



Sault Ste. Marie

Our Children, Their Future

2011 Best Start Network Report



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

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District of Sault Ste. Marie
Social Services Administration Board



SAULT STE. MARIE
INNOVATION
CENTRE
Community Geomatics Centre

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Ministry of Education

North East Mental Health Centre

Offord Centre for Child Studies

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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

The Indian Friendship Centre/Best Start Hub

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**

.....

In 2005, Première Dalton McGuinty introduced the Best Start Initiative as a strategy to support optimal child development and a readiness to learn by grade one. Our local planning table, the District of Sault Ste. Marie Best Start Network, was established that same year.

The Network's goal is for all children born and growing up in the District of Sault Ste. Marie to achieve their social, intellectual, economic, physical and emotional potential through the provision of integrated children's services.

Our table is comprised of representatives from several children's service sectors and community parents. We are committed to planning and partnering together to engage and support parents and improve services to meet the needs of families and children.

This report 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 community, we are given an opportunity to identify and plan for the development or enhancement of services that support improved outcomes for our children.

Our community has much to celebrate with regard to successful relationship building between children's service providers and partnering that supports seamless access for parents. The Best Start Network remains committed to the vision of Best Start and the development of an integrated service system that improves the lives of our children, our families and our community.

Susan Vanagas-Cote
Co-Chair
District of Sault Ste. Marie
Best Start Network

Anna Zuccato
Co-Chair
District of Sault Ste Marie
Best Start Network

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Keeping in consideration the goals of the Best Start Network, this report 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 assess 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 takes a look at 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 and physical activity. Information on the **birth** rate in Sault Ste. Marie, teen mothers, the new 18 month Well-Baby visits and the Infant and Child Development Program can be found in this section. This section also includes data and graphs on **children's health** issues such as asthma and obesity. **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, crime and information about car seat safety. 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 19 begins a study on the number of playgrounds within walking distance in Sault Ste. Marie.

The Education and Child Care section reviews the cost and availability of **child care** in Sault Ste. Marie, subsidies, Registered Early Childhood Educators and before and after school programs. **Best Start Hubs** services, programs, and location information, and a study of visits and transportation to Best Start Hubs is outlined in this section. 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 on pages 30 through 36. **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 37.

“It is important to find out where children shine in Sault Ste. Marie, as well as where children may need more attention.”

The section on Family reports on **family structure**, with information on the percentage of families with children under 6, median family income, and children living in low income. 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 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 the Triple P (Positive Parenting Program) can also be found in this section. **Children's Aid Society** stats are located at the end of the Family section on page 43.

The information presented in this report gives a snapshot of Sault Ste. Marie's children and services for children and families. By comparing this data with future reports, services can be modified and implemented to better serve all children in Sault Ste. Marie, to give them their best start towards a bright future.

Best Start Introduction

Successful communities are fostered by children who reach their full potential in life. 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 is an initiative that promotes optimal child development by supporting parents and caregivers in this crucial role.

Figure 1



Best Start is a provincially funded strategy that is community driven by a planning table called the Best Start Network. 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. Therefore, the Network consists of representatives from local agencies providing services to families and children, covering the spectrum of health, education, social supports and specialized children's services. Parent participation is central to the planning process and the Network maintains parent representation at all times.

The goal of community planning is to ensure that parents with children from prenatal to age 6 have accessible services and supports. 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. The result will be children who are ready and eager to learn by the time they reach grade one.

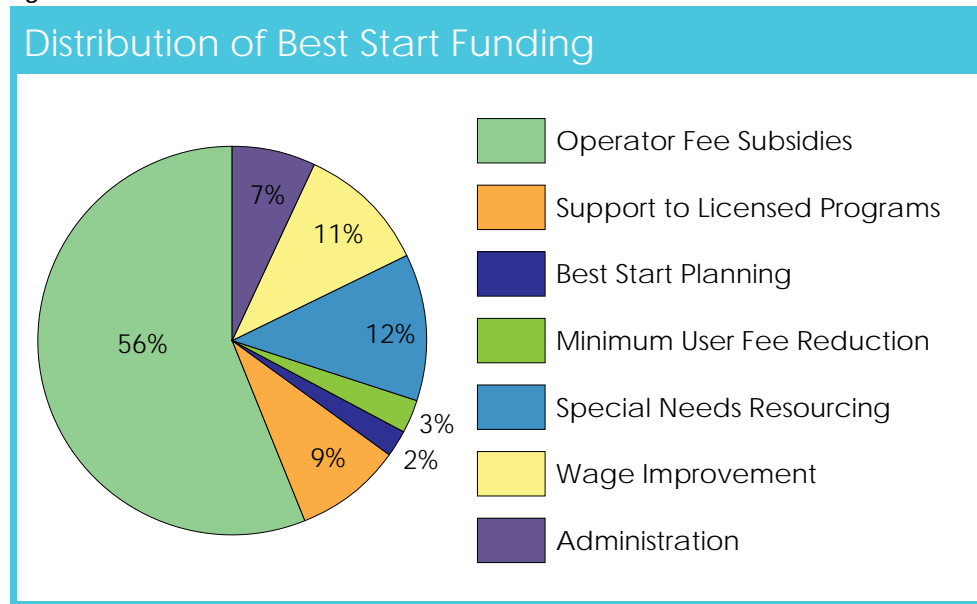
The first phase of Best Start involved the expansion of licensed child care spaces, funded through a provincial/federal agreement. Eighty-three new spaces were developed locally, some in schools and some to meet the needs of the Aboriginal and Francophone communities. A total of 134 spaces are currently supported through Best Start funding.

Best Start funding received by the District of Sault Ste. Marie Social Services Administration Board supports:

- **Families** in need of assistance with child care costs
- The Early Learning Resource program for **children with special needs**
- Community planning of the **Best Start Network** and other committees
- **Relationship building** between local children's service agencies
- Licensing needs and the overall viability of **child care centres**
- Improving salaries for **Registered Early Childhood Educators**
- Training and development for Registered Early Childhood Educators
- The development of **Best Start Hubs** in 5 locations
- The development and maintenance of the on-line **Child Care Application Site**

Best Start Introduction

Figure 2



After year one, the funding for further child care expansion was terminated and the focus of the Best Start Network became service integration. 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 services¹. 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 at one location.

"Service integration promotes the best use of existing funding and resources through collaborative agency planning."

and Youth Services and the Ministry of Education, the Best Start Network will continue to plan and work together toward the development of Best Start Child and Family Centres and the provision of services to meet the unique needs of the families in our community.

The creation of child care spaces within schools was a step toward the development of what Dr. Pascal calls Best Start Child and Family Centres. These centres are ideally located in schools or are closely associated with schools. Best Start Child and Family Centres will provide parents with access to all of the services they need for their children's early development. Full-day kindergarten for four and five year olds, with an optional extended day is currently being implemented across the province. This is another significant step to achieving Dr. Pascal's vision.



There are several other recommendations in Dr. Pascal's report with regard to changes in leadership roles, legislation and funding. In consultation with the Ministry of Children

¹ Pascal, Charles E. (2009). *With Our Best Future in Mind, Implementing Early Learning in Ontario*. Toronto: Queen's Printer for Ontario.

Community Overview

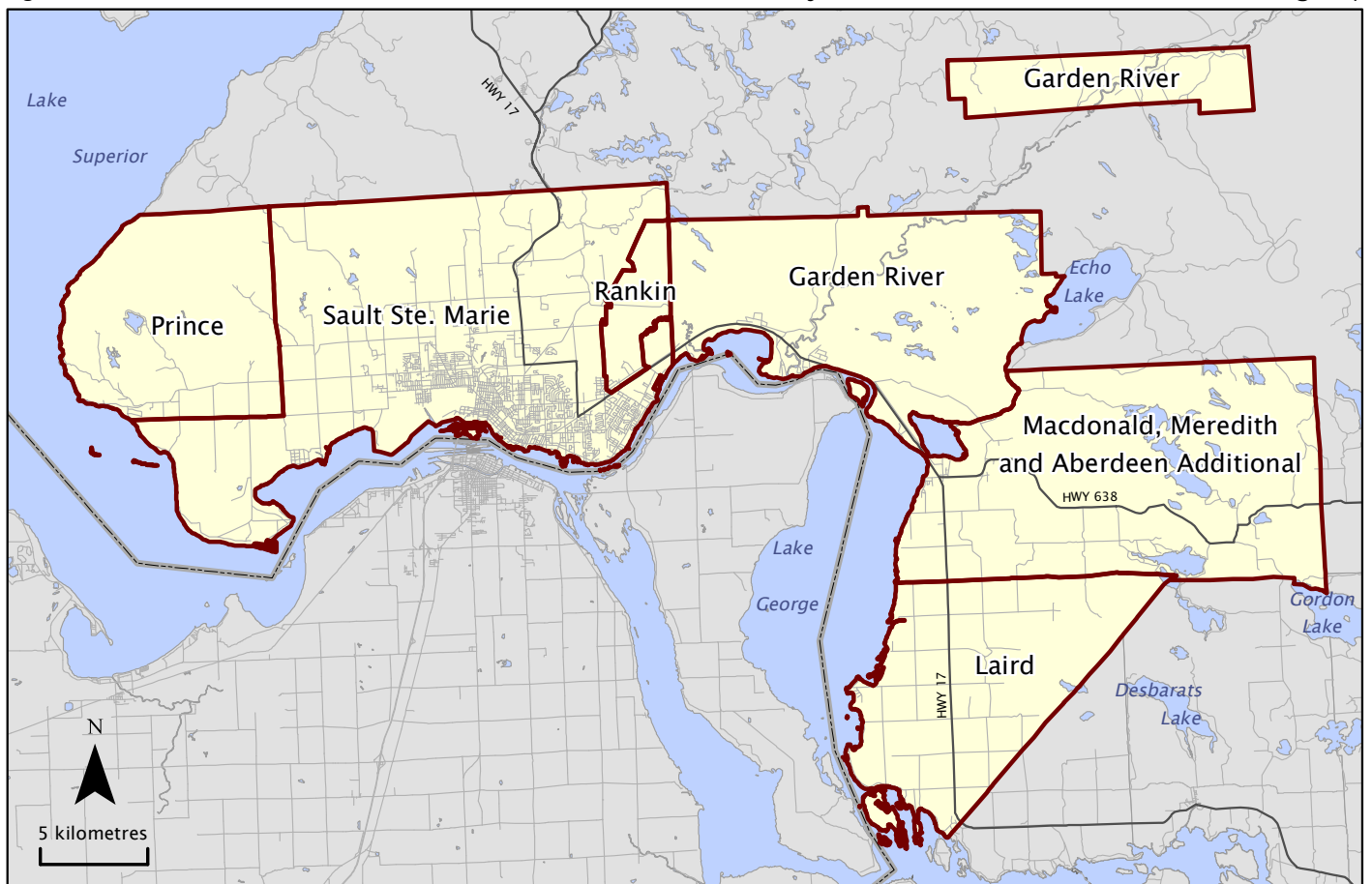
Community Overview Indicators

- Population Change Between 2001 - 2006
- Number of Children Aged 0 - 6
- Aboriginal Profile
- Francophone Profile
- Social Risk Index Calculation

Sault Ste. Marie Census Agglomeration Definition

This report commonly makes reference to the Sault Ste. Marie Census Agglomeration (CA) when quoting Statistics Canada data. The Sault Ste. Marie CA is a Statistics Canada defined area consisting 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 commuting.

Figure 3



Since the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) covers an area larger than that of the urban core of Sault Ste. Marie, CA statistics have been included where possible. **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.**

It is important to note that the DSSMSSAB territory also covers the area from Montreal River south to the northern boundary of Sault Ste. Marie. Statistics Canada groups

Community Overview

this area into a large “Unorganized Area” comprised of all areas in the Algoma District that are not part of an incorporated municipality. Due to the lack of localized statistics, the population of the Sault North area has been omitted from this report. The full geographic extent of the Sault Ste. Marie CA is shown in figure 3.

Population Change Between 2001-2006

The City of Sault Ste. Marie and the surrounding areas that make up the Census Agglomeration had a population of 80,098 in 2006, an increase from 78,908 in 2001. The vast majority of people in this area reside in the City of Sault Ste. Marie, which had a population of 74,948 in 2006 and 74,566 in 2001.

“There are proportionately fewer children and more seniors in the Sault Ste. Marie CA than the whole of Ontario.”

The 2006 age-sex structure chart (figure 5) shows a breakdown of males and females by age group. Traditionally, charts of this shape signify a declining population² as a large proportion of females age beyond the traditional fertility years of 15 to 44. These populations 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.

Figure 4

% Change in Population (2001 - 2006)
Sault Ste. Marie Census Agglomeration

Age Group	Total Pop. 2001	Total Pop. 2006	% Change 2001-2006
0 to 4 (all)	3,685	3,480	-5.6%
5 to 9 (all)	4,825	3,940	-18.3%
0 to 4 (females)	1,780	1,725	-3.1%
5 to 9 (females)	2,355	1,885	-20.0%
0 to 4 (males)	1,905	1,750	-8.1%
5 to 9 (males)	2,965	2,055	-16.6%

² Statistics Canada, “Population Pyramids”, 2011, Accessed: http://www.statcan.gc.ca/kits-trousses/animat/edu06a_0000-eng.htm.

Figure 5

Age-Sex Structure Comparison (2001-2006)
Sault Ste. Marie Census Agglomeration

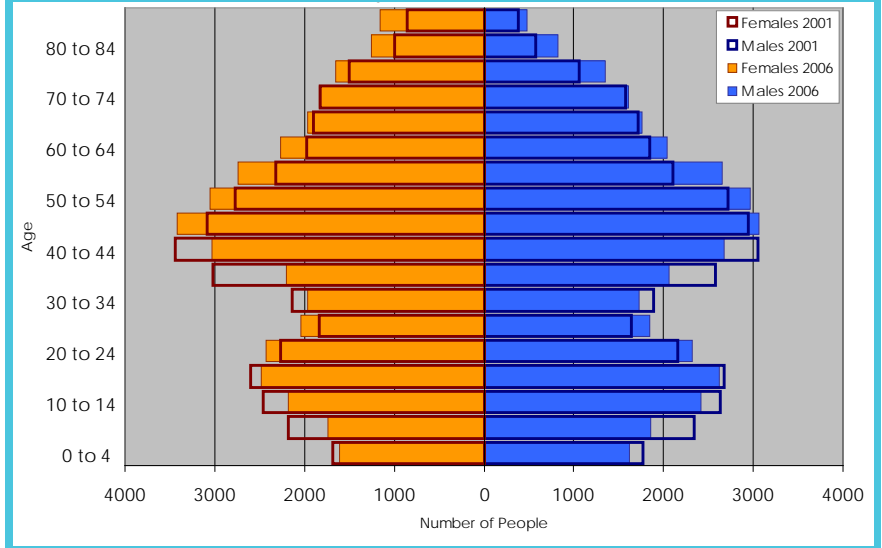


Figure 5 indicates an aging population, with a significant bulge in the 40 to 59 age groups, which represents the baby-boom generation. The population of Sault Ste. Marie is older than Ontario, as the median age of the population was 43.7 years in 2006 compared to 39 years for Ontario.

The youth population of Sault Ste. Marie has been in decline for a number of years, a trend that continued between 2001 and 2006. There are proportionately fewer children and more seniors in the Sault Ste. Marie CA than the whole of Ontario. Within the CA in 2006 the percentage of elderly people aged 65 and up (18.0%) exceeded the percentage of children aged 0 to 14 (15.5%) for the first time in the history of the city.



Community Overview

Number of Children Under 6

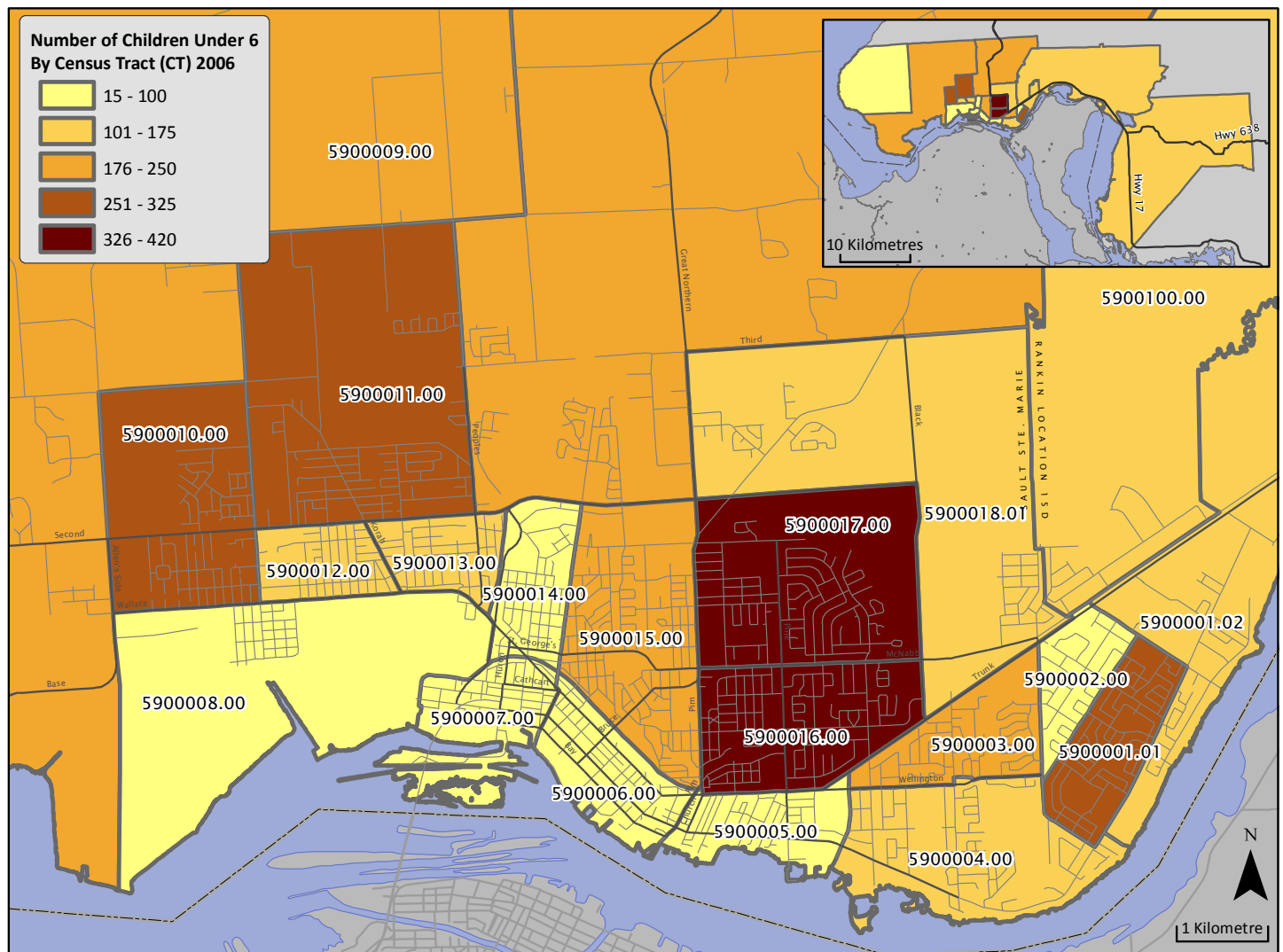
In addition to five year age groupings (see previous section) Statistics Canada also reports the number of children below the age of 6 for communities and selected geographies. The Sault Ste. Marie CA had 4,240 children below the age of 6 in 2006, down from 4,600 in 2001. This represents a 7.8% decline in population in this age group.

The following map shows total population under the age of 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 under 6 in 2006 was 5900017.00 with 420, while the fewest reside in Prince Township (15 children under 6 years of age).



Figure 6



Community Overview

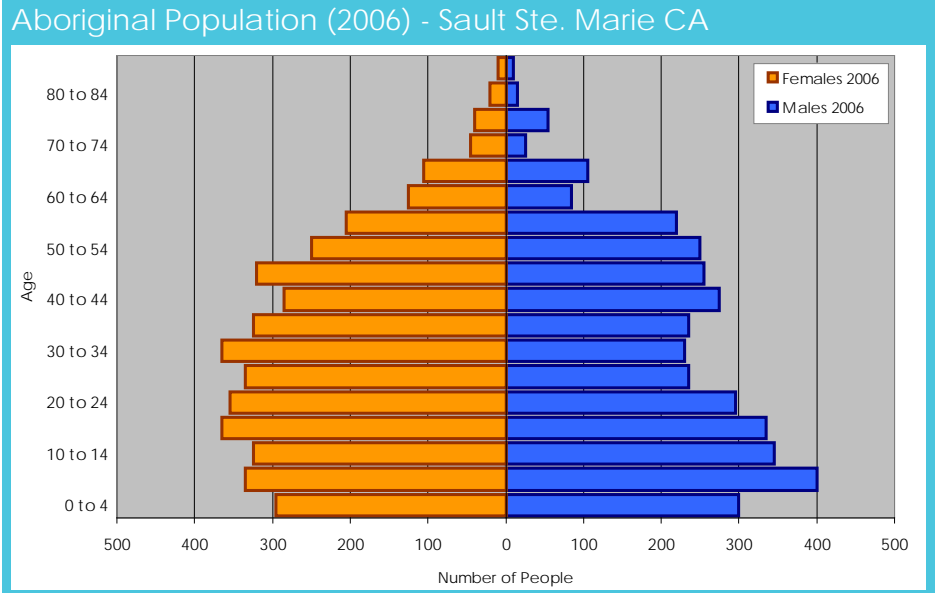
Aboriginal Profile

In 2006 there were 7,760 Aboriginal people living in the Sault Ste. Marie CA, making up approximately 9.7% of the total population. In 2006, 4,485 persons identified as First Nations people accounting for over half (58%) of the CA's Aboriginal population. Another 3,125 identified as Métis accounting for a further 40% of the Aboriginal population. A small percentage (2%) reported multiple or other Aboriginal responses³.

Generally speaking the Aboriginal population of the Sault Ste. Marie CA is younger than the non-Aboriginal population⁴. The median age of the Aboriginal population in the CA was 29.6 years in 2006, compared to 43.7 for all persons in the CA. In comparison, the median age of the Aboriginal population in Ontario was 29.7 years in 2006, compared to 39 for all persons in Ontario.

