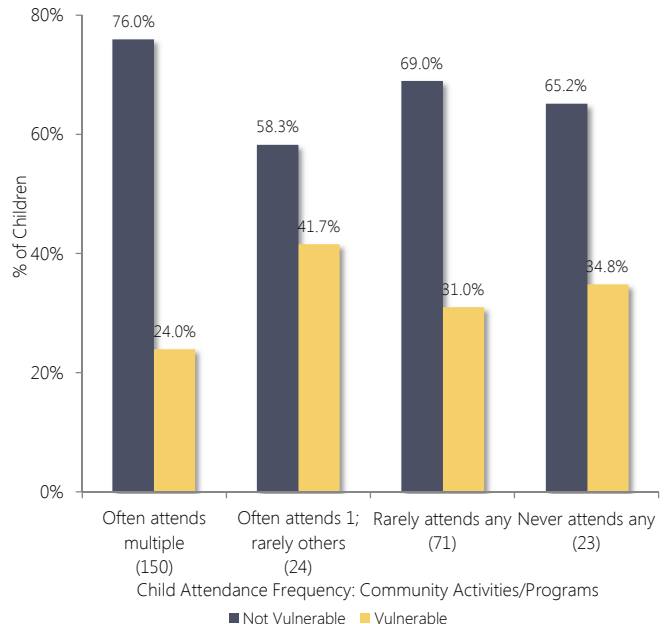
Children who never attended a bookstore were more likely to be vulnerable in one or more EDI domains (39% vulnerability rate) than those who attended these centres on a frequent or infrequent basis (Figure 107).

Figure 107: EDI Vulnerability by Attendance to Book Stores



As a summary of attendance to community activities or programs, children who did not or rarely attended community activities or programs were more likely to be vulnerable in one or more EDI domains (34.8% and 31% vulnerability rates respectively) than those who often attended multiple activities and/or programs (24% vulnerability rate) (Figure 108).

Figure 108: EDI Vulnerability by Attendance to Community Activities/Programs



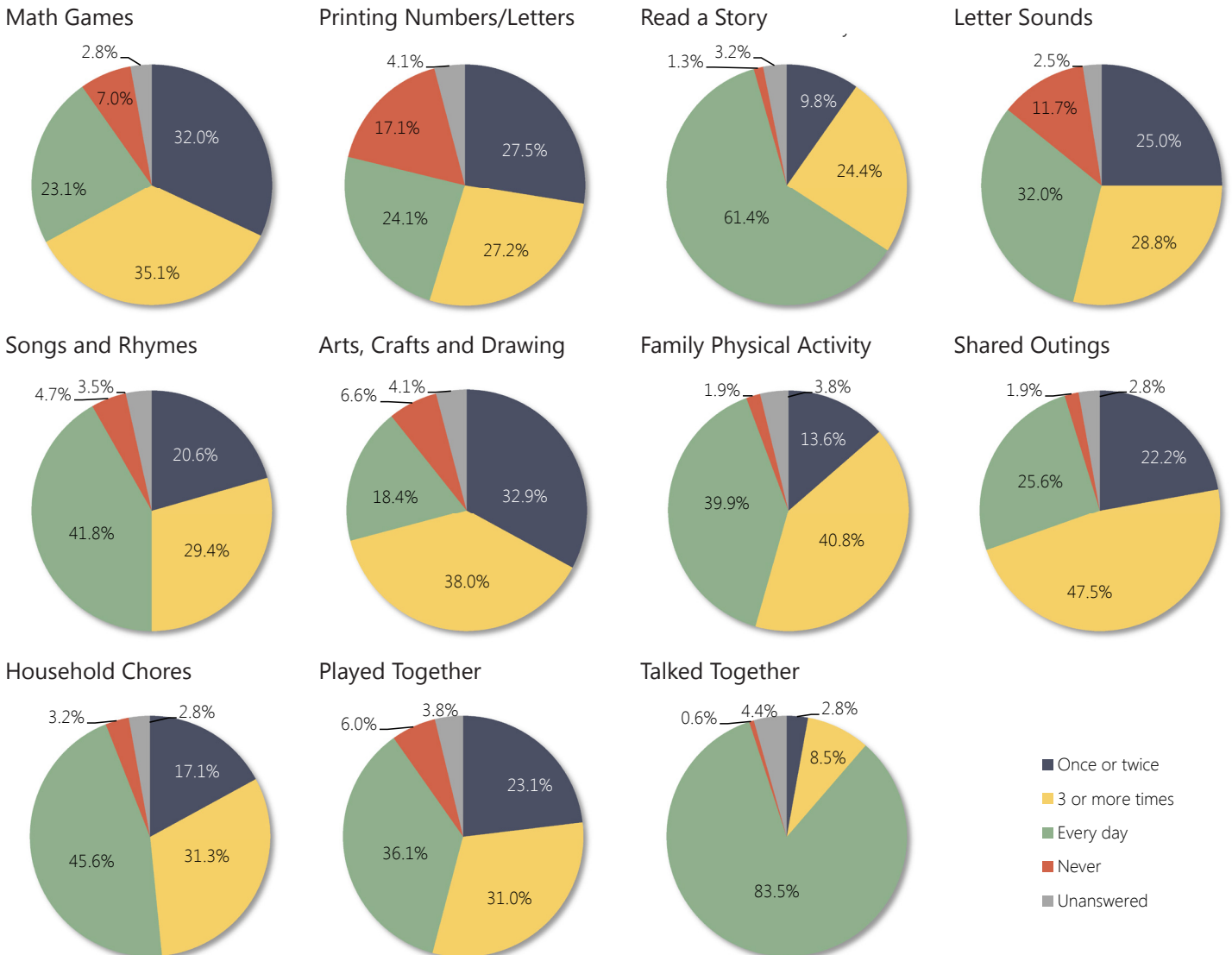
Education and Child Care

Children did, however, participate fairly frequently in activities with their parent or another close caregiver (Figure 109). More than three-quarters of respondents reported talking with their child on a daily basis about their day (83.5%), and more than half reported reading a story to their child every day (61.4%). Children were more frequently helping out with chores and playing with adults than practicing literacy or numeracy skills to prepare them for school.

In fact, math games and printing letters/numbers were among the least frequent “everyday” activity (23.1% and 24.1% respectively) and amongst the most frequent “never” activities in a week (7% and 17.1% respectively).

The most frequent parenting challenges identified by KPS respondents were “getting child to eat healthy” (18.8%); “lack of family time” (15.8%); “encouraging appropriate behaviour” 14.8%; “family finances” (11.9%); and “getting children ready each day” (11.7%).

Figure 109: Children’s Participation in Various Activities with KPS Respondents or Other Adults in the Past 7 Days

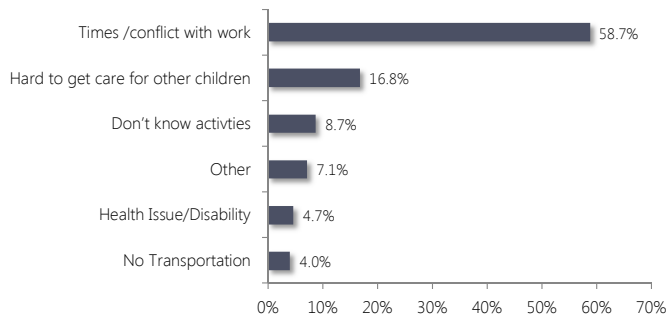


Education and Child Care

KPS - Shared Kindergarten Experiences

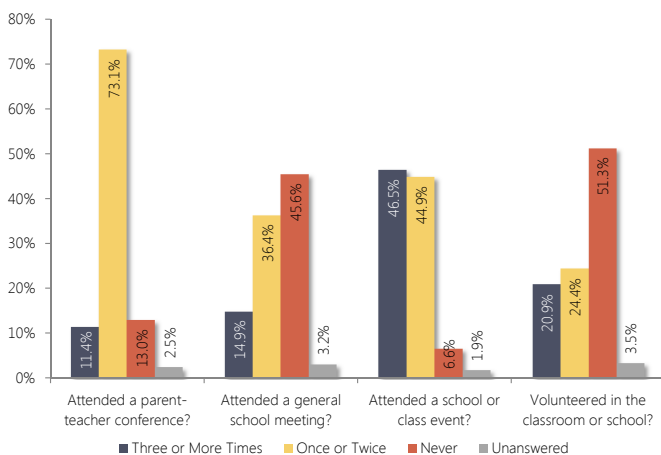
The largest barrier to parental involvement in their child's school or classroom was a lack of time or scheduling conflicts with work (58.7%), followed by caretaking responsibilities for other children (16.8%) (Figure 110). A notable percentage of parents expressed that they were unfamiliar with classroom activities (8.7%), a health issue or disability prevented them from participating in school activities (4.7%), and 4% did not have necessary transportation. Additional challenges included not knowing other parents (2.2%), requiring a police check (1.9%), and not knowing teachers or staff well (1.2%).

Figure 110: Top Challenges of Parent Involvement in School Activities



More than half of the KPS respondents reported that they had "never" volunteered in the classroom or school of their child (Figure 111), whereas the majority of respondents indicated that they had participated in a school or class event at least once (91.4%). About three quarters (73.1%) of respondents indicated that they had attended parent-teacher conferences and meetings once or twice since the beginning of the school year.

Figure 111: Parental Involvement in Child's School Since the Beginning of School Year

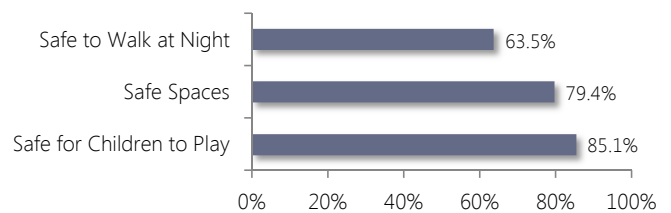


KPS – Community Safety & Safe Spaces

Parent or guardians' impressions of their community and access to public facilities provide some indication of the safety and services that communities provide to support their children. These impressions, however, can be biased based on geographical location; for example, threats that exist in rural areas are not always similar to those in urban areas (e.g. bears, road safety). This should be considered when examining the overall response for the Sault Ste. Marie population.

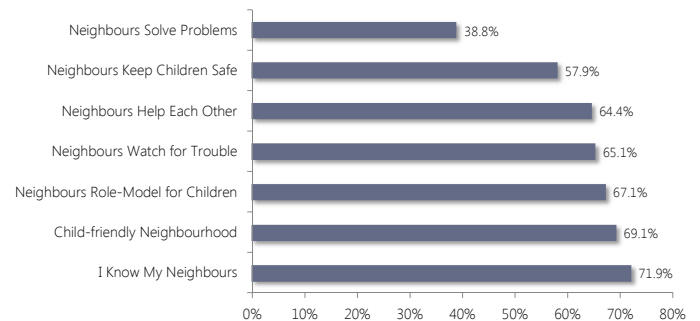
The majority of KPS respondents reported feeling that their community was safe for children to play during the day (85.7%), and that there existed safe spaces in which they could do so (78.6%) (Figure 112).

Figure 112: Community Safety



More than half of the respondents felt safe to walk at night (63.7%). Although it was expected that neighbours would watch for trouble (65.1%), this did not necessarily mean that respondents expected neighbours to keep each other's children safe (57.9%); nor were the neighbours responsible for solving problems (38.8%). Neighbours were, however, perceived as being likely to help each other out (64.4%) and be good adult role-models for children (67.1%). The majority of KPS respondents indicated that they lived in a child-friendly community (69.1%) and knew their neighbours (71.9%) (Figure 113).

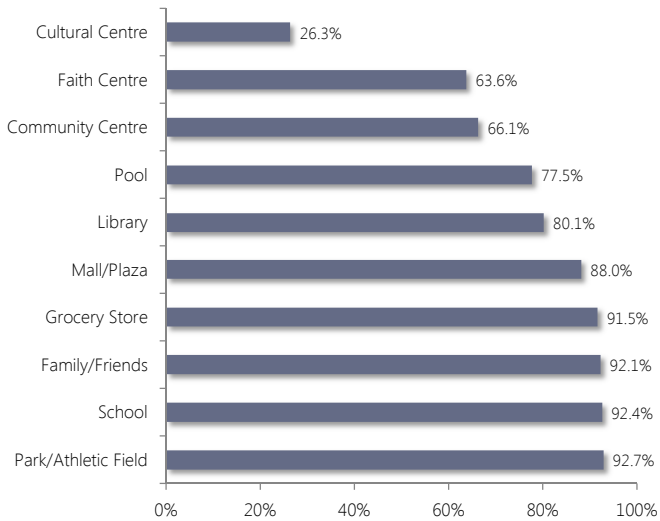
Figure 113: Relationship with Neighbours



Education and Child Care

Safe spaces in the form of public facilities were judged to be, for the majority, accessible to respondents and their families (Figure 114). Cultural centres, however, were judged to be much less accessible than other facilities (26.3%).

Figure 114: Accessibility of Public Facilities

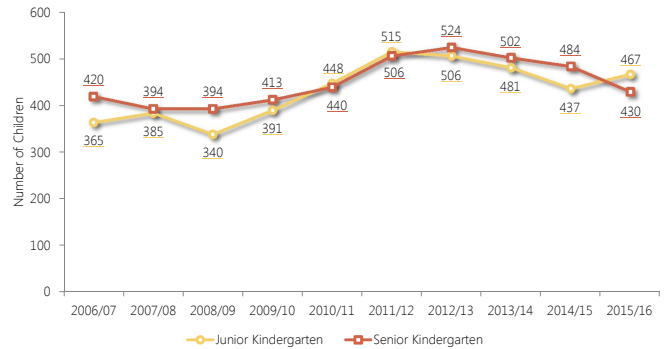


JK and SK Enrolment

Sault Ste. Marie is served by four schools boards; Algoma District School Board, Huron Superior Catholic District School Board, Conseil scolaire public du Grand Nord de l'Ontario, and Conseil scolaire catholique du Nouvel-Ontario. The installment of full-day kindergarten has been aimed at improving a child's readiness to enter grade one, and be more successful in school and in life. As of September 2011, all schools in Sault Ste. Marie offer full-day kindergarten programs.

