



OUR CHILDREN, **THEIR FUTURE**

District of Sault Ste. Marie
Sault Ste. Marie and Algoma Child & Family Network 2020 Report,
Volume 4

This report was created for the Sault Ste. Marie and Algoma Child and Family Network by Acorn Information Solutions (a division of the Sault Ste. Marie Innovation Centre) with the help of the District of Sault Ste. Marie Social Services Administration Board. The data in this report was compiled and the report was co-authored by Steve Zuppa, Zoe Alavi, Angela Robson, Karen Lehtonen, Jackie Lajoie, and Alex Boston with the help of community partners and the Child and Family Network. Edits were done by Carrie Jones from the DSSMSSAB.

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Sault Ste. Marie District

Here to help.
Ici Pour Aider



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

A digital version of this report can be found online at: <https://socialservices-ssmd.ca/early-years/early-years-resources/>. Follow the link under "Children's Report".

A report focussing on the Algoma District has also been released in tandem.

Acknowledgements

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

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United Way of Sault Ste. Marie & District
Vincent Place Food Services

A Message from The Child & Family Network

Communities Growing, Children Thriving

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Co-Chair
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From 2011, the Sault Ste. Marie and the Algoma District Best Start Networks have strategically operated in partnership to achieve a single Best Start mission and vision. Since the previous edition of this report (2015), the Networks have developed into a single Sault Ste. Marie & Algoma Child and Family Network and have embarked on a new strategic planning process in 2019.

We want to ensure that across the whole of Algoma, “children and families have easy access to consistent, quality services that are welcoming, integrated and responsive.” A single network enables us to maximize collaboration for the benefit of all children and families in our geographic areas. We recognize that true system integration is an ongoing process whereby service providers and stakeholders engage in progressively greater degrees of joint service activity.

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

This is the fourth edition of a report that provides community information on some key areas that have a significant impact on how well our children are developing: family structure, child care, health, education, family support services and our physical environment. By measuring these indicators in our 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 communities have much to celebrate with regard to successful relationship building and decreased fragmentation in service delivery between children’s service providers, as well as partnering that supports seamless access for parents. The Sault Ste. Marie & Algoma Child and Family Network remains committed to the development of an integrated service system that improves the lives of our children, our families and our communities.

We look forward to the future knowing that our Network partners continue to demonstrate the passion and determination to achieve our Vision.

“

...the Network has been instrumental in the community planning of integrated children’s services.”



SUMMARY

Executive Summary	6
Introduction	8
Community Overview	11
Health & Physical Environment...	29
Child Care & Education	59
Child & Family	97
Data Sources	124
Appendix A	130

Executive Summary

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

The Community Overview examines the population and age breakdown of Sault Ste. Marie, as well as Indigenous 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 Ontario Marginalization Index is also outlined in this section, providing a more in-depth look

into the population of Sault Ste. Marie using socioeconomic risk indicators such as material deprivation and residential instability. This helps to determine which neighbourhoods are more prone to socioeconomic risk. A map showing the overall degree of marginalization by Census Tract in Sault Ste. Marie can be viewed on page 25.

The Health and Physical Environment section is a general assessment of infant and child health and services, as well as nutrition, safety, mental health and physical activity. Information on the birth rate in Sault Ste. Marie, teen mothers, the Infant and Child Development Program, Asthma and Oral Health can be found in this section. Nutrition program statistics are also outlined and include the Student Nutrition Program, the Healthy Food Basket, the Canada Prenatal Nutrition Program, Community Kitchens

and Gardens, lunch programs, Soup Kitchens and Food Banks. Children's safety is addressed as well, with statistics on childhood injuries and crime. More and more importance is being placed on the physical activity levels of children due to the rise in obesity rates in Canada. Playgrounds are an important source for the healthy physical and social development of children. Page 51 begins a study on the number of playgrounds within walking distance in Sault Ste. Marie and their general quality.

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

Executive Summary

The Education and Child Care section reviews the cost and availability of child care in Sault Ste. Marie, subsidies, service gaps and funding changes. JK and SK enrolment numbers for the four area school boards have been captured and can be found on page 70. 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 among senior kindergarten students and whether they are meeting developmental expectations for their age. EDI results have been compiled and mapped for Sault Ste. Marie and can be found starting on page 72.

The section titled Child & Family reports on family structure, with information on the percentage of families with children under 6, median family income, and youth living in low income. EarlyON Centre services, programs, location information, and visitor statistics are outlined in this section. Prenatal education is designed to provide expectant mothers and their partners with information about all aspects of pregnancy and delivery to aid their transition to parenting. Information on parenting, including classes, Parenting Programs/Young Parents Connection, Special Needs and Triple P (Positive Parenting Program) can also be found in this section. Children's Aid Society and Nogdawindamin Family and Community Services Child Protection statistics are located at the end of the section, starting on page 120.

Following each section is a summary detailing how the indicators have changed since the "Our Children, Their Future" report of 2015. By comparing this data from report-to-report, services can be modified and implemented to better serve all children in Sault Ste. Marie, giving them their best start towards a bright future.



Introduction

This volume of the Children's Report is the fourth in a series that was originally commissioned by the Sault Ste. Marie and Algoma Best Start Network in 2011. Since the last report in 2015, the Network has developed into the Sault Ste. Marie & Algoma Child and Family Network. This Network continues to be responsible for local early years planning and 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.

In 2016, the Ministry of Education announced its intention to transform previously funded child and family programs into an integrated system of services and supports for children ages 0-6 and their parents or caregivers and they established their 2017 Renewed Early Years and Child Care Policy Framework. The initiative was to provide enhancements to and create an integrated continuum of learning for children, supporting Ontario's early years professionals and give more children access to early years and child care programs across the system. This included increasing access to child and family programs as well as a commitment to help 100,000 more children – from birth to age 4 – access licensed care. The plan set the foundation for a more responsive and affordable system.¹

In 2018, the ministry moved forward on its commitment to integrate four programs formerly known Ontario Early Years Centres (Best Start Hubs in Northern Ontario), Child Care Resource Centres, Parenting and Family Literacy Centres and Better Beginnings, Better Futures, into EarlyON Child and Family Centres. Consolidated Municipal Service Managers (CMSM) and District Social Services Administration Boards (DSSAB) became responsible for the local management of EarlyON Child and Family Centres as part of their responsibility for the service system management of child care and other human services. As such, the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) in Sault Ste. Marie, and Algoma District Services Administration Board (ADSAB) assumed this responsibility locally. All child and family programs were integrated and streamlined into EarlyON Child and Family Centres, with increased access to all families a priority.

To guide early years planning in recent years, several community consultations were conducted to gather a holistic depiction of the early years system across Sault Ste. Marie and Algoma District. This included consultations with families, service providers, boards of directors, community partners and school board partners. In addition to the seven focus groups held with community partners and parents, data was compiled from online teacher and public parent surveys in both official languages as well as child care and EarlyON staff surveys. Focus groups participants included Child Care Supervisors from licensed child care and home child care programs, local early years service providers, the Network, and many other community planning partners. In addition, Algoma District School Board/Huron-Superior Catholic District School Board Junior and Senior Kindergarten Teachers and classroom Early Childhood Educators, the Integrated Services Committee - community organizations concerned with the special needs of children, were consulted. Waabinong Head Start Child & Family Resource Centre also supported a culturally relevant focus group dedicated to Indigenous parents.

The goal of the Network is to celebrate successes, identify issues and concerns that jointly effect children and families in both the District of Algoma and the District of Sault Ste. Marie and to combine resources and efforts to ensure that service delivery across all of Algoma is integrated and responsive to the needs of all. To ensure this responsive approach, parent participation is central to the planning process and input from parents is sought on a regular basis.

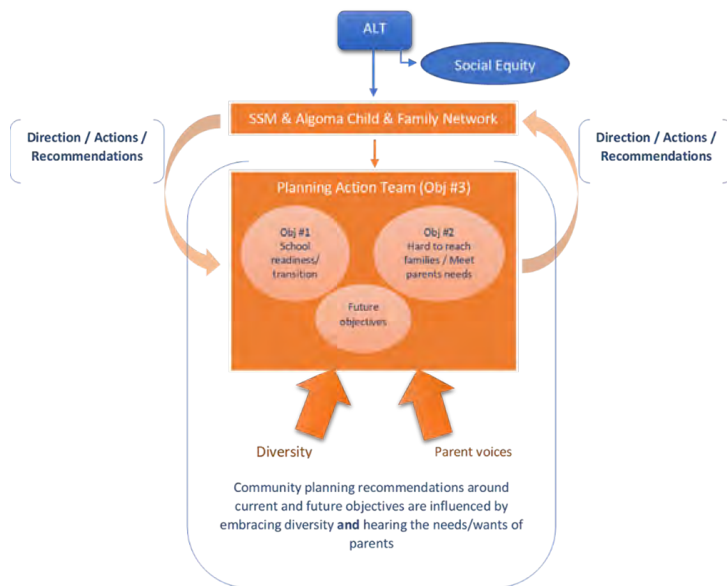
In 2019, a facilitated strategic planning session was held with the Network. The preliminary highlights of the qualitative data gathered from the community consultations was used to inform the development of the Network's planning and data analysis process.

At that time, the Network identified three priority areas for strategic direction for the next two years. These included improving transitions into school for children and families, understanding families' needs and reaching hard-to-reach families, and moving towards one table for community early years planning in Sault Ste. Marie and Algoma District.