The Aboriginal Population age-sex structure chart (figure 7) generally shows growth in the youth and young working age population. Pyramidal shaped charts of this type are generally characterized as having a high birth rate and a low death rate. The Aboriginal population in the Sault Ste. Marie CA is in a high growth

Figure 7

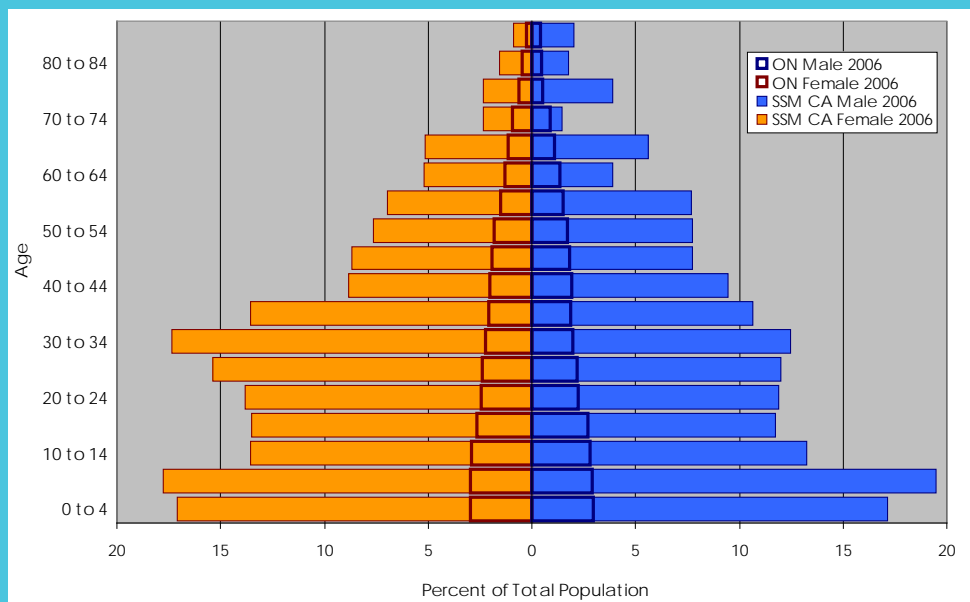


situation, while the non-Aboriginal population is in a decline situation. The chart also shows a significant dip in working age males aged 25 to 39.

“...the Aboriginal population of the Sault Ste. Marie CA is younger than the non-Aboriginal population.”

Figure 8

Percent Aboriginal by Age Group (2006) - SSM CA and Ontario



The Percent Aboriginal by Age Group chart (figure 8) indicates that there is a greater percentage of

Aboriginal people in every age group in the Sault Ste. Marie CA than that of Ontario. Also two age groups with the highest percentage of Aboriginal people in the Sault Ste. Marie CA in 2006 were the 0 to 4 and 5 to 9 age groups with 17% and 18.5% respectively. The proportion of Aboriginal people generally rises with youth in both the Sault Ste. Marie CA and Ontario.

When examining these figures, please note that numeration was incomplete for some Aboriginal reserves and settlements in the 2006 Census for various reasons. Data for 2006 are not available for these geographic areas (a total of 10 in Ontario, with an estimated total population of 15,392) and, therefore, have not been included in tabulations⁵.

³ Marie-France Germain, Rosalinda Costa and Karen Kelly-Scott, "2006 Aboriginal Population Profile for Sault Ste. Marie", Ottawa: Statistics Canada, Cat. No. 89-639-X, 2009, pp. 6.

⁴ Germain et al., 2009, pp. 7.

⁵ Statistics Canada, "Census Data Notes: Incompletely enumerated Indian reserves and Indian settlements, Appendix 3", Accessed: <http://www12.statcan.ca/english/census06/data/popdwel/Appdx3.cfm?N=3>.

Community Overview

Figure 9

Francophone Population (2006) - Sault Ste. Marie CA

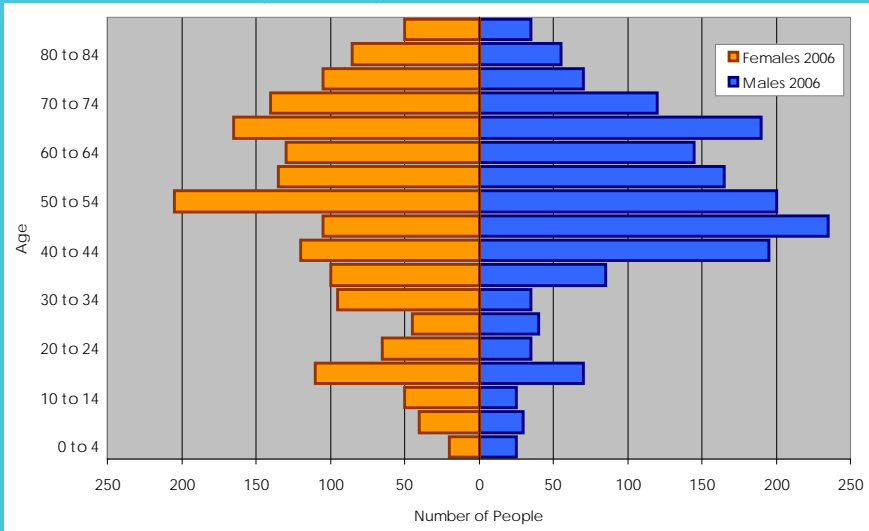
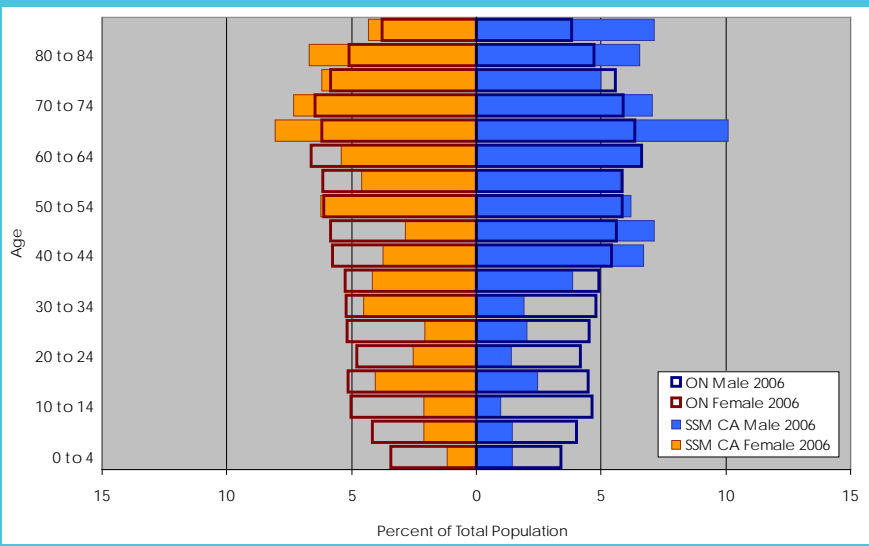


Figure 10

Percent Francophone by Age Group (2006) - SSM CA and Ontario



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 and incomplete transmission of the French language from parents to children”⁶. These factors may help to explain the small numbers of Francophone youth in the Sault Ste. Marie CA.

“[figure 9] shows an aging population with a high number of seniors...and a very low number of youth.”

Francophone Profile

According to the 2006 Target Group Profile of the Francophone Population of Canada (compiled by Statistics Canada), the Francophone population in the Sault Ste. Marie CA totalled 3,530 persons, representing approximately 4.4% of the total population. In Ontario, the Francophone population totalled 633,345 persons, making up 5.3% of the entire population.

The Francophone Population age-sex structure chart (figure 9) 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

The Percent Francophone by Age Group chart (figure 10) indicates there is a lesser percentage of Francophone people in every age group below age 39 in the Sault Ste. Marie CA than that of Ontario. Conversely, there is a greater percentage of Francophone people in every age group above age 65 (with the exception of males 75 to 79) in the Sault Ste. Marie CA than that of Ontario. The two age groups with the highest percentage of Francophones in the CA in 2006 were the 65 to 69 and 70 to 74 age groups with 9% and 7.2% respectively, while the three lowest were the 0 to 4, 5 to 9 and 10 to 14 cohorts with 1.3%, 1.8% and 1.5% respectively.

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

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 2006 data from Statistics Canada. 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 to 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, as seen in figure 11.



Figure 11

Social Risk Index Score Categories	
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 figure 12. Results for Sault Ste. Marie and Algoma that are higher than the Ontario value are shown in red.

Figure 12 shows that Sault Ste. Marie and Algoma both have a social risk index score of 4 and are considered

Figure 12

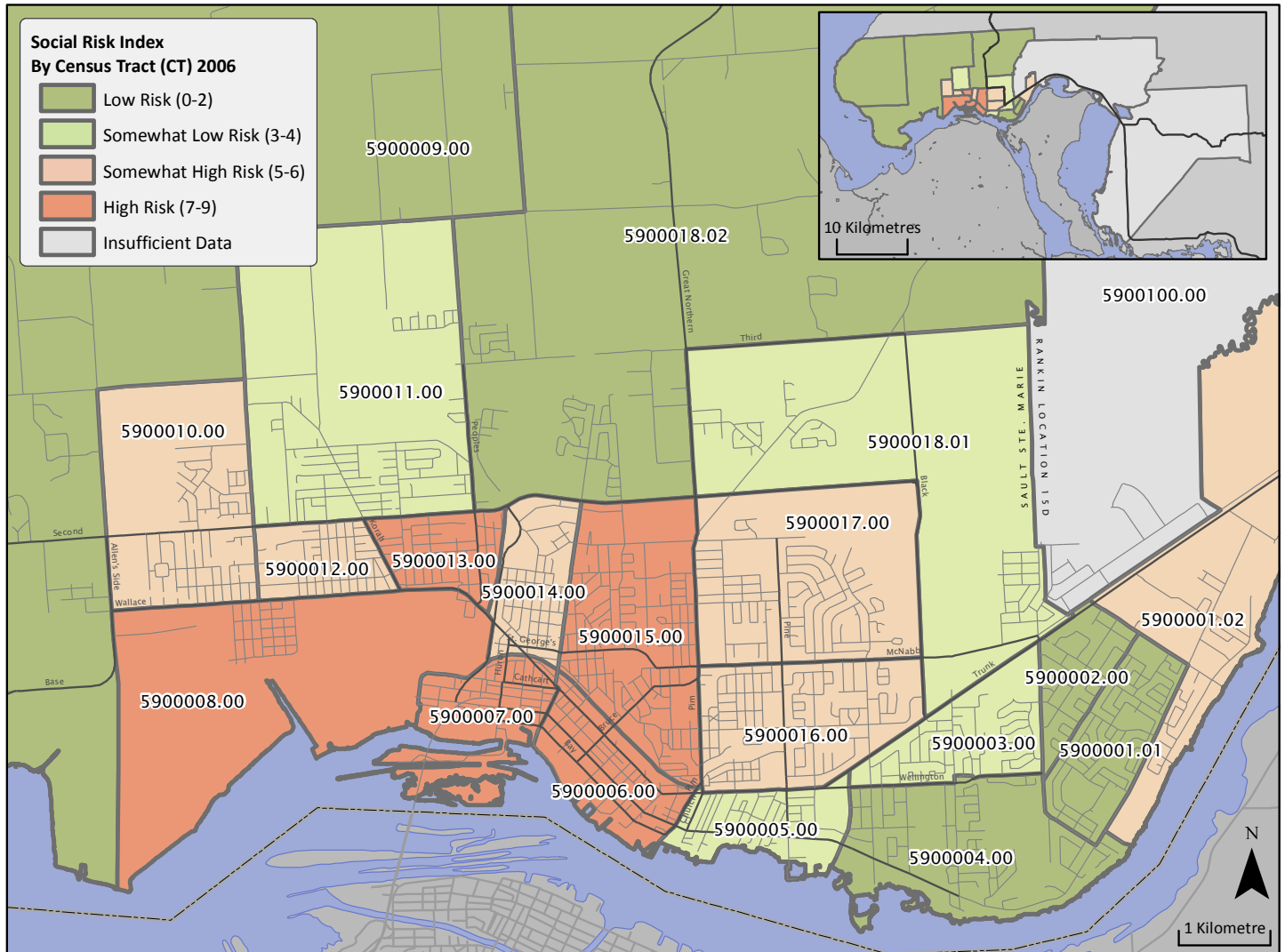
Indicators (Census 2006)	Sault Ste. Marie CA	Algoma District	Ontario
Lone Parent Families	18.2%	16.3%	15.8%
Families with Low Income	10.1%	9.6%	11.7%
Not Speaking an Official Language	0.5%	0.4%	2.2%
Recent Immigrants	0.2%	0.2%	4.8%
Rented Dwellings	29.6%	28.0%	28.8%
Who Moved in the Past Year	12.6%	12.2%	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	-

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 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 this region 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.

Community Overview

Figure 13



“The [Social Risk] index measures nine critical risk indicators and compares the results of each against the provincial average.”

The resulting map, figure 13, 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 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 670 children under the age of 6 in 2006.
- Six CTs scored as ‘Somewhat High Risk’, and had a combined population of approximately 1,420 children under the age of 6 in 2006.
- Four CTs scored as ‘Somewhat Low Risk’, and had a combined population of approximately 730

children under the age of 6 in 2006.

- 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 up to Dacey Road and the more rural areas of Sault Ste. Marie and Prince Township. Combined, these Tracts had an approximate population of 930 children under the age of 6 in 2006.

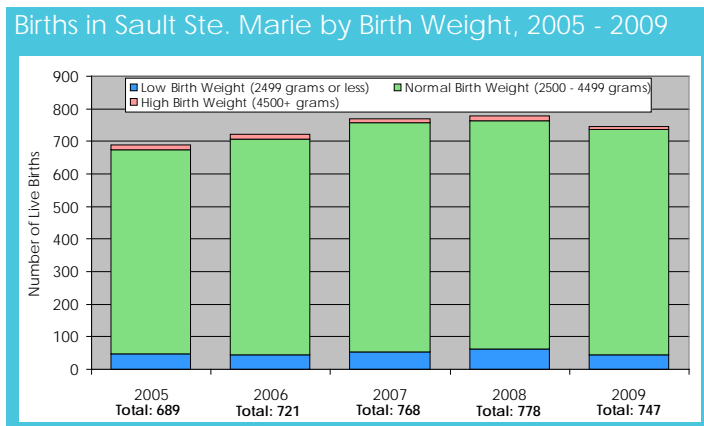
** Please note that further variations may exist within each CT, however a smaller geographic analysis by Census Dissemination Area (DA) may contain unreliable data due to low population counts and random rounding of values.*

Please refer to the Family section for additional information.

For more demographic information on individual Census Tracts, the CT name (e.g. 5900018.02) can be entered into the Statistics Canada Census Tract Profiles at <http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-597/index.cfm?lang=E>.

Health and Physical Environment

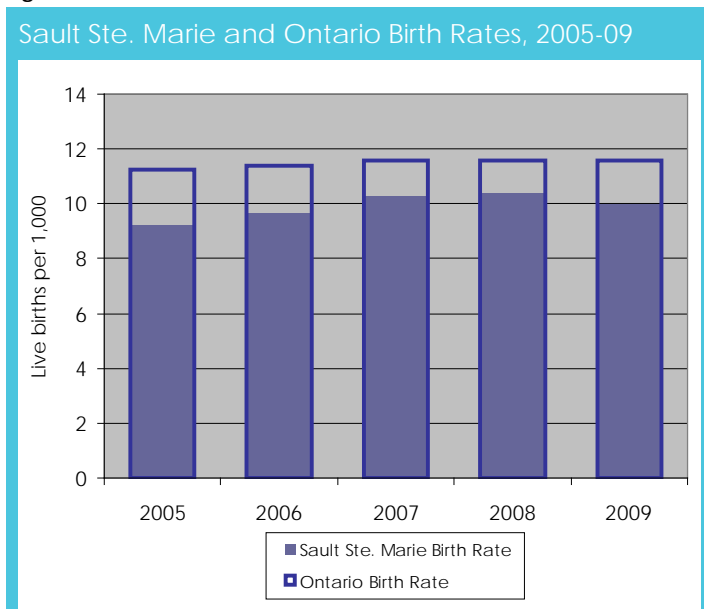
Figure 14



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 children's services to be prepared for the number of clients they will receive in upcoming years. The number of births in Sault Ste. Marie has risen since 2005, from 689 in 2005 to 747 in 2009. The number of low birth weight babies rose in 2007 and 2008 (53 and 63 respectively), and then decreased again to 44 in 2009 (figure 14). When comparing the city of Sault Ste. Marie's crude birth rate* (births per 1,000 population) with the crude birth rate for Ontario (figure 15), Sault Ste. Marie has a consistently lower crude birth rate each year, likely because the percentage of the

Figure 15



* Crude birth rate calculation based on Statistics Canada population data from 2006

Health and Physical Environment Indicators

- Births
- Children's Health
- Nutrition
- Safety
- Activity

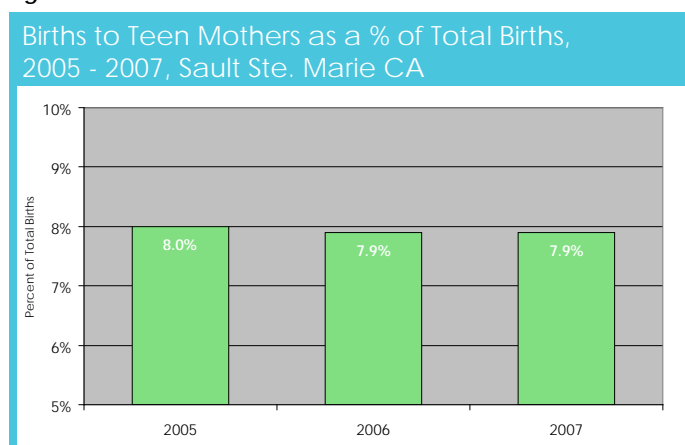
population represented by women in their child bearing years (15 to 49 years of age) is lower in the Sault Ste. Marie CA than in Ontario.

Teen Mothers

"...the percentage of births to teen mothers in the Sault Ste. Marie CA has been relatively static at 8% over the three years studied."

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 mothers⁷. Figure 16 shows the births to teen mothers as a percent of total births for 2005 to 2007. This graph shows that the percentage of births to teen mothers in the Sault Ste. Marie CA has been relatively static at 8% over the three years studied. In Algoma, the rate of live births to women ages 15 to 24 was higher than the provincial rates for both age groups from 1986 to 2006.

Figure 16



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

Health and Physical Environment

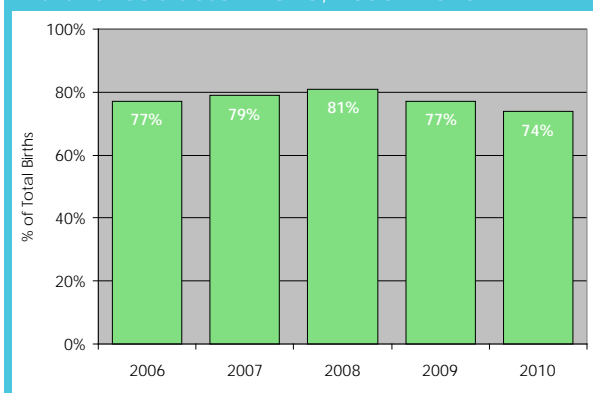
Children's Health

Well-Baby Visits

Healthy Babies Healthy Children postpartum support services consist of a phone call from a public health nurse to all new parents within 48 hours of being discharged from the hospital, an offer of a home visit from a public health nurse, and information on other parenting resources available in the community. These services are available to all families of newborns in Ontario. In 2010, 74% of babies born received a postpartum home visit through Algoma Public Health (figure 17).

Figure 17

18 Month Well-Baby Visits as a Percentage of Births for Sault Ste. Marie, 2006 - 2010

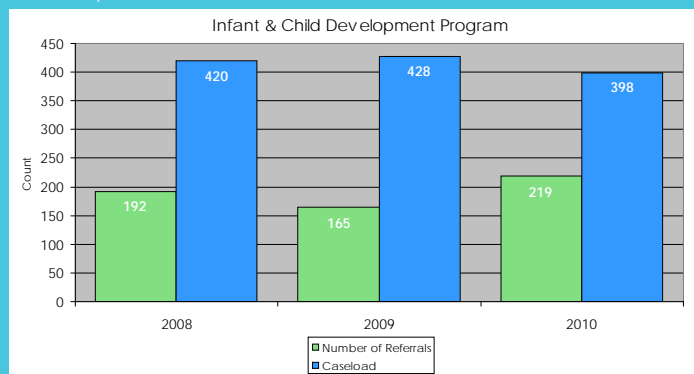


Infant & Child Development Program

Algoma Public Health (APH) administers the Infant and Child Development Program which offers services to parents of children birth to six years of age who are either at risk for developmental delay or are presently experiencing delays in their development.

Figure 18

Infant and Child Development Program, Referrals and Clients, 2008 - 2010



This includes premature infants, alcohol and drug exposed children, children with Autism Spectrum Disorder, etc. A continuum of client centered services including parent support/education groups, screening, assessment, direct and parent-mediated intervention, family support and education, and case coordination are offered.

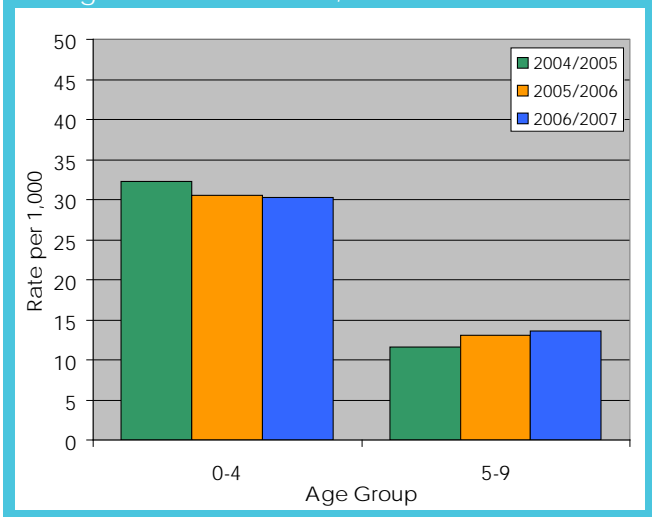
In 2010, the Infant and Child Development program received 219 referrals and provided services to 398 children and their families in Sault Ste. Marie (figure 18).

Asthma

Asthma is a "chronic inflammatory disease of the airways" that often begins in childhood but can be diagnosed at any age⁸. Figure 19 shows age- and sex-adjusted incidence rates of asthma for Algoma Public Health, from 2004/05 to 2006/07. The highest asthma rates are for the 0 to 4 age group, which has slightly declined over the three years illustrated. The second highest rates are in the 5 to 9 age group which has slightly increased over the three years.