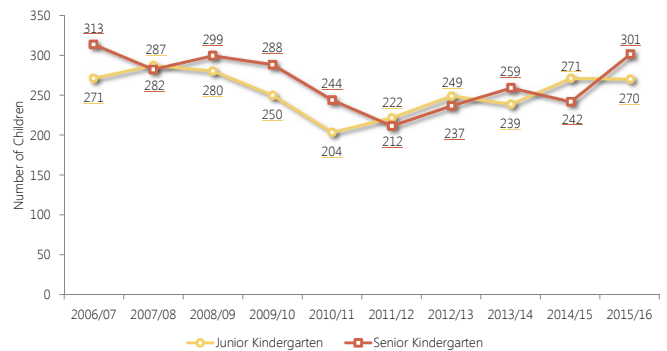
The Algoma District School Board Junior Kindergarten and Senior Kindergarten enrolment for schools in Sault Ste. Marie is displayed in Figure 115. The board had the highest total number of registered JK and SK students during the 2012/13 school year, which has since been in decline. In 2015-16, however the number of Junior Kindergarten enrolments did increase by 30 children from the previous year.

Figure 115: Algoma District School Board Junior Kindergarten and Senior Kindergarten Enrolment



Enrolment in the Junior and Senior Kindergarten programs at the Huron Superior Catholic District School Board is shown in Figure 116. The most current school year enrolment data, from 2015/16, is the second highest among the ten year time frame shown in the graph, with a combined enrolment of 571 students. The past five school years has shown an upward trend in number of children in the Board's Junior and Senior Kindergarten programs.

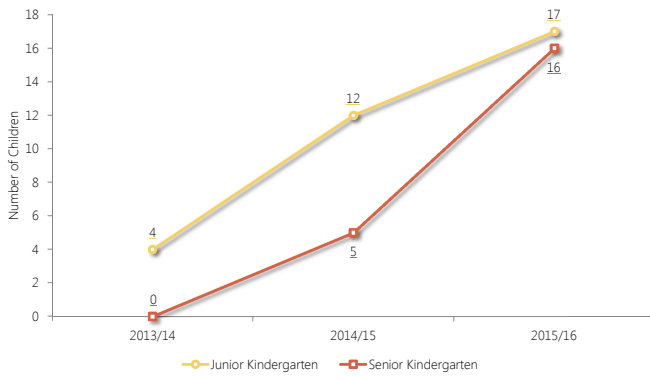
Figure 116: Huron Superior Catholic District School Board Junior Kindergarten and Senior Kindergarten Enrolment



There is one school under the Conseil scolaire public du Grand Nord de l'Ontario in the city of Sault Ste. Marie, which began operation in 2013. In the first year of operation, there were four children in Junior Kindergarten and no children in Senior Kindergarten (Figure 117). Since then, the kindergarten enrolment has been increasing, and there are now a total of 33 children enrolled in the kindergarten programs.

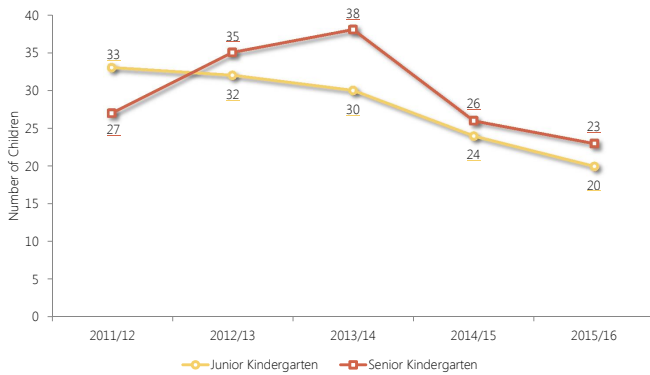
Education and Child Care

Figure 117: Conseil scolaire public du Grand Nord de l'Ontario Junior Kindergarten and Senior Kindergarten Enrolment



Conseil scolaire catholique du Nouvel-Ontario operates one school in Sault Ste. Marie. The school has been declining in kindergarten enrolment over the two years since its peak enrolment in 2013/14 which had 30 children in Junior Kindergarten and 38 children in Senior Kindergarten (Figure 118). The latest school year, 2015/16 experienced the lowest enrolment numbers over the 5 year period.

Figure 118: Conseil scolaire catholique du Nouvel-Ontario Junior Kindergarten and Senior Kindergarten Enrolment



Education and Child Care

Where have we gone since the last report?

| The Education and Child Care section of this Best Start Network report builds on the existing indicators selected for the 2013 report. For each indicator, two to three years of data have been added. | | |
|--|---|-----|
| Subsidized Licensed Child Care Spaces | <i>The number of subsidized spaces declined between 2013 and 2015. Approximately 20% of child care spaces had subsidy available in 2015; down from 34% in 2013. Also, in 2015, 498 families and 639 children were assisted; down from 566 families and 690 children in 2013.</i> | ↓ |
| Licensed Child Care Spaces | <i>The number of licensed child care spaces has risen in SSM. There were a total of 1,693 spaces available in 2015; up from 1,664 in 2013.</i> | ↑ |
| Child Care Service Gaps | <i>Although the community is licensed for 70 home child care sites, the community has been operating at approximately 50% capacity since 2013.</i> | ■ |
| EDI: General Vulnerability | <i>The general EDI vulnerability rate (low in one or more domains of the EDI) decreased between the 2011/12 and the 2014/15 implementations. In 2014/15, 31.3% of SK-aged children were deemed vulnerable on at least one domain; down from 33.2% in 2011/12.</i> | ↓ |
| EDI: Physical Health & Well-being Vulnerability | <i>In 2014/15, 18.4% of SK children in Sault Ste. Marie were deemed vulnerable in the Physical Health and Well-Being domain; down from nearly one in four (23.8%) in 2011/2012. This represents a statistically significant decrease of 5.4 percentage points in this domain between the 2011/12 and the 2014/15 implementations. The Gross & Fine Motor Skills subdomain saw the biggest improvement in the percentage of children not ready for school.</i> | ↓ |
| EDI: Social Competence Vulnerability | <i>In 2014/15, 13.4% of SK children in Sault Ste. Marie were deemed vulnerable in the Social Competence domain; nearly the same as 2011/2012 where 13.2% of SK children were deemed vulnerable. No subdomains saw a significant increase or decrease in the percentage of children not ready for school.</i> | ■ |
| EDI: Emotional Maturity Vulnerability | <i>In 2014/15, 16.4% of SK children in Sault Ste. Marie were deemed vulnerable in the Emotional Maturity domain; up from 13.2% in 2011/2012. The Prosocial & Helping Behaviour subdomain saw a statistically significant increase in the percentage of children not ready for school.</i> | ↑ |
| EDI: Language & Cognitive Development Vulnerability | <i>In 2014/15, 7.1% of SK children in Sault Ste. Marie were deemed vulnerable in the Language & Cognitive Development domain; up from 6.3% in 2011/2012. The Interest in Literacy/Numeracy and Memory subdomain saw a statistically significant increase in the percentage of children not ready for school.</i> | ↑ |
| EDI: Communication Skills & General Knowledge Vulnerability | <i>In 2014/15, 8% of SK children in Sault Ste. Marie were deemed vulnerable in the Communication Skills & General Knowledge domain; down from 10.6% in 2011/2012. The single subdomain that belongs to this domain saw a statistically significant improvement in the percentage of children not ready for school.</i> | ↓ |
| Kindergarten Parent Survey (KPS) | <i>A KPS was not administered with the EDI implementation of 2014/15. A comparison with the last report is not possible.</i> | N/A |
| Junior Kindergarten Enrolment | <i>The number of children enrolled in Junior Kindergarten in Sault Ste. Marie increased by 20 children between the 2013/14 and the 2015/16 school years (2013/14: 754 children, 2015/16: 774 children).</i> | ↑ |
| Senior Kindergarten Enrolment | <i>The number of children enrolled in Senior Kindergarten in Sault Ste. Marie decreased by 29 children between the 2013/14 and the 2015/16 school years (2013/14: 799 children, 2015/16: 770 children).</i> | ↓ |

| | | | |
|---|------------------------------|-----|----------------------------------|
| ↑ | Favourable Increase | ↓ | Favourable Decrease |
| ↑ | Unfavourable Increase | ↓ | Unfavourable Decrease |
| ■ | No Change | N/A | Change cannot be measured |

Child & Family

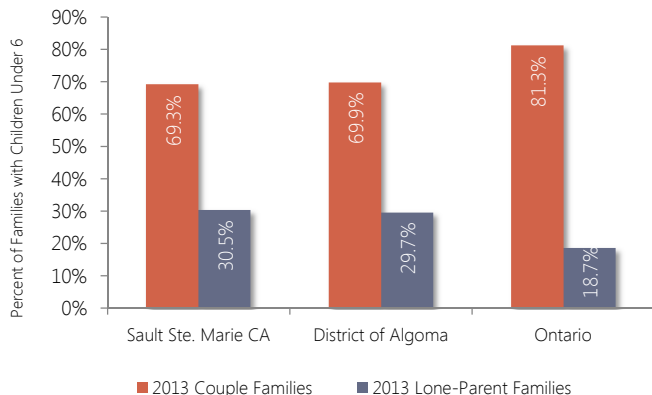
In this section...

| | |
|--|----|
| Family Structure..... | 70 |
| Median Family Income..... | 71 |
| Youth Living in Low Income..... | 72 |
| Families Receiving Social Assistance..... | 74 |
| Best Start Hubs..... | 76 |
| Best Start Hub Locations..... | 79 |
| Best Start Hub Drop In Visits..... | 80 |
| Prenatal Education..... | 82 |
| Parenting Programs..... | 82 |
| Parenting and Family Literacy Centres..... | 82 |
| Algoma Speech and Language Services..... | 84 |
| Early Literacy..... | 84 |
| Triple P..... | 85 |
| Children's Aid Society of Algoma..... | 86 |
| Social Services Community Hubs..... | 87 |
| Where have we gone since the last report?..... | 88 |

Family Structure: Percentage of Families with Children Under 6

Figure 119 shows that in 2013 the Sault Ste. Marie CA had a higher proportion of lone-parent families that had at least one child under 6 years of age than that of Ontario. In Ontario in 2013, approximately 18.7% of all families with at least one child under 6 years of age were headed by a lone-parent, while in Sault Ste. Marie, 30.5% of families with at least one child less than 6 years of age were headed by a lone-parent.

Figure 119: Family Structure 2013, Families with Children Under 6



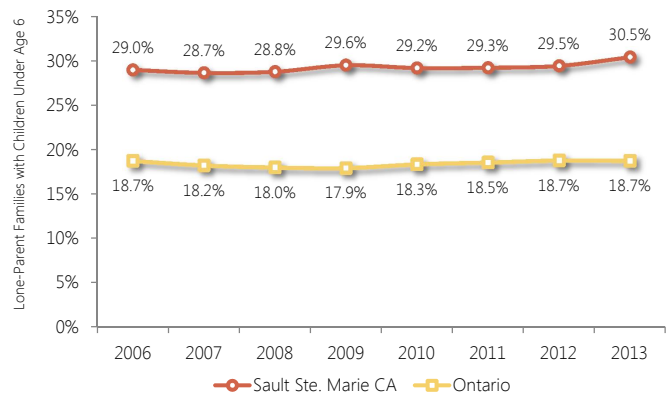
This indicator is significant because lone-parent families are more likely than couple families to be below the poverty level, rent their homes, and are not able to accumulate financial

resources due to lower salaries and higher unemployment. Depending on the characteristics and parenting quality of the lone-parent, children living in lone-parent families on average are more likely to exhibit behavioural problems and do worse in school than children living with both parents.¹⁹

The map in Figure 121 shows the proportion of families with young children that were headed by a lone-parent in 2010 by Census Tract (CT). Several CTs of Sault Ste. Marie had a higher proportion of lone-parent families with young children than that of the CA as a whole. The Jamestown/Cathcart area (CT 5900007.00) had the greatest proportion of lone-parent families with young children in Sault Ste. Marie with 61.5%. It is the only CT that had a greater proportion of lone-parent families than couple families in 2013.

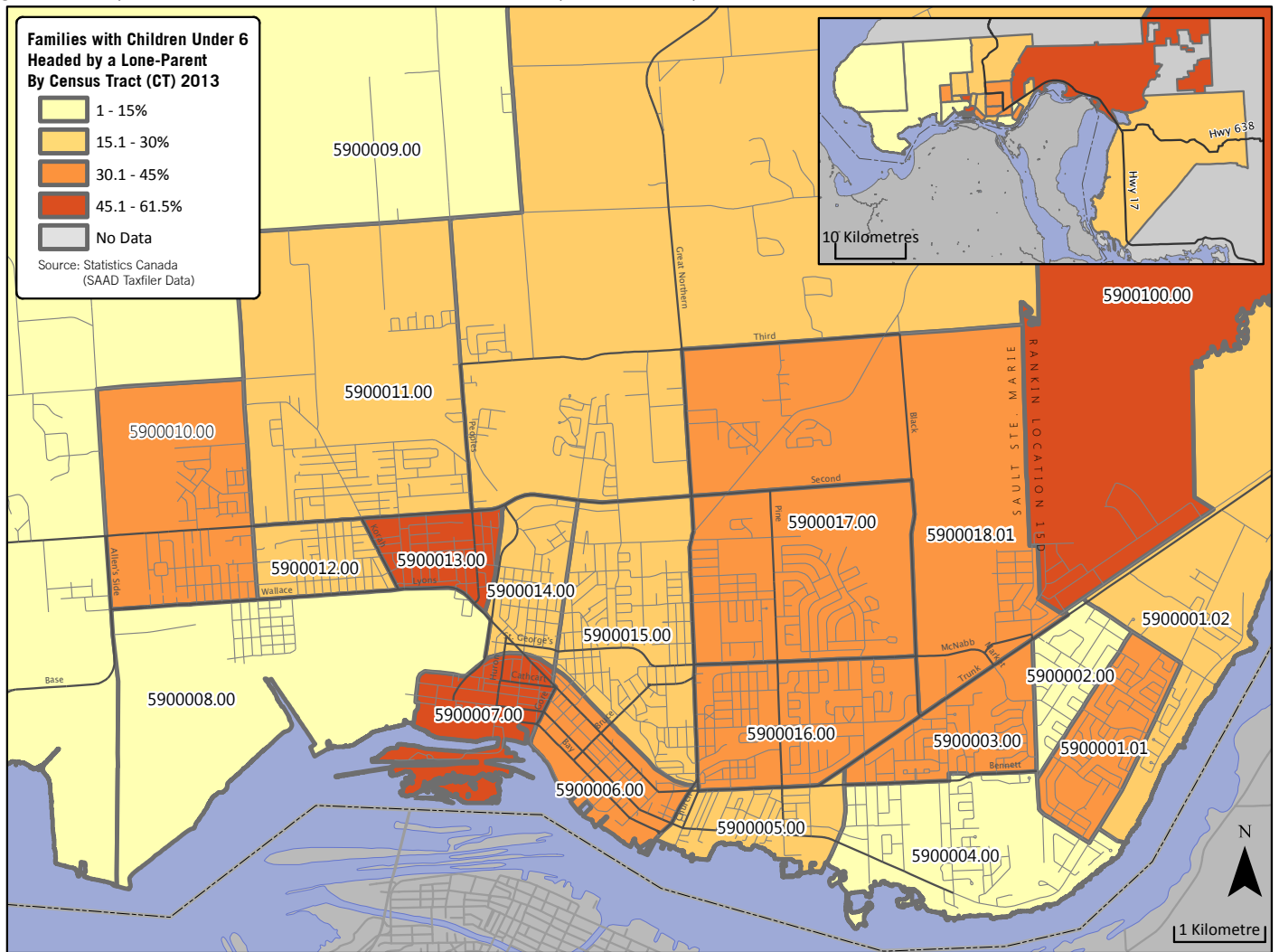
Figure 120 shows that between 2006 and 2013, the percentage of families who were headed by a lone parent fluctuated only slightly in both Sault Ste. Marie and Ontario. Sault Ste. Marie shows a very slight upwards trend, as 2013 marked the first year that the percentage of lone-parent families with children under 6 topped 30%.