Introduction

Terms of Reference were established to reflect the new strategic direction and new committee name – Sault Ste. Marie & Algoma Child and Family Network. Next steps involved members collaborating on measurable outcomes for the three objectives.

In 2020, to better meet the needs of the community through this committee, a working group – Planning Action Team (PAT) was created.



- The Child and Family Network table includes members who sit in a decision-making role within their organizations. This table will be making decisions during meetings based on, but not solely, on information gathered by the PAT.

- PAT was created to meet objective three – to amalgamate the various committees into one table. This group will do the “work” of the Network table in making recommendations for the two remaining current objectives and report back to that table. The overriding philosophy when working on the recommendations will be to keep diversity and parent voices top of mind. Within the lens of Social Equity, the Network strives to improve the Early Development Indicator (EDI) outcomes

in all domains for children in the community. Early years services across the system provide the forum to support this goal and aligning early years planning with local community direction is strategically important to expanding and improving services for children and families. The Network, which coordinates with the Algoma Leadership Table, has always prioritized this work and will continue to incorporate it into their own Network planning.

The Vision of the Network remains that “all children born and growing up in the Districts of Sault Ste. Marie and Algoma will achieve their social, intellectual, economic, physical and emotional potential”. This will be achieved through an ongoing process whereby local service providers and relevant stakeholders engage in progressively greater degrees of joint service activity along an integrated continuum to provide families with better access to services.

The DSSMSSAB Early Years and ADSAB Children’s Services Divisions have been developing new system service plans. These plans assess the needs of the community and prioritize strategic direction, outcomes and implementation in accordance with provincial interest for early years services. With the collaborative efforts of the Sault Ste. Marie & Algoma Child and Family Network Planning Table, consultations have resulted in informed system plans. Built upon the early years system strengths, the system plans will identify gaps in capacity within the system and will support the four key components of Ontario’s vision for Early Years services: Affordability, Accessibility, Responsiveness and High Quality.

COVID-19 has naturally disrupted and delayed both the completion of this document and the work that the Network identified as part of their strategic plan. This in no way diminishes the work that needs to be done and the intentions of everyone involved to move forward once it is deemed safe to do so. For their part, every member organization has continued to put children and families first throughout the past year and have had positive impacts on many as the communities work together to address additional needs that have surfaced during this pandemic.



Community Overview

IN THIS SECTION

Population Breakdown by Age 2006-2016.....	13
Number of Children in the DSSMSSAB Catchment Area	13
Indigenous Identity Population	15
Francophone Population	17
Recent Immigrants	19
Ontario Marginalization Index	20
Residential Instability	21
Material Deprivation	22
Dependency	24
Overall Marginalization: Summary	25
Where Have We Gone Since the Last Report?	27

POPULATION BASED INDICATORS

DEFINING THE DSSMSSAB CATCHMENT AREA

This report commonly makes reference to the District of Sault Ste. Marie Social Services Administration Board area (DSSMSSAB). The DSSMSSAB area covers the City of Sault Ste. Marie, Prince Township and a number of unincorporated townships north of Sault Ste. Marie to Montreal River, including unincorporated communities such as Goulais River and Searchmont.

The indicators presented in this report at the DSSMSSAB level, including all from Statistics Canada, are measured by amalgamating Dissemination Block data to the geographic extent of the DSSMSSAB area. The full geographic extent of the DSSMSSAB area is shown in Figure 1.

DEFINING THE SAULT STE. MARIE CENSUS AGGLOMERATION (CA)

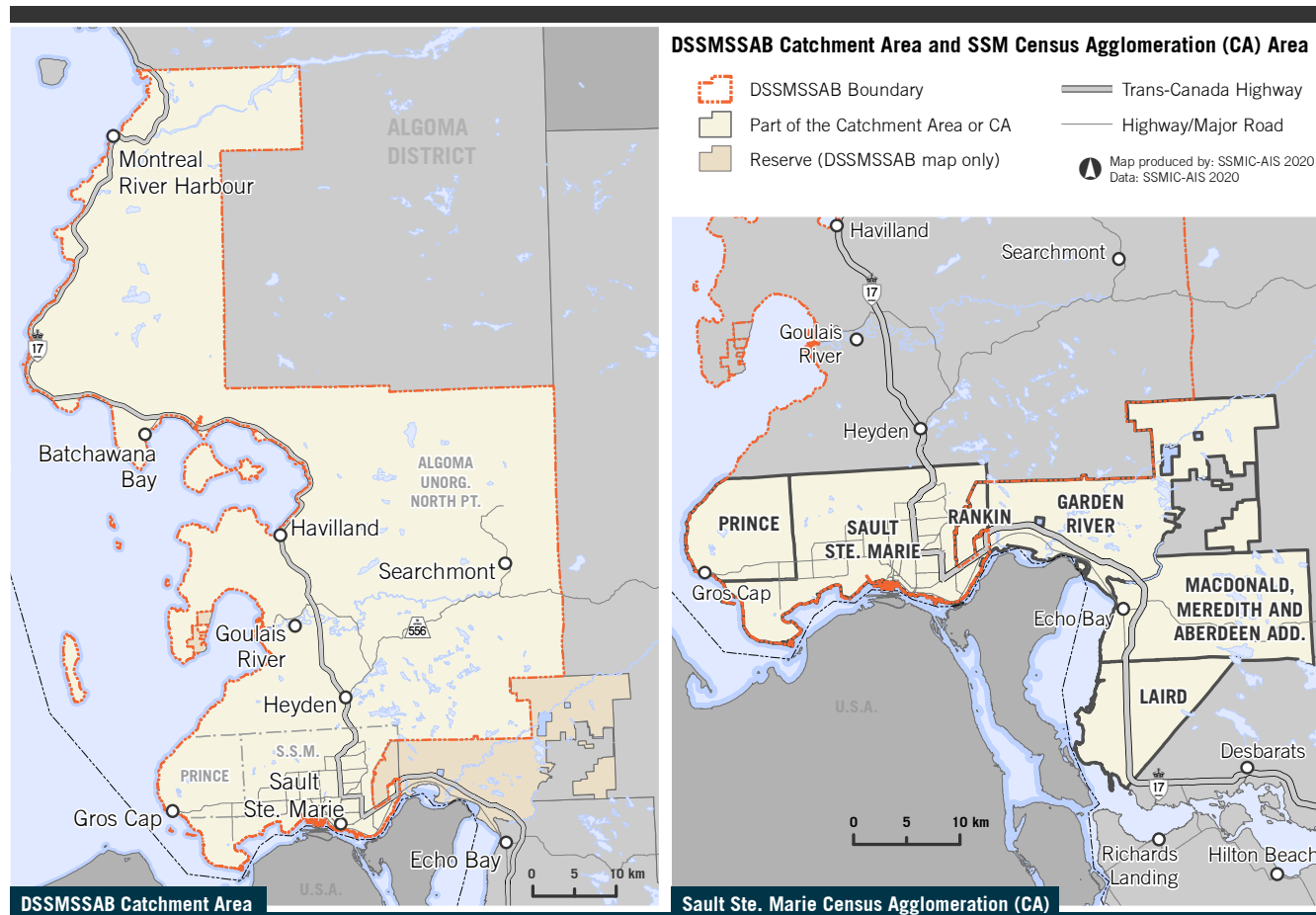
This report also makes reference to the Sault Ste. Marie Census Agglomeration (CA). The Sault Ste. Marie CA is an area defined by Statistics Canada, which consists of a number of neighbouring municipalities situated around the urban core of Sault Ste. Marie. To be included in the CA, the surrounding municipalities must be strongly connected to Sault Ste. Marie in terms of place of work and commuting.¹

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

¹ Statistics Canada, "Dictionary, Census of Population, 2016: Census Metropolitan Area (CMA) and Census Agglomeration (CA)", 2017, Accessed: <https://www12.statcan.gc.ca/census-recensement/2016/ref/dict/geo009-eng.cfm>.

Community Overview

Figure 1: Map of the DSSMSSAB Catchment Area and the Sault Ste. Marie Census Agglomeration (CA)



The DSSMSSAB area had a population of 79,077 in 2016, which has decreased from 80,792 in 2011 and 79,301 in 2006. The vast majority of people in this area reside in the City of Sault Ste. Marie, which had a population of 73,368 in 2016, 75,141 in 2011, and 74,948 in 2006.

Table 1 shows the population change between 2011 and 2016 for the Census Subdivisions that make up the DSSMSSAB catchment area as well as the nearby First Nation Reserves. Please note that no Census data is available for the Batchewana First Nation communities (includes the Rankin 15D and Goulais Bay 15A Reserves).