Figure 19

Age- and Sex-Adjusted Asthma Incidence Rates for Algoma Public Health, 2004/05 - 2006/07



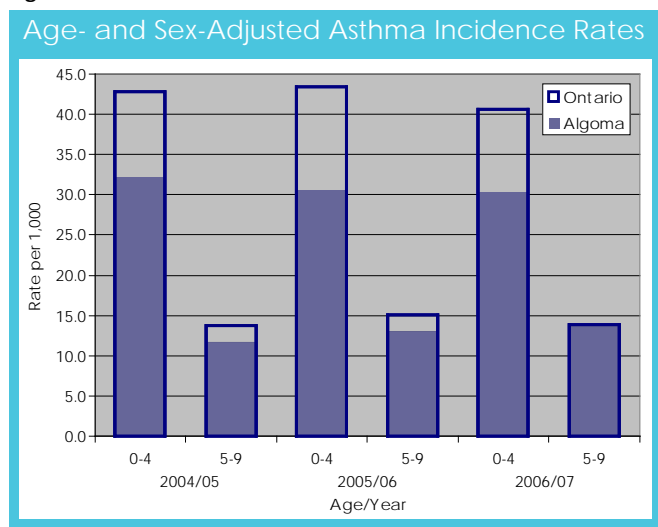
When compared with the provincial rates, asthma incidence rates were consistently lower in the 0 to 4 and 5 to 9 age groups in Algoma (figure 20). According to the Asthma Society of Canada, "urbanization appears to be correlated with an increase in asthma"⁸. The population density for the Algoma Census Division (CD) is 2.4 persons per square kilometre, ranking 21st for population in Ontario and 44th out of 49 CDs for

⁸ "Asthma Facts & Statistics." Asthma Society of Canada. April 2005. Accessed February 2, 2011.

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population density⁹. This low population density may explain why Algoma's asthma rates are lower than the provincial average.

Figure 20



Obesity

One of the major health issues in Canada today is the increase in obesity rates. Obesity rates have increased in Ontario in recent years due to high rates of inactivity and poor eating habits. Dr. Sheela Basrur, the Ontario Chief Medical Officer of Health from 2004 to 2006 explained the roots of the obesity issue in Ontario: "As a society we have lost the balance between the energy we take in and the energy we expend, which is key to a healthy weight. Just when Ontarians are faced with more food choices, more processed foods, and larger food portions, we have engineered physical activity out of our lives, replacing it with remote controls, computers and video games. We have made our generation the most sedentary in history,"¹⁰. In 2010, the Group Health Centre diagnosed 60 children between the ages of 0 and 6 as obese (BMI > 20). This number does not include children diagnosed as obese by doctors who are not part of the Group Health Centre.

Nutrition

NutriSTEP®

Children's food choices directly affect their growth, development and academic performance. Eating habits are established at an early age and preschoolers

⁹ Statistics Canada: Population and dwelling counts, for Canada, provinces and territories, and census divisions, 2006 and 2001 censuses - 100% data

¹⁰ Dr. Sheela Basrur - Ontario Chief Medical Officer of Health 2004-2006, Public Health - Everyone's Business, 2009 Annual Report of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario, pg. 15.

are especially vulnerable to poor nutrition. In spring 2011, Algoma Public Health will begin implementing the provincial NutriSTEP® program (www.nutristep.ca) in the Algoma District. NutriSTEP® (Nutrition Risk Screening Tool for Every Preschooler) is a valid and reliable, bilingual 17 question nutrition risk screening index for parents to complete about their preschooler, ages 3 to 5 years. It addresses physical growth, food and nutrient intakes, factors affecting food intake and eating behaviour, developmental and physical capabilities and physical activity. Once the screening tool is completed, a score will show if the child is identified as low, moderate or high risk of nutrition concerns. Parents are provided with educational material and information on how to access additional supports and community referrals. The initial implementation will begin during kindergarten registration sessions and then will be distributed to other community professionals working with families of preschoolers.

Food Security

Algoma Public Health indicates in their 2010 "Cost of Food and Eating Well in Algoma District" Report that feeding a family of four healthy foods costs \$751.90 a month, which does not include money for convenience foods, personal hygiene or cleaning products. The following programs help to ensure that expectant mothers have a healthy pregnancy, teach families how to access nutritious food affordably and ensure that children and families have access to food. These programs include the Canada Prenatal Nutrition Program, Community Kitchens, Community Gardens, the Community Assistance Trust, the Energy Break Program, lunch programs, Soup Kitchens and Food Banks.

Canada Prenatal Nutrition Program AKA "The Milk Program"

The Canada Prenatal Nutrition Program (CPNP) supports community projects that increase access to health and social supports for women facing challenges that put their own health or their infant child at risk. Participants receive prenatal vitamins, milk, food and postnatal support for breast-feeding. Families that are supported to exclusively breast-feed for the first six months of life contribute to the food security of their infant. In Algoma, the breast-feeding rate upon entry into the Algoma Public Health service is approximately 76% as compared to the national breast-feeding initiation rate of almost 90%¹¹. Aboriginal CPNP programming covers

¹¹ What Mothers Say: The Canadian Maternity Experiences Survey. Public Health Agency of Canada. 2009.

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a range of services including holistic health, prenatal/postnatal services, nutrition and family support. In 2010, Algoma Public Health helped 265 parents through the Sault Ste. Marie CPNP, the Indian Friendship Centre helped 36 families, and the Indian Friendship Centre Outreach Location helped 24 families. In the 2006 "Food Insecurity in Algoma" Report, Algoma Public Health reported that "25% of all pregnant women in Sault Ste. Marie and 30 - 45% of pregnant women in the rest of Algoma access the Canada Prenatal Nutrition Program to get help with milk and food because they cannot afford to eat nutritiously"¹².

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. The statistic includes 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. The Canadian Red Cross had 140 adults and 133 children attend their community kitchens in 2010. The Indian Friendship Centre Best Start Hub provided community kitchens for 25 families and



the Indian Friendship Centre Outreach Location hosted community kitchens for 17 families in 2010.

Community Gardens

Through Community Gardens participants learn practical life and social skills while taking responsibility for the well-being of a garden.

Community Assistance Trust

Community Assistance Trust (CAT) is a volunteer committee of the United Way that assists the most vulnerable citizens with emergency funding to cover basic needs. Children's items covered may include cribs, car seats, safety gates, mattresses, diapers and formula. All other sources of income for the recipient must be exhausted, making CAT the last resort for those in need. CAT provided Emergency Food Assistance for 36 families, including 12 children in 2010.

The Energy Break Program

The Energy Break Program provides non-perishable food items from all four food groups to students in 53 schools in Sault Ste. Marie. Students may access the boxes at any time throughout the school day due to a skipped breakfast, long bus ride, growth spurts fueling their appetite, forgotten lunch or not enough food at home to meet their needs. Algoma Family Services provided students with 12,810 snacks/lunches in 2010 through the Energy Break 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 seven 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.

In 2010, the following programs provided food to those in need:

- The Indian Friendship Centre served 2,824 lunches through their School Lunch Program
- Phoenix Rising Women's Centre served 72 meals to children and 816 meals to women
- The Soup Kitchen Community Centre served 690 meals to children and 18,332 meals to adults
- Vincent Place Food Services provided 1,041 meals to children and 8,370 meals to adults

Health and Physical Environment

- The Food Bank at Vincent Place Food Services provided children with food 945 times and adults 2,250 times, and the Salvation Army Community & Family Services Food Bank provided children with food 935 times.

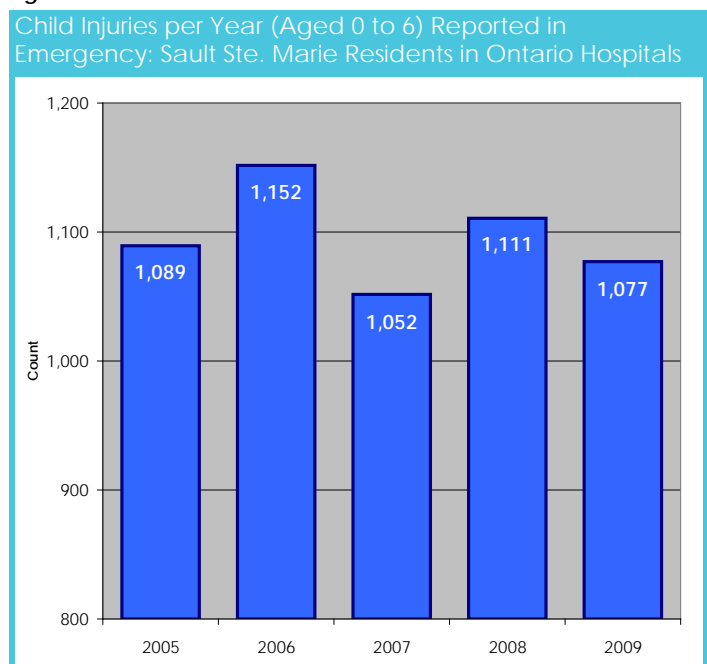
Safety

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 www.safekidscanada.ca.

Figure 21 shows the number of Sault Ste. Marie resident child injuries (aged 0 to 6) for each year from 2005 to 2009 that were reported in an Ontario emergency room (i.e. Sault Area Hospital or another location). The totals fluctuate slightly from year to year, ranging from a low of 1,052 in 2007 to a high of 1,152 in 2006. The average number of child injuries per year over these five years was 1,092 injuries.

Figure 21

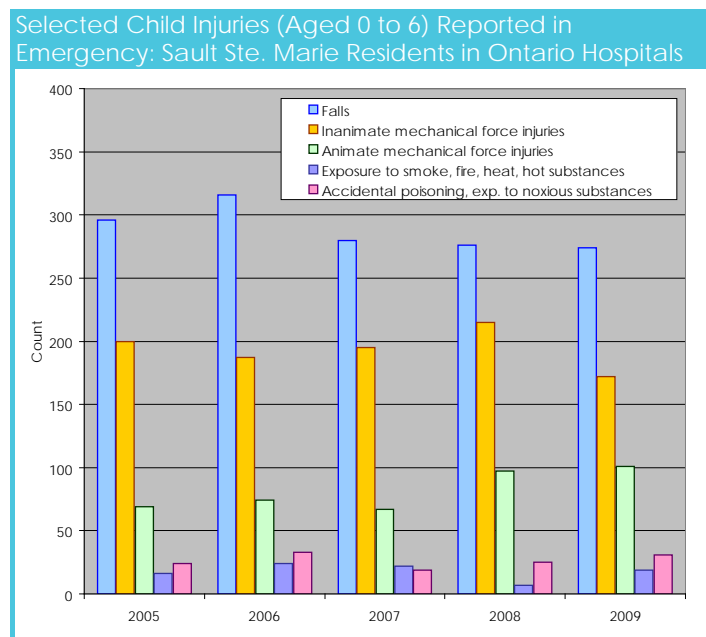


Injuries can be broken down into a number of broad categories to help identify how children are being hurt in Sault Ste. Marie. Figure 22 shows emergency room visits for injuries to children age 0 to 6. The major groups of injuries included in the graph are:

- Falls – including slips and stumbles, falls involving a chair, stairs, a bed, playground equipment and falls from one level to another.
- Inanimate mechanical force injuries - including being struck by a projectile, or striking an object, being crushed or pinched, contact with sharp glass, a knife, tool or lawn mower, a firearm discharge or an explosion.
- Animate mechanical force injuries - including being hit, struck, kicked, bitten, twisted or scratched by another person. Also includes being bitten by an animal that is non-venomous or injured by a plant.
- Exposure to smoke, fire, heat, hot substances – including burns from fire or melting objects, contact with hot food/drink, tap water, steam, hot appliances, and metals.
- Accidental poisonings by and exposure to noxious substances – including ingestion of drugs or exposure to solvents, gasses, vapours, or pesticides.

Statistics on other injuries exist as well, however, due to small count they were omitted from the graph.

Figure 22



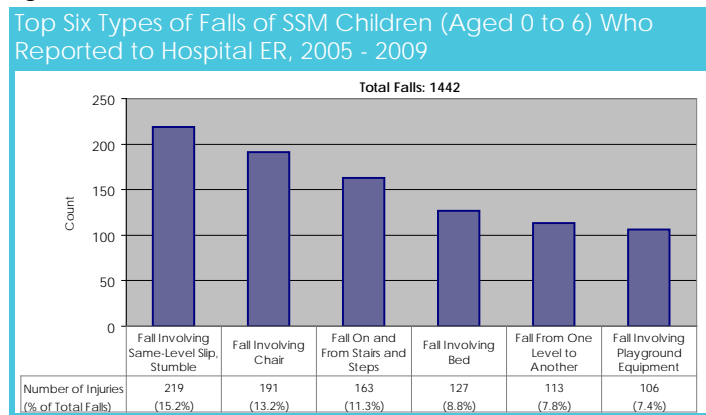
Falls was consistently the category with the highest number of emergency room visits for each year graphed. Falls made up between 24.8% (2008) and 27.4% (2006) of all child injuries in Sault Ste. Marie in the years studied. Inanimate mechanical force injury was the second highest leading cause of child injury for each year between 2005 and 2009, while Animate mechanical force injury consistently rounded out the top three. Exposure to smoke, fire, heat, hot substances and Accidental poisoning and exposure to noxious

Health and Physical Environment

substances made up the lowest percentages of injuries out of the five categories studied.

Because Falls accounted for more than a quarter of all child injuries between 2005 and 2009 in Sault Ste. Marie (1,442 in total), a closer look may be required. Knowing the different ways that children are often injured by falling may assist parents, guardians and caregivers in preventing these types of injuries in the future. Figure 23 shows the top six types of falls that injured Sault Ste. Marie children between 2005 and 2009.

Figure 23



The type of fall that injured the most Sault Ste. Marie children during this time period was a same-level slip or stumble, making up 15.2% of all falls. Falls involving chairs, stairs, and beds followed respectively in that order. Children who fell from one level to another (e.g. falling into a hole) was the fifth leading type of fall that injured children, while falls involving playground equipment was the sixth.

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.smpskeepingkidssafe.org.

Since 2005, the total number of crimes of violence in Sault Ste. Marie dropped from 969 in 2005 to 835 in

2009¹³ (figure 24). This decrease was mainly due to a drop in occurrences of Assaults (from 812 in 2005 to 669 in 2009) and Offensive Weapons (49 in 2005 to 26 in 2009). Property crimes have also decreased since 2005, with 4,970 property crimes committed in 2005, and 4,309 in 2009. Drug crimes increased from 149 in 2005 to 185 in 2009. Domestic violence, which is recorded separately from other crimes decreased since 2005, then increased again in 2009 with 1,401 domestic violence crimes committed (figure 25).

Figure 24

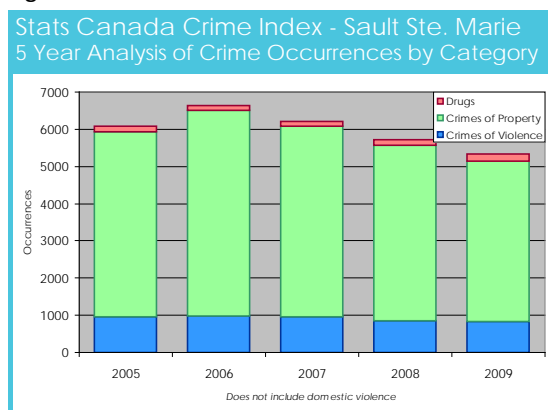
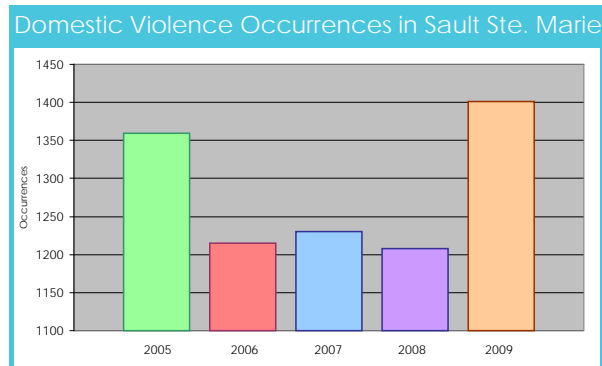


Figure 25



Car Seat Safety

Community partners from the Best Start Hubs, Algoma Public Health, Children's Aid Society, Indian Friendship Centre and Waabinong Head Start Family Resource Centre have Car Restraint System Technicians who are certified to install car seats and booster seats in vehicles. Technicians are required to install at least ten car seats per year to remain certified and must be recertified every three years. The technicians can provide information on purchasing a car seat that would fit the child's height and weight and are able to access information on recalls from Transport Canada. They offer community scheduled inspection clinics and emergency car seat installations throughout the year.

¹³ All statistics taken from the Stats Canada Crime Index for Sault Ste. Marie, amended April 15, 2010

Health and Physical Environment

Activity

Number of Playgrounds within Walking Distance

The physical activity level of children can be partly influenced by access to playgrounds. The playground is an important environment for the healthy physical and social development of children.

For the purposes of this analysis, playgrounds have been defined as any publicly accessible municipal or schoolyard park that contains playground equipment, such as swings, a climber and/or a slide. Private playgrounds were not included in these results as access is normally restricted to a small population. Analysis boundaries were also restricted to the City of Sault Ste. Marie, due to a lack of available data outside of the city. There are 59 playgrounds within the city that are operated by the municipality, and 18 schoolgrounds with play equipment in the city.

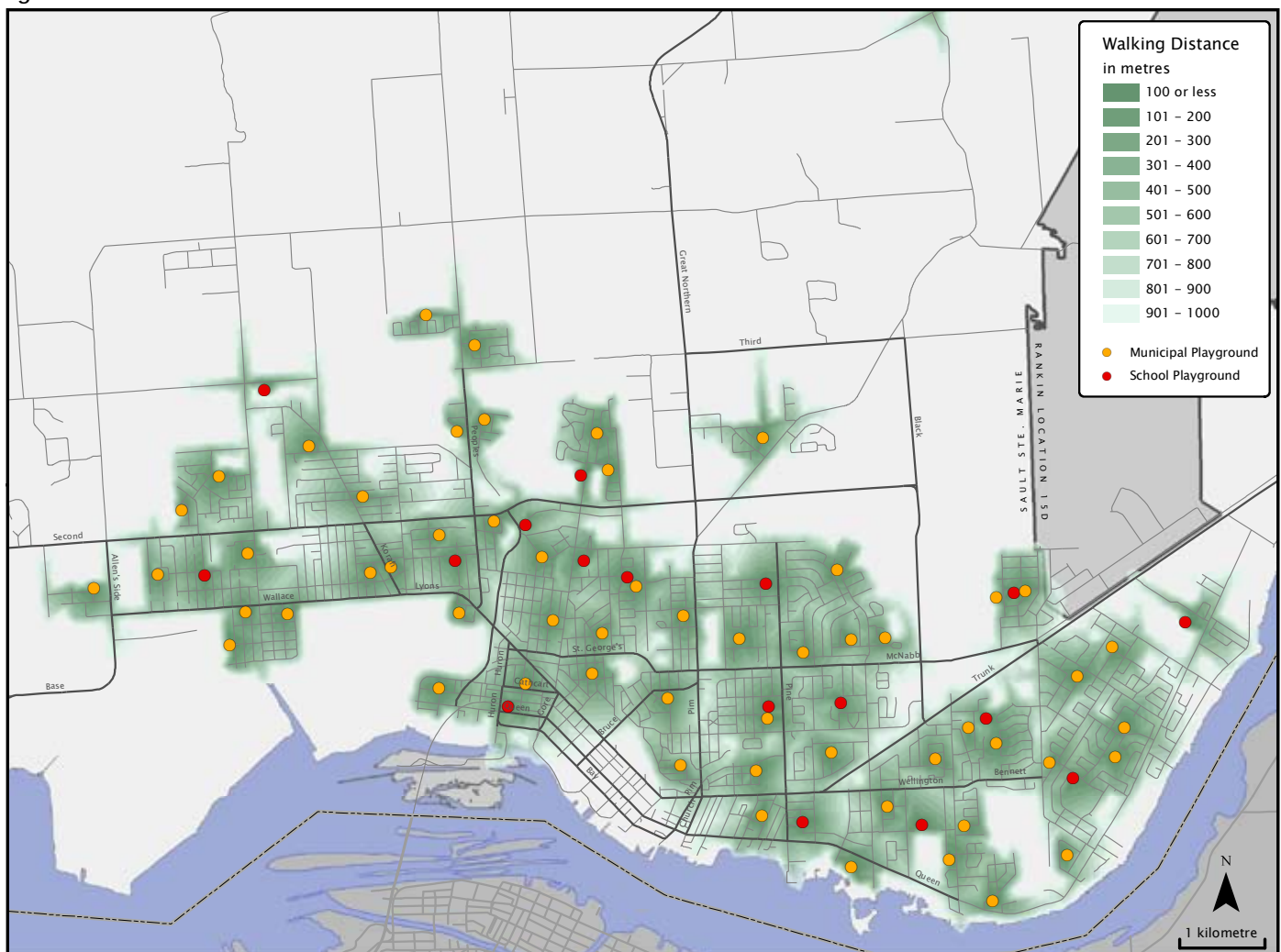
Figure 26

The average adult walking speed was estimated at 5 kilometres per hour, and a child's walking speed at 3 kilometres per hour (50 metres per minute). A reasonable walking distance for a child has been estimated at a maximum of 1 kilometre (20 minutes).

“The playground is an important environment for the healthy physical and social development of children.”

The resulting map shows that the city of Sault Ste. Marie for the most part has excellent 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 1 kilometre.