Figure 120: Family Structure 2013, Lone-Parent Families with Children Under 6



Child & Family

Figure 121: Family Structure 2013, Families with Children Under 6 Headed by a Lone-Parent by Census Tract

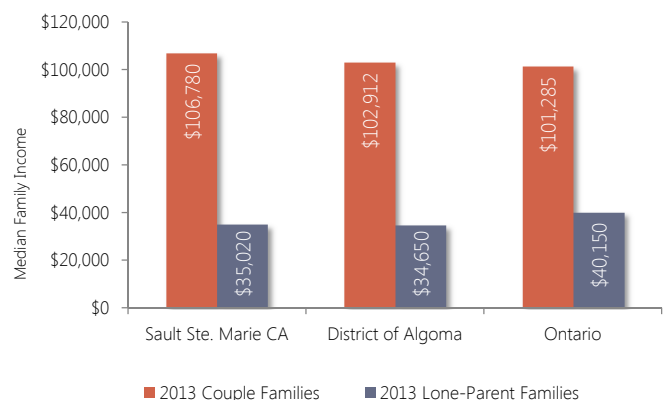


Median Family Income: Families with Children in the Home

Figure 122 indicates that couple families with children in the home in the Sault Ste. Marie CA had a median family income above that of Ontario in 2013, while the median income for local lone-parent families (\$35,020) was significantly less than Ontario (\$40,150). Please note that this data pertains to children who are considered “dependents” who reside in a family where the parents are considered the household maintainers. Dependent children can be of any age.

The gap between the median income of couple parent families and lone-parent families in 2013 was greater in the Sault Ste. Marie CA (a difference of \$71,760) than that of Ontario (\$61,135).

Figure 122: Median Family Income 2013 - By Family Type



Child & Family

Combined, Figures 120 and 122 indicate that there were more lone-parents who had at least one child under the age of 6 in Sault Ste. Marie in 2013 and they were more likely to have a lower income in 2013 than lone-parents elsewhere in Ontario.

Figure 123 shows that between 2006 and 2013, the median income of couple families with children in the home in Sault Ste. Marie remained above the Ontario average. In both Sault Ste. Marie and Ontario, 2009 was the only year that saw a decline in median income from the previous year. The median income of couple families with children in the home rose by \$8,219 in Sault Ste. Marie between 2010 and 2013, while the median income of couple families with children in the home in Ontario rose by \$7,924.

Figure 123: Median Family Income 2006-2013 - Couple Families

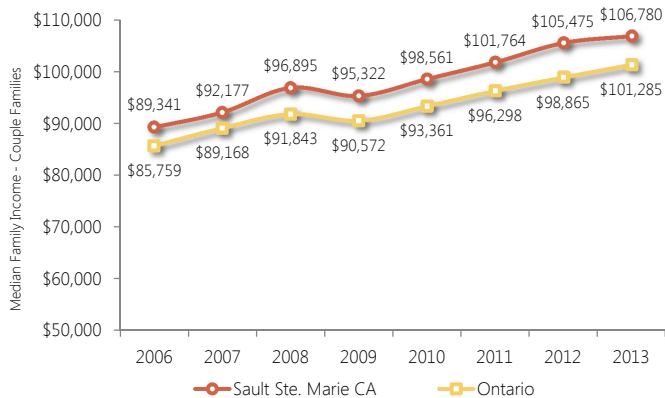


Figure 124 shows the year-over-year gap in median income of lone-parent families between Sault Ste. Marie and Ontario between 2006 and 2013. The median income of Sault Ste. Marie lone-parent families uncharacteristically increased by \$2,750 between 2009 and 2010; however income levels lagged for the next two years. The median income of Ontario lone-parent families did not get past 2010 levels until 2013.

The median income of Sault Ste. Marie lone-parent families rose by \$730 between 2010 and 2013, while the median income of lone-parent families of Ontario rose by \$1,850. This indicates that the wage gap between Sault Ste. Marie and Ontario lone-parent families is widening.

Youth Living in Low Income

The Low Income Measure After Tax (LIM-AT) is a low income line measured by Statistics Canada. It can be defined as a fixed percentage (50%) of median adjusted after-tax income of households observed at the person level, where 'adjusted' indicates that a household's needs are taken into account.²⁰ Statistics Canada maintains that low income lines are not measures of poverty, rather they reflect a consistent and

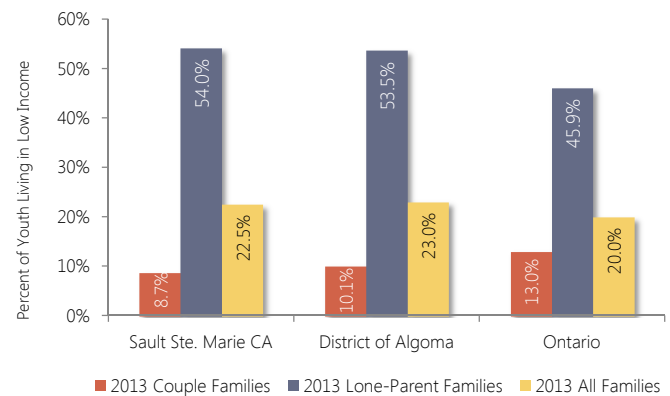
Figure 124: Median Family Income 2006-2013 - Lone-Parent Families



well-defined methodology that identifies those who are substantially worse off than average. This data is available by a limited number of age groups, including youth under the age of 18. LIM-AT data is not available for children under the age of 6.

Figure 125 shows approximately 22.5% of the Sault Ste. Marie CA youth population (under the age of 18) lived in low income families in 2013. In comparison to Sault Ste. Marie, 23% of Algoma youth and 20% of Ontario youth lived in low income families in 2013.

Figure 125: Youth Living in Low-Income Families 2013 - By Family Type

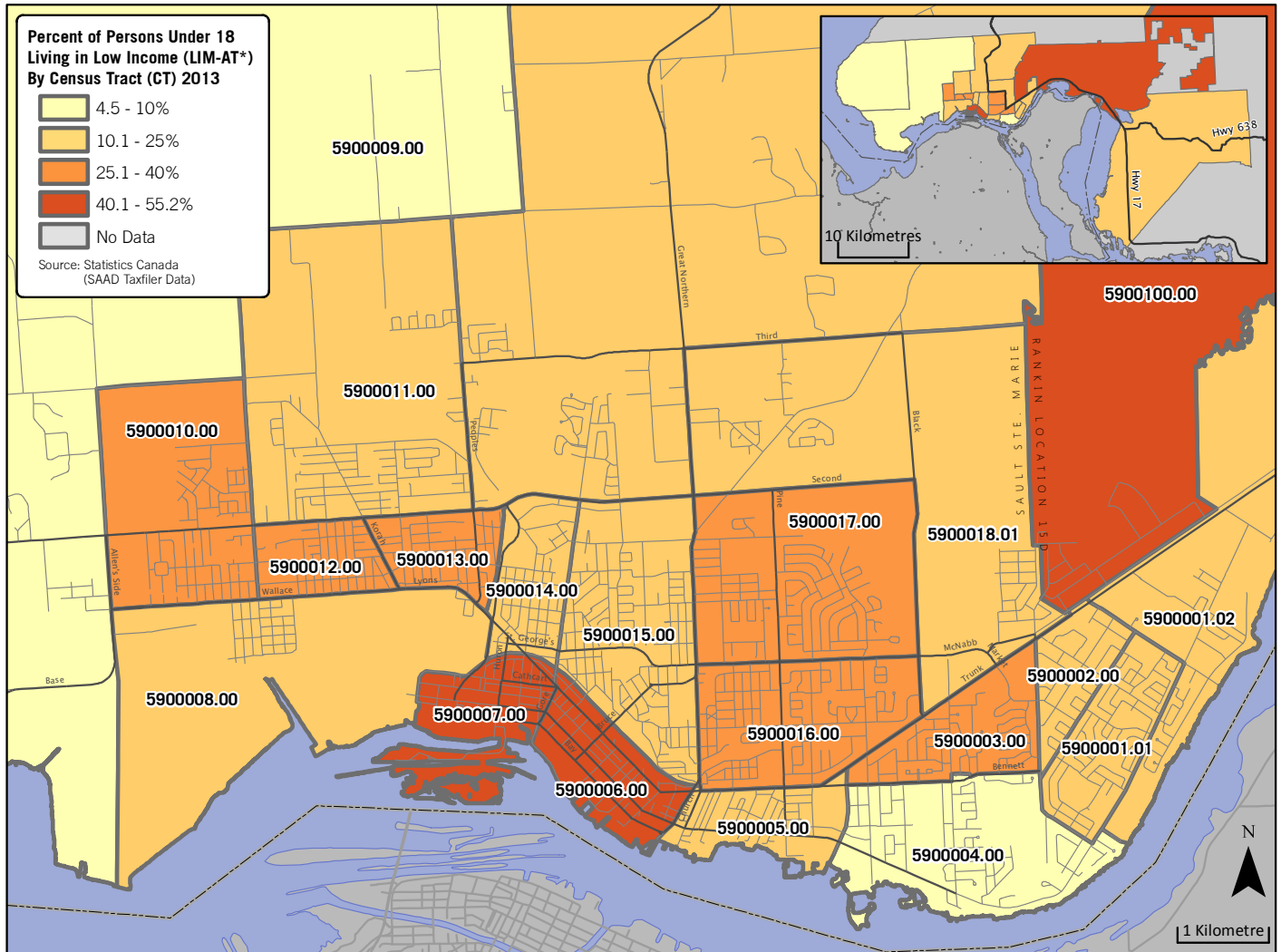


The percentage of youth who lived in low income families in 2013 can also be calculated for each CT in the Sault Ste. Marie CA to serve as a comparison. The following map (Figure 126) indicates that CTs within the older urban core of the city generally fared worse than those closer to the urban fringe and rural areas of the city. The CTs that had the highest proportion of youth under the age of 18 living in low income families were the Downtown (5900006.00) with 55.2%, the Jamestown/Cathcart area (5900007.00), with 50%, and the Garden River and Rankin Reserves (5900100.00) with 46.9%.

20. Statistics Canada, Low-income measure after tax (LIM-AT), July 2013. Accessed online: <http://www12.statcan.gc.ca/nhs-enm/2011/ref/dict/fam021-eng.cfm>.

Child & Family

Figure 126: Youth Living in Low-Income Families 2013 by Census Tract

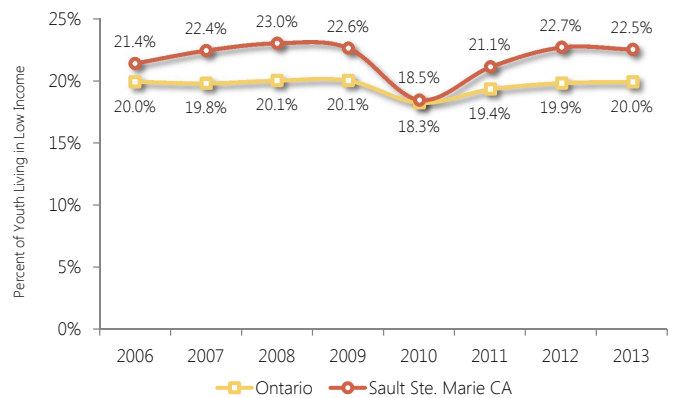


*Low Income Measure - After Tax: a fixed percentage (50%) of median adjusted after-tax income of households observed at the person level (Statistics Canada).

Figure 127 shows that between 2006 and 2010, the percentage of youth under the age of 18 living in low income families in Sault Ste. Marie had declined from a high of 23% in 2008 to 18.5% in 2010. Since 2010, the percentage of youth under the age of 18 living in low income families has risen closer to pre-2010 levels.

Ontario had hovered around the 20% mark between 2006 and 2013, with the exception of 2010, when the percentage of youth under the age of 18 living in low income families had dropped to 18.3%. Between 2006 and 2013, Sault Ste. Marie had a constantly higher percentage of youth living in low income families than that of Ontario (although 2010 percentages were nearly the same).