Table 1: Population Change between 2011 and 2016 for the Census Subdivisions of the DSSMSSAB Area

Place Name	Type	Total Population 2011	Total Population 2016	Change (#)	Change (%)
DSSMSSAB Catchment Area*	DSSMSSAB	80,792	79,077	-1,715	-2.1
Sault Ste. Marie	City	75,141	73,368	-1,773	-2.4
Prince	Township	1,031	1,010	-21	-2.0
Algoma, Unorganized, North Part**	Unorg. Area	4,620	4,699	79	1.7
Garden River 14	F.N. Reserve	1,107	1,125	18	1.6
Goulais Bay 15A	F.N. Reserve	N/A	N/A	N/A	N/A
Rankin Location 15D	F.N. Reserve	N/A	N/A	N/A	N/A

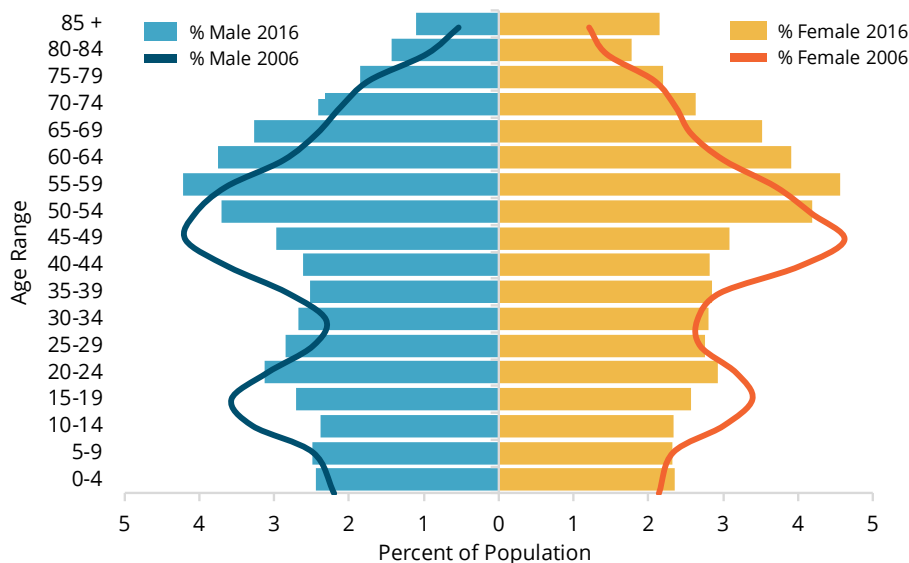
*does not include the SSM area First Nation Reserves in the total

**only the part covered by DSSMSSAB Jurisdiction (includes Goulais River, Searchmont, Batchawana Bay)

POPULATION BREAKDOWN BY AGE 2006-2016

The 2016 age-sex structure chart (Figure 2) 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 areas usually have a steady death rate, coupled with a low birth rate. Any growth in population is usually a result of immigration rather than natural increase.

Figure 2: Age-Sex Structure Comparison, 2006-2016, DSSMSSAB Area, Statistics Canada



The DSSMSSAB area graph indicates an aging population, with a significant bulge in the 50 to 69 age groups, which represent the 'baby-boom' generation. The population of the DSSMSSAB area is older than the population of Ontario, as the median age of the population was 47.1 years in 2016 compared to 41.3 years for Ontario.

There are proportionately fewer children and more seniors in the DSSMSSAB area than the whole of Ontario. Within the DSSMSSAB in 2016, the proportion of older adults aged 65 and up (22.1%) exceeded the proportion of children aged 0 to 14 (14.2%) for the third straight census year.

NUMBER OF CHILDREN IN THE DSSMSSAB CATCHMENT AREA

In addition to 5-year age groupings (see Figure 2), Statistics Canada also reports the number of persons by each individual year of age, which can be aggregated into more familiar age groupings to the child service community.

Table 2 shows the change in population of children aged 0 to 6 and aged 7 to 12 for the DSSMSSAB Area as well as the area reserves. The DSSMSSAB area had 5,215 children aged 0 to 6 in 2016, up 115 (or 2.3%) from 5,100 children aged 0 to 6 in 2011. Growth was seen in the City of Sault Ste. Marie (increase of 75 children), Prince (increase of 5 children) and in the Algoma Unorganized North area (increase of 35 children). Between 2011 and 2016, the population aged 7 to 12 in the DSSMSSAB area decreased by 70 children. The largest decrease was seen in the City of Sault Ste. Marie (50 less children in 2016).

² Boucher, Lauren. (2016) Population Education. What are the different types of population pyramids?. Retrieved from: <https://populationeducation.org/what-are-different-types-population-pyramids/>

Community Overview

Table 2: Change in the Population of Children Aged 0 to 6 and Aged 7 to 12, 2011 to 2016

Place Name	Type	Pop 0-6 2011	Pop 0-6 2016	Change (#)	Change (%)	Pop 7-12 2011	Pop 7-12 2016	Change (#)	Change (%)
DSSMSSAB Area*	DSSMSSAB	5,100	5,215	115	2.3%	4,625	4,555	-70	-1.5%
Sault Ste. Marie	City	4,795	4,870	75	1.6%	4,290	4,240	-50	-1.2%
Prince	Township	55	60	5	9.1%	80	55	-25	-31.3%
Algoma Unorg. N. Pt.**	Unorg. Area	250	285	35	14.0%	255	260	5	2.0%
Garden River 14	F.N. Reserve	115	115	0	0.0%	125	110	-15	-12.0%
Goulais Bay 15A	F.N. Reserve	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rankin Location 15D	F.N. Reserve	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*does not include the Algoma area F.N. Reserves in the total

**only the part covered by DSSMSSAB Jurisdiction (includes Goulais River, Searchmont, Batchawana Bay)

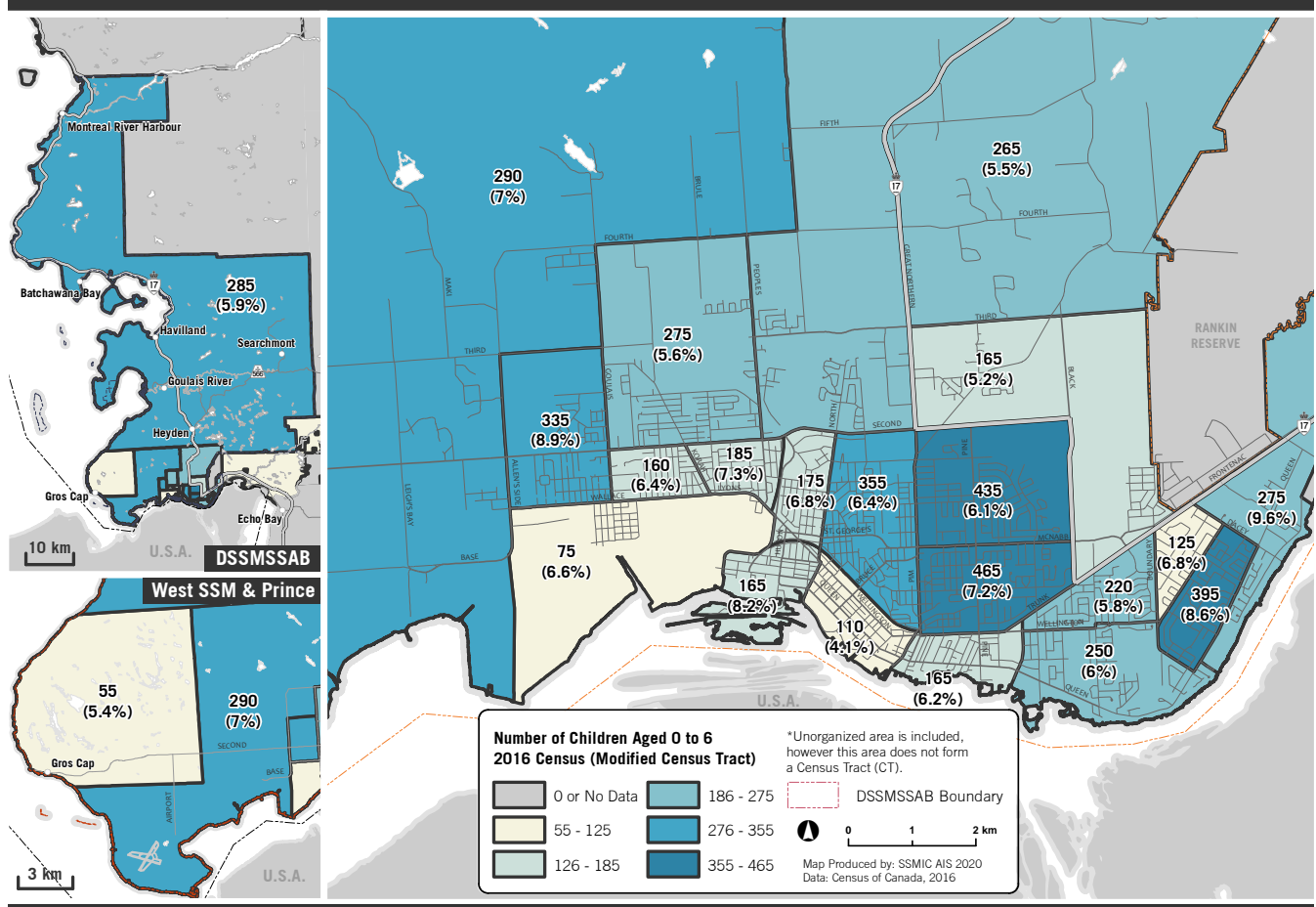
The population of the DSSMSSAB area can be examined as smaller regions to get a sense of the variability that exists within the area. The map in Figure 3 shows total population aged 0 to 6 by Census Tract (CT). CTs are small, stable geographic areas that usually have a total population of 2,500 to 8,000. The main map shows the urban area of the City of Sault Ste. Marie, while the inset maps show the rural areas west and north of the City. Please note that the unorganized territory north of Sault Ste. Marie is technically not a CT but has been included as a custom geography for informational purposes. Each CT is labelled with both the total number of children aged 0 to 6 followed by the percentage of total population of the CT that are aged 0 to 6 (in brackets). For example, in the map Prince Township is shown to have 55 children, which represents 5.4% of the total population of the Township.