In figures 26 and 27, the darker green colour indicates a playground close by, the lighter green has a playground near the limits of a reasonable walking distance, and



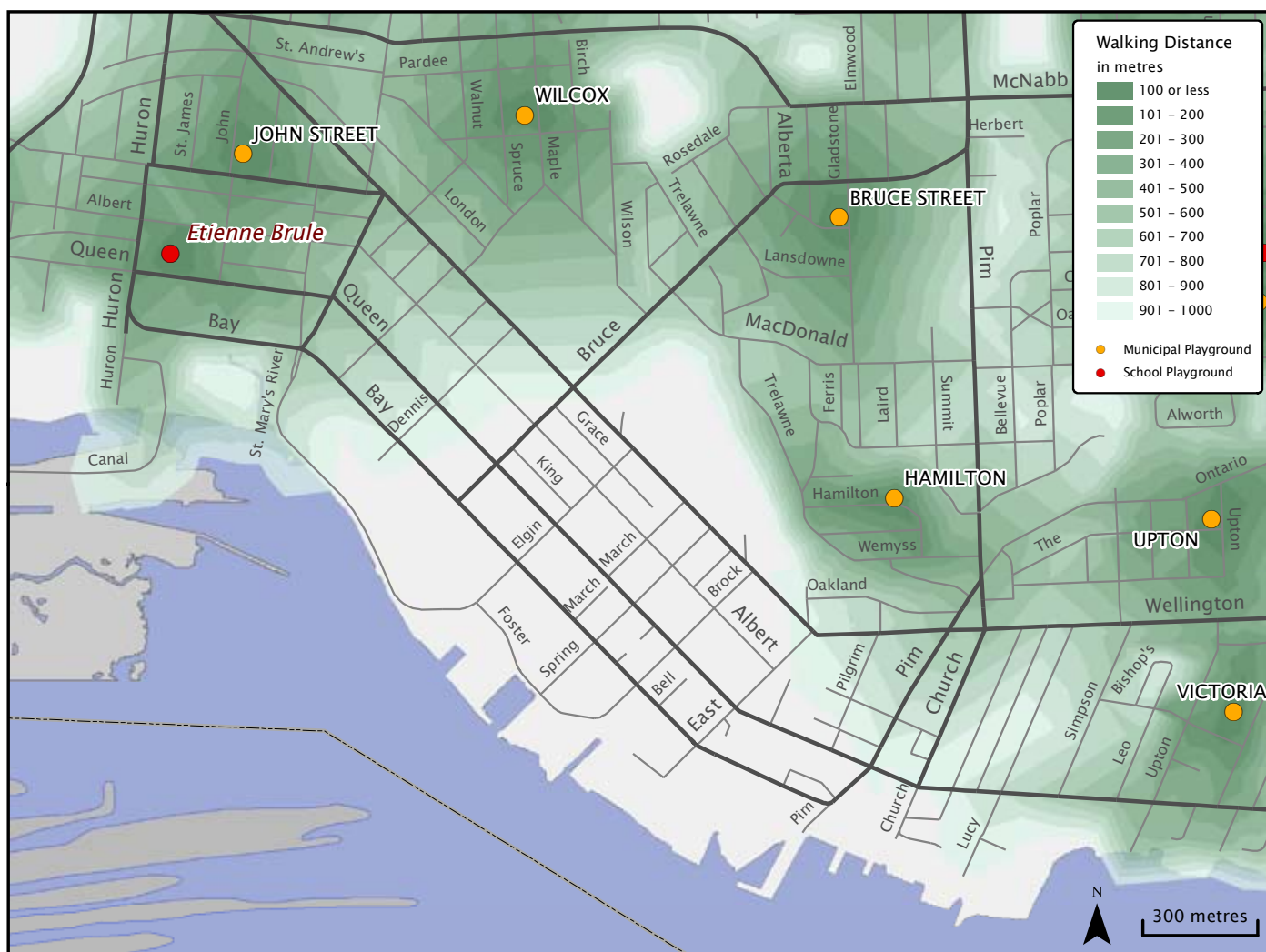
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the light grey areas do not have a playground within a reasonable walking distance for a child. These areas include a large portion of downtown, the Millcreek Heights/Bianchi Estates subdivision, the Bitonti/Pozebon subdivision, the Kingsmount Boulevard area, River Road at Dacey, and the McQueen subdivision, among others.

“Those who live from Dennis Street east to Pilgrim Street generally do not have access to a playground within a reasonable walking distance.”

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 includes lower levels of education, lower income households, a high proportion of rented dwellings, and a very mobile population. Those who live from Dennis Street east to Pilgrim Street generally do not have access to a playground within a reasonable walking distance (figure 27).

Figure 27



Education and Child Care

Indicators

- Child Care
- Best Start Hubs
- EDI Results
- JK and SK Enrolment

Child Care

Community Child Care Services is funded by the Ministry of Education to assist licensed child care programs with operating costs and child care fee subsidies. 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. In Sault Ste. Marie, families eligible for full fee subsidy pay a minimum user fee of \$2.50 per day. Otherwise, the average cost for a full day of care in our community is approximately \$35 per day.

In 2010, 735 families and 898 children were assisted with fee subsidy. The majority were lone parent families with an annual income of less than \$20,000. The number one reason for requiring child care was to sustain full-time employment.

Our community has a total of 1,342 licensed child care spaces available. These are located within child

care centres (787), schools (369) and homes (186) throughout the community. The approximate wait list for child care in our community is 700, with 300 of these families requesting fee subsidy assistance. Approximately 43% (575) of child care spaces in Sault Ste. Marie have subsidy available.

Some operators report a small number of vacancies. This may 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 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, based on information provided by 14 operators, the average annual income for RECEs in a licensed child care program is \$34,860.

“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.”

For many years, the annual 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 a 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. Although our community is licensed for 70 homes, only 33 are currently operating. There is 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.

As of September 2011, all schools in Sault Ste. Marie will run full-day junior kindergarten programs. Children will begin a full day of school as young as 3.8 years of age. This will have a significant impact on the child care system, as it transitions to servicing younger age groups. Operating programs for younger children is more costly, mainly due to child-staff ratios.

Since full-day kindergarten Early Learning Programs will offer team teaching staff, including RECEs by 2015, the shortage of RECEs will become exponential and



Education and Child Care

recruitment of RECEs to child care centres will become increasingly difficult. Although salaries are currently being reviewed, school boards already offer a very competitive rate of pay compared to many licensed child care programs.

Recent changes to legislation allowing school boards to have before and after school programs run by child care operators, may increase the number of child care spaces located in schools. Currently, in Sault Ste. Marie, 20% of total licensed spaces (271) are located in 8 elementary schools.

Figure 28

A	Abinoggi Kinomaago	K	Child Care Algoma St. Patrick School	U	Meadow Park Montessori
B	Alternative School Child Care	L	Child Care Algoma Home Child Care (33 homes)*	V	Mountain View School Child Care
C	Brighter Beginnings	M	Hand in Hand Day Care	W	Northridge Montessori
D	Brighter Horizons Child Care **	N	HS McLellan Preschool	X	Riverside Christian Children's Centre
E	Child Care Algoma Dacey Road	O	Holy Angels Preschool **	Y	Sault College Child Development Centre
F	Child Care Algoma East View School	P	Holy Family Child Care	Z	St. John's Back to Basics
G	Child Care Algoma Site Notre Dame des écoles	Q	Jessie Irving Children's Centre	AA	St. Plus X School Child Care
H	Child Care Algoma Parkland School	R	Kiwanis YMCA	AB	Waabingong Head Start Program **
I	Child Care Algoma Queen Street	S	Marion Robb Children's Centre	AC	Waterfront Child Development Centre
J	Child Care Algoma R. M. Moore School	T	Maycourt Children's Centre	AD	YMCA Child Care

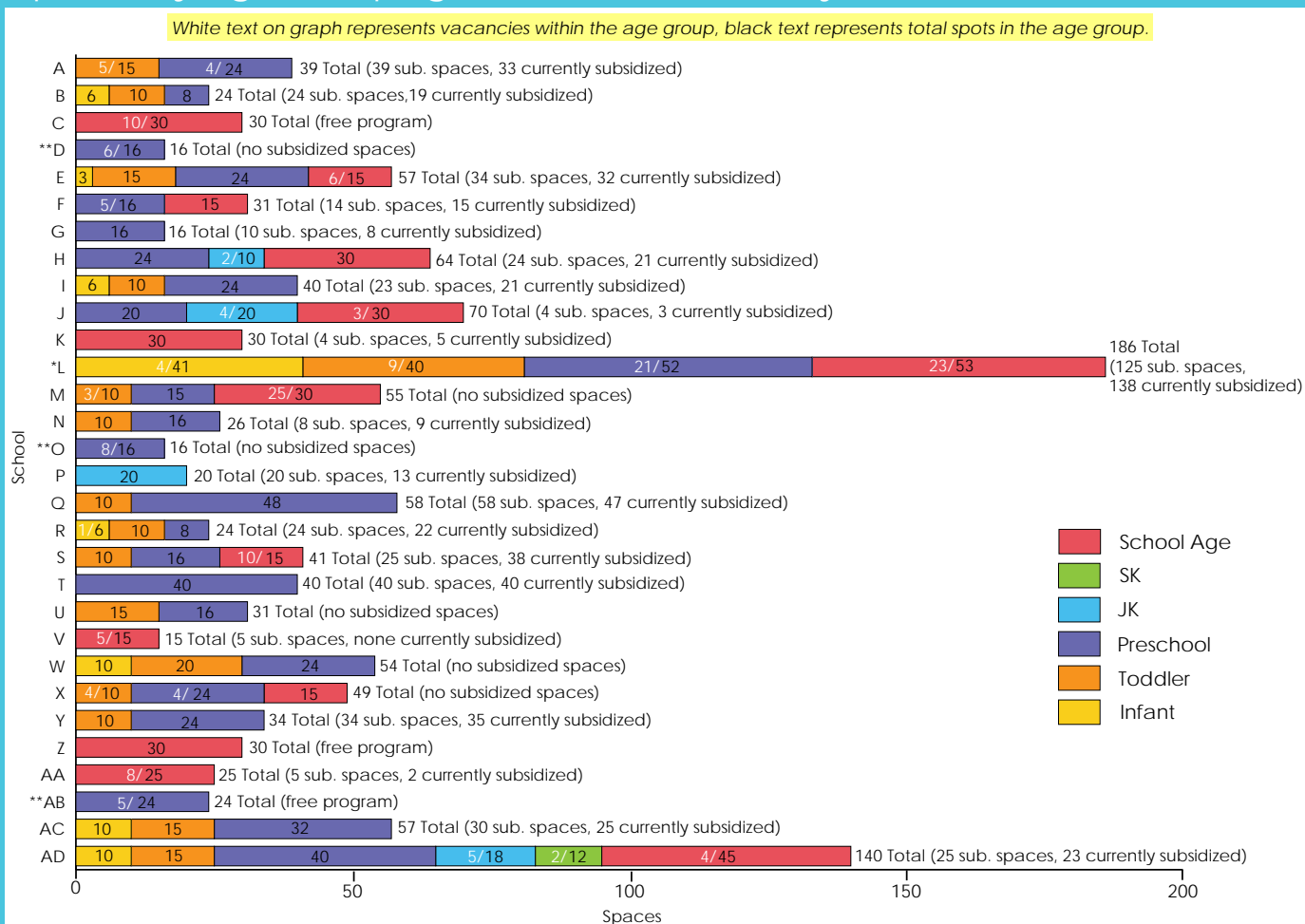
* Home Child Care is licensed for up to 70 homes, with up to 5 children per home, and is currently recruiting for new providers

** Half day only

No fee for program
 In an elementary school
 In a high school/post-secondary school

Figure 29

Spaces by Age Grouping and Available Subsidy - Feb 2011



Education and Child Care

Best Start Hubs

Best Start Hubs are a one-stop-shop offering children and their families a welcoming place to meet, learn and grow. Hubs are working together as part of the community to help all children prepare for school and reach their full potential. Our programs are community driven, universal, accessible and focused primarily on meeting the needs of children and families.

The goal of Best Start Hubs is working together as a community 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. During the first six years of life, environmental influences have a huge impact on a child's level of developmental readiness. 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.

Best Start Hub Services

The family-centred services offer:

- Early learning interactive programs for parents, caregivers and children
- Skill-based curriculum which promotes early literacy and skill development
- Parent and caregiver education to support nurturing and meaningful relationships with their children
- Pre- and post-natal resources, information and support for parents on healthy child development
- Child focused early learning programs with a holistic approach to include all aspects of a child's development
- Information and referrals to link families with specialized services external to the Best Start Hubs
- Outreach programs to encourage and support participation across the riding
- Early and on-going screening of all children to enhance their developmental health and well-being

Best Start Hubs provide services based on extensive research into healthy child development and in particular, early child development. Personalized services include Early Learning Activities which are planned activities that promote skill-based learning and have measurable outcomes.

Early Learning activities include the following:

- play-based programming such as dramatic play, sensory table, block and manipulative area, table

toys and literacy centre

- skill-based structured art activities and experiences
- science exploration and experiments
- food and baking experiences
- music and movement activities
- story time
- field trips and participation in community activities
- holiday celebrations

Parent and caregiver participation is strongly encouraged. Research has proven that parents are their child's first and most important teacher, therefore their participation and understanding of the importance of the early learning activities is crucial to the extension of the learning and optimal development of the child.

In addition to drop-in services, Best Start Hubs offer a wide range of education related programming, including (but not limited to) the following programs.

Nipissing District Developmental Screen

Best Start Hubs offer the Nipissing District Developmental Screen to parents to provide them with the opportunity to follow their child's growth and development in an easy tool which examines thirteen key developmental stages.

1..2..3 to Literacy

Best Start Hubs facilitate the 1..2..3 to Literacy program intended to support parents with the development of their child's language and literacy skills. These interactive sessions have been designed for families to interact and learn skills together.

Family Math

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.

Roots of Empathy

Best Start Hubs' certified Roots of Empathy instructors focus on raising levels of empathy in children 3 to 14 years of age resulting in more respectful and caring relationships, while reducing levels of bullying and aggression. The program includes visits to the classroom every three weeks over the school year by a neighbourhood infant and parent. Students observe

Education and Child Care

the baby's development, celebrate milestones, interact with the baby and learn about an infant's needs and temperament.

Empathy Belly

Child Care Algoma ~ Best Start Hub trained staff facilitate the Empathy Belly which is a community based prevention program offered in elementary and secondary schools. The Empathy Belly is a powerful tool that is unique and highly effective by focusing on teen pregnancy, childbirth education, life skills education and prenatal care.

Best Start Hub Locations

Best Start Hub Holy Angels School

Hours of Operation

Mon. to Thurs.

9 a.m. to 4 p.m.

Fri. 9 a.m. to 3 p.m.

Closed Daily from
Noon to 1 p.m.

EVENING HOURS: Wed.
5:30 to 7:30 p.m.



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

Best Start Hub Child Care Algoma

Hours of Operation

Mon. to Fri.

9 a.m. to 3 p.m.

Closed Daily from
Noon to 1 p.m.



148 Dacey Road
Serving East / All of SSM

Best Start Hub Indian Friendship Centre

Hours of Operation

Mon. to Fri.

8:30 a.m. to 4:30 p.m.

Open some evenings
for programs



122 East Street
Serving Aboriginal Families

Carrefour Meilleur départ Notre Dame des Écoles

Currently partners with parents in the francophone community as well as Le Conseil scolaire catholique du Nouvel-Ontario to jointly offer programs and parenting services. For more information, please call (705) 942-6008.



600 rue nord
Serving Francophone Families

Best Start Hub Prince Township Community Centre

Hours of Operation

Mon. to Fri.

9 a.m. to 3 p.m.

Sat. 10 a.m. to 3 p.m.

EVENING HOURS:
Thurs. 6 to 8 p.m.



3042 Second Line West
Serving West End / Sault North /
All of SSM

Drop in services are also held at Mountain View School in Goulais River, Aweres School in Heyden and at the Sault Ste. Marie Best Start Hub Community Outreach site at Willowgrove United Church (Willowgrove Hours: every Friday 9:30 to 11:30a.m.).

Carrefour Meilleur départ-Notre Dame des Écoles is looking forward to being part of the future expansion of the new school, which will be called Notre-Dame-du-Sault. This project responds to the wishes expressed by French parents and students for a community school that serves students from Junior Kindergarten to Grade 12 and provides space for Francophone partners.

Best Start Hub Drop-in Visits 2009/2010

In 2010, there were 17,784 child drop-in visits recorded for Child Care Algoma, Holy Angels School, Prince Township Community Centre, and the Sault North Hubs. This number includes multiple visits by the same child. This marked a slight decline from 2009, when 18,764 child drop-in visits were recorded. Please note that at the time of publication, numbers for the Indian Friendship Centre and Notre Dame des Écoles were unavailable.

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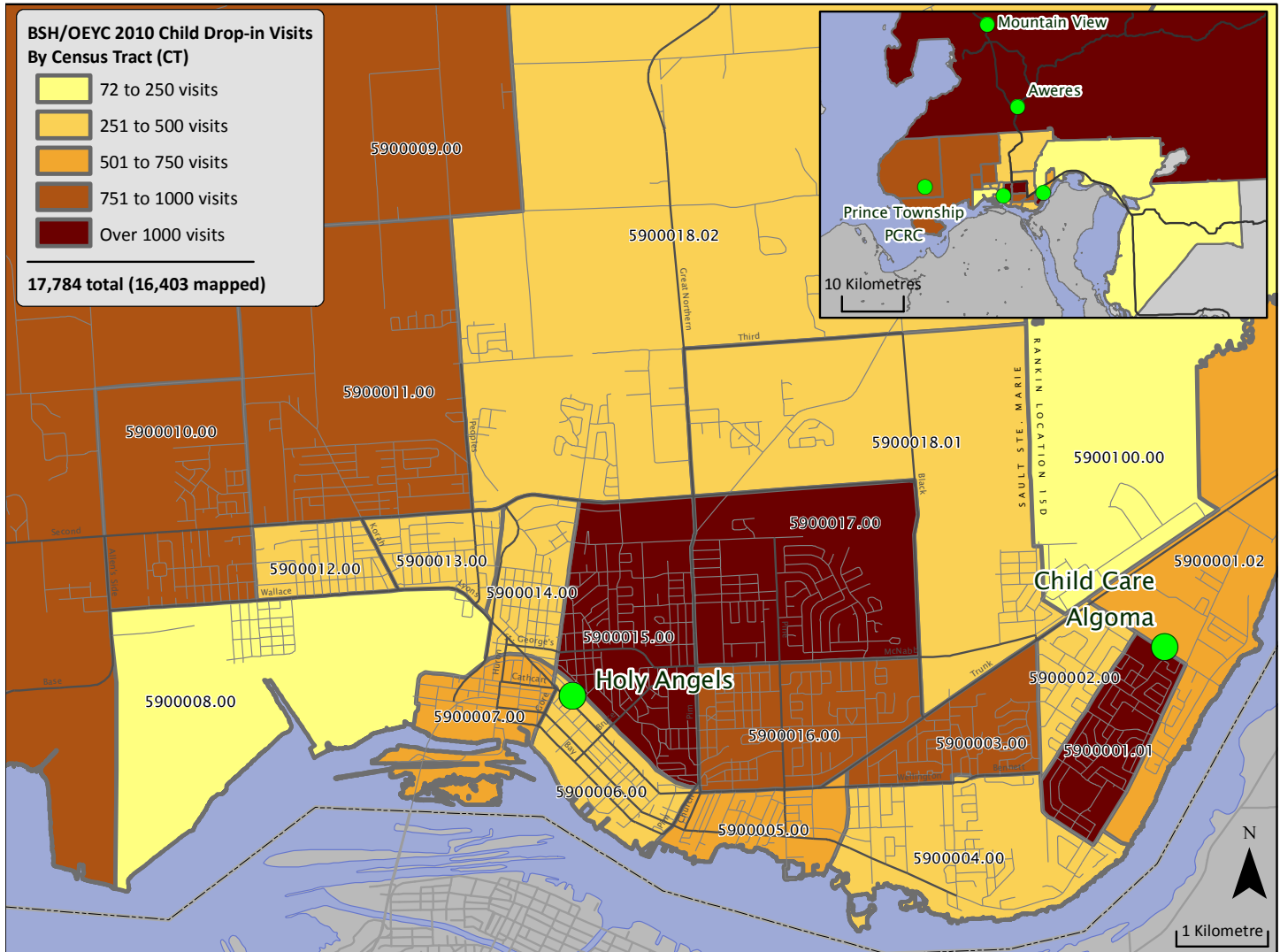
Figure 30 shows the breakdown of visits to each Best Start Hub for 2009 and 2010. Holy Angels School (which replaced the Station Mall Ontario Early Years Centre in mid 2008) saw the most child visits in 2010, while Prince Township had the most in 2009.

Figure 30

Location	Child Visits 2009	Child Visits 2010	Adult Visits 2009	Adult Visits 2010
Child Care Algoma Dacey Rd. location	4,405	3,521	2,094	2,053
Holy Angels School	5,929	7,042	5,016	5,613
Prince Township	6,988	6,303	4,621	4,156
Sault North	1,442	918	1,055	685
Total	18,764	17,784	12,786	12,507

* Please note that numbers for the IFC and Francophone Hubs were not available at the time of publication.

Figure 31



Please note that visits to the Indian Friendship Centre and Notre Dame des Écoles are not counted in this map.

The following maps show Best Start Hub 2010 child drop-in visits 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. 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. Figure 31 simply shows number of child drop-in visits by CT to any of the four Hubs noted in Figure 30, from light yellow (low volume) to dark red (high volume).