Figure 127: Youth Living in Low-Income Families 2006-2013 - All Family Types

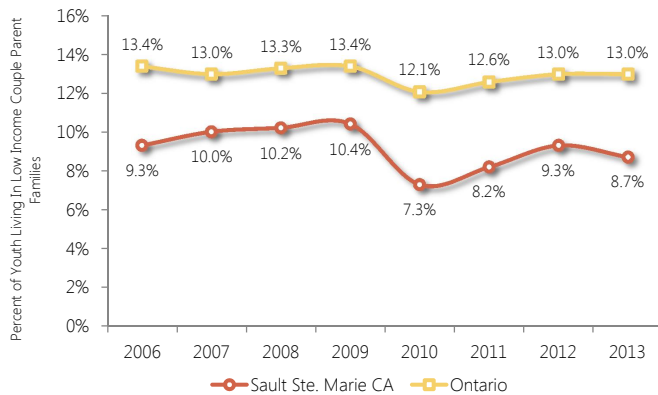


Child & Family

Figure 125 (page 72) shows that Sault Ste. Marie and Ontario youth living in lone-parent families were much more likely to be living in a low income situation than youth living in couple parent families. Of the Sault Ste. Marie youth who lived in couple parent families, 8.7% lived in low-income families in 2013. This is lower than Ontario as a whole, where 13% of youth living in couple parent families were living in low income situations in 2013.

Figure 128 shows that between 2006 and 2013, the percentage of youth who lived in low income couple parent families had declined slightly from a high of 10.4% in 2009 to 8.7% in 2013. Ontario shows a slight fluctuation, remaining near 13% for the past eight years.

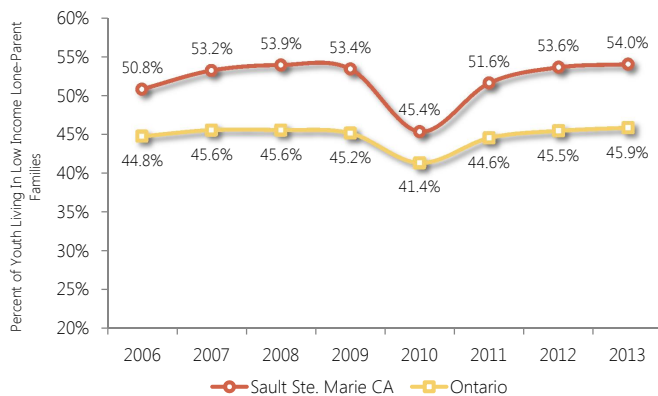
Figure 128: Youth Living in Low-Income Families 2006-2013 - Couple Parent Families



Of the Sault Ste. Marie youth who lived in lone-parent families 54% lived in low-income situations in 2013. This is higher than Ontario as a whole, where 45.9% of youth living in couple parent families were living in low income situations in 2013.

Figure 129 shows that between 2006 and 2013, the percentage of Sault Ste. Marie and Ontario youth who lived in low income lone-parent families dipped in 2010 but rose back to pre-2010 levels by 2013.

Figure 129: Youth Living in Low-Income Families 2006-2013 - Lone-Parent Families



Why do we look at after-tax income data?

The number of people falling below the cut-offs has been consistently lower on an after-tax basis than on a before-tax basis. This is because of the tax system in Canada, where those with more income are taxed at a higher rate than those with less. These "progressive" tax rates compress the distribution of income. Therefore, some families in low income before taking taxes into account are relatively better off and not in low income on an after-tax basis.

<http://www.statcan.gc.ca/pub/75f0002m/2012002/lico-sfr-eng.htm>

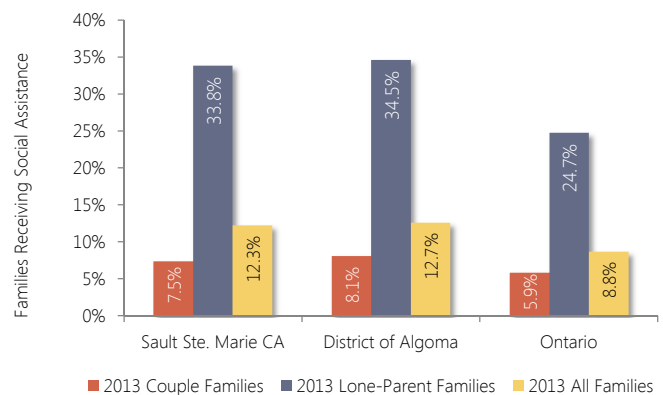
Families Receiving Social Assistance

Please note that this information for this section is from the Small Area and Administrative Division's Family databank for 2006-2013. The Family databank contains demographic indicators and much information on income. The data for each year is calculated using the income tax returns filed in April of the preceding year. Percentages may not add up to 100 due to random rounding.

Ontario has two social assistance programs to help eligible residents who are in financial need. Ontario Works helps people who are in temporary financial need and the Ontario Disability Support Program (ODSP) helps people with disabilities.

Approximately 12.3% of families in the Sault Ste. Marie CA received income support from social assistance in 2013. In comparison to Sault Ste. Marie, 12.7% of Algoma families and 8.8% of Ontario families received income support from social assistance in 2013.

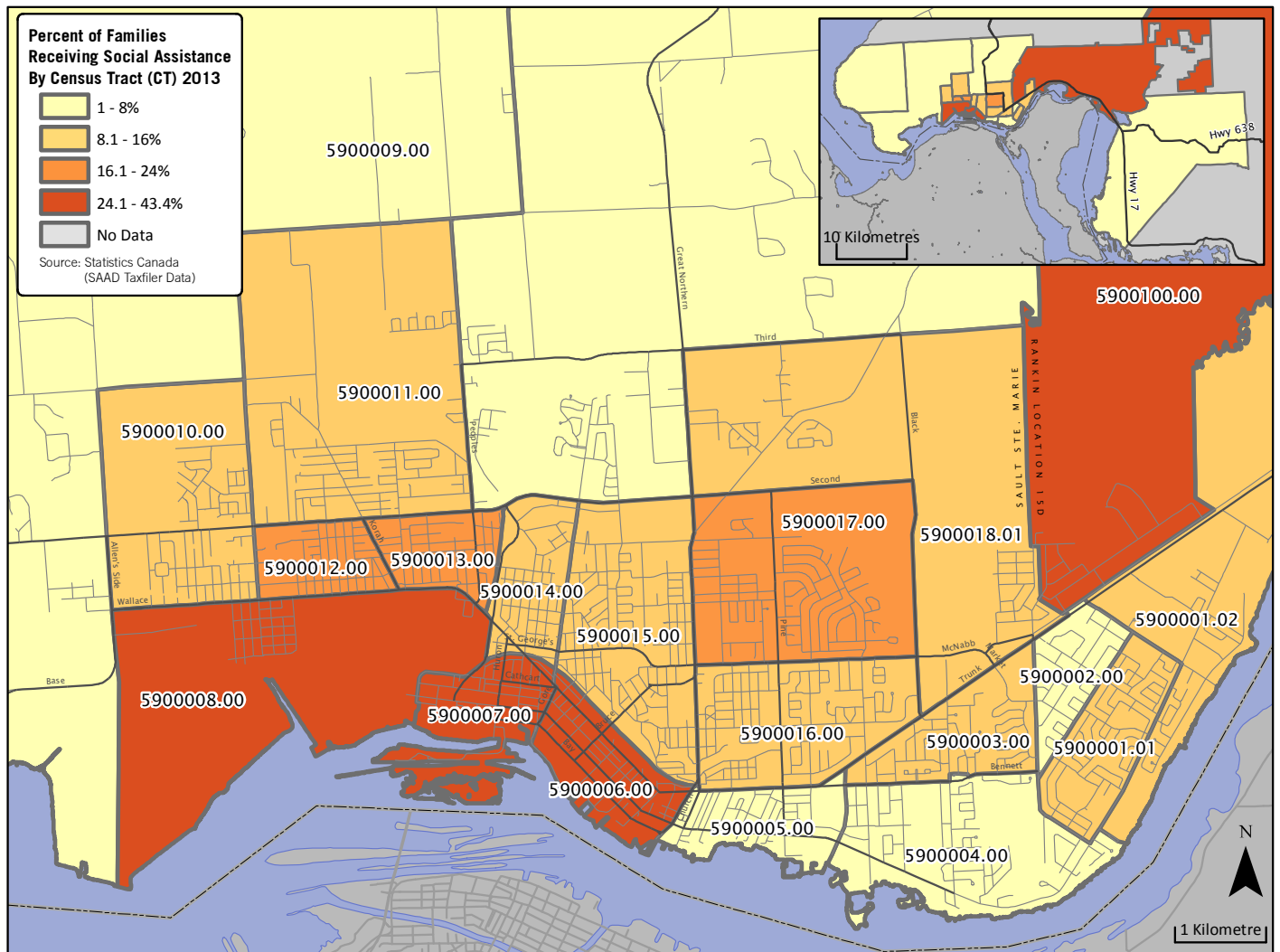
Figure 130: Families Receiving Social Assistance - By Family Type



The percentage of families receiving social assistance in 2010 can also be calculated for each CT in the Sault Ste. Marie CA to serve as a comparison. Like most other indicators relating to income, Figure 131 indicates that CTs within the older urban core of the city generally fared worse than other areas of the city. The CTs that had the highest proportion of families receiving social assistance were the Jamestown/Cathcart area (5900007.00) with 43.4% and the Downtown (5900006.00) area with 29.7%.

Child & Family

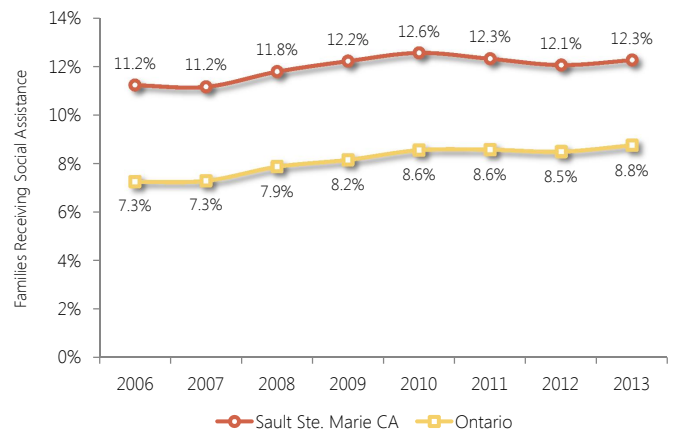
Figure 131: Families Receiving Social Assistance - By Census Tract



*There are two social assistance programs in Ontario; Ontario Works and the Ontario Disability Support Program (ODSP).

Figure 132 shows that between 2006 and 2013, the percentage of families receiving social assistance in Sault Ste. Marie slowly rose from 11.2% in 2006 to 12.6% in 2010, settling at 12.3% in 2013. Between 2006 and 2013, Sault Ste. Marie had a consistently higher percentage of families receiving social assistance than that of Ontario.

Figure 132: Families Receiving Social Assistance 2006-2013 - All Family Types



Child & Family

Figure 130 shows that Sault Ste. Marie and Ontario lone-parent families were much more likely to rely on social assistance payments than couple families. Of the Sault Ste. Marie couple families, 7.5% received social assistance in 2013. This is higher than Ontario as a whole, where 5.9% of couple families received social assistance in 2013.

Figure 133 shows that between 2006 and 2013, the percentage of couple families receiving social assistance had slightly increased in Ontario, while in Sault Ste. Marie couple families receiving social assistance had peaked at 7.5% in 2009, 2010 and again in 2013.

Figure 133: Families Receiving Social Assistance 2006-2013 - Couple Families

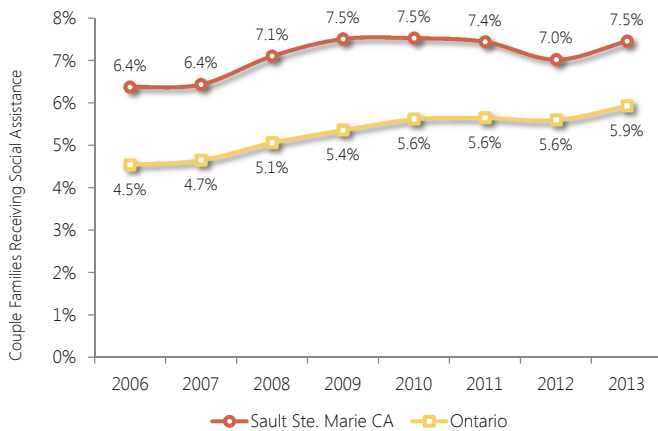
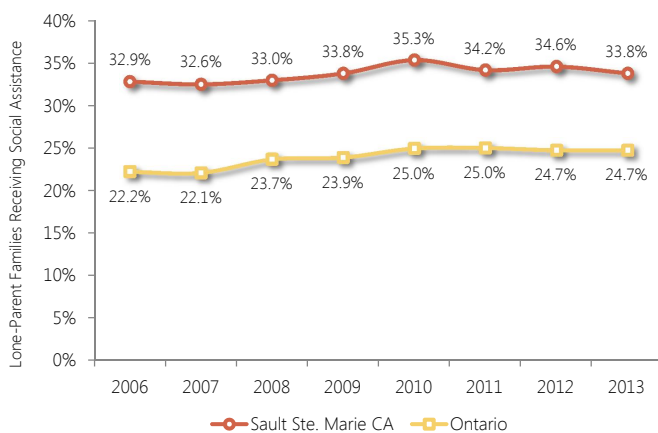


Figure 134 shows that between 2006 and 2013, the percentage of Sault Ste. Marie lone-parent families receiving social assistance had ranged from a low of 32.6% to a high of 35.3%, while Ontario lone-parent families receiving social assistance had ranged from a low of 22.1% to a high of 25%. For both Sault Ste. Marie and Ontario, 2010 marked the year where the greatest percentages of lone-parent families were receiving social assistance.

Figure 134: Families Receiving Social Assistance 2006-2013 - Lone-Parent Families



Best Start Hubs

Services

Best Start Hubs are dedicated in playing a vital role in supporting the community to realize the Best Start vision, “Children Growing. Communities Thriving” and have taken the lead role in supporting parents and community in raising children and ensuring they reach their full potential. Best Start Hub programs and services are evidenced based and validated by extensive research into healthy child development.

Best Start Hub services provide both parent and child oriented programs and are available and accessible to all young children and their families. Services both support children’s healthy development and provide parents with new skills to support their children.