The CT with the highest concentrations of children aged 0 to 6 were all east of Great Northern Road within the urban/suburban area of the city. Areas with fewer children aged 0 to 6 were parts of the downtown, the areas near Algoma Steel (including the Bayview Neighbourhood) and Prince Township.



Community Overview

Figure 3: Total Population Aged 0 to 6 by Census Tract (CT), DSSMSSAB Area, 2016



INDIGENOUS IDENTITY POPULATION

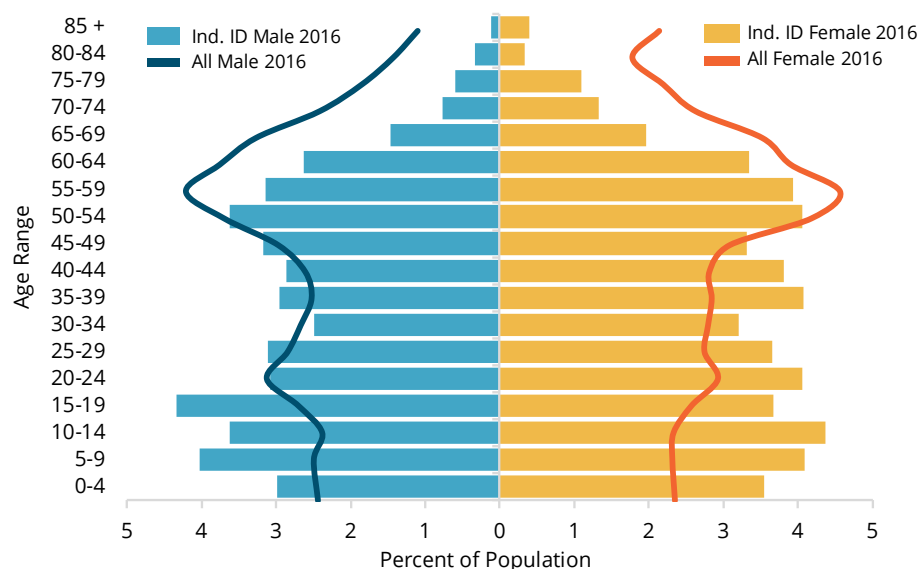
Indigenous identity refers to those persons who self-identified on the Census with at least one Indigenous group, that is, First Nation, Métis or Inuit, and/or those who reported being a Treaty Indian or a registered Indian, as defined by the Indian Act of Canada, and/or those who reported they were members of a First Nation. It is important to note that the counts of persons who self-identify as Indigenous in the Census may be under-reported.

In 2016, there were 8,930 Indigenous people living in the DSSMSSAB area, making up approximately 11.5% of the total population (note that this percentage excludes the Reserves in the area). In 2016, 4,720 persons identified as First Nations, accounting for over half (52.9%) of the Indigenous population of the DSSMSSAB area. Another 3,980 identified as Métis, accounting for a further 44.6% of the Indigenous population. A small percentage (2.5%) reported multiple or other Indigenous responses.

Figure 4 shows the Indigenous age breakdown in 2016 (thick bars) compared to the overall population of the DSSMSSAB area (lines). Figure 4 indicates that there is a higher percentage of Indigenous youth than in the overall population of the DSSMSSAB area. Nearly 22.5% of all Indigenous persons in the DSSMSSAB area were under the age of 15 in 2016, while only 8.4% were over the age of 65.

Community Overview

Figure 4: Comparison of Indigenous ID and All Population by Age Groups, DSSMSSAB Area, 2016



Between 2006 and 2016, the Indigenous Identity population in the DSSMSSAB area increased by approximately 2,415 persons (or 37.1%). The population of children aged 0 to 14 grew by 445 persons (28.3%) between this time period (Table 3). This indicates that the Indigenous population has increased due to natural growth (relatively high fertility rates and increased life expectancy), and also “that more people are newly identifying as First Nations, Métis or Inuit on the census—a continuation of a trend over time”.³

why compare to 2006?

Why look at comparison data from 2006 rather than the more recent 2011? To avoid comparing data sources captured by different methodologies. The Census question(s) concerning Indigenous Identity were asked in a similar manner in the Censuses of 2006 and 2016. In 2011, these questions were instead part of a voluntary National Household Survey.

Table 3: Indigenous Identity Population by Age Group in the DSSMSSAB Area, 2006 and 2016

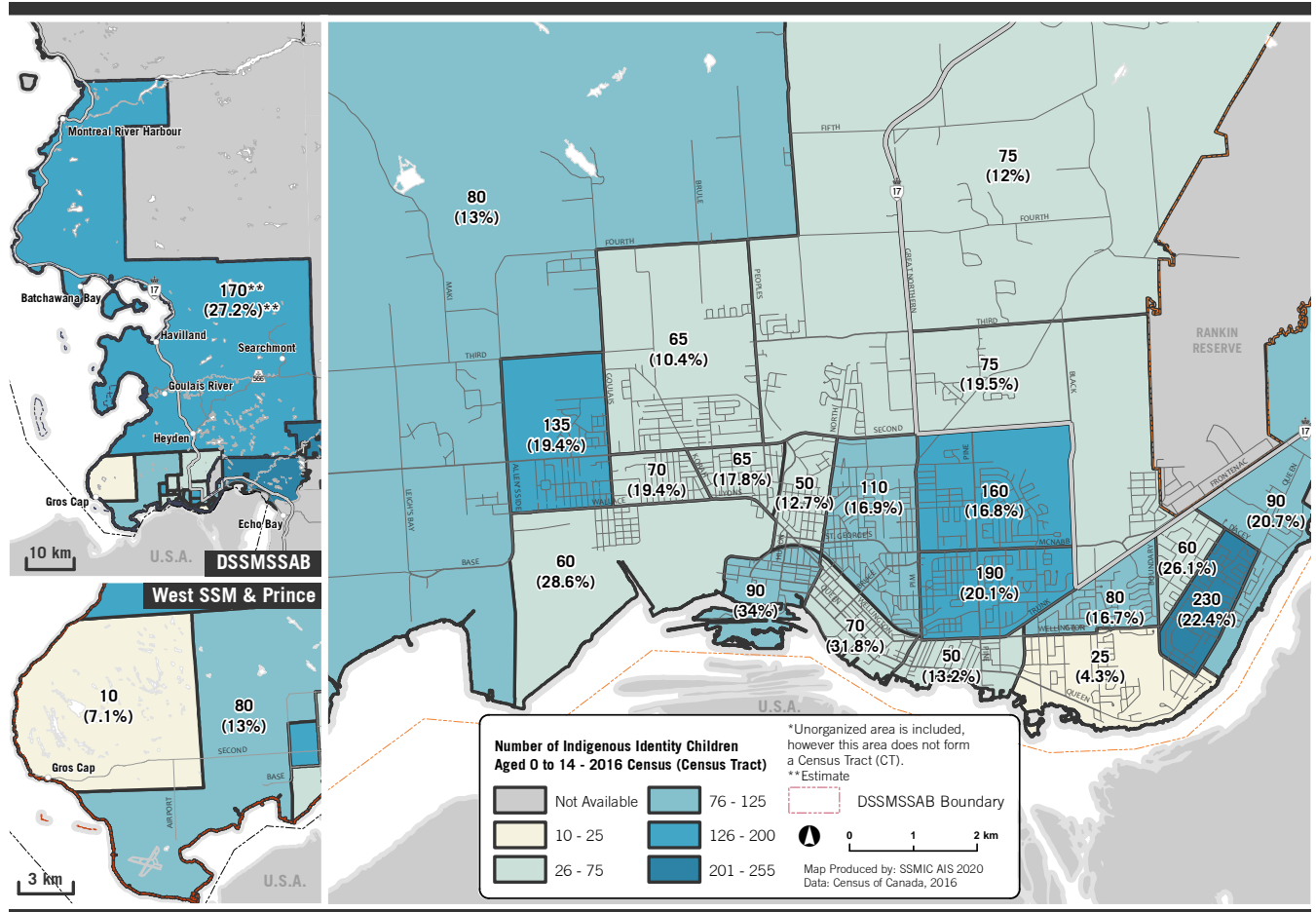
Age Groups	2006	2016	Change (#)	Change (%)
Total	6,515	8,930	2,415	37.1%
Age 0 to 14	1,570	2,015	445	28.3%
Age 0 to 4	485	580	95	19.6%
Age 5 to 9	575	720	145	25.2%
Age 10 to 14	515	720	205	39.8%

Please note: 5 Year age totals may not add up due to random rounding

The map in Figure 5 shows the percent of the population by Census Tract (CT) in the DSSMSSAB area who identify as Indigenous. The areas of downtown Sault Ste. Marie and multiple DAs west of Korah Road have an Indigenous population greater than 30%.

Community Overview

Figure 5: Indigenous Identity Children Aged 0 to 14 by Census Tract (CT), DSSMSSAB Area, 2016



FRANCOPHONE POPULATION

According to the Ontario government, the Algoma District is one of 26 French Designated Areas in the province. This means Francophones living within the Algoma District have a right to local French services from the provincial government. For statistical purposes, the "Francophone population" refers to those who noted on the Census that their first official language spoken or their Mother Tongue/Language most spoken at home was "French".