Education and Child Care

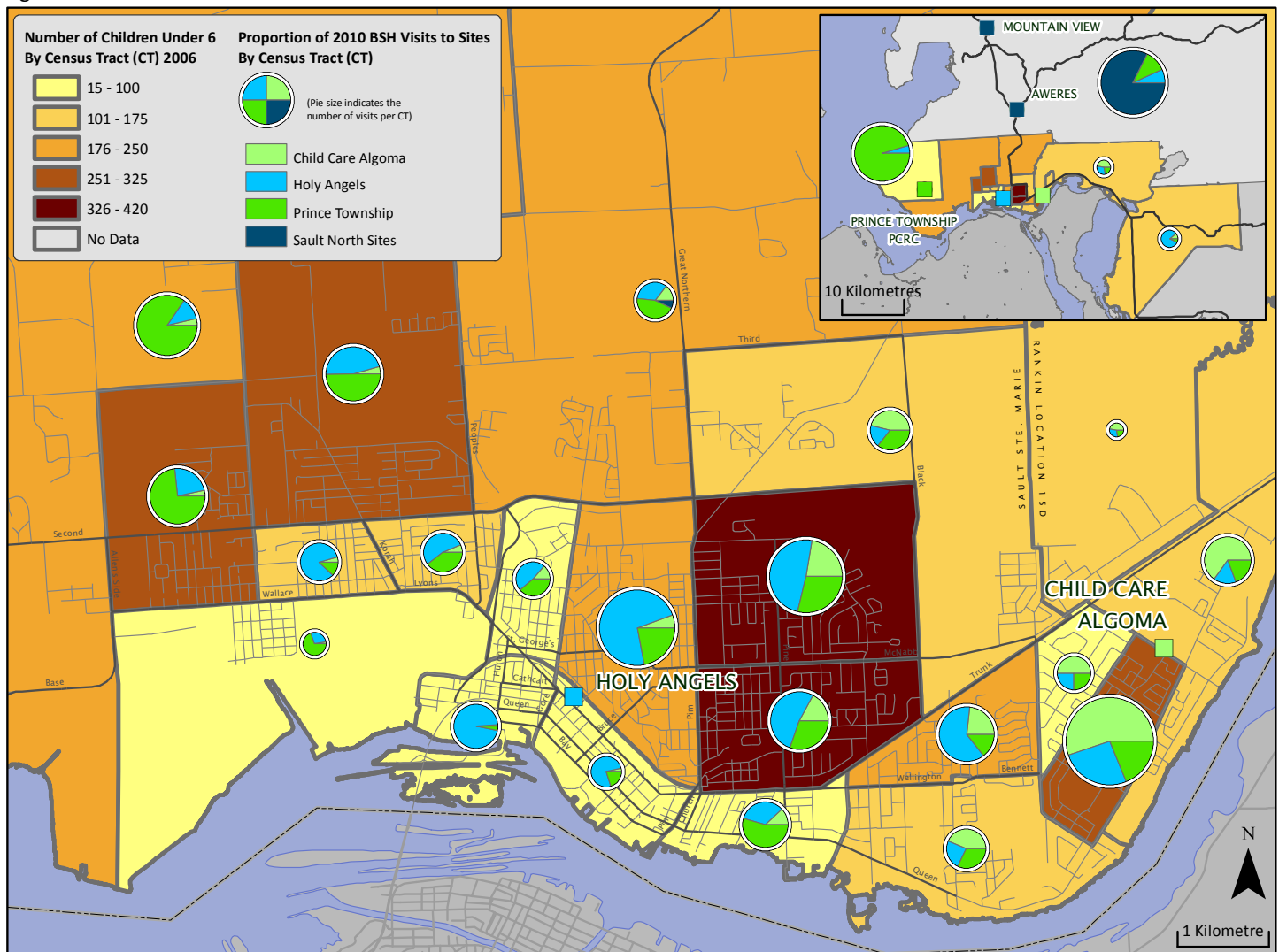
In figure 32, 2010 child drop-in visitor information is represented by pie charts. The size of the pie chart indicates the number of child visits to any hub by CT. A large pie indicates a heavy volume of visits to any hub, while a small pie indicates few visits. The pie 'slices' indicate the proportion of child visits to a certain hub location (out of 100) for that particular CT. Hubs are colour coded light green for Child Care Algoma, light blue for Holy Angels School, darker green for the Prince Township Hub and dark blue for the Sault North sites. The map background layer coloured yellow to dark red indicates the number of children aged 0 to 6 by CT (as seen in the Community Overview section of this report, figure 6).

This map allows for a quick comparison between the number of visits and the population of children aged 0 to 6 for each CT. Neighbourhoods with a larger number of children and lower volume of visits to Best Start

Hubs can be identified. For example, CT 5900019.02 (Fort Creek and the rural north-central portion of Sault Ste. Marie) is a neighbourhood with a relatively large population of children aged 0 to 6 but a low volume of children attending drop-in services at a local Best Start Hub.

Furthermore, each CT can be examined to determine which Hub is preferred for those residents, as indicated by the pie 'slices' in the charts. Holy Angels School draws visitors from all around the city, as does the Prince Township Hub. Even though Prince is located in the far western portion of the Sault Ste. Marie CA, many visitors travel far distances to attend the centre. Conversely, the Sault North sites see very few children from the city of Sault Ste. Marie.

Figure 32



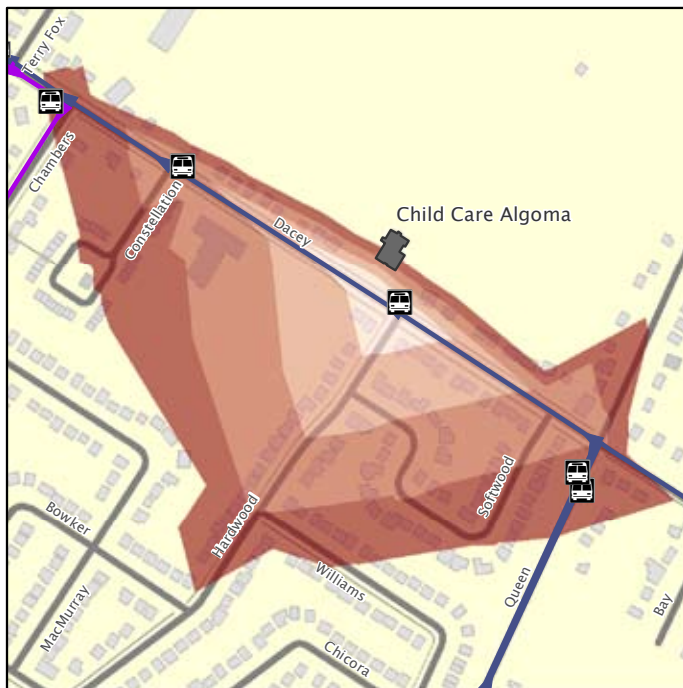
Please note that visits to the Indian Friendship Centre and Notre Dame des Écoles are not counted in this map.

Education and Child Care

Transportation

To be accessible to all Sault Ste. Marie children aged 0 to 6, Ontario Early Years Centres (OEYC) and Best Start Hubs (BSH) should ideally be located near public transportation stops. The general walking distance guideline is that a person will walk about 5 minutes or 400 metres to reach a bus stop (assuming a walking speed of 80 m/min)¹⁴. This distance may be less if this person is escorting children aged 0 to 6. Furthermore, residential areas tend to have bus stops located in neighbourhoods so that residents are not required to walk more than 400 metres from their home¹⁵. A walkability analysis has been undertaken from all applicable OEYC/BSH to determine site distance from public transit stops.

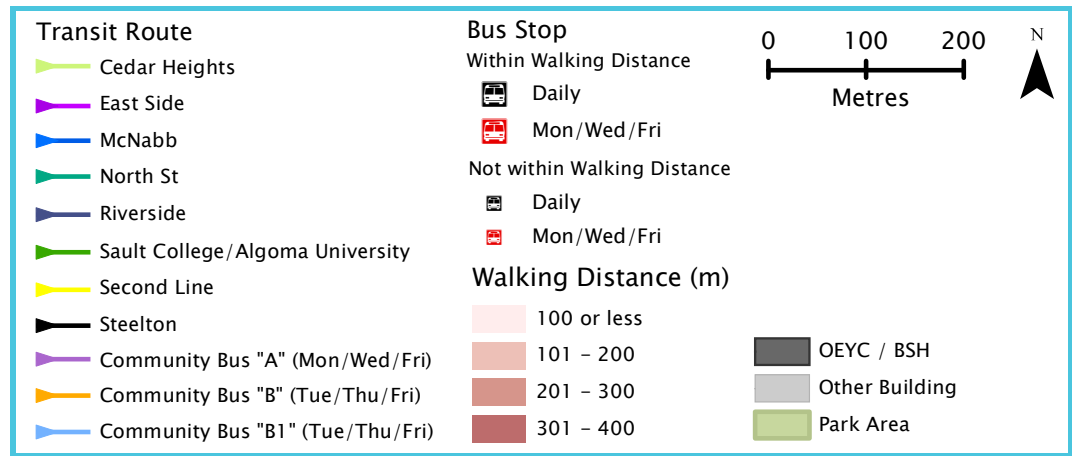
Figure 33



Child Care Algoma (figure 33), located at 148 Dacey Road, is accessible by the Riverside and East Side daily transit routes. The Riverside route has a stop within 100 metres of the Child Care Algoma site and is located on the same side of the road. The nearest East Side stop

¹⁴ Sean O'Sullivan and John Morrall, "Walking Distances to and from Light Rail Transit Stations," *Transportation Research Record*, 1538, 1996, pp. 19. Accessed: <http://www.enhancements.org/download/trb/1538-003.PDF>

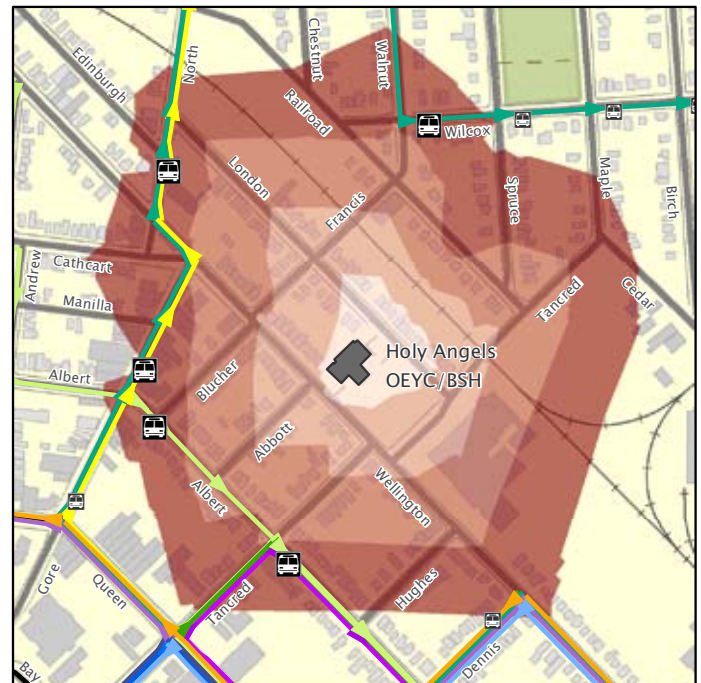
¹⁵ Reid Ewing, "Pedestrian and Transit-Friendly Design: A Primer for Smart Growth", *Smart Growth Network, United States*, 2000, pp. 5. Accessed: http://www.epa.gov/smartgrowth/pdf/ptfd_primer.pdf



is an approximate 400 metre walk and requires the pedestrian to cross Dacey Road. There are sidewalks on both sides of Dacey Road. All areas of the city not on the Riverside or East Side routes must transfer buses at a designated point to either of these routes to access Child Care Algoma.

Holy Angels School (figure 34), located at 102 Wellington Street East, lacks bus stops within a 300 metre walking distance. There are five stops located between 300 to 400 metres from Holy Angels representing the Cedar Heights, East Side, North Street, Sault College/Algoma University and the Second Line daily transit routes. It is important to note that the Dennis Street terminal is approximately a 600 metre walk from Holy Angels. All city bus routes stop at this terminal.

Figure 34



Education and Child Care



“Early Development Instrument: A Population-based Measure for Communities” (EDI)

2008/09 Results for Sault Ste. Marie

The Early Development Instrument (EDI) is a questionnaire that measures kindergarten aged child development and readiness to learn. The EDI questionnaire is conducted in partnership with the schoolboards and is completed by senior

kindergarten teachers for each child in his/her class. Results of the EDI questionnaire are grouped into five domains of child development: Physical Health and Well-Being, Social Competence, Emotional Maturity, Language and Cognitive Development, and Communication Skills and General Knowledge. Designed by the Offord Centre for Child Studies (OCCS) at McMaster University, the EDI has been implemented in many communities across Canada and the world.

It is important to note that the EDI is a population level measure of readiness to learn and results are aggregated to the neighbourhood level. It is not suitable for determining the development of an individual child.

The last implementation of the EDI in Sault Ste. Marie took place during the 2008/2009 school year. The next implementation is scheduled for the 2011/2012 school year.

Sault Ste. Marie Neighbourhood EDI Mapping - Vulnerable Children by Domain

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 school¹⁶.

¹⁶ 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.

Figure 37

Domains	% Vulnerable 2008/2009 Sault Ste. Marie (Normative II cut-offs)
Physical Health Well-Being	16.8
Social Competence	13.3
Emotional Maturity	13.7
Language & Cognitive Development	4.6
Communication Skills & General Knowledge	8.2

For this analysis the Normative II dataset (consisting of all participating neighbourhoods in Canada) has been used to determine vulnerability. Figure 37 illustrates the percentage of Sault Ste. Marie 2008/2009 EDI implementation children who fell below the 10th percentile cut-off based on the Normative II cut-offs.

“...vulnerability in kindergarten has been reported to contribute to children’s outcomes later in school¹⁶.”

In the following maps, the EDI neighbourhoods of Sault Ste. Marie are classified from low to high vulnerability using the Normative II dataset. These maps are similar to the Pan-Canadian mapping project where colour classification is determined using quintiles (five equal sized categories) of the distribution of all participating Canadian neighbourhoods. Sault Ste. Marie neighbourhoods with a lower percentage of vulnerable children compared to neighbourhoods across the country are depicted in green, while neighbourhoods with a higher percentage of vulnerable children are depicted in orange.

- Lowest
- Low
- Average
- High
- Highest



Education and Child Care

EDI Domain: Physical Health and Well Being

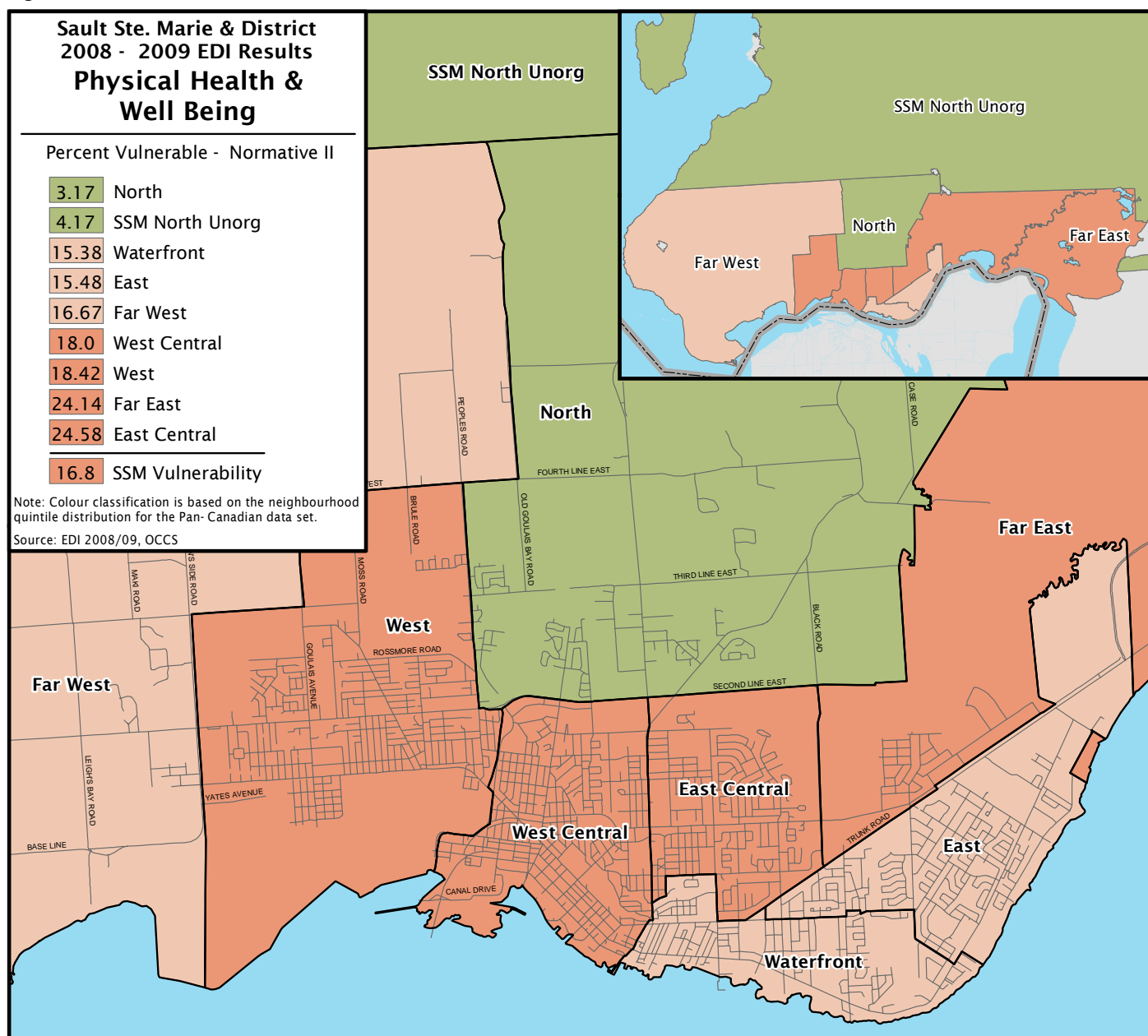
The Physical Health and Well Being domain measures gross and fine motor skills (holding a pencil, running on the playground, motor coordination), adequate energy levels for classroom activities, independence in looking after own needs, and daily living skills. A child below the 10th percentile “has inadequate fine and gross motor skills, is sometimes tired or hungry, is usually clumsy, and may have flagging energy levels”¹⁷.

In 2008/09, based on the Canadian normative cut-offs, 16.8% of children in Sault Ste. Marie were deemed vulnerable in this domain. On this domain, Sault Ste. Marie children fared the worst compared to the other four domains. Neighbourhoods ranged from 3.17% to 24.58% vulnerable. The West Central, West, Far East and East Central neighbourhoods all fell within the worst 20th percentile of all neighbourhoods across the country.

“In 2008/09, based on the Canadian normative cut-offs, 16.8% of children in Sault Ste. Marie were deemed vulnerable in this domain.”

¹⁷ Magdalená 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.

Figure 38



Education and Child Care

EDI Domain: 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’

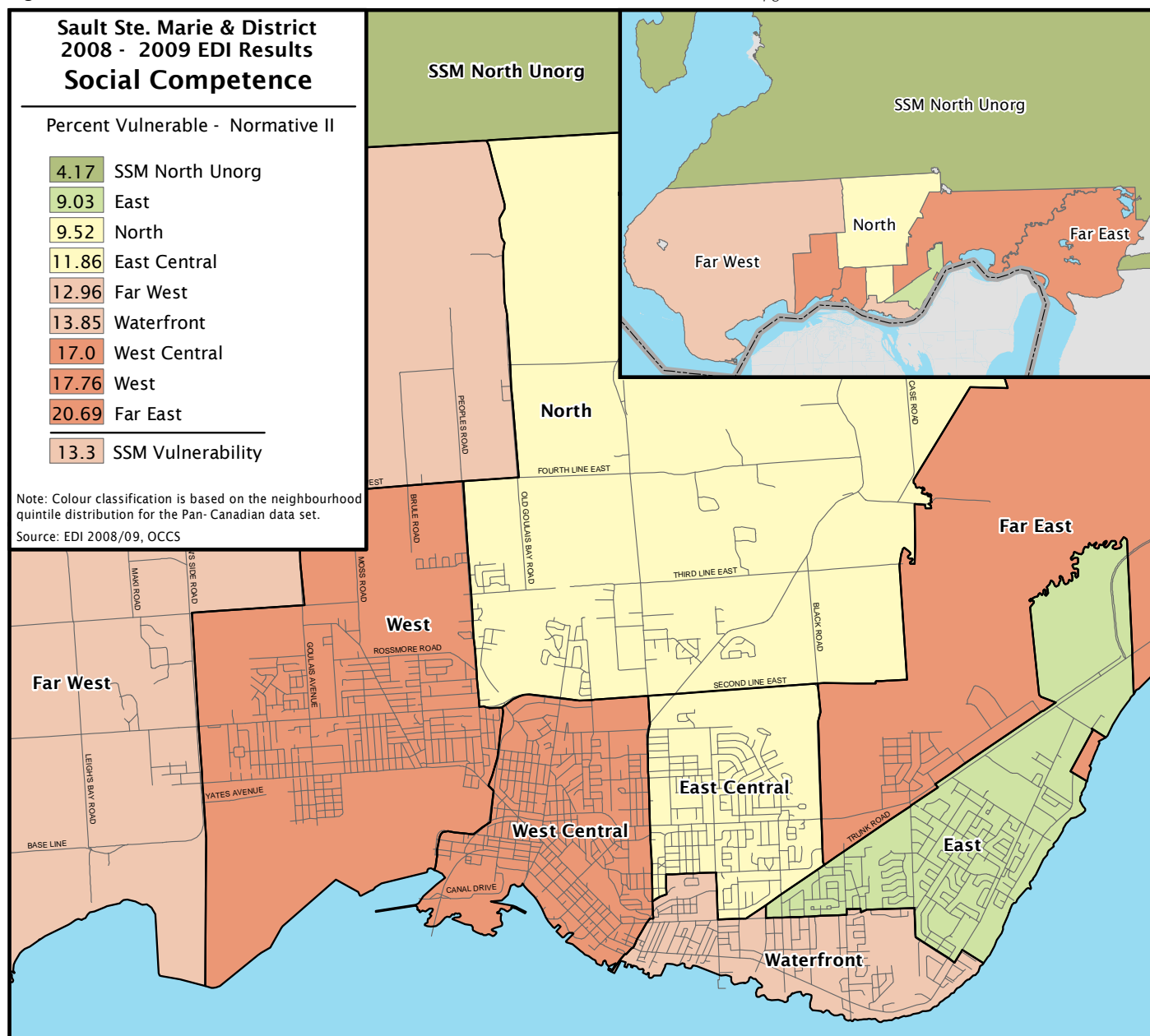
property, having self-confidence and self-control, and adjusting to change; and is usually unable to work independently”¹⁸.

“In 2008/09...13.3% of children in Sault Ste. Marie were deemed vulnerable in this domain.”

In 2008/09, based on the Canadian normative cut-offs, 13.3% of children in Sault Ste. Marie were deemed vulnerable in this domain. Neighbourhoods ranged from 4.17% to 20.69% vulnerable. The West Central, West, and Far East neighbourhoods all fell within the worst 20th percentile of all neighbourhoods across the country.