The child and family-centered services offer:

- Early learning interactive programs for parents, caregivers and children
- Skill-based curriculum promoting early literacy and skill development
- Parent and caregiver education to support relationships with their children
- Pre- and post-natal resources information and support
- Child focused early learning programs and activities promoting child development
- Information and referrals to link families with specialized services
- Outreach programs to encourage and support participation across the community
- Early and on-going screening of all children

Best Start Hubs provide programming that supports play and inquiry-based learning opportunities for children. The programs and activities change to reflect the emerging needs of the child. While age may provide a guide, Early Years Educators observe the children to determine each child’s particular needs, strengths and interests. In addition, Early Years Educators use common stages of development to determine age appropriate activities that are flexible enough to allow each child’s individual growth. Opportunities are provided for spontaneous free play offering a wide range of activities to enhance the developmental domains.

The drop-in environments are designed to encourage children to explore, create and discover. Activities provide rich, varied stimulation which children absorb and integrate into core brain development.

Child & Family

Carrefour Meilleur départ École Notre-Dame-du-Sault



Parent and Family Support

Best Start Hubs provide parent and caregiver education on a variety of topics, facilitating one to one discussions, small group sessions, large group presentations and peer support networks. Best Start Hubs coordinate services that are reflective and responsive to individual, family and community strengths and needs. Hub programs are sensitive to the social, linguistic and cultural diversity of families and communities, including Francophone and Aboriginal communities. Best Start Hubs are staffed by Early Years Educators that have appropriate range of skills and abilities necessary to respond effectively to the needs of adults, children and their families.

Parent/caregiver education focuses on healthy child development and the skills and strategies necessary for parents to promote the individual child's readiness to learn and overall healthy development. Educational activities help parents expand their knowledge of child development, nutrition and behaviour management, increase their awareness of community resources, enhance their confidence in their parenting skills, and strengthen their parent-child relationships.

Hubs work in partnership with community agencies in publishing the **Parenting Matters Newsletter**, which is a quarterly newsletter for parents, caregivers, and professionals that outlines in detail all of the upcoming parenting programs and services. This newsletter is circulated not only in the City of Sault Ste. Marie but also available through electronic media; www.childcarealgoma.ca or Facebook SSM Best Start Hubs.

Parenting Programs

Best Start Hubs offer a wide range of evidenced based programming, including (but not limited to) the following listed programs. Our certified Practitioners in the **Triple**

P Positive Parenting Program help to create a positive, caring relationship between children and families with easy to use tips and new ideas that help build confidence and new parenting skills in developing positive relationships, encouraging desirable behaviour, teaching children new behaviours and skills, and managing misbehaviour.

Triple P at the Best Start Hub Holy Angels School Site



Early Years trained staff facilitate **Empathy Belly**, which is a community based prevention program offered in elementary and secondary schools. The Empathy Belly is a hands-on tool that is unique and highly effective by focusing on teen pregnancy, childbirth education, life skills education and prenatal care. Participants experience twenty symptoms related to pregnancy such as weight gain, posture change, increased body temperature and many other indicators which help pre-teens and teens make healthy choices related to pregnancy and parenting.

Empathy Belly at Superior Heights Collegiate and Vocational School Parenting Class - Grade 11 & 12



Child & Family

Child Care Algoma has the only certified **Infant Massage** instructors in our community. This five week program is intended for families with infants from birth to twelve months. It builds on the importance of attachment through this stimulating form of touch. Infant Massage nourishes the relationship between the parent and child. Massage enhances an infant's feelings of warmth, relaxation, security, comfort and it leads to a happier, healthier childhood and adulthood.

Through the use of the **Nipissing District Developmental Screen** early supports are provided to parents, giving them the opportunity to follow their child's growth and development examining thirteen key developmental stages. Based on screening results and with appropriate consents, we initiate registration, and refer to specialized services through the "No Wrong Door" Digital Referral System.

Trained leaders at the Best Start Hubs guide the **Family Math** interactive sessions, where parents and their children are actively involved in activities that reinforce skills and the understanding of math concepts, to enhance children's success upon entry into kindergarten.

Based on extensive research and practice in the area of emergent literacy, trained leaders in the **Family Literacy In Action** program supports families in developing early literacy skills with their young child. Each session focuses on a different aspect of early childhood literacy development and features story time, action rhymes, songs and finger plays aimed at developing oral language skills along with engaging child-focused activities.

Best Start Hubs engage in ongoing evaluation to ensure program effectiveness. Evaluations help to determine successes, what to continue doing, what should be done differently and what to consider for future planning. Annual planning will continue to be a process through which partners are consulted to assist in determining the mix and levels of services to meet the needs and priorities. As a key partner at the Best Start Network table, Best Start Hubs are committed to integration and collaboration with community partners to ensure that our community moves along the continuum of system integration. In addition, the goal of the Hubs is to ensure that there are supports and services to represent cultural and linguistic diversity in our community.

Infant Massage at the Best Start Hub Holy Angels School Site



Family Math at the Best Start Hub Holy Angels School Site



Child & Family

Best Start Hub Locations

Best Start Hubs provide families and caregivers with universally accessible programs, services and resources in easily accessible locations.



Child Care Algoma Best Start Hub

Holy Angels School
102-A Wellington Street East
Serving Central/All of SSM

Hours of Operation

Monday, Tuesday, Thursday, Friday
9:00 a.m. to 12:00 p.m. & 1:00 to 4:00 p.m.
Evening Hours: Wednesday 9:00 a.m. to 12:00 & 4:00 to 7:00 p.m.
Closed daily from 12:00 to 1:00 p.m.

705-945-8898 ext. 255

Visit www.childcarealgoma.ca or Facebook (SSM Best Start Hubs) to view our Calendars



Child Care Algoma Best Start Hub

Holy Cross School
16 Texas Avenue
Serving East/All of SSM

Hours of Operation

Monday, Wednesday, Thursday, Friday
9:00 a.m. to 12:00 p.m. & 1:00 to 5:00 p.m.
Evening Hours: Tuesday 9:00 a.m. to 12:00 & 1:00 to 7:00 p.m.
Closed weekdays from 12:00 to 1:00 p.m.
Saturday 10:00 a.m. to 2:30 p.m.

705-945-8898 ext. 303

Visit www.childcarealgoma.ca or Facebook (SSM Best Start Hubs) to view our Calendars



Child Care Algoma Carrefour Meilleur depart

École Notre-Dame-du-Sault
600 rue nord
Serving Francophone Families

Hours of Operation

Venez nous joindre les jeudis de 18 h à 20 h.
Thursdays 6:00 p.m. to 8:00 p.m.

Parenting and Child focused programs are offered to the Francophone community.

705-542-3515

Visit www.childcarealgoma.ca or Facebook (SSM Best Start Hubs) to view our Calendars

Child & Family



Best Start Hub

Prince Township Community Centre
3042 Second Line West
Serving West End/Sault North/All of SSM

Hours of Operation

Monday to Friday 9:00 a.m. to 3:00 p.m.
Saturday 10:00 a.m. to 3:00 p.m.
Evening Hours: Thursday 6:00 to 8:00 p.m.

Drop-In services are also held at Mountain View Public School & Greenwood Public School, during the school year, September through June.

705-779-3627

Visit Facebook (Parent/Child Resource Centre "Best Start Hub") to view our Calendars.



Best Start Hub

Indian Friendship Centre
122 East Street
Serving Aboriginal Families

Hours of Operation

Monday to Friday 8:30 a.m. to 4:30 p.m.
Open some evenings for programs.

705-256-5634

Visit www.ofifc.org/centres/Sault_Ste_Marie_Indian_Friendship_Centre.php for more information.

Outreach programs and services are designed to provide a gateway that links children and families to community services and supports. Additional services are available at Willowgrove United Church and Parkland Public School.

Best Start Hub Drop In Visits

In 2015, there were 18,277 child drop-in visits recorded for Holy Angels Best Start Hub, Prince Township Parent and Child Resource Centre, and Holy Cross Best Start Hub. This number includes repeat visits. This marked a decrease from 2013, when 19,697 child drop-in visits* were recorded to the same sites. Please note that numbers were not included for the Sault North, Notre-Dame-Du-Sault and Indian Friendship Centre sites.

Figures 135 and 136 show the breakdown of visits to Best Start Hubs for 2009 through to 2015. Holy Angels School (which replaced the Station Mall Ontario Early Years Centre in mid-2008) saw the most child visits in 2010, while Prince Township had the most visits in 2011 and again in 2012. Holy Cross opened in December of 2012, and had the highest number of visits of any site in the last 7 years with 11,005 child visits in 2015. Holy Cross has been the busiest site since 2013.

* Includes child drop-in visits to Holy Angels, Prince Township and Holy Cross in 2013.

Figure 135: Child Drop-In Visits to Best Start Hubs, 2009 - 2015

| Location | 2009 | 2010 | 2011 | 2012 | 2013* | 2014 | 2015 |
|-----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Dacey Road | 4,405 | 3,521 | 2,590 | 4,202 | - | - | - |
| Holy Angels | 5,929 | 7,042 | 5,057 | 3,305 | 3,410 | 2,685 | 2,574 |
| Prince Township | 6,988 | 6,303 | 6,187 | 8,990 | 6,459 | 7,024 | 4,698 |
| Sault North | 1,442 | 918 | 988 | 1,057 | 1,066 | - | - |
| Holy Cross | - | - | - | 351 | 9,828 | 9,285 | 11,005 |
| Total | 18,764 | 17,784 | 14,822 | 17,905 | 20,763 | 18,994 | 18,277 |

Child & Family

Figure 136: Child Drop-In Visits to Best Start Hubs, 2009 - 2015

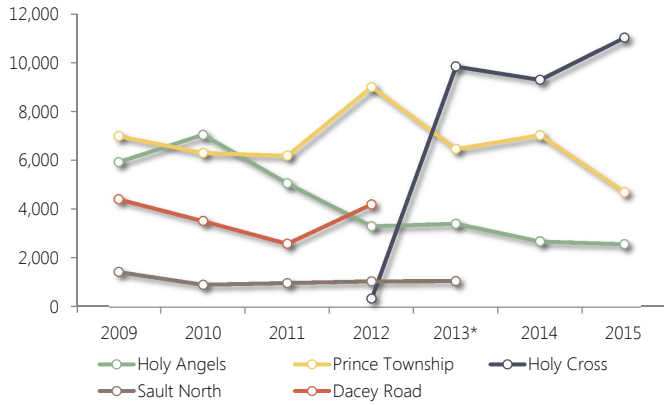
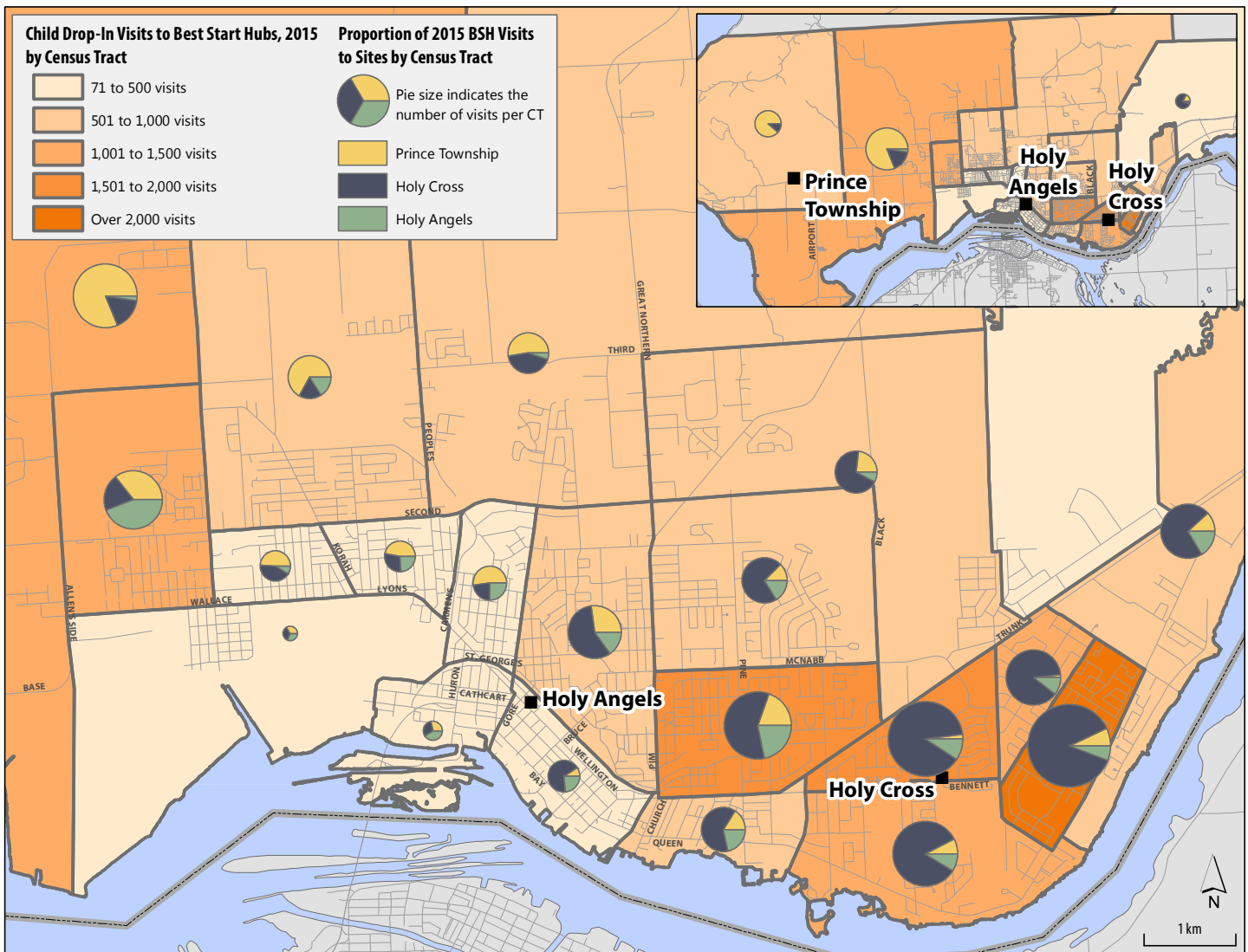


Figure 137 shows child drop-in visits to Best Start Hubs in 2015 by Census Tract (CT) of residence. As the volume of visitors varies greatly within the CA, maps such as these help indicate what neighbourhoods most child drop-in visitors are coming from and what neighbourhoods seem to have lower than expected attendance. This map can be compared to the map of children age 0 to 6 (Figure 4, page 7) of the Community Overview section to determine the population of children in each of the census tracts. Since Best Start Hubs partially rely on word-of-mouth advertising to promote services, it is possible that caregivers in the lower volume CTs may not be hearing about the hubs from a friend or family member. The map (Figure 137) shows the number of child drop-in visits by CT to any of the three Hubs illustrated, from light orange (low volume) to dark orange (high volume). The pie charts indicate which hubs the visitors are going to from that Census Tract. The size of the pie indicates the volume of visitors from that CT.