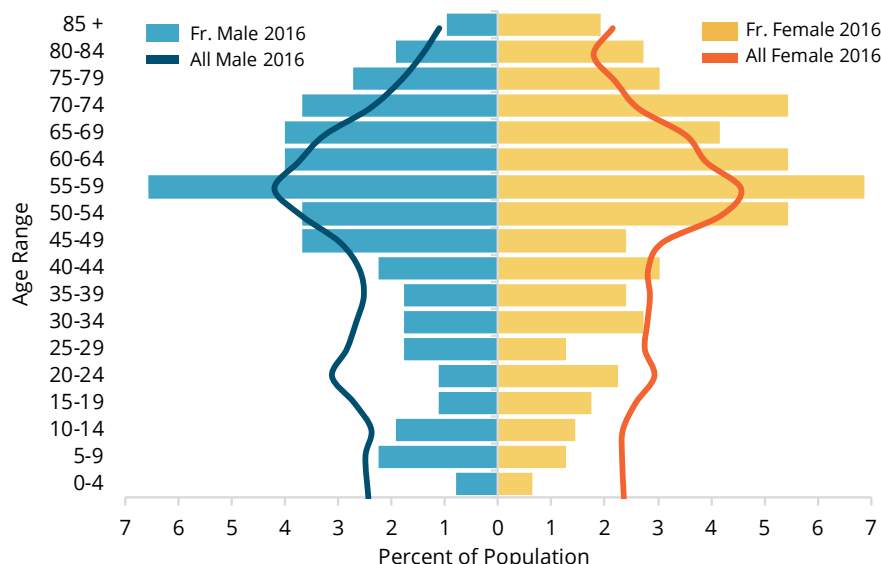
According to the 2016 Census of Canada, the Francophone population in the DSSMSSAB area totalled 3,125 persons, representing approximately 4% of the total population. In Ontario, the Francophone population totalled 677,095 persons, making up 5% of the entire population.

Figure 6 shows the Francophone age breakdown in 2016 (thick bars) compared to the overall population of the DSSMSSAB area (lines). This chart shows an aging population with a high number of seniors and older working age persons and a very low number of youth. In a report on Francophones in Ontario, Jean-Pierre Corbeil and Sylvie Lafrenière state: "[t]he change over time in the age structure of the Franco-Ontarian population reflects the aging of the population, and it results from the combined effect of a fertility rate below the replacement level and incomplete transmission of the French language from parents to children".⁴ These factors may help to explain the small numbers of Francophone youth in the DSSMSSAB area.

⁴ Jean-Pierre Corbeil and Sylvie Lafrenière, "Portrait of Official-Language Minorities in Canada: Francophones in Ontario", Ottawa: Statistics Canada, Catalogue no. 89-642-X-001, pp. 80.

Community Overview

Figure 6: Comparison of Francophone and All Population by Age Groups, DSSMSSAB Area, 2016



Between 2011 and 2016, the Francophone population in the DSSMSSAB area decreased by approximately 320 persons (or 9.3%). The population of children aged 0 to 14 remained stable between this time period (Table 4).

Table 4: Francophone Population by Age Group in the DSSMSSAB Area, 2011 and 2016

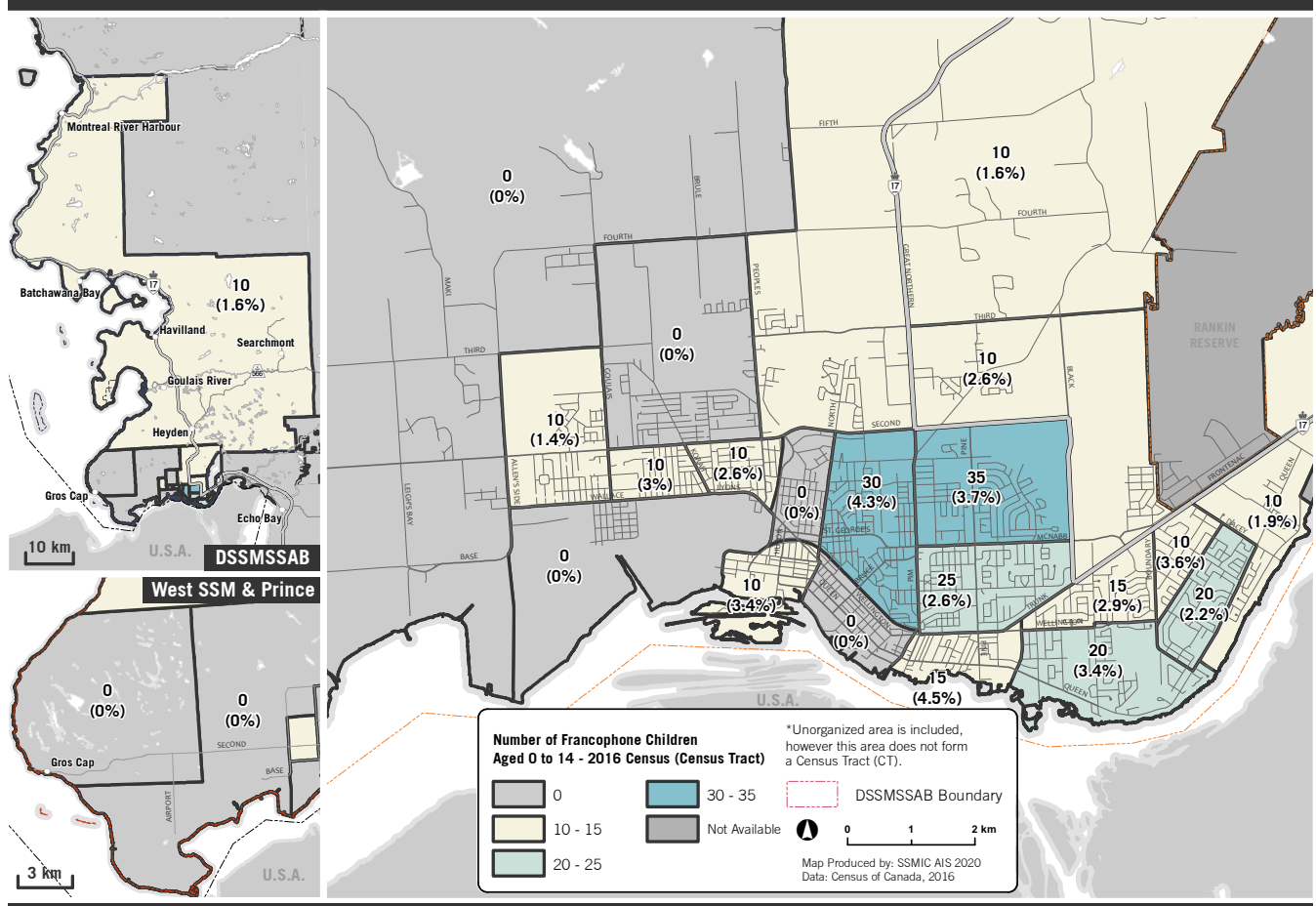
Age Groups	2011	2016	Change (#)	Change (%)
Total	3,445	3,125	-320	-9.3%
Age 0 to 14	245	250	5	2.0%
Age 0 to 4	60	40	-20	-33.3%
Age 5 to 9	90	105	15	16.7%
Age 10 to 14	95	110	15	15.8%

Please note: 5 Year age totals may not add up due to random rounding

Figure 7 shows the percent of the population by Census Tract in the Sault Ste. Marie CA who reported French as their First Official Language. No Census Tract in the Sault Ste. Marie CA had a Francophone population higher than 5%. The Census Tract with the highest number of Francophone youth was the area encompassing the P-Patch, the Sault College neighbourhood, the Chapple area and the Pine-Allard area, with 35 persons.

Community Overview

Figure 7: Francophone Children Aged 0 to 14 by Census Tract (CT), DSSMSSAB Area, 2016



RECENT IMMIGRANTS

According to the latest Census, “recent immigrants” are foreign-born persons who immigrated to Canada between 2011 and 2016. According to the Census of 2016, the number of recent immigrants who were living in the DSSMSSAB area was 290 people. This represents less than 0.4% of the total population of the DSSMSSAB area. Of those recent immigrants, there were 30 children aged 0 to 14.

This is the latest available information that counts recent immigrants. Post-census immigration figures, which count the number of persons participating in refugee resettlement programs and other settlement programs, were not available at the time of publication.

Community Overview

what is marginalization?

Marginalization is the process by which individuals and groups are prevented from fully participating in society. Marginalized populations can experience barriers to accessing meaningful employment, adequate housing, education and other social determinants of health. Both community and individual health are deeply impacted by marginalization.⁵

⁵ ON-Marg User Guide.

ONTARIO MARGINALIZATION INDEX

The 2016 Ontario Marginalization Index is an area-based index that attempts to show differences in marginalization between areas, as well as understand inequalities in various measures of health and social well-being. The index was developed by a collaboration of researchers using a theoretical framework based on previous work on deprivation and marginalization. It has been demonstrated to be stable across time periods and across different geographic areas (e.g. cities and rural areas).⁶ Some other indices like the Social Risk Index may be less suitable for rural areas than urban areas. It has also been demonstrated to be associated with health outcomes including hypertension, depression, youth smoking, alcohol consumption, injuries, body mass index and infant birth weight.⁷

The Ontario Marginalization Index is multifaceted, allowing researchers and policy and program analysts to explore multiple dimensions of marginalization in urban and rural Ontario. The four dimensions of the index are:

- Residential Instability
- Material Deprivation
- Dependency
- Ethnic Concentration

The Residential Instability, Material Deprivation, and Dependency dimensions of this index are of particular importance to the DSSMSSAB area. The fourth dimension, Ethnic Concentration, is of less importance to the DSSMSSAB area as the District has very few recent immigrants or persons who identify as a visible minority.