Figure 39

18 Janus, 2007, pg. 188.



Education and Child Care

EDI Domain: Emotional Maturity

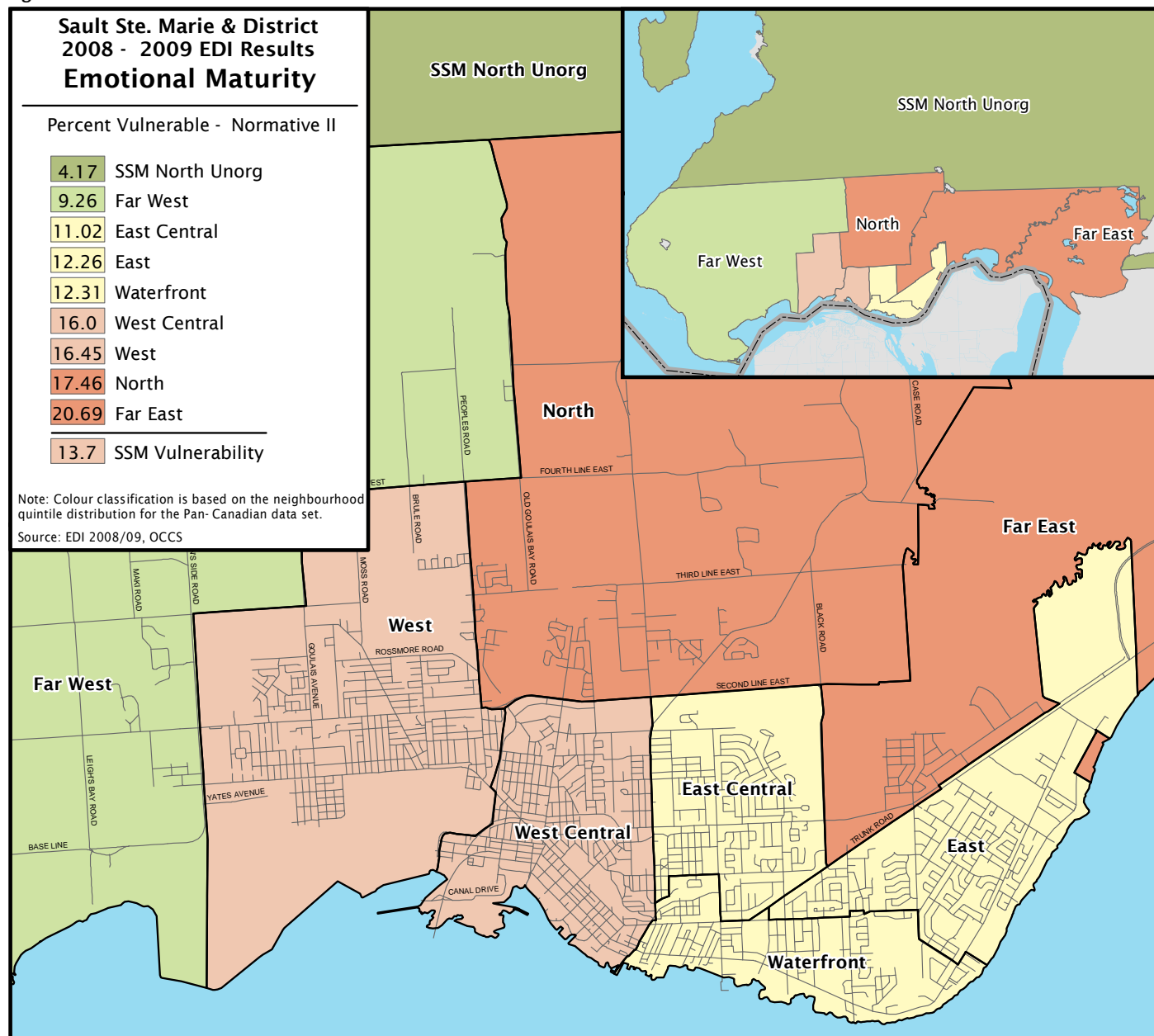
The Emotional Maturity domain measures ability to reflect before acting, a balance between too fearful and too impulsive, ability to deal with feelings at the age-appropriate level, and empathic responses to other people's feelings. A child below the 10th percentile "has regular problems managing aggressive 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"¹⁹.

In 2008/09, based on the Canadian normative cut-offs, 13.7% of children in Sault Ste. Marie were deemed vulnerable in this domain. Neighbourhoods ranged from 4.17% to 20.69% vulnerable. The North and Far East neighbourhoods both fell within the worst 20th percentile of all neighbourhoods across the country.

"In 2008/09, based on the Canadian normative cut-offs, 13.7% of children in Sault Ste. Marie were deemed vulnerable in this domain."

19 Janus, 2007, pg. 188.

Figure 40



Education and Child Care

EDI Domain: Language & 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

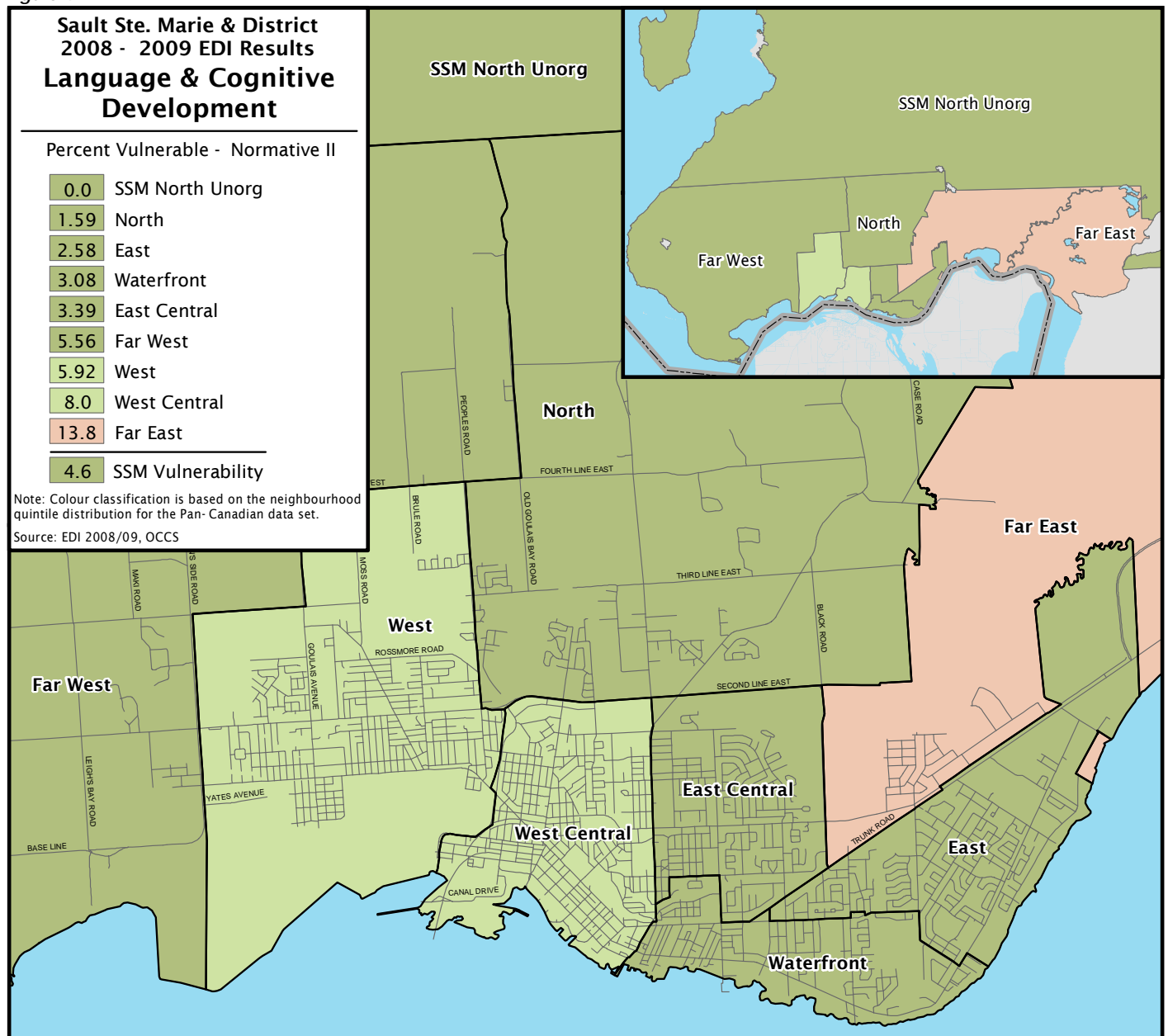
“In 2008/09...4.6% of children in Sault Ste. Marie were deemed vulnerable in this domain.”

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”²⁰.

In 2008/09, based on the Canadian normative cut-offs, 4.6% of children in Sault Ste. Marie were deemed vulnerable in this domain. Sault Ste. Marie children fared the best on this domain compared to the other four. Neighbourhoods ranged from 0% to 13.8% vulnerable. No Sault Ste. Marie neighbourhoods fell within the worst 20th percentile of all neighbourhoods across the country.

20 Janus, 2007, pg. 189.

Figure 41



Education and Child Care

EDI Domain: Communication & General Knowledge

The Communication & General Knowledge domain measures skills to communicate needs and wants in socially appropriate ways, symbolic use of language, story telling, 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”²¹.

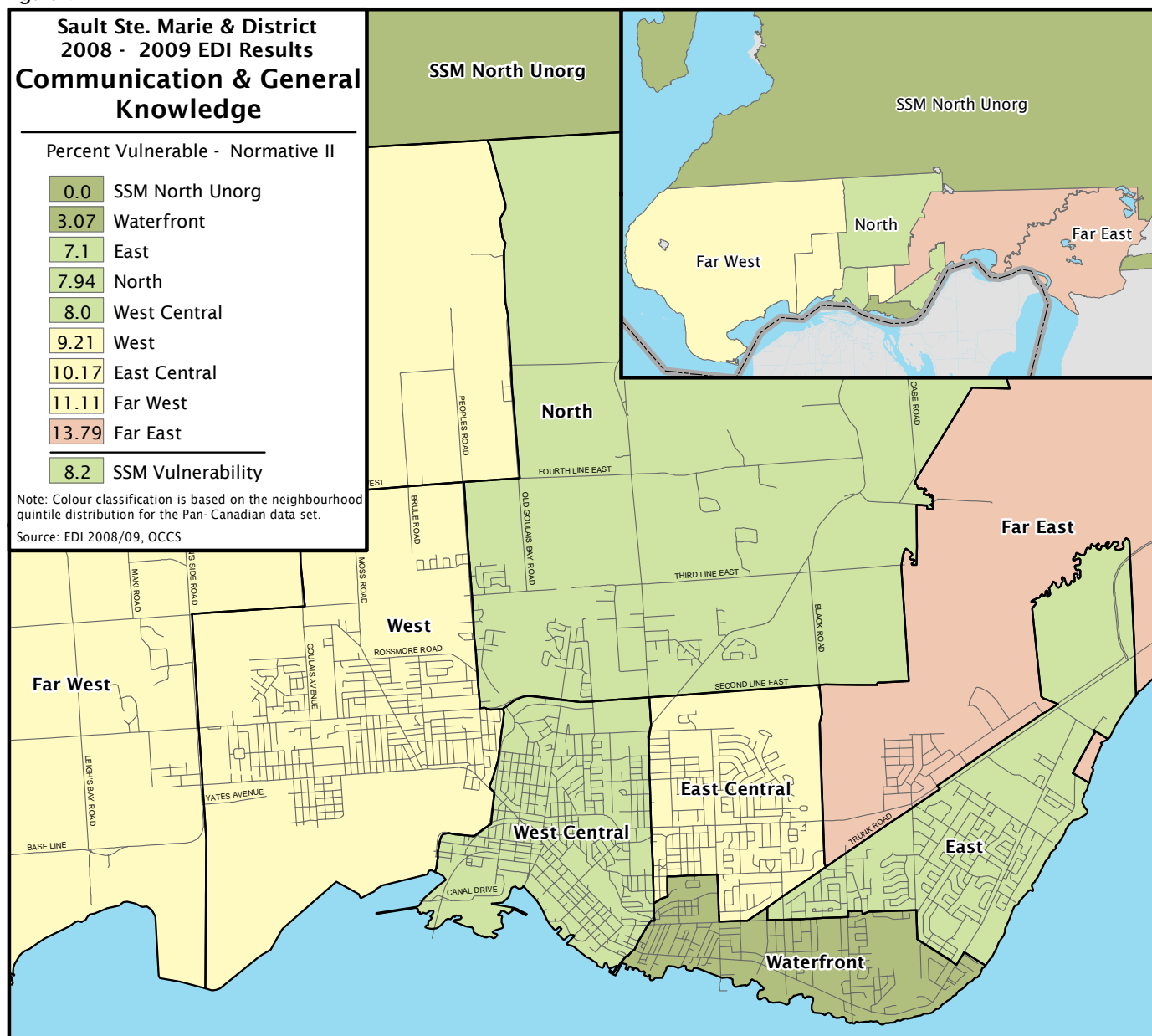
vulnerable in this domain. Neighbourhoods ranged from 0% to 13.79% vulnerable. No Sault Ste. Marie neighbourhoods fell within the worst 20th percentile of all neighbourhoods across the country.

“In 2008/09, based on the Canadian normative cut-offs, 8.2% of children in Sault Ste. Marie were deemed vulnerable in this domain.”

In 2008/09, based on the Canadian normative cut-offs, 8.2% of children in Sault Ste. Marie were deemed

²¹ Janus, 2007, pg. 180.

Figure 42



Education and Child Care

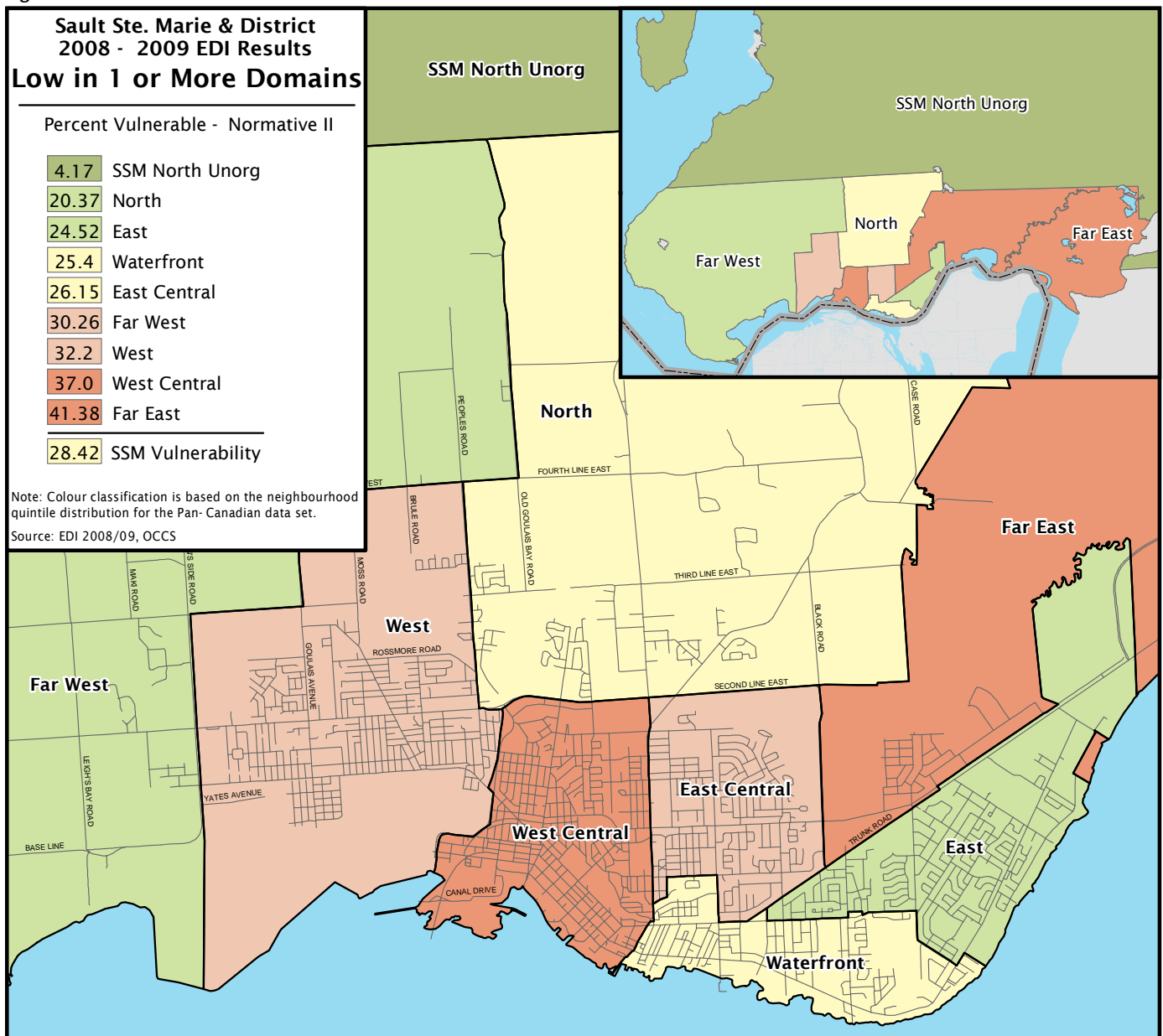
EDI Domain: Low in 1 or More Domains

The following map indicates the percentage of children who were deemed vulnerable in at least one domain.

In 2008/09, based on the Canadian normative cut-offs, 28.42% of children in Sault Ste. Marie were deemed vulnerable in one or more domains. Neighbourhoods ranged from 4.17% to 41.38% vulnerable. The West Central and Far East neighbourhoods both fell within the worst 20th percentile of all neighbourhoods across the country.

“In 2008/09, based on the Canadian normative cut-offs, 28.42% of children in Sault Ste. Marie were deemed vulnerable in one or more domains.”

Figure 43



Education and Child Care

EDI Domain: Multiple Challenge Index

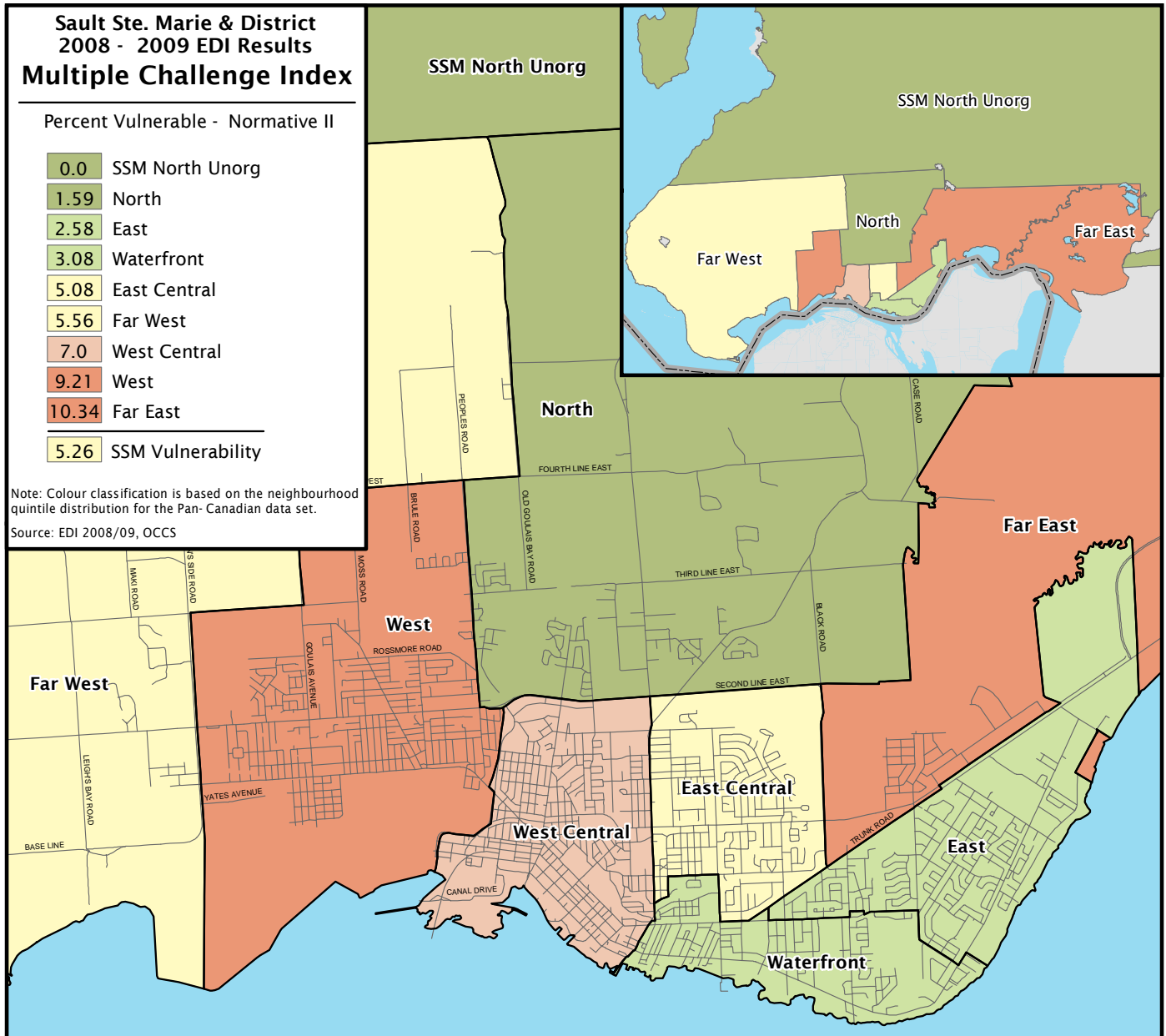
The Multiple Challenge Index is an indicator of a child experiencing challenges in at least three EDI domains²².

In 2008/09, based on the Canadian normative cut-offs, 5.26% of children in Sault Ste. Marie were deemed to have multiple challenges. Neighbourhoods ranged from 0% to 10.34% vulnerable. The West and Far East neighbourhoods both fell within the worst 20th percentile of all neighbourhoods across the country.

“In 2008/09, based on the Canadian normative cut-offs, 5.26% of children in Sault Ste. Marie were deemed to have multiple challenges.”

²² Magdalena Janus, Cindy Walsh and Eric Duku, “Early Development Instrument: Factor structure, Sub-domains and Multiple Challenge Index”, March 2005, Accessed: http://www.offordcentre.com/readiness/files/RESULTS.Normative_Data_II.pdf.

Figure 44



Education and Child Care

JK and SK Enrolment

As of September 2011, all schools in Sault Ste. Marie will offer a full-day junior kindergarten program. This means that children will be starting school as young as 3.8 years of age. Kindergarten uses play-based learning and structured activities over a regular school day to promote learning in all academic areas, and social and emotional development²³.

In the 2010/11 school year, Algoma District School Board had 448 children enrolled in junior kindergarten and 440 enrolled in senior kindergarten (figure 45). This was an increase of 84 kindergarteners from the previous school year. The Huron-Superior Catholic District School Board had 204 children enrolled in junior kindergarten and 244 in senior kindergarten during the 2010/11 school year (figure 46), a decrease of 90 kindergarten students from the previous school year.

There are many before and after school programs offered throughout Sault Ste. Marie that are available at a reasonable fee. These programs are often offered for different age groups, and may be available for older children as well. To see which schools offer before and after school programs, visit www.saultdaycare.ca and click on "Child Care Providers", or phone the school for more information.