Figure 137: Child Drop-In Visits to Best Start Hubs by Census Tract, 2015



Child & Family

Prenatal Education

Pregnancy is a time when women are highly motivated to improve their health. For many expectant parents, it is also the first time they actively seek out health information and community services. Health and social service providers working with pregnant women have a unique opportunity to screen and identify risks, such as family violence, mental health, addiction, and poverty, which can negatively impact maternal health, birth outcomes and child development. As such, they can put supports in place before the baby arrives to mitigate negative outcomes. Two examples of supportive programs that build parenting knowledge and skills include the Canada Prenatal Nutrition Program and the Healthy Babies Healthy Children Program.

Although prenatal education sessions are only one of many factors that contribute to a healthy pregnancy, they encourage expectant parents to take an active and informed role in making decisions about their pregnancy, birth, and newborn. Algoma Public Health (APH) provides a variety of prenatal education options that cater to various schedules and learning styles, including evening, daytime, teen, and online options. Gaining knowledge and skills for healthy choices, preparation for childbirth, and breastfeeding increases parental confidence and ability to cope with challenges.

In 2015, of the 306 births where data was available for first-time mothers giving birth at Sault Area Hospital, 147 or 48% of mothers reported attending prenatal classes or participating in online prenatal education requiring registration or enrolment.

Parenting Programs

The Young Parents Connection (YPC) program has been running successfully for 8 years. In 2013, 117 different youth accessed the program. On an average approximately 25 - 30 young parents ages 15 – 25 participate weekly in the program. The goal of YPC is to support young parents in improving the health and well-being of their families by providing them with information, skill building activities and social support through a weekly event in which partner agencies collaborate.

The community partners include Algoma Public Health, Children's Aid Society, Child Care Algoma/Best Start Hub, Ontario Works, Red Cross, Sault College, The Pregnancy Centre, Women in Crisis, YMCA, and new to the committee is Algoma District School Board. These partners are able to provide a large variety of evidence based programming to include prenatal, after the baby and toddler groups. Each year the YPC committee facilitates a "Check-In" with the youth to identify areas of improving program delivery and what interests that they may have regarding their learning as parents. This information assists in developing the program calendar. The 2013 program calendar included Triple P, an information session provided by SSM City Police on Cyber Bullying, "Makeover Night" for the young mothers and Red Cross Fathers Kitchen, and a Job Fair assisted by Ontario Works to get youth ready for employment.

As a committee, YPC strives on supporting the young parents by helping improve their self-esteem and confidence, and building resiliency in their children.

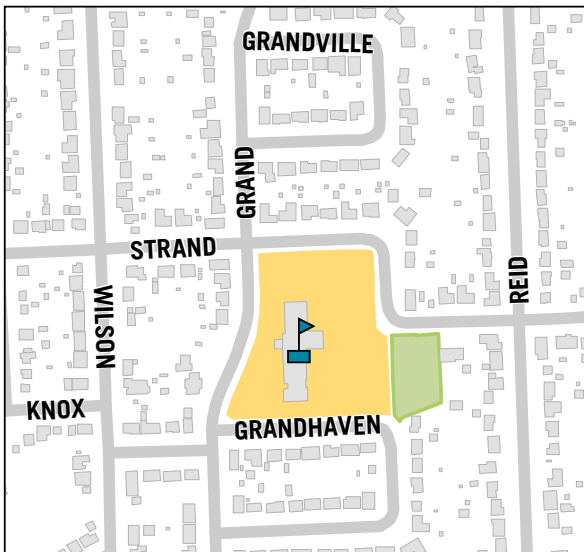
Parenting and Family Literacy Centres

Parenting and Family Literacy Centres (PFLCs) are offered through the Ministry of Education. They are designed to help prepare children aged newborn to six for school and encourage families to be a part of their children's learning through stories, music, reading and playing. Centres are located in schools and familiarize children and families with school routines. Families may be linked with appropriate community resources for special needs, health and other related services.

The Algoma District School Board runs four PFLCs in Sault Ste. Marie throughout the school year. The program is free, requires no pre-registration and runs every school day morning, Monday to Friday. Each PFLC is open 20 hours per week (centres are closed when schools are closed including holidays and professional development days).

Child & Family

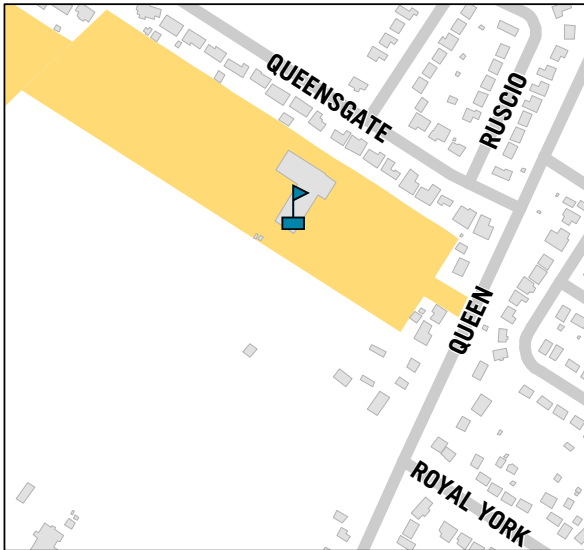
PFLCs are located at the following schools:



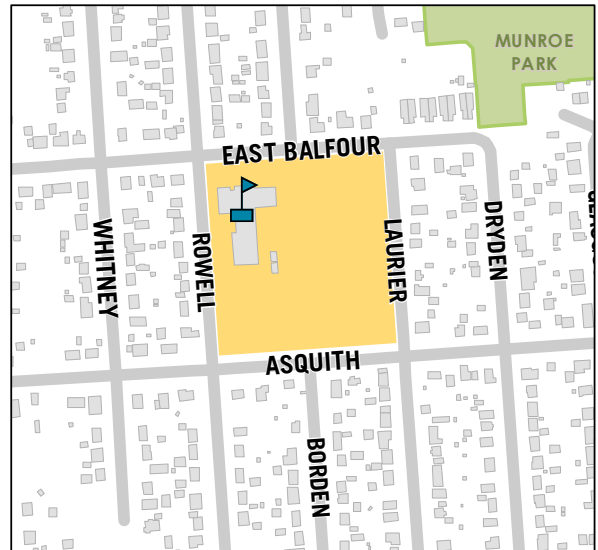
Northern Heights Public School
210 Grand Boulevard
Sault Ste. Marie, ON
Telephone: (705) 945-7128



River View Public School
51 Wireless Avenue
Sault Ste. Marie, ON
Telephone: (705) 945-7134



Pinewood Public School
3924 Queen Street East
Sault Ste. Marie, ON
Telephone: (705) 945-7133

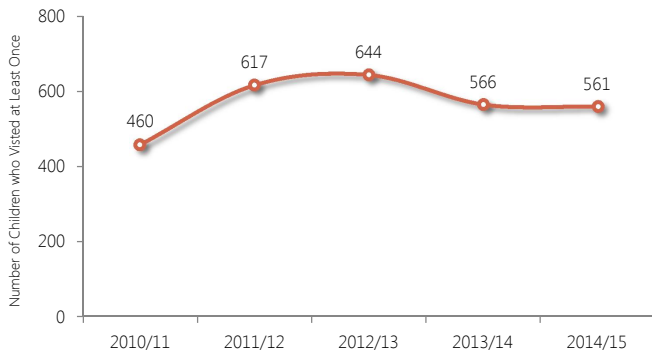


H.M. Robbins Public School
83 East Balfour Street
Sault Ste. Marie, ON
Telephone: (705) 945-7119

Child & Family

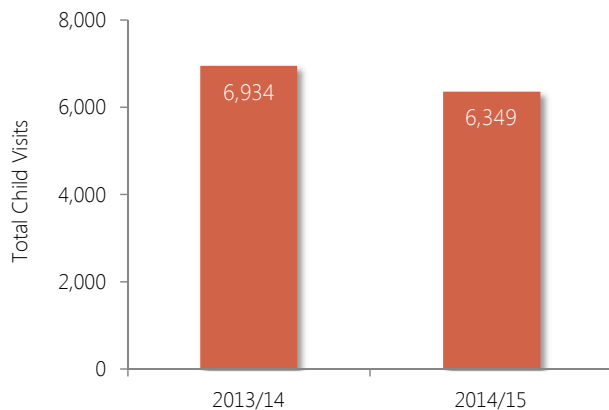
During the 2014/15 school year, 561 children visited the Sault Ste. Marie PFLCs at least once. This is down from a high of 644 children in the 2012/13 school year, but nearly equal to the 2013/14 school year (Figure 138).

Figure 138: Number of Children who visited the SSM PFLCs at Least Once



Many children attend the PFLCs multiple times during the school year. In the 2014/15 school year, the PFLCs recorded 6,349 visits from children (Figure 139).

Figure 139: Total Child Visits to SSM PFLCs



Please note that these statistics may include visits to the PFLC at the former Étienne Brûlé Public School.

Algoma Speech and Language Services

About 1 in 10 children need help to develop communication skills. Without this help, it can be a struggle to listen and talk, to play with other children, and to learn to read. The Algoma Preschool Speech and Language Program relies on the involvement of the child's family as the key to improving his or her speech and language skills. A family's lifestyle, customs and environment all come into play as children learn about their world, the people in their lives and how to communicate.²¹

The Algoma Preschool Speech and Language Program is a partnership with Algoma Public Health and Children's Rehabilitation Centre Algoma. Algoma Public Health is the

lead agency for the program. The program serves families of children between 0 and 5 years of age with speech and language difficulties; anyone can refer to the program.

From 2011 to 2013, 799 children were referred to the Algoma Preschool Speech and Language Program. The average age at the time of referral to the program was 31 months. In 2014, 294 children were referred with an average age of 33 months. In 2015, 228 children were referred with an average age of 32 months.

Children and their parents participated in one or more of the following interventions in a variety of locations (e.g., clinic, child care or schools):

- Parent training (e.g., It Takes Two to Talk® - Hanen program, Wee Talk)
- Parent-child groups (e.g., Toddler Talk)
- Group therapy (e.g., early language groups, speech production groups)
- Individual therapy
- Caregiver consultation and home programming

If you have concerns about your child's speech and language skills, please call the Parent Child Information Line at (705) 541-7101 or 888-537-5741.

Early Literacy

The Early Literacy Practitioner (ELP) has supported and strengthened the promotion of early literacy and language development in the community. The ELP has partnered with local programs to cultivate literacy rich environments. Early Literacy has and will continue to include a large range of programs, depending on the community needs and requests from local service providers, schools, and child care programs.

The ELP has provided a number of "train the trainer" workshops for staff working with children to support their early literacy programming. The ELP has also worked directly with parents in supporting their efforts with their own children. The ELP has worked collaboratively with the local libraries and other recreational/cultural programs in supporting their efforts to develop and/or support a cohesive community early literacy strategy.

The Social Communication School Readiness Program is offered at the Best Start Hub and is one in which the Early Literacy Practitioner is instrumental in facilitating for children who have been diagnosed with Autism Spectrum Disorder. The ELP works collaboratively with service providers from

21. Preschool Speech and Language Program /Infant Hearing Program, Helping your child learn language, Service Ontario
www.ontario.ca/children

Child & Family

Algoma Public Health, Children's Rehabilitation Centre Algoma and Community Living Algoma to provide a baseline screen of school readiness skills using the Miller Method.

Housed at the Best Start Hub, the Early Years Resource Library provides a collection of resources regarding young children for parents, caregivers and professionals. The Early Literacy Practitioner provides a Literacy section on Child Care Algoma's website. The literacy section offers a venue for parents, caregivers, and professionals to access early literacy information and support including learning activity packages. The combination of fiction and non-fiction books were chosen in response to the EDI, which shows a gap in literacy education for boys.

The Family Literacy Coalition, initially created in 2009, is an integrated network of partners and service providers who meet regularly, have developed terms of reference and are committed to helping to strengthen, support and promote language and literacy skills to families in the community.

The Early Literacy Practitioner has been involved with the "Don't Wait and See" campaign sponsored by the Joint Best Start Network, which asks parents "not to wait and see" if they suspect their child is not developing as expected. The purpose is to raise awareness about the importance of screening, early intervention and assisting families to receive services. This campaign has strengthened and enhanced linkages between partnering agencies. There is more information about this campaign on page 15 of this report.

The Early Literacy Practitioner utilizes the Pre-K Early Language and Literacy Classroom Observation (ELLCO) Tool to assess literacy-rich environments and experiences using best practices. The Early Literacy Practitioner conducts ELLCO observations in all of the licenced child care programs in the area. The observations focus on indicators of quality including structure, curriculum, language environment, books, book reading, print and early writing.

A monthly Literacy Calendar and a quarterly Early Literacy Newsletter is available and includes early literacy information and resources for parents, caregivers and professionals.

Mechanisms are used to monitor essential elements of programming. Evaluations are regularly used to determine the extent at which the programs are meeting the needs of children and families. Parent feedback, evaluations, and EDI results all contribute to the data that drives much of the programming within the community and is used as a measurement tool for the success of our efforts of improvement.