Each dimension is calculated from Census of Canada (2016) data at many geographic levels, including the Census Tract (CT) level that is used elsewhere in this report.

For each dimension, quintiles have been created by sorting the marginalization data into five groups, ranked from 1 (least marginalized in Ontario) to 5 (most marginalized in Ontario). Each group contains a fifth of all the DAs in Ontario. For example, if an area has a value of 5 on the material deprivation scale, it means it is in the most deprived 20 percent of areas in Ontario.⁸



⁶ Ontario Marginalization Index (ON-Marg), User Guide, Version 1.0, Accessed: https://www.publichealthontario.ca/en/DataAndAnalytics/Documents/User_Guide_2011_ON-Marg.pdf.

⁷ ON-Marg User Guide.

⁸ ON-Marg User Guide.

Community Overview

Figure 8 shows that Residential Instability in Sault Ste. Marie CTs varies considerably. Findings can be summarized as follows:

- Two CTs were in the fifth quintile and can be considered “Most Instable”. Both of these CTs are located at the central core of the city. Combined, these CTs had an approximate population of 275 children under the age of 6 in 2016. This is similar to the 2011 child population of 280.
- Seven CTs were in the fourth quintile and had a combined population of approximately 1,985 children aged 0 to 6 in 2016. This is down from 2,075 in 2011.
- Nine CTs were in the third quintile and can be considered “Average” in comparison to the rest of Ontario. These CTs had a combined population of approximately 1,975 children aged 0 to 6 in 2016. This is up from 1,820 in 2011.
- Three CTs were in the second quintile and had a combined population of approximately 875 children aged 0 to 6 in 2016. This is up from 765 in 2011.
- Two CTs were in the first quintile and can be considered “Least Instable”. These CTs were located in the rural west area of the City of Sault Ste. Marie and Prince Township. Combined, these Tracts had an approximate population of 345 children under the age of 6 in 2016. This is up from 320 in 2011.

Material Deprivation

The Organization for Economic Co-operation and Development (OECD) refers to Material Deprivation as “the inability of individuals or households to afford those consumption goods and activities that are typical in a society at a given point in time, irrespective of people’s preferences with respect to these items”. The Material Deprivation dimension takes the following census variables into consideration:

- Proportion of the population aged 25+ without a high-school diploma
- Proportion of families who are lone parent families
- Proportion of the population aged 15+ who are unemployed
- Proportion of the population below the low-income cut-off (LICO)
- Proportion of households living in dwellings that are in need of major repair

By combining these variables and ranking each CT in Ontario in terms of Material Deprivation, one can determine the areas of the DSSMSSAB area that have high or low degrees of deprivation in comparison to the rest of Ontario (Figure 9). Persons living in a less deprived neighbourhood (quintiles 1 and/or 2 in the following map and chart) are less likely to be marginalized than those living in a deprived neighbourhood (quintiles 4 and/or 5).



Community Overview

Figure 9: Material Deprivation Dimension of the Ontario Marginalization Index for the DSSMSSAB Area, 2016

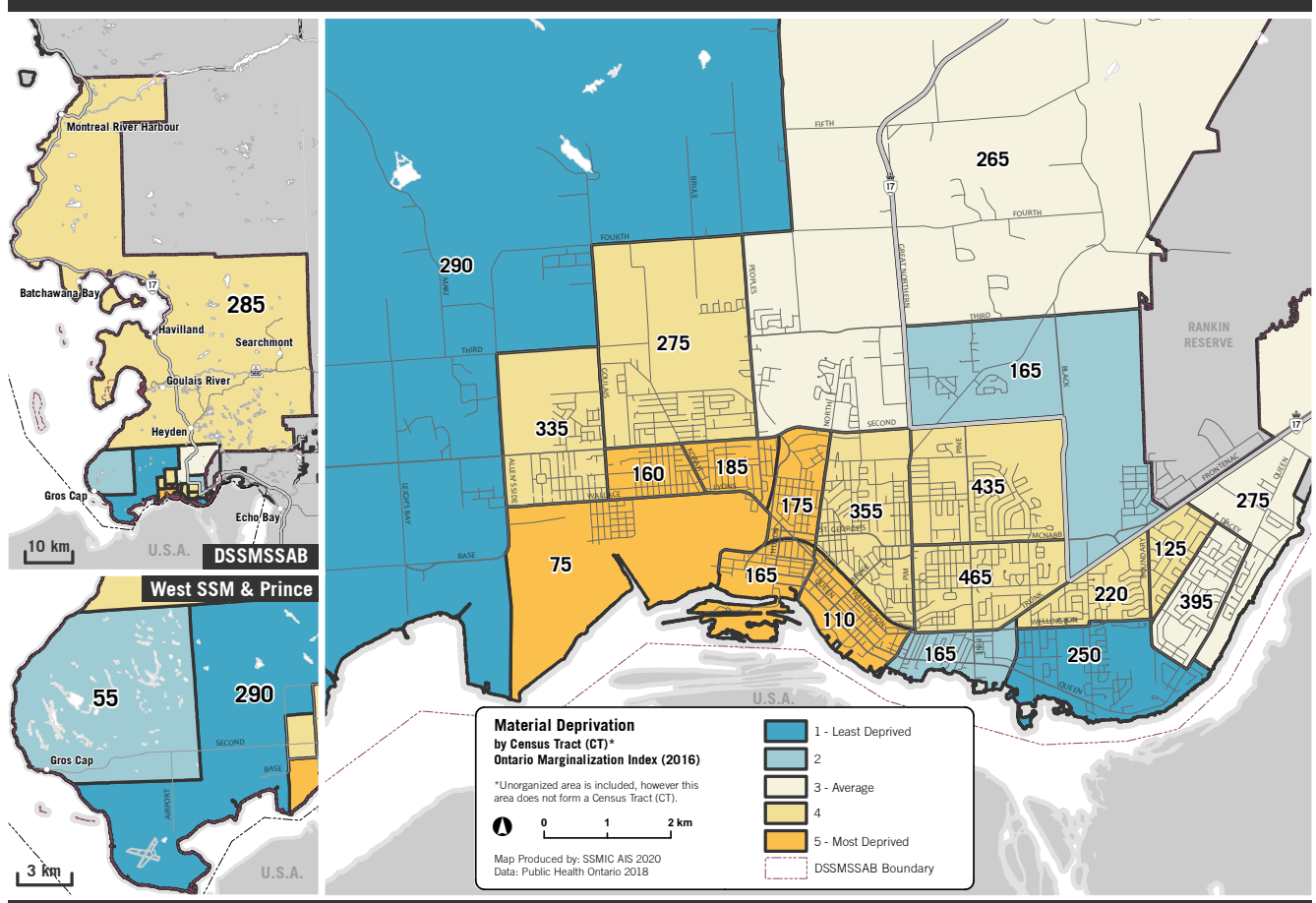


Figure 9 can be summarized as follows:

- Six CTs were in the fifth quintile and can be considered “Most Deprived”. These CTs are located at the central core and the older west end areas of the city. Combined, these Tracts had an approximate population of 870 children under the age of 6 in 2016. This is down from 885 in 2011.
- Eight CTs were in the fourth quintile and had a combined population of approximately 2,495 children aged 0 to 6 in 2016. This is down from 2,535 in 2011.
- Four CTs were in the third quintile and can be considered “Average” in comparison to the rest of Ontario. These CTs had a combined population of approximately 1,165 children aged 0 to 6 in 2016. This is up from 990 in 2011.
- Three CTs were in the second quintile and had a combined population of approximately 385 children aged 0 to 6 in 2016. This is up from 370 in 2011.
- Two CTs were in the first quintile and can be considered “Least Deprived”. These CTs were the rural west area of the City of Sault Ste. Marie and the area containing Algoma University and the SSM Golf Club. Combined, these Tracts had an approximate population of 540 children under the age of 6 in 2016. This is up from 480 in 2011.