Figure 45

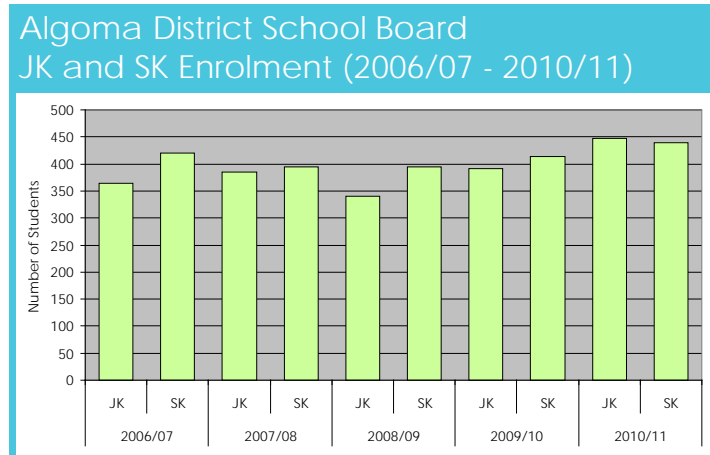
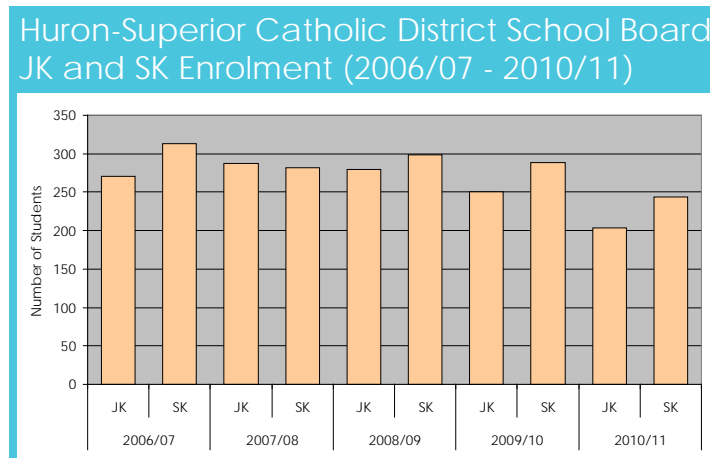


Figure 46



²³ "Full-Day Kindergarten". Ministry of Education website (<http://www.edu.gov.on.ca/childcare/whatwillmychildlearnanddo.html>). February 15, 2011. Accessed April 4, 2011.



Family

Indicators

- Family Structure and Stability
- Healthy Babies Healthy Children
- Prenatal Education
- Parenting
- Children's Aid Society

Family Structure

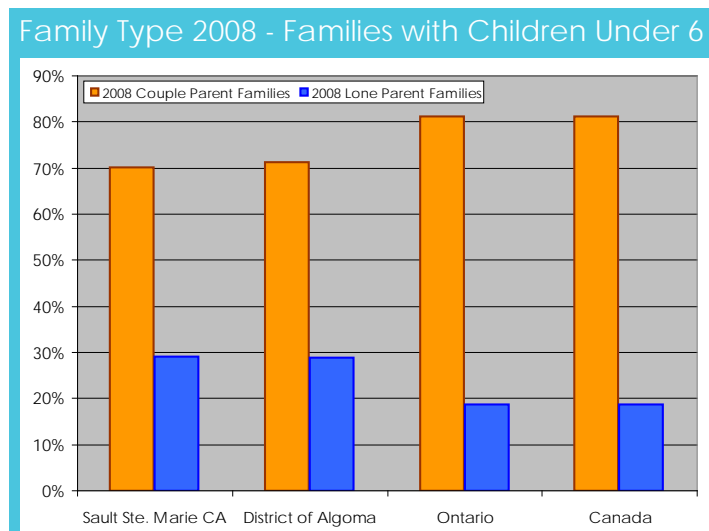
Percentage of Families with Children Under 6

Figure 47 shows that in 2008 the Sault Ste. Marie CA had a higher percentage of lone parent families that had at least one child less than 6 years of age than that of Ontario and Canada. In Ontario in 2008, approximately 18.7% of all families with at least one child less than 6 years of age were headed by a lone-parent, while in Sault Ste. Marie, 29% of families with at least one child less than 6 years of age were headed by a lone-parent.

"...lone parent families are more likely to be below the poverty level, rent their homes, and are not able to accumulate financial resources due to lower salaries and higher unemployment in comparison to couple families²⁴."

This indicator is significant because lone parent families are more likely to be below the poverty level,

Figure 47



rent their homes, and are not able to accumulate financial resources due to lower salaries and higher unemployment in comparison to couple families²⁴. 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 poorer in school than children living with both parents²⁵.

Median Family Income 2008 - All Families

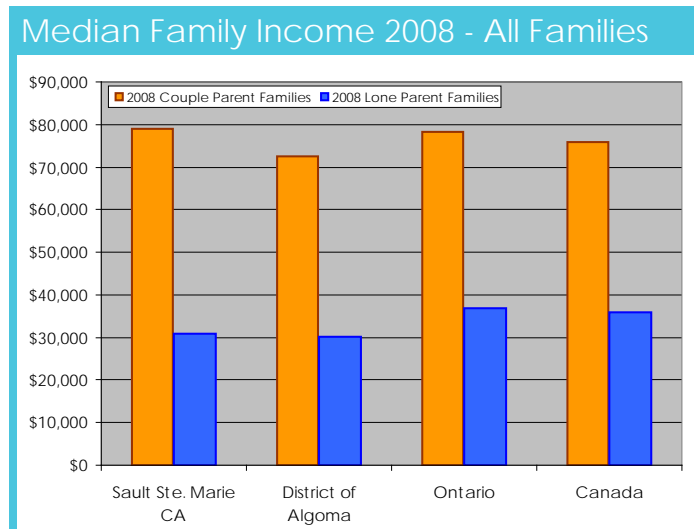
"...there were more lone-parents who had at least one child under the age of 6 in Sault Ste. Marie in 2006 and they likely had a lower income than lone-parents in other parts of Ontario."

Figure 48 indicates that although couple families in the Sault Ste. Marie CA generally had a median family 2008 income on par with that of Ontario, the median income for local lone-parent families (\$30,950) was significantly less than Ontario (\$36,840).

Combined, figures 47 and 48 indicate that there were more lone-parents who had at least one child under the age of 6 in Sault Ste. Marie in 2006 and they likely had a lower income than lone-parents in other parts of Ontario.

Please note that this information is from the Small Area and Administrative Division's Family databank for 2006-2008. The Family databank contains demographic indicators and a wealth of information on sources of 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.

Figure 48



24 Ambert, Anne-Marie. "One Parent Families: Characteristics, Causes, consequences, and Issues", Vanier Institute for the Family. Accessed online: http://www.vifamily.ca/media/node/396/attachments/oneparent_families.pdf.
25 Ambert, 2006.

Family

Children Living in Low Income

The term low income before tax cut-off (LICO) identifies families who spent 20% more than average of their before tax income on food, shelter and clothing²⁶. It is important to note that while LICO is not a measure of poverty, it does identify families that are substantially worse off than the average.

Approximately 25.8% of Sault Ste. Marie CA children under the age of 6 lived in LICO families in 2006. Of these children, 30.5% lived in couple families, and 69.5% lived in lone-parent families. In comparison to Sault Ste. Marie, 23.3% of Algoma (34.6% couple, 65.8% lone-parent) and 19.3% of Ontario (63.1% couple, 36.9% lone-parent) children under the age of 6 lived in LICO families in 2006. Not only was the percentage of children living in LICO families in Sault Ste. Marie higher than Ontario, the percentage of LICO lone-parent

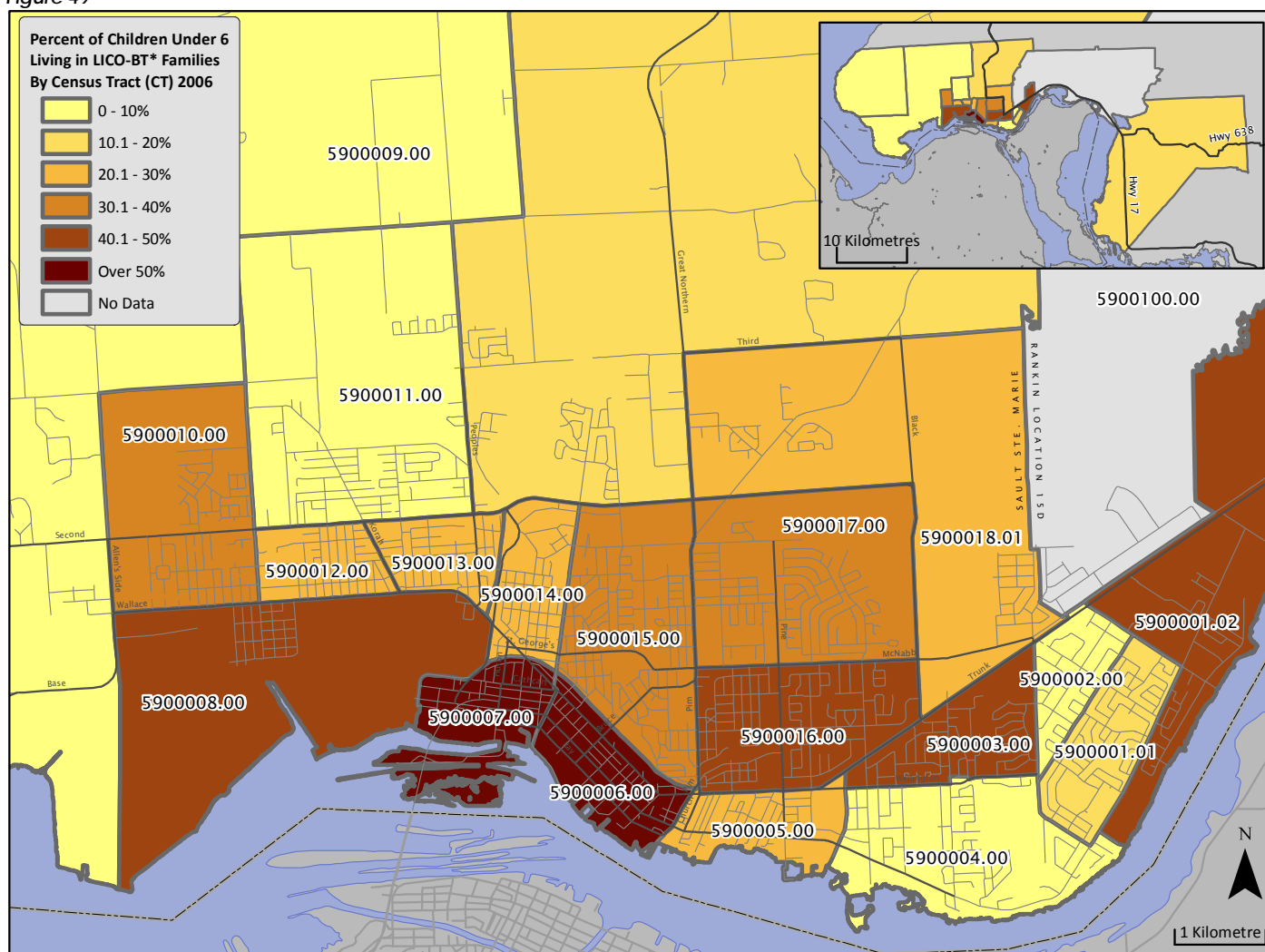
families with children under 6 was significantly higher in Sault Ste. Marie, than that of Ontario.

“Approximately 25.8% of Sault Ste. Marie CA children under the age of 6 lived in LICO families in 2006.”

Similar to the Social Risk Index indicator in the Community Overview section of this report, the percentage of children under 6 who lived in LICO families in 2006 has been calculated for each Census Tract (CT) in the Sault Ste. Marie CA. Due to insufficient data, scores for Tracts 5900100.00 (Garden River and Rankin Reserves) could not be calculated. Figure 49 indicates that CTs near the older urban core of the city generally fared less well than those closer to the urban fringe and rural areas of the city. The CT that fared the worst was that of the downtown (5900006.00), with 56.3% of children under the age of 6 living in LICO families.

26 <http://www12.statcan.ca/census-recensement/2006/ref/dict/fam020-eng.cfm>

Figure 49



*LICO-Before Tax: Income levels at which families spend 20% more than average of their before tax income on food, shelter and clothing (Statistics Canada).

Family

Healthy Babies Healthy Children

The Healthy Babies Healthy Children Program (HBHC) helps children get a healthy start in life through screening and assessment for healthy development and referrals to community programs and resources. The program focuses on a range of areas, including breast-feeding, nutrition and health, parenting and literacy programs. The program is designed to give all families the information and support they need to give their children a healthy start in life as well as more intensive services and supports for families with children who may not reach their full potential. Between 2006 and 2010, 7% to 9% of the families screened by Algoma Public Health into the HBHC program were considered at risk of problems that may affect healthy child development. The Aboriginal Healthy Babies Healthy Children Program (AHBHC) incorporates the unique culture of the aboriginal community, while delivering the same services to families. In 2010, 73 families took part in the AHBHC program through the Ontario Métis Association and 23 families, including 40 children took part through the Indian Friendship Centre Best Start Hub.



Prenatal Education

Prenatal Classes offer expectant mothers and their partners information and resources about pregnancy, labour and delivery, breast-feeding, newborn care, readiness for parenting and community services. Most participants are first-time parents, who often feel more

confident to deal with giving birth and the overall transition to parenting. Algoma Public Health provides several prenatal education options throughout Algoma including group and individual sessions. In 2010, over 300 pregnant women and their partners received some type of prenatal education throughout Algoma.

Considering the number of first-time mothers (primips) that delivered at the Sault Area Hospital (SAH) from 2007 - 2010, approximately 60% of them attended at least one prenatal education session in Sault Ste. Marie. Approximately one quarter of all women who deliver at SAH attend at least one prenatal class at APH (in Sault Ste. Marie) (see figures 50 and 51).

Figure 50

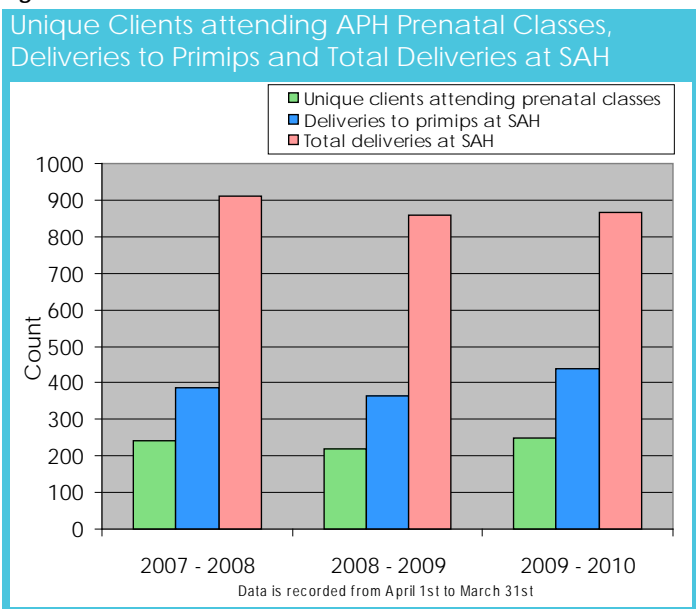
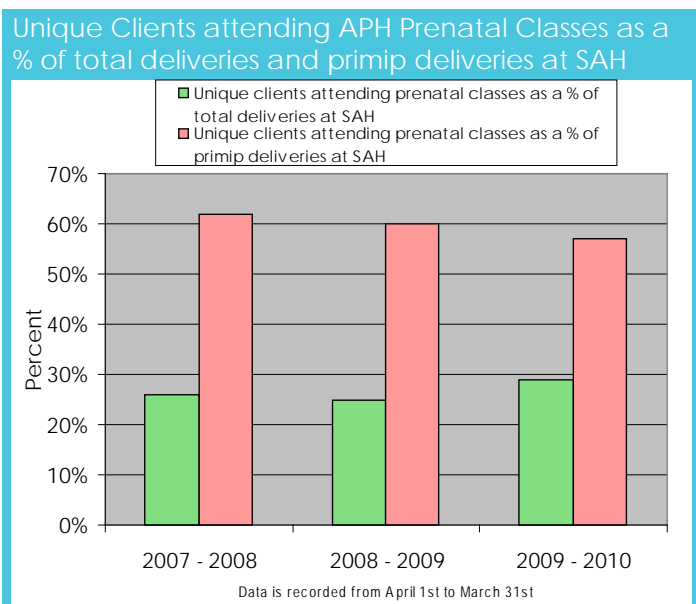


Figure 51



Family



Child Care Algoma Best Start Hubs (Holy Angels school, Dacey Road, École Notre-Dame-du-Sault) and the Indian Friendship Centre Best Start Hub. In 2010, 1,673 families took part in parenting programs through APH, 497 parents participated through the Prince Township Best Start Hub, 2,433 parents took parenting programs through Child Care Algoma Best Start Hubs and 38 families, including 50 parents and 41 children, took part at the Indian Friendship Centre Best Start Hub.

Parent and Family Literacy Centres

Parent and Family Literacy Centres are offered through the Ministry of Education. They are designed to help prepare children 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. In 2010, 605 children attended Parent and Family Literacy Centres through the Algoma District School Board.

Speech and Language Preschool Program - Algoma

About 1 in 10 children needs 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 Speech and Language Preschool Program – Algoma relies on the involvement of a child's family as the key to improving his or her

Parenting

Classes

Parenting Classes are offered throughout the community to meet the needs of parents who may be struggling with different aspects of child development and behaviour. These classes take place at Algoma Public Health (APH), Prince Township Best Start Hub,



Family

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 communicate²⁷.

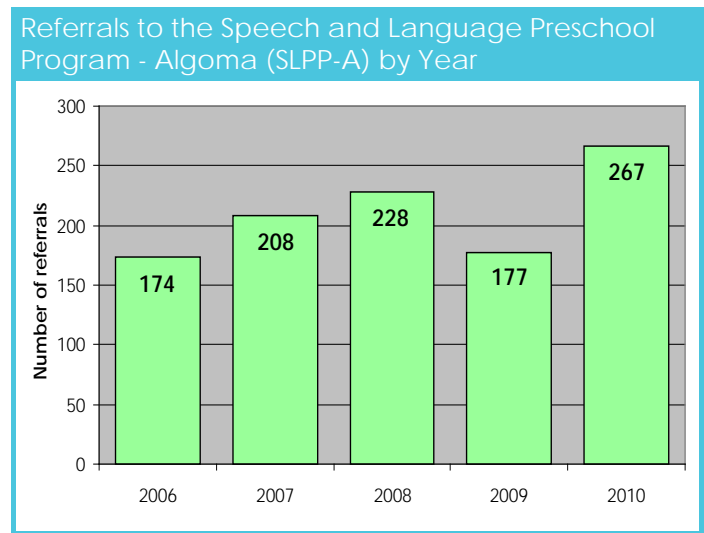
Over the past five years (2006-2010) 1,054 children were referred to the Speech and Language Preschool Program – Algoma. The average age at the time of referral to the program was 30 months.

Children and their parents participated in one or more of the following interventions in a variety of locations:

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

Figure 52 shows the number of referrals to the Speech and Language Preschool Program - Algoma from 2006 to 2010.

Figure 52



Best Start Hubs

Best Start Hubs ("Hubs") provide access to programs and services supporting parents and caregivers in their learning and gaining of knowledge regarding healthy child development through a range of educational opportunities that are sensitive to various adult learning styles.

Best Start Hubs are committed to working with other agencies to coordinate and integrate early years programs and services in the community in order to

further early years service delivery system integration. Through these coordinated efforts, Hubs ensure the provision of opportunity for parents to meet all their early years needs.

Best Start Hubs continue to engage in ongoing evaluation to ensure program effectiveness. Evaluation reflects how services fit into the community and provide concrete information to communicate successes, challenges, needs and wants. Program evaluation is an important aspect of program delivery. Evaluations help to determine successes, what to continue doing, what should be done differently, and what to consider for future planning.

The following are family-based programs offered by Child Care Algoma Best Start Hubs:

Child Care Algoma Best Start Hubs offer **Infant Massage**, an important stimulating form of touching that can lead to a close, emotionally satisfying relationship between the parent and child. Massage enhances an infant's feelings of warmth, relaxation, security, comfort and it leads to a healthier, happier childhood and adulthood.



Child Care Algoma Best Start Hubs provide programs for fathers. The **Father Involvement - Building Our Children's Character (FI-BOCC)** Program is designed exclusively for the benefit of fathers and is focused on responsibility and the vital role fathers play as educators and mentors in the lives of their children. With four principles and five strategies at the root of every discussion, the facilitator introduces the participants to six basic tools in character development. The program supports fathers toward a common parenting goal, developing healthy, happy and resilient children.

²⁷ ServiceOntario (Mar. 2010). *Helping your child learn language [Brochure]*. www.serviceontario.ca/publications

Family



- taking care of yourself as a parent

In the District of Algoma in 2010, more than a dozen child and youth serving organizations formed the Triple P Steering Committee with plans to have Triple P available throughout the district. In January 2011, 40 practitioners were trained in Level 2 Seminar and Level 3 Primary Care. By the middle of April an additional 80 practitioners will be trained in Levels 2 through 5. Level 2 is the least intensive and Level 5 is the most intensive service.

“The long term objectives of the [Triple P] program include reducing the need for intensive mental health services and improving the overall mental health of parents, children and the community as a whole.”

Best Start Hubs facilitate the **How To Talk So Kids Will Listen and Listen So Kids Will Talk** program which offers supportive skills that help parents respond effectively to their children. Parents are introduced to proven skills that help to cope with a child’s negative feelings, engage a child’s willing cooperation, discipline without hurting or alienating, help a child develop a positive and realistic self image and foster a family atmosphere of love and respect.

Best Start Hubs facilitate the **Nobody’s Perfect** program which helps parents develop an understanding of their children’s safety, behaviour, physical and emotional development. It encourages parents to have confidence in their ability as they learn to recognize and build on their own strengths and existing coping skills. The Nobody’s Perfect program provides a comprehensive framework of materials which accommodates different learning styles of adults.

Triple P - Positive Parenting Program

Triple P Positive Parenting Program is a multi-level parenting and family support strategy which has been proven to prevent and treat behavioural, emotional and developmental problems in children 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

Parenting Seminars (Level 2) will be available for all families beginning in March 2011 and will be offered at numerous locations throughout the district. A schedule will be prepared and promoted by all participating agencies. Parents will also be offered more intensive or individualized support (Levels 3-5) at multiple locations throughout the district.