Triple P

Throughout the city of Sault Ste. Marie and the District of Algoma, there are more than 200 practitioners at more than a dozen child and youth serving organizations that provide a multi-level parenting and family support strategy, which provides consistent and positive messages about parenting no matter where a parent chooses to receive service. Triple P was introduced to the Algoma District through the Community Action Program for Children (CAPC). A strong partnership between 18 community partners and a commitment to healthy and happy children enables a community of practice that provides a consistent parenting message across the area. The Triple P Positive Parenting Program has been proven to prevent and treat behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. The program is designed to give parents "just enough" information to teach them skills and help them to become independent problem solvers. It focuses on five main principles:

- Ensuring a safe interesting environment
- Creating a positive learning environment
- Using assertive discipline
- Having realistic expectations
- Taking care of yourself as a parent

The services that are available include; three-part seminars and groups for parents with children age 0 to 12, family transitions for parents experiencing separation and divorce, one on one sessions for parents to talk about specific issues in the home, and delivery of strategies to help parents of children with physical or developmental issues. Locally, most Triple P practitioners record parental attendance and measure scores to a program called Triple P Ontario Client Scoring Tool. This database allows for all data entered to be run and aggregated into reports. The following information is collected from Triple P Ontario Client Scoring Tool and may not be inclusive of all attendance to services.

In Sault Ste. Marie for 2014 there were 933 parents who received Triple P services; two groups served 24 parents, and 299 parents attend 17 three-part seminar series. The remaining parents who received services from Triple P attended special events, primary care, or received one-on-one instruction. Participation rose in 2015 to 1,737 parents. This included 639 parents attending 27 Seminars Series, 27 parents attending two Triple P Groups. The remaining parents attended special events, primary care, or received one-on-one instruction.

Child & Family

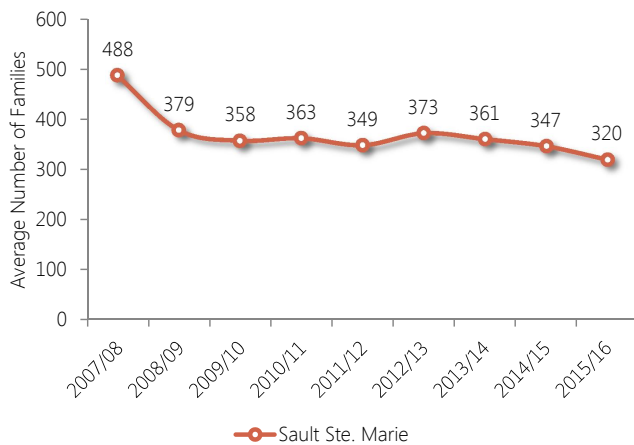
Children's Aid Society of Algoma

The Children's Aid Society of Algoma offers various types of support for families in Sault Ste. Marie and Algoma. The main objective of the society, under the Child and Family Service Act, is to promote the best interests, protection and well-being of children and youth.

For the purposes of data collection, CAS of Algoma has identified two levels of geography; Sault Ste. Marie & Area and Algoma. Sault Ste. Marie & Area includes the city of Sault Ste. Marie, east to Desbarats, west including Prince Township, and north including Montreal River. In June of 2015 the eastern boundary of the geography for Sault Ste. Marie was extended to include Iron Bridge. The area covered by the Algoma geography as defined by CAS includes the area East of Iron Bridge, including Spanish and Elliot Lake, and north including Hornepayne.

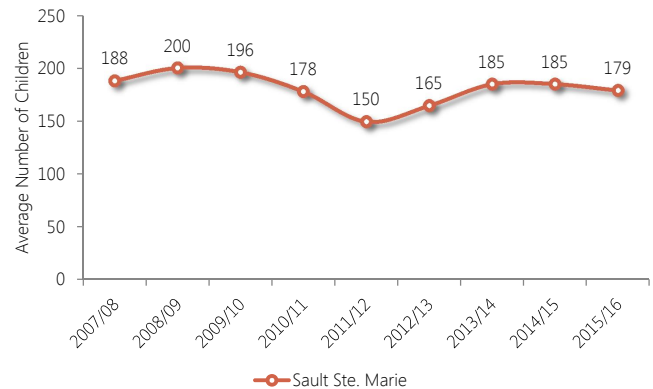
The average number of families in ongoing services is shown in Figure 140. These are families who are receiving ongoing child protection services, or, families of whom a child protection investigation has been completed, and CAS has engaged in providing child protection services to the family beyond the period of investigation. In the Sault Ste. Marie area, the average number of families in ongoing service has been declining since 2007. In 2015, the average was 320, which was the lowest in the nine year time frame.

Figure 140: Average Number of Families in Ongoing Services, 2007 - 2015



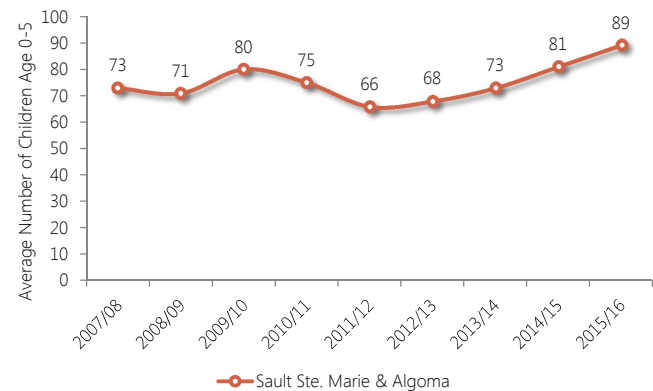
The average number of children in the care of the Children's Aid Society of Algoma is shown in Figure 141. In 2011/12 there was an average of 150 children in care, which was the lowest in the 9 year time frame. There was an average of 179 children in care in 2015, which is lower than the previous two years.

Figure 141: Average Number of Children in Care, 2007 - 2015



The number of children ages 0-5 in care* in Sault Ste. Marie and Algoma has been on a rising trend since 2011. Figure 142 shows the number of children age 0-5 years that were in the care of CAS for the Sault Ste. Marie and Algoma regions combined.

Figure 142: Average Number of Children in Care Aged 0 to 5, 2007 - 2015

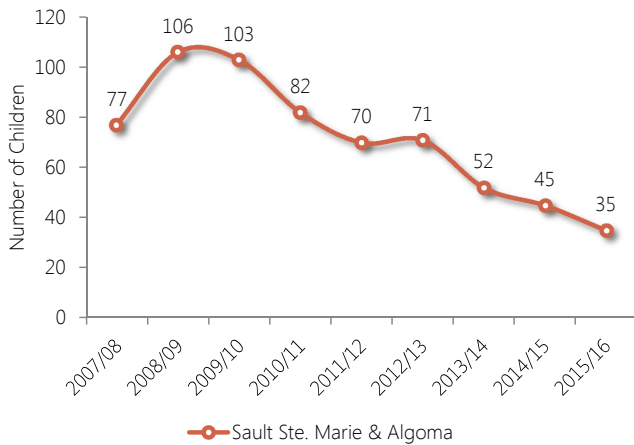


Children living with kin* are considered to not be in the care of the CAS, but rather living with a person significant to them with ongoing service from the Society. Figure 143 shows that the number of children placed with kin has been declining since 2008, and in 2015 Sault Ste. Marie and Algoma had only 35 children in the care of kinship. The number of children in kinship care has dropped by 67% over the past 8 years.

* The data for the Average Number of Children in Care, and Number of Children Placed with Kin was not separated by geography level, therefore, both the Sault Ste. Marie and Algoma data are shown on a single chart.

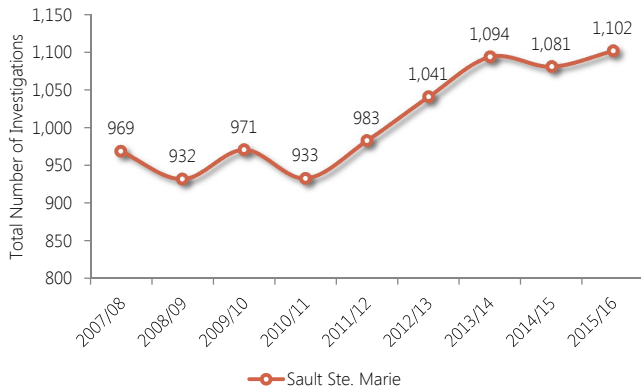
Child & Family

Figure 143: Average Number of Children Placed with Kin, 2007 - 2015



Overall, the number of children in care and the number of families in ongoing service in the Sault Ste. Marie Area has not changed much over the past few years. This however, is not evident for the total number of investigations per year which has been increasing since 2010 (Figure 144). There were a total of 1,102 investigations for the 2015/16 year, which was 170 more than 2008/09 which saw the fewest total number of investigations.

Figure 144: Total Number of Investigations, 2007 - 2015



Community partners from various sectors work collaboratively to offer services, supports and innovative programming to residents in each of the four neighbourhoods:

- Social services
- Connections to Child Care services
- Early Years programming
- Education
- Law enforcement
- Employment
- Arts and culture
- Local business

Monthly programming is also offered through the hubs and focuses on providing residents with information and skill development opportunities.

As a result of community engagement efforts and information gathering in the neighbourhoods, the following new initiatives are in development to serve the residents in all areas:

- Youth Mentorship Program – current partners include Algoma University and Big Brothers, Big Sisters
- Hub Support Volunteer Program – current partners include SSM YMCA, SSM Police Services, Sault Community Career Centre, Ontario Works
- Senior/Adult Mentorship – anticipated partners include SSM Public Library and Social Housing
- Annual Yard Sale – past partners included SSM Police Services, SSM Fire Services, Social Housing
- Gardening Project – anticipated partners include SSM Horticultural Society, Ontario Works, Social Housing, Sault Community Career Centre, Private business

Social Services Community Hubs

In July 2015, the Social Services Department began to implement community mobilization efforts through the community hubs in four Social Housing neighbourhoods. Community mobilization refers to the efforts agencies take to motivate and empower communities (residents) to take leadership roles in the promotion of well-being and safety in their neighbourhoods. Well-being and safety initiatives focus on the areas of emergency response, prevention, intervention and social development. The intention is for the Community Hubs to function as collaborative community spaces where local agencies and residents work together to develop skills, access service and create positive change.

Child & Family

Where have we gone since the last report?

The Child & Family section of this Best Start Network report builds on the existing indicators selected for the 2011 report. For each indicator, two to three years of data have been added.

| | | |
|---|--|-----|
| Lone Parent Families with Young Children | <i>Of the families with young children in Sault Ste. Marie, a slightly greater proportion of them were headed by a lone parent in 2013 than in 2010 (2010: 29.2% of families with young children, 2013: 30.5% of families with young children).</i> | ↑ |
| Median Income | <i>The median incomes for couple and lone-parent families have both increased between 2010 and 2013. Couple families saw an increase of \$8,219 and lone-parent families saw an increase of \$1,850/year during this time. • Please note that median income for lone parent families was still below the Ontario average in 2013.</i> | ↑ |
| Youth Living in Low Income | <i>In 2013, a greater proportion of Sault Ste. Marie youth were living in low income situations than in 2010. In 2013, 22.5% of SSM youth lived in a low income situation; up from 18.5% in 2010.</i> | ↑ |
| Social Assistance | <i>In 2013, 12.3% of Sault Ste. Marie families received income support from social assistance; nearly the same as 12.6% of families in 2010.</i> | ■ |
| Best Start Hubs | <i>There was a slight drop in Best Start Hub visits to the Holy Angels, Prince Township and Holy Cross sites combined. The data collection method has changed, however, from paper sign ins to digital sign ins, which may provide more accurate numbers. Total visits dropped from 19,697 in 2013 to 18,994 in 2014 and 18,277 in 2015. Visits to Holy Cross Best Start Hub were highest in 2015, with 11,005 child visits.</i> | ↓ |
| Parenting and Family Literacy Centres | <i>In 2014/15, 561 children visited the Sault Ste. Marie PFLCs in Sault Ste. Marie at least once. This is down from 644 children in 2012/13. In the 2014/15, the PFLCs recorded 6,349 visits from children, however this figure was not available in the old report so a comparison is not possible.</i> | ↓ |
| Speech and Language | <i>The reporting methodology has changed for this indicator and cannot be compared to the last report.</i> | N/A |
| Triple P | <i>The Triple P data that was reported in this report differs from the data reported in the previous report. A comparison with the last report is not possible.</i> | N/A |
| Children's Aid Society | <i>The average number of children under the age of 6 in CAS care has increased from 68 in 2012/13 to 89 in 2015/16. The average number of children in care has increased from 165 in 2012/13 to 179 in 2015/16.</i> | ↑ |

| | | | |
|---|-----------------------|-----|---------------------------|
| ↑ | Favourable Increase | ↓ | Favourable Decrease |
| ↑ | Unfavourable Increase | ↓ | Unfavourable Decrease |
| ■ | No Change | N/A | Change cannot be measured |

Data Sources

Community Overview

Figure 1: Map of the Sault Ste. Marie Census Agglomeration (CA) (Statistics Canada) p.5
Statistics Canada, 2011 Census Boundary Files, Statistics Canada catalogue no. 92-160-XWE

Figure 2: Age-Sex Structure Comparison, 2001 - 2011, Sault Ste. Marie Census Agglomeration (CA) (Statistics Canada) p.6
Statistics Canada, 2011 Census of Population, Statistics Canada catalogue no. 98-311-X2011021; and 2001 Census of Population, Statistics Canada catalogue no. 95F0300XCB2001004

Figure 3: Population of Children by Age, Sault Ste. Marie Census Agglomeration (CA) (Statistics Canada) p.7
Statistics Canada, 2011 Census of Population, Statistics Canada catalogue no. 98-311-X2011021; 2006 Census of Population, Statistics Canada catalogue no. 97-551-XCB2006009; and 2001 Census of Population, Statistics Canada catalogue no. 95F0300XCB2001004.

Figure 4: Number of Children Aged 0 to 6 by Census Tract, 2011 (Statistics Canada) p.7
Statistics Canada, 2011 Census of Population, Statistics Canada catalogue no. 98-311-X2011019.

Figure 5: Aboriginal Population by Age and Sex, Sault Ste. Marie CA, 2011 (Statistics Canada) p.8
Statistics Canada, 2011 National Household Survey, Aboriginal Identity (8), Age Groups (20), Registered or Treaty Indian Status (3) and Sex (3) for the Population in Private Households of Canada, Provinces, Territories, Census Metropolitan Areas and Census Agglomerations, Statistics Canada Catalogue no. 99-011-X2011028.

Figure 6: Percent Aboriginal by Age Group, Sault Ste. Marie CA and Ontario, 2011 (Statistics Canada) p.8
Statistics Canada, 2011 National Household Survey, Aboriginal Identity (8), Age Groups (20), Registered or Treaty Indian Status (3) and Sex (3) for the Population in Private Households of Canada, Provinces, Territories, Census Metropolitan Areas and Census Agglomerations, Statistics Canada Catalogue no. 99-011-X2011028.