Community Overview

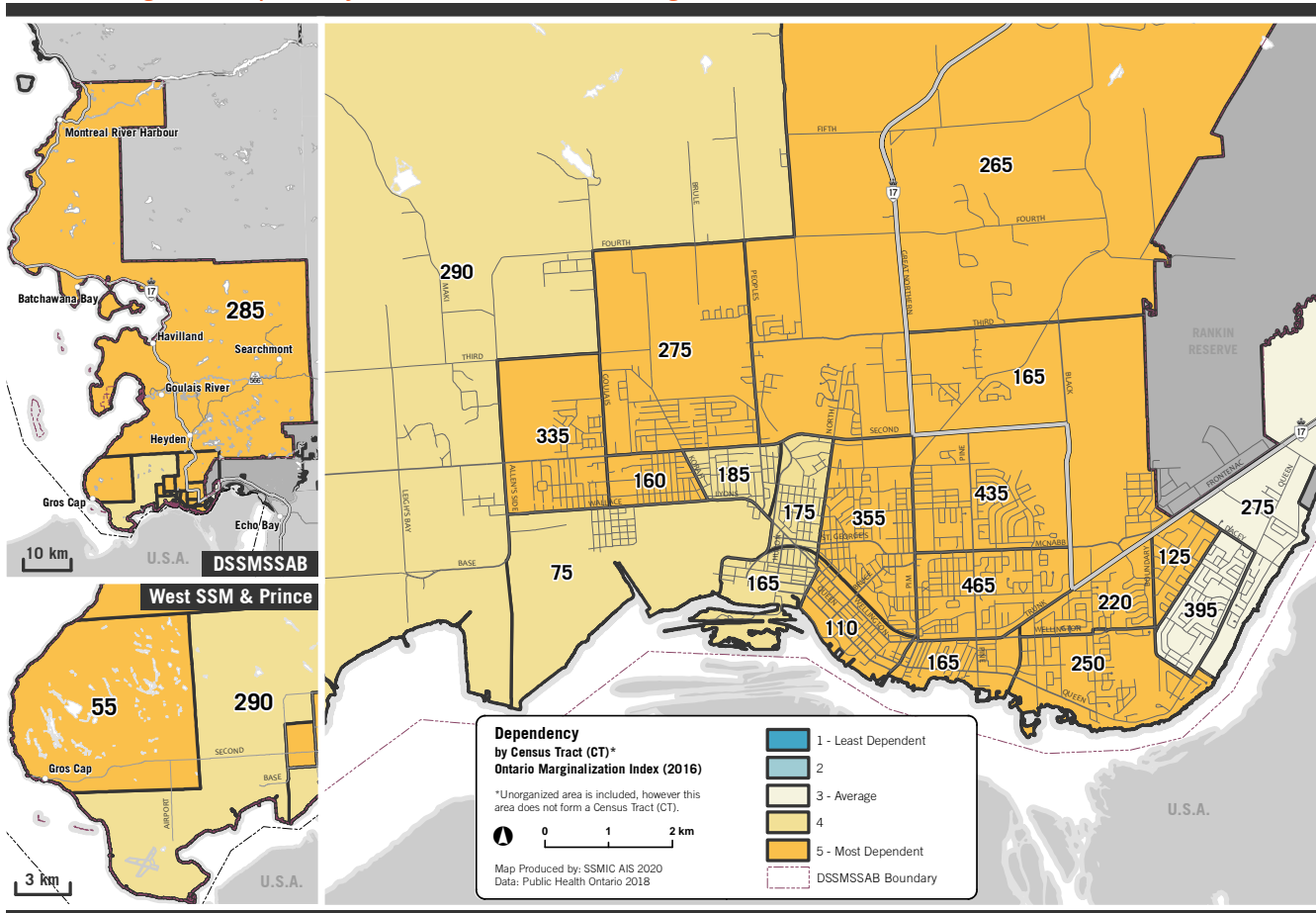
Dependency

Dependency relates to the idea that the economically inactive population (typically those below the age of 15, above the age of 65, and unemployed persons) relies on the economically active population for support. The Dependency dimension takes the following census variables into consideration:

- Proportion of the population who are aged 65 and over
- Dependency ratio (total population 0 to 14 and 65+ / total population 15 to 64)
- Proportion of population not participating in the labour force (aged 15+)

By combining these variables and ranking each DA in Ontario in terms of Dependency, one can determine the areas of the DSSMSSAB area that have high or low degrees of dependency in comparison to the rest of Ontario. Persons living in a less dependent neighbourhood (quintiles 1 and/or 2 in the following map and chart) are less likely to be marginalized than those living in a dependent neighbourhood (quintiles 4 and/or 5).

Figure 10: Dependency Dimension of the Ontario Marginalization Index for the DSSMSSAB Area, 2016



Community Overview

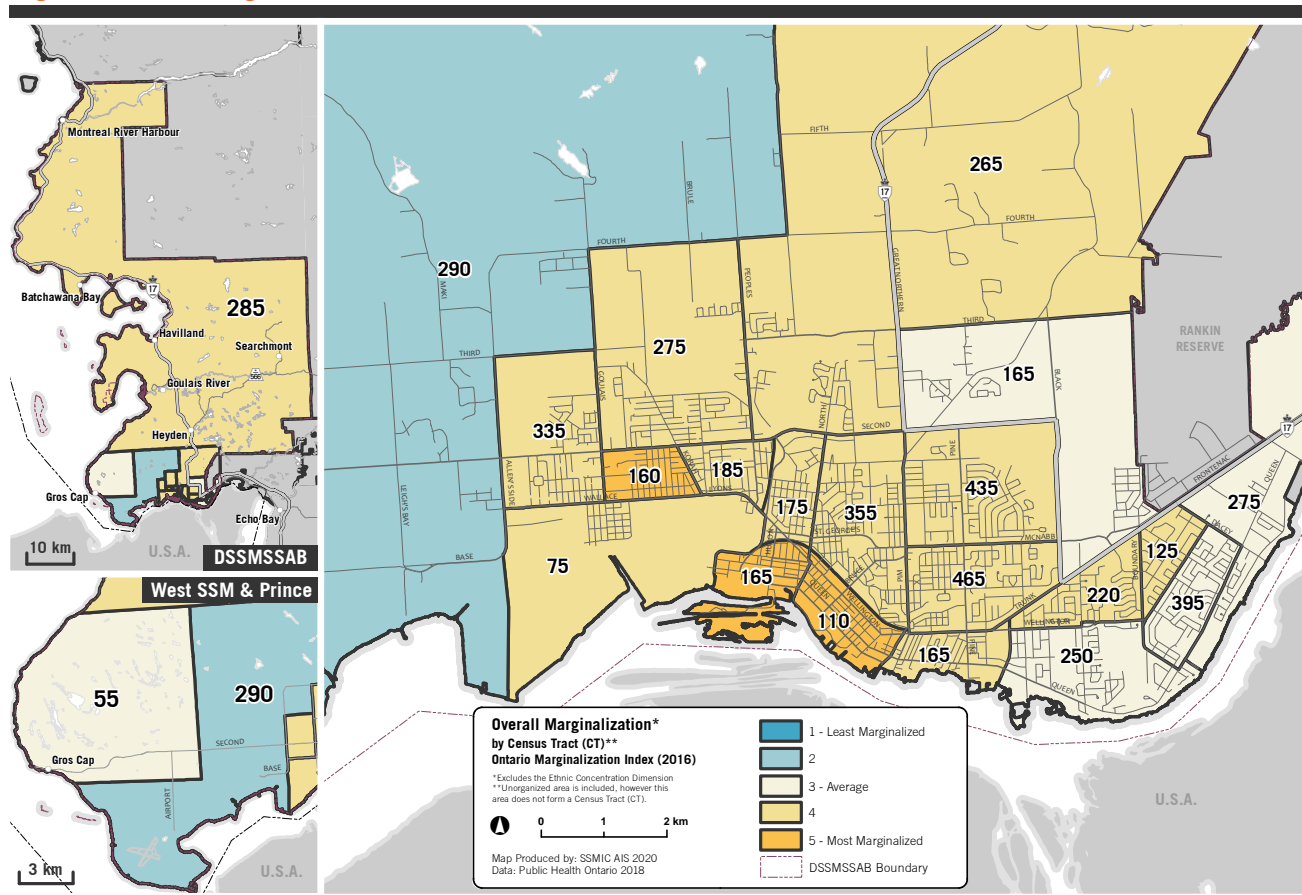
Figure 10 shows that most of the DSSMSSAB Area has a higher percentage of economically inactive population depending on the economically active population than Ontario as a whole. Findings can be summarized as follows:

- Fifteen CTs were in the fifth quintile and can be considered “Most Dependent”. Combined, these CTs had an approximate population of 3,665 children under the age of 6 in 2016. This is up slightly from 3,640 in 2011.
- Six CTs were in the fourth quintile and had a combined population of approximately 1,120 children aged 0 to 6 in 2016. This is up from 1,035 in 2011.
- Two CTs were in the third quintile and can be considered “Average” in comparison to the rest of Ontario. These CTs had a combined population of approximately 670 children aged 0 to 6 in 2016. This is up from 585 in 2011.
- No CTs were in the first or second quintile in 2016.

Overall Marginalization: Summary

Results from each dimension can be combined to examine the overall marginalization of each CT using a summated score. This is done by summing the individual dimension scores for Residential Instability, Material Deprivation and Dependency for each CT and dividing by 3 (the number of dimensions). These steps will produce a score ranging from one to five, where one reflects low levels of marginalization and five reflects high levels of marginalization. It is important to note that the Summary Score used in this report excludes the Ethnic Concentration dimension of the Ontario Marginalization Index.

Figure 11: Overall Marginalization for the DSSMSSAB Area, 2016



Community Overview

Figure 11 shows that the DSSMSSAB area contains many CTs that have a higher level of marginalization than the province as a whole. Findings can be summarized as follows:

- Three CTs were in the fifth quintile and can be considered “Most Marginalized”. These CTs were located downtown and in the older urban west end part of the city. Combined, these CTs had an approximate population of 435 children under the age of 6 in 2016. This is down slightly from 445 in 2011.
- Thirteen CTs were in the fourth quintile and had a combined population of approximately 3,360 children aged 0 to 6 in 2016. This is similar to the 2011 child population of 3,365.
- Six CTs were in the third quintile and can be considered “Average” in comparison to the rest of Ontario. These CTs had a combined population of approximately 1,370 children aged 0 to 6 in 2016. This is up from 1,190 in 2011.
- One CT was in the second quintile and had a population of approximately 290 children aged 0 to 6 in 2016. This is up from 260 in 2011.
- No CTs were in the first quintile in 2016.