By the end of 2011, parents will be receiving the same consistent positive messages about parenting no matter which child serving agency is involved. The long term objectives of the program include reducing the need for intensive mental health services and improving the overall mental health of parents, children and the community as a whole.

For more information on Triple P, contact Brenda Clarke at (705) 945-5050.

Children’s Aid Society (CAS)

“The purpose of the Children’s Aid Society is to protect the children of Algoma and promote their well-being in a manner that reflects community standards and the spirit of related legislation, while making the most efficient use of community and Society resources,”²⁸. Between April 1, 2009 and March 31, 2010 in Sault Ste. Marie, there was an average of 249 children in care through the Children’s Aid Society and 103 children placed with kin. The average number of children in care age 0 to 6 was 86, and the average number of families involved with CAS was 501. There were a total of 1,231 investigations completed by the Children’s Aid Society during this time frame.

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aspX Children’s Aid Society of Algoma website, <http://www.algomacas.org/aboutus>.

Summary

Giving children their best start in life means ensuring that parents and children have access to the services and supports needed to help kids reach their full potential. This report is an overview of the children in Sault Ste. Marie and the services offered for them. It reviews the areas throughout the city where children are doing well, and where children may need more help. The accessibility of services, both in terms of financial accessibility and transportation, is also looked at to ensure that all parents and children can access the services they need.

The Community Overview reviews demographic information for the **Sault Ste. Marie Census Agglomeration (CA)**, which includes the city of Sault Ste. Marie, Prince Township, Rankin, Garden River, Macdonald, Meredith and Aberdeen Additional Township, and Laird Township. The **population** of the Sault Ste. Marie CA increased between 2001 and 2006, from 78,908 to 80,098. Although the population increased, the **number of children aged 0 to 6** decreased, from 4,600 in 2001 to 4,240 in 2006. The age-sex structure comparison (figure 5) shows a shape that signifies a declining population, with a large proportion of females beyond the fertility years of 15 to 44. The **Aboriginal population** in the Sault Ste. Marie CA is younger than the non-Aboriginal population in the CA, with a median age of 29.6 years in 2006. The Aboriginal Population age-sex structure comparison shows growth in the youth and young working age populations. Charts of this shape are indicative of a high birth rate and a low death rate. The **Francophone population** is aging in the Sault Ste. Marie CA, and the age-sex structure chart shows an aging population with a high number of seniors and older working age persons and a very low number of youth. According to the **Social Risk Index**, derived from Census 2006 data from Statistics Canada, the Sault Ste. Marie CA has a Social Risk Index score of 4 and is considered to be at somewhat low socioeconomic risk. A map showing Social Risk Index scores by Census Tract for the Sault Ste. Marie CA can be found on page 12.

The Health and Physical Environment section uses five indicators (Births, Children's Health, Nutrition, Safety and Activity) to take a look at the physical well-being of children in Sault Ste. Marie.

The Births section contains data on births and low birth weight babies in Sault Ste. Marie, teen mothers and the new 18 month Well-Baby program. The number of **births** in Sault Ste. Marie has risen slightly, from 689 in 2005 to 747 in 2009. There were 44 babies born with low birth weight in 2009. The city of Sault Ste. Marie's crude birth rate was lower than Ontario's in all years studied, likely due to Sault Ste. Marie's lower percentage of the population represented by women in their childbearing years. **Teen mothers** have

represented 8% of all mothers for the three years studied (2005 – 2007). Through the new **18 month Well-Baby visits** in 2010, 74% of babies born in Sault Ste. Marie received a postpartum home visit through APH.

The Children's Health section contains information on the Infant and Child Development Program, Asthma and Obesity in children aged 0 to 6. The **Infant and Child Development Program** offers services to parents of children 0 to 6 years of age who are at risk for or are presently experiencing delays in development. In 2010, 219 referrals were received by the Infant and Child Development Program and services were provided to 398 children and their families in Sault Ste. Marie. **Asthma** is a disease that often starts in childhood. Between 2004/05 and 2006/07, the highest asthma rates in Sault Ste. Marie were in the 0 to 4 age group, and the second highest rates were in the 5 to 9 age group. When comparing Algoma's childhood asthma rates to Ontario's, Algoma's rates were consistently lower, possibly due to the region's low population density. **Obesity** is a major health issue as Ontario's obesity rates have increased due to high rates of inactivity and poor eating habits in recent years. The Group Health Centre diagnosed 60 children between the ages of 0 and 6 as obese in 2010.

The Nutrition section of the Health and Physical Environment indicator outlines nutrition programs in Sault Ste. Marie to help ensure that children and families have access to nutritious and affordable foods. The **NutriSTEP®** program assesses the nutritional risk of preschoolers to determine if they are at low, moderate or high risk of nutrition concerns. This program will be implemented by Algoma Public Health in spring 2011. The **Canada Prenatal Nutrition Program (CPNP)**, also known as the "milk program", supports community projects that increase access to health and social supports for women facing challenges that put their own health or their infant's health at risk. Participants receive prenatal vitamins, milk, food and postnatal support for breast-feeding. Algoma Public Health helped 265 parents through CPNP in 2010, the Indian Friendship Centre helped 36 families and the Indian Friendship Centre Outreach location helped 24 families. **Community Kitchens** help participants to learn budgeting skills, cooking skills and positive social interaction with other group members and children, while accessing affordable nutritious food. The Canadian Red Cross had 140 adults and 133 children attend their community kitchens in 2010. The Indian Friendship Centre Best Start Hub provided kitchens for 25 families, and the Indian Friendship Centre Outreach location hosted community kitchens for 17 families. The **Community Assistance Trust (CAT)** assists the most vulnerable citizens with emergency funding to cover basic needs after all other sources of

Summary

income are exhausted. In 2010, CAT provided emergency food assistance for 36 families, including 12 children. The **Energy Break Program** provides non-perishable food items from all four food groups to students who need food at school. In 2010, Algoma Family Services provided students with 12,810 snack/lunches through the program. **Lunch programs, Soup Kitchens and Food Banks** provide food to those in need in the community. In 2010, the Indian Friendship Centre served 2,824 lunches through their school lunch program, Phoenix Rising Women's Centre served 72 meals to children and 816 meals to women, the Soup Kitchen Community Centre served 690 meals to children and 18,332 meals to adults, Vincent Place Food Services provided children with food 945 times and adults 2,250 times, and the Salvation Army Food Bank provided children with food 935 times.

Under the Safety section of the Health and Physical Environment indicator, information can be found on childhood injuries, crime and car seat safety. Injuries are the leading cause of death in Canadian children. In 2009, 1,077 Sault Ste. Marie resident **child injuries** were reported in Ontario Hospitals, with falls being the leading cause of injury. Safe neighbourhoods are important for children, so they can play without worry. Occurrences of **crimes** of violence decreased in Sault Ste. Marie, from 969 in 2005 to 835 in 2009. Domestic violence occurrences increased in 2009, with 1,401 reported occurrences. Community partners from the Best Start Hubs, Algoma Public Health, Children's Aid Society, Indian Friendship Centre and Waabinong Head Start Family Resource Centre have Car Restraint System Technicians who are certified to install **car seats** and booster seats and offer community scheduled inspection clinics and emergency car seat installations throughout the year.

The activity section contains a study on **children's access to playgrounds** in Sault Ste. Marie. The estimated reasonable walking distance for a child is 1 km (a 20 minute walk at 3 km/hour). Sault Ste. Marie children generally have excellent access to playgrounds, with the exception of a few neighbourhoods. The neighbourhood of most concern is the downtown area, which has a generally lower socioeconomic status than the Sault Ste. Marie average. Children who live downtown between Dennis Street and east to Pilgrim Street, do not have access to a playground within walking distance.

Under the Education and Child Care indicator, there are four sections: Child Care, Best Start Hubs, EDI Results and JK and SK Enrolment.

Community Child Care Services, funded by the Ministry of Education, assists licensed **child care** programs with

operating costs and child care fee subsidies. In Sault Ste. Marie, families eligible for a full fee subsidy pay a minimum user fee of \$2.50 per day. Otherwise, the average cost of a full day of child care is approximately \$35 per day. In 2010, 735 families and 898 children were assisted with fee subsidy. Sault Ste. Marie has a total of 1,342 licensed child care spaces available in child care centres, schools and homes. The current waitlist for child care is 700, with 300 of these families requesting fee subsidy assistance. Some child care operators do not offer spaces up to their licensed capacity due to a shortage of Registered Early Childhood Educators. There is also an ongoing effort to recruit and license more home child care operators, as our community is licensed to run 70 home child cares, and there are currently 33 operating.

Best Start Hubs offer children and their families a welcoming place to meet, learn and grow. They provide services based on extensive research into healthy and early child development, including early learning activities that promote skill-based learning and have measurable outcomes. In addition to drop-in services, Best Start Hubs offer programs such as the Nipissing District Developmental Screen, 1...2...3 to Literacy, Family Math, Roots of Empathy and the Empathy Belly. There are five hubs located throughout the city at Holy Angels school, Child Care Algoma Dacey Road location, the Indian Friendship Centre, Notre Dame des Écoles and the Prince Township Community Centre. Drop-in services are also offered at Mountain View school in Goulais River, Aweres school in Heyden and at the Sault Ste. Marie Best Start Hub Community Outreach site at Willowgrove United Church (open Fridays from 9:30 – 11:30 a.m.). For information on hours of operation and addresses, please see page 24. In 2010, there were 17,784 child drop-in visits recorded for Child Care Algoma, Holy Angels school, Prince Township Community Centre and the Sault North Hubs. A transportation accessibility study to the Best Start Hubs can be found on page 27.

The **Early Development Instrument (EDI)** is a questionnaire designed to measure child development in kindergarten aged children. Based on the Canadian Normative II cutoffs, 16.8% of Sault Ste. Marie SK children in 2008/09 were deemed vulnerable in the Physical Health and Well-Being domain, 13.3% were deemed vulnerable in the Social Competence domain, 13.7% were deemed vulnerable in the Emotional Maturity domain, 4.6% were deemed vulnerable in the Language and Cognitive Development domain and 8.2% of children were deemed vulnerable in the Communication and General Knowledge domain. 28.42% of 2008/09 SK children in Sault Ste. Marie were found to be vulnerable in one or more domains, and 5.26% of children were deemed vulnerable in at least three EDI domains. For more

Summary

information on the EDI, see pages 29 through 36.

JK and SK Enrolment numbers help schools with enrolment projections for future years. As of September 2011, all schools in Sault Ste. Marie will offer full-day junior kindergarten. Kindergarten helps children's transition to school, through play-based learning and structured activities. In the 2010/11 school year, the Algoma District School Board had 448 junior kindergartners and 440 senior kindergartners. The Huron-Superior Catholic District School Board had 204 children enrolled in junior kindergarten and 244 enrolled in senior kindergarten the same year.

The Family Indicator provides information on Family Structure in Sault Ste. Marie, including the percentage of families with children under 6, the median family income in 2008, and the children living in low income in Sault Ste. Marie, as well as the Healthy Babies Healthy Children program, Prenatal Education, Parenting and the Children's Aid Society. The **percentage of families with children under 6** shows that in 2008, the Sault Ste. Marie CA had a higher percentage of lone-parent families with at least one child under 6 than that of Ontario and Canada. In Sault Ste. Marie, 29% of families with at least one child less than 6 years of age were headed by a lone-parent. Sault Ste. Marie CA had a **median family income** in 2008 on par with Ontario, however, the median income for lone-parent families was significantly less than Ontario. Approximately 25.8% of Sault Ste. Marie children under the age of 6 lived in **Low Income Cut-Off (before tax) families** in 2006.

The **Healthy Babies Healthy Children (HBHC)** program is designed to give families the information and support they need to give their child a healthy start in life. It focuses on a range of areas, including breast-feeding, nutrition and health, parenting and literacy programs. Between 2006 and 2010, 7-9% of the families screened by Algoma Public Health into the HBHC program were considered at risk of problems that may affect healthy child development.

Prenatal education helps first-time parents to feel confident with dealing with giving birth and the transition to parenting. Approximately 60% of first-time mothers who gave birth at Sault Area Hospital (SAH) in 2010 attended at least one prenatal education session in Sault Ste. Marie. About one quarter of all women who deliver at SAH attend at least one prenatal class at APH in Sault Ste. Marie.

Parenting classes are offered throughout the community to meet the needs of parents who may be struggling with different aspects of child development and behaviour. In 2010, 1,673 families took part in parenting programs through APH, 497 parents participated through the Prince

Township Best Start Hub, 2,433 parents took parenting programs through Child Care Algoma Best Start Hubs, and 38 families took part at the Indian Friendship Centre Best Start Hub. **Parent and Family Literacy Centres** help prepare children for school and encourage families to be a part of their children's learning. In 2010, 605 children attended Parent and Family Literacy Centres through the Algoma District School Board. The **Speech and Language Preschool Development Program - Algoma** gives children the help they need to develop their communication skills. Over the past five years (2006 - 2010), 1,054 children were referred to the Speech and Language Preschool Program - Algoma. **Best Start Hubs** offer programs and services for parents and caregivers regarding healthy child development. These programs can be viewed on pages 42 and 43. The **Triple P** (Positive Parenting Program) is a parenting and family support strategy used to prevent and treat behavioural, emotional and developmental problems in children, and enhance the knowledge, skills and confidence of parents. Level 2 parenting seminars will be available for all families beginning in March 2011. For more information on Triple P, see page 43.

Children's Aid Society (CAS) works to protect Algoma's children and ensure their well-being. Between April 1, 2009 and March 31, 2010, there was an average of 249 children in care through CAS, 103 children placed with kin and 1,231 investigations completed.

This report was intended to be used as a starting point, to assess what services are available for children and families, where access to services needs to be improved and where children need more help. Evaluations can be made by reviewing this report in future years, to see what improvements were made, and what still needs to be done. Through integrated children's services, the Best Start Network is promoting optimal child development in Sault Ste. Marie, and giving Sault Ste. Marie's children their best start in life.

Data Sources

Best Start Introduction

figure	title/source
1	Best Start Network Diagram Best Start Network 2011
2	Distribution of Best Start Funding Best Start Network 2011

Community Overview

figure	title/source
3	Sault Ste. Marie Census Agglomeration (CA) Map Statistics Canada 2006 boundary file
4	% Change in Population (2001 - 2006) Sault Ste. Marie CA Statistics Canada. 2006 Census of Canada: Profile for Sault Ste. Marie at the CA level. Ottawa, Ontario. Statistics Canada [producer]; Community Data Consortium, Ottawa [distributor]. Available: https://communitydata-donneescommunautaires.ca/ .
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6	Number of Children Under 6 by Census Tract (CT) 2006 Statistics Canada. 2006 Census of Canada: UPP06_Table 12: Income Status Before Tax, Economic Family Structure and Number of Economic Family Persons and Age Groups of Children for the Persons in Economic Families in Private Households (CT). Ottawa, Ontario. Statistics Canada [producer]; Community Data Consortium, Ottawa [distributor]. Available: https://communitydata-donneescommunautaires.ca/ .
7	Aboriginal Population (2006) - Sault Ste. Marie CA Statistics Canada. 2006 Census of Canada: Target Group Profile of the Aboriginal Identity Population of Ontario and Sault Ste. Marie at the CA level. Ottawa, Ontario. Statistics Canada [producer]; Community Data Consortium, Ottawa [distributor]. Available: https://communitydata-donneescommunautaires.ca/ .
8	Percent Aboriginal by Age Group (2006) - Sault Ste. Marie CA and Ontario Statistics Canada. 2006 Census of Canada: Target Group Profile of the Aboriginal Identity Population of Ontario and Sault Ste. Marie at the CA level. Ottawa, Ontario. Statistics Canada [producer]; Community Data Consortium, Ottawa [distributor]. Available: https://communitydata-donneescommunautaires.ca/ .
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11-13	Social Risk Index 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/ .

Data Sources

Health and Physical Environment

figure	title/source
14	Births in Sault Ste. Marie by Birth Weight, 2005 - 2009 intelliHealth Ontario
15	Sault Ste. Marie and Ontario Birth Rates, 2005 - 2009 Ontario data from the Inpatient Discharge Main Table from CIHI DAD Sault Ste. Marie data from intelliHealth Ontario
16	Births to Teen Mothers as a % of Total Births, 2005 - 2007, Sault Ste. Marie CA intelliHealth Ontario
17	18 Month Well-Baby Visits as a Percentage of Births for Sault Ste. Marie, 2006 - 2010 Algoma Public Health
18	Infant and Child Development Program, Referrals and Clients 2008 - 2010 Algoma Public Health
19	Age- and Sex-Adjusted Asthma Incidence Rates for Algoma Public Health, 2004/05 - 2006/07 "Asthma in Ontario: Prevalence, Active Prevalence, Newly Diagnosed Asthma and Health Services Utilization." ICES. 2004 - 2007. Accessed February 7, 2011.
20	Age- and Sex-Adjusted Asthma Incidence Rates (Ontario and Algoma) "Asthma in Ontario: Prevalence, Active Prevalence, Newly Diagnosed Asthma and Health Services Utilization." ICES. 2004 - 2007. Accessed February 7, 2011.
21	Child Injuries per year (Aged 0 to 6) Reported in Emergency: Sault Ste. Marie CA Residents in Ontario Hospitals intelliHEALTH Ontario. Ambulatory ED External Cause Dx by calendar year (2003–2009), by PHU, age, and sex of patient, by external cause code (icd10). Toronto, Ontario. Ministry of Health and Long-Term Care [producer]; Algoma Public Health, Sault Ste. Marie [distributor].
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23	Top Six Types of Falls of Sault Ste. Marie Children (Aged 0 to 6) Who Reported to Hospital ER, 2005-09 intelliHEALTH Ontario. Ambulatory ED External Cause Dx by calendar year (2003–2009), by PHU, age, and sex of patient, by external cause code (icd10). Toronto, Ontario. Ministry of Health and Long-Term Care [producer]; Algoma Public Health, Sault Ste. Marie [distributor].
24	Stats Canada Crime Index - Sault Ste. Marie 5 yr. analysis of Crime Occurrences by Category Stats Canada Crime Index for Sault Ste. Marie, amended April 15, 2010
25	Domestic Violence Occurrences in Sault Ste. Marie Stats Canada Crime Index for Sault Ste. Marie, amended April 15, 2010
26-27	Walking Distances to Playgrounds "City of Sault Ste. Marie Parks/Playgrounds" City of Sault Ste. Marie, Accessed online via: http://www.city.sault-ste-marie.on.ca/Open_Page.aspx?ID=512&depid=1 , January 5 2011, and Sault Ste. Marie Innovation Centre, Community Geomatics Centre, 2011

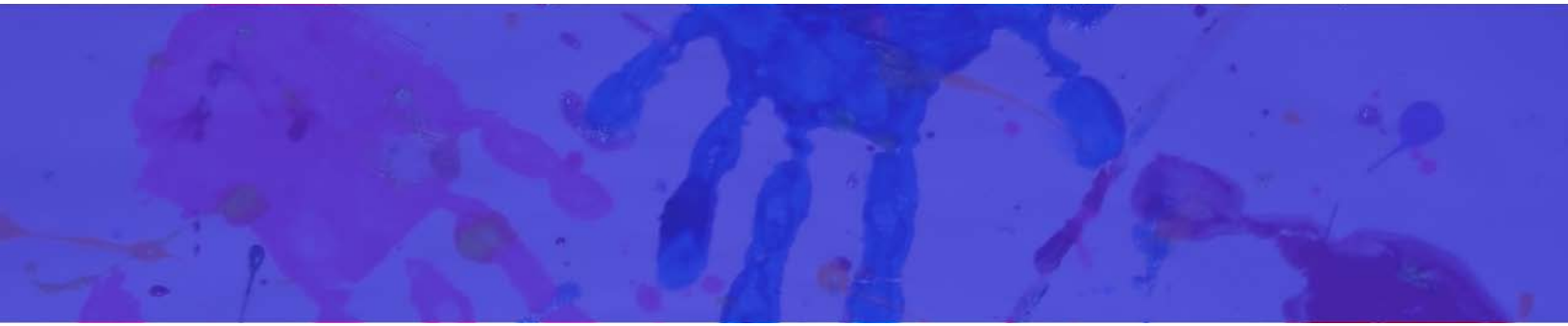
Data Sources

Education and Child Care

figure	title/source
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29	Spaces by Age Grouping and Available Subsidy - Feb. 2011 District of Sault Ste. Marie Social Services Administration Board
30-31	Best Start Hubs/OEYC 2010 Drop-in Visits by Centre 2009 - 2010 Sault Ste. Marie Best Start Hubs/Ontario Early Years Centres
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34	Transportation - Holy Angels Sault Ste. Marie Innovation Centre, Community Geomatics Centre, 2011
35	Transportation - Notre-Dame-des-Écoles Sault Ste. Marie Innovation Centre, Community Geomatics Centre, 2011
36	Transportation - Indian Friendship Centre Sault Ste. Marie Innovation Centre, Community Geomatics Centre, 2011
37-44	EDI Table and Maps Offord Centre for Child Studies (OCCS), McMaster University, 2009.
45	Algoma District School Board JK and SK Enrolment (2006/07 - 2010/11) Algoma District School Board
46	Huron-Superior Catholic District School Board JK and SK Enrolment (2006/07 - 2010/11) Huron-Superior Catholic District School Board

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47	Family Type 2008 - Families with Children Under 6 Small Area and Administrative Division's Family databank, 2006 - 08
48	Median Family Income 2008 - All Families Small Area and Administrative Division's Family databank, 2006 - 08
49	Percent of Children Under 6 Living in LICO-BT Families by Census Tract (CT) 2006 Statistics Canada. 2006 Census of Canada: UPP06_Table 12: Income Status Before Tax, Economic Family Structure and Number of Economic Family Persons and Age Groups of Children for the Persons in Economic Families in Private Households (CT). Ottawa, Ontario. Statistics Canada [producer]; Community Data Consortium, Ottawa [distributor]. Available: https://communitydata-donneescommunautaires.ca/ .
50	Unique Clients attending APH Prenatal Classes, Deliveries to Primips and Total Deliveries at SAH Prenatal attendance data taken from the Algoma Public Health cache program. Sault Area Hospital data taken from the SAH Maternal Child Monthly Program Statistics
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District of Sault Ste. Marie Best Start Network
Réseau Meilleur départ district de Sault Ste Marie



District of Sault Ste. Marie
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SAULT STE. MARIE
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