Figure 7: Percent of Population Who Identify as Aboriginal by Census Tract (CT), Sault Ste. Marie CA, 2011 (Statistics Canada) p.9

Figure 8: Francophone Population by Age & Sex, Sault Ste. Marie CA, 2011 (Statistics Canada) p.9
Statistics Canada, 2011 Census of Population, Mother Tongue (8), First Official Language Spoken (7), Knowledge of Official Languages (5), Age Groups (25) and Sex (3) for the Population Excluding Institutional Residents of Canada, Provinces, Territories, Census Metropolitan Areas and Census Agglomerations, 2011 Census, Statistics Canada Catalogue no. 98-314-XCB2011045.

Figure 9: Francophone Age-Sex Structure Comparison, Sault Ste. Marie CA and Ontario, 2011 (Statistics Canada) p.10
Statistics Canada, 2011 Census of Population, Mother Tongue (8), First Official Language Spoken (7), Knowledge of Official Languages (5), Age Groups (25) and Sex (3) for the Population Excluding Institutional Residents of Canada, Provinces, Territories, Census Metropolitan Areas and Census Agglomerations, 2011 Census, Statistics Canada Catalogue no. 98-314-XCB2011045.

Figure 10: Percent of Population Who Reported French as First Official Language by Census Tract (CT), Sault Ste. Marie CA and Ontario, 2011 (Statistics Canada) p.10

Figure 11: Indicators of the Social Risk Index, Sault Ste. Marie CA, Algoma District and Ontario (Statistics Canada) p.11

Figure 12: Social Risk by Census Tract, 2006 (Statistics Canada) p.12
Statistics Canada. 2006 Census of Canada: Profile for Sault Ste. Marie at the CT, CA level and Algoma at the CD level. Ottawa, Ontario. Statistics Canada [producer]; Community Data Consortium, Ottawa [distributor]. Available: <https://communitydata-donneescommunautaires.ca/>.
Statistics Canada. 2006 Census of Canada: Income Status Before Tax and Income Status After Tax, Economic Family Structure and Presence of Children for the Economic Families; Sex, Household Living Arrangements for Sault Ste. Marie at the CT level. Ottawa, Ontario. Statistics Canada [producer]; Community Data Consortium, Ottawa [distributor]. Available: <https://communitydata-donneescommunautaires.ca/>.

Health and Physical Environment

Figure 13: Number of Births, Sault Ste. Marie CA p.14

Figure 14: Crude Birth Rate, Sault Ste. Marie CA and Ontario p.14

Figure 15: Percent of Births by Weight Category, Sault Ste. Marie CA p.14

Figure 16: Live Births to Teen Mothers as a Percent of Total Births, Sault Ste. Marie CA and Ontario p.15

Inpatient Discharges [2007-2015], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [April 29 2016].
Population Estimates [2007-2013], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [April 29 2016].

Figure 17: Infant and Child Development Program, Referrals and Clients in Sault Ste. Marie p.15
Algoma Public Health

Figure 18: Top 3 Diagnoses for Children and Youth, 2013-2015 p.16

Figure 19: Number of New Referrals (Service Requests), 2013-2015 p.17

Figure 20: Number of Children Served, SSM and Algoma, 2013-2015 p.17

Figure 21: AFS Youth Client Cases, SSM and Algoma, 2013-2015 p.17

Algoma Family Services

Data Sources

Figure 22: Children who were Caries Free as a Percent of Total Children Screened by School Year p.17

Algoma Public Health

Figure 23: Meals Prepared at Red Cross Community Kitchens p.19

Figure 24: Participants at Red Cross Community Kitchens p.19

Canadian Red Cross, Sault Ste. Marie Branch

Figure 25: Number of Households that Accessed CAT Assistance p.19

Figure 26: Number of Adults and Children Assisted by CAT for Home Heating p.20

Figure 27: Number of Adults and Children Assisted by CAT for Utilities p.20

Figure 28: Number of Adults and Children Assisted by CAT for Rent p.20

Figure 29: Number of Adults and Children Assisted by CAT for Other Basic Needs p.20

United Way of Sault Ste. Marie and District, Community Assistance Trust

Figure 30: Number of Algoma District Schools Participating in the Student Nutrition Program p.20

Figure 31: Number of Students Served through the Student Nutrition Program p.21

Figure 32: Number of Meals Served through the Student Nutrition Program p.21

Algoma Family Services

Figure 33: Number of Meals Served to Adults p.21

Figure 34: Number of Meals Served to Children p.21

Phoenix Rising, Soup Kitchen Community Centre, and St. Vincent Place

Figure 35: St. Vincent Place Food Bank, Adults Served p.22

Figure 36: St. Vincent Place Food Bank, Children Served p.22

St. Vincent Place

Figure 37: Salvation Army, Food Assistance p.22

The Salvation Army

Figure 38: Rate of Child Injuries per 1,000 Population p.22

Ambulatory Emergency External Cause [2011-2015], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [April 29 2016].
Population Estimates [2011-2013], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [April 29 2016].

Figure 39: Number of Crimes by Type and Year in Sault Ste. Marie p.23

Figure 40: Number of Domestic Violence Occurrences by Year in Sault Ste. Marie p.23

Statistics Canada Crime Index for Sault Ste. Marie (2005 to 2015), Ottawa, Ontario, Statistics Canada [producer]; Sault Ste. Marie Police Service [distributor].

Figure 41: Walking Distance to Public Playgrounds and Playground Grades p.25

Figure 42: Downtown Walking Distance to Public Playgrounds and Playground Grades p.26

Figure 43: West End Walking Distance to Public Playgrounds and Playground Grades p.27

Figure 44: Public Access Playground Grades (Municipal & Schools), 2013 and 2016 p.28

Figure 45: All Playground Grades (Public & Private Combined), 2013 and 2016 p.28

Sault Ste. Marie Innovation Centre, Community Geomatics Centre, 2013 and 2016

Education and Child Care

Figure 46: Families and Children Assisted with Fee Subsidy in Sault Ste. Marie p.30

Figure 47: Licensed Child Care Spaces by Age Grouping, December 2015 p.31

District of Sault Ste. Marie Social Services Administration Board

Figure 48: Sault Ste. Marie - Valid EDI Counts without Special Needs p.34

Figure 49: Sault Ste. Marie - Valid EDI Counts by Neighbourhood p.35

Figure 50: Percent Vulnerable in One and Two or More EDI Domains p.36

Figure 51: Percent Vulnerable by EDI Domain p.36

Figure 52: Percent Vulnerable in the Physical Health & Well-Being Domain by Neighbourhood, 2014/15 p.37

Figure 53: Physical Readiness Subdomain p.38

Figure 54: Physical Independence Subdomain p.38

Figure 55: Gross & Fine Motor Skills Subdomain p.39

Figure 56: Percent Vulnerable in the Social Competence Domain by Neighbourhood, 2014/15 p.40

Figure 57: Overall Social Competence Subdomain p.41

Figure 58: Responsibility and Respect Subdomain p.41

Figure 59: Approaches to Learning Subdomain p.42

Figure 60: Readiness to Explore New Things Subdomain p.42

Figure 61: Percent Vulnerable in the Emotional Maturity Domain by Neighbourhood, 2014/15 p.43

Figure 62: Prosocial and Helping Behaviour p.44

Figure 63: Anxious and Fearful Behaviour p.44

Figure 64: Aggressive Behaviour Subdomain p.45

Data Sources

Figure 65: Hyperactivity and Inattention Subdomain p.45

Figure 66: Percent Vulnerable in the Language & Cognitive Development Domain by Neighbourhood, 2014/15 p.47

Figure 67: Basic Literacy Skills Subdomain p.48

Figure 68: Interest in Literacy/Numeracy and Memory Subdomain p.48

Figure 69: Advanced Literacy Skills Subdomain p.49

Figure 70: Basic Numeracy Skills Subdomain p.49

Figure 71: Percent Vulnerable in the Communication Skills & General Knowledge Domain by Neighbourhood, 2014/15 p.50

Figure 72: Communication Skills & General Knowledge Subdomain p.51

Figure 73: Percent Vulnerable in One or More Domains by Neighbourhood, 2014/15 p.53

Figure 74: Percent Vulnerable in Two or More Domains by Neighbourhood, 2014/15 p.54

Offord Centre for Child Studies (OCCS), McMaster University, 2005, 2009, 2012, and 2015.

Figure 75: EDI Vulnerability by KPS Return Status p.56

Figure 76: Relationship to Child p.56

Figure 77: Years in Canada p.56

Figure 78: Language Spoken Most Often at Home (Parent) p.57

Figure 79: Family Composition p.57

Figure 80: EDI Vulnerability by Family Composition p.57

Figure 81: Number of Times Child has Moved (Last 5 Years) p.57

Figure 82: EDI Vulnerability by the Number of Times the Child Has Moved p.58

Figure 83: Level of Education of the Respondent p.58

Figure 84: EDI Vulnerability by the Level of Education of the Respondent p.58

Figure 85: Household Income (Before Tax) p.58

Figure 86: EDI Vulnerability by Household Income Group (Before Tax) p.58

Figure 87: Employment Status of Respondent (Top) and Partner (Bottom) p.59

Figure 88: Language Spoken Most Often at Home (Child) p.59

Figure 89: Children Attending Junior Kindergarten Program p.59

Figure 90: Visits to Community Food Services in the Last Year p.60

Figure 91: Child's General Health p.60

Figure 92: Child's Screen Time in Hours (TV/Computer/Video Games) p.60

Figure 93: Child's Participation in Organized (Coached) Sports within Last Year p.60

Figure 94: EDI Vulnerability Rate by Participation in Organized (Coached) Sports p.61

Figure 95: Type of Child Care Accessed by Child's Age p.61

Figure 96: Hours Spent in Child Care by Child's Age p.61

Figure 97: Factors Considered Very Important in Child Care Choice p.61

Figure 98: Parental Leave p.62

Figure 99: Top Barriers When Seeking Child Care p.62

Figure 100: Parenting Program Attendance p.62

Figure 101: Child's Participation in Community Programs/Activities Prior to Kindergarten p.62

Figure 102: EDI Vulnerability by Attendance to Play-Based Programs p.63

Figure 103: EDI Vulnerability by Attendance to Literacy Programs p.63

Figure 104: EDI Vulnerability by Attendance to Parent/Family Centres p.63

Figure 105: EDI Vulnerability by Attendance to Music/Arts/Dance Programs p.63

Figure 106: EDI Vulnerability by Attendance to Public Libraries p.64

Figure 107: EDI Vulnerability by Attendance to Book Stores p.64

Figure 108: EDI Vulnerability by Attendance to Community Activities/Programs p.64

Figure 109: Children's Participation in Various Activities with KPS Respondents or Other Adults in the Past 7 Days p.65

Figure 110: Top Challenges of Parent Involvement in School Activities p.66

Figure 111: Parental Involvement in Child's School Since the Beginning of School Year p.66

Figure 112: Community Safety p.66

Figure 113: Relationship with Neighbours p.66

Figure 114: Accessibility of Public Facilities p.67

Offord Centre for Child Studies (OCCS), McMaster University, 2012.

Figure 115: Algoma District School Board Junior Kindergarten and Senior Kindergarten Enrolment p.67

Algoma District School Board

Figure 116: Huron Superior Catholic District School Board Junior Kindergarten and Senior Kindergarten Enrolment p.67

Huron Superior Catholic District School Board

Figure 117: Conseil scolaire public du Grand Nord de l'Ontario Junior Kindergarten and Senior Kindergarten Enrolment p.68

Conseil scolaire public du Grand Nord de l'Ontario

Figure 118: Conseil scolaire catholique du Nouvel-Ontario Junior Kindergarten and Senior Kindergarten Enrolment p.68

Conseil scolaire catholique du Nouvel-Ontario

Data Sources

Child and Family

Figure 119: Family Structure 2013, Families with Children Under 6 p.70

Figure 120: Family Structure 2013, Lone-Parent Families with Children Under 6 p.70

Figure 121: Family Structure 2013, Families with Children Under 6 Headed by a Lone-Parent by Census Tract p.71

Figure 122: Median Family Income 2013 - By Family Type p.71

Figure 123: Median Family Income 2006-2013 - Couple Families p.72

Figure 124: Median Family Income 2006-2013 - Lone-Parent Families p.72

Figure 125: Youth Living in Low-Income Families 2013 - By Family Type p.72

Figure 126: Youth Living in Low-Income Families 2013 by Census Tract p.73

Figure 127: Youth Living in Low-Income Families 2006-2013 - All Family Types p.73

Figure 128: Youth Living in Low-Income Families 2006-2013 - Couple Parent Families p.74

Figure 129: Youth Living in Low-Income Families 2006-2013 - Lone-Parent Families p.74

Figure 130: Families Receiving Social Assistance - By Family Type p.74

Figure 131: Families Receiving Social Assistance - By Census Tract p.75

Figure 132: Families Receiving Social Assistance 2006-2013 - All Family Types p.75

Figure 133: Families Receiving Social Assistance 2006-2013 - Couple Families p.76

Figure 134: Families Receiving Social Assistance 2006-2013 - Lone-Parent Families p.76

Statistics Canada (SAAD Taxfiler Data), 2013

Figure 135: Child Drop-In Visits to Best Start Hubs, 2009 - 2015 p.80

Figure 136: Child Drop-In Visits to Best Start Hubs, 2009 - 2015 p.81

Figure 137: Child Drop-In Visits to Best Start Hubs by Census Tract, 2015 p.81

Best Start Hubs

Figure 138: Number of Children who visited the SSM PFLCs at Least Once p.84

Figure 139: Total Child Visits to SSM PFLCs p.84

Algoma District School Board Parenting and Family Literacy Centres

Figure 140: Average Number of Families in Ongoing Services, 2007 - 2015 p.86

Figure 141: Average Number of Children in Care, 2007 - 2015 p.86

Figure 142: Average Number of Children in Care Aged 0 to 5, 2007 - 2015 p.86

Figure 143: Average Number of Children Placed with Kin, 2007 - 2015 p.87

Figure 144: Total Number of Investigations, 2007 - 2015 p.87

Children's Aid Society of Algoma