*important
to note*

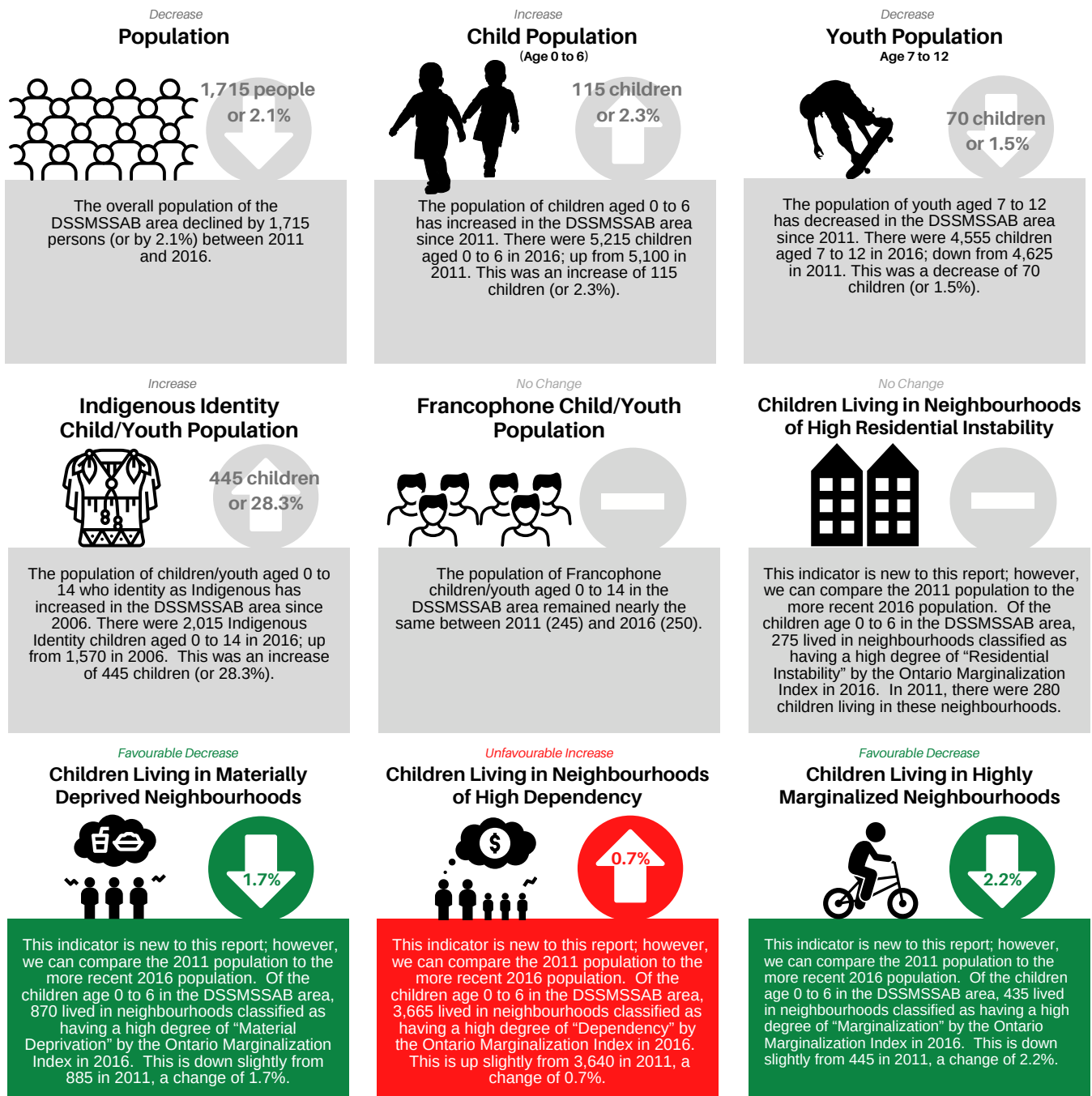
Further variations may exist within each CT for each dimension; however, a smaller geographic analysis by Census Dissemination Area (DA) may contain less reliable data due to low population counts and random rounding of values.



Community Overview

WHERE HAVE WE GONE SINCE THE LAST REPORT?

The Community Overview section of this report focuses mainly on Census of Canada 2016 data, since it is the most reliable and up-to-date population-level information available. The 2015 report contained data from the 2011 Census.



Recent Immigrants

N/A

This indicator is new to this report.

Change cannot be measured



Health & Physical Environment

IN THIS SECTION

Health Indicators.....	29	Community Kitchens.....	40
Births.....	29	Community Gardens.....	41
Teen Mothers.....	31	Student Nutrition Program.....	41
Healthy Babies Healthy Children.....	31	Every Breakfast Counts.....	43
Infant & Child Development Program.....	32	Soup Kitchens & Food Banks.....	44
Mental Health.....	33	Safety Indicators.....	47
Asthma.....	34	Childhood Injuries.....	47
Oral Health.....	35	Crime.....	47
Food Security Indicators.....	36	Youth (Aged 12 to 17) Crime.....	49
Nutritious Food Basket.....	36	Physical Environment Indicators.....	51
Food Environment.....	37	Playgrounds within Walking Distance.....	51
Canada Prenatal Nutrition Program.....	39	Where Have We Gone Since the Last Report?.....	56

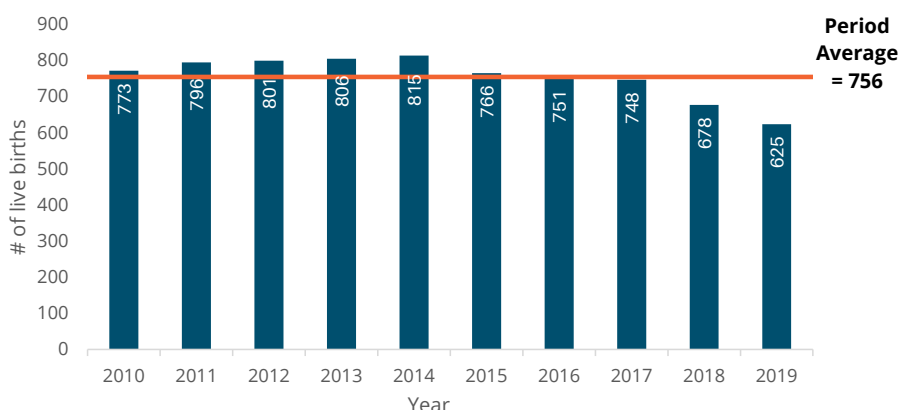
HEALTH INDICATORS

Births

Evaluating the number of births per year allows educators, health, and service providers to prepare for the number of clients they can expect to receive in the coming years. The number of births is a count of the hospital discharge records for live births and includes births within the DSSMSSAB area.

The number of births in the DSSMSSAB area shows a decline since 2014, when the highest number of births was recorded at 815 and the lowest number of births recorded in 2019 with 625 births (Figure 12). On average, between 2010 and 2019 there were 756 births per year.

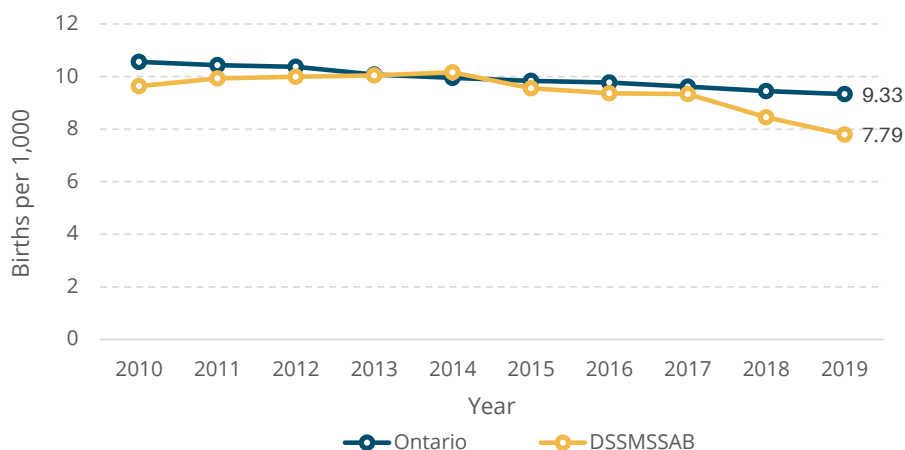
Figure 12: Number of Live Births within the DSSMSSAB



Health & Physical Environment

The crude birth rate is measured as the number of live births per 1,000 people in the total population. The crude birth rate in the DSSMSSAB area has fluctuated but trends toward declining between 2010 and 2019 (Figure 13). There was an increase in crude birth rate between 2010 and 2014, going from 9.6 births per 1,000 to 10.16 births per 1,000. After 2014, the crude birth rate began to decline, dropping to 7.79 births per 1,000 in 2019. Ontario as a whole has also seen a decrease in crude birth rate since 2010, dropping from 10.55 per 1,000 to 9.33 per 1,000 in 2019.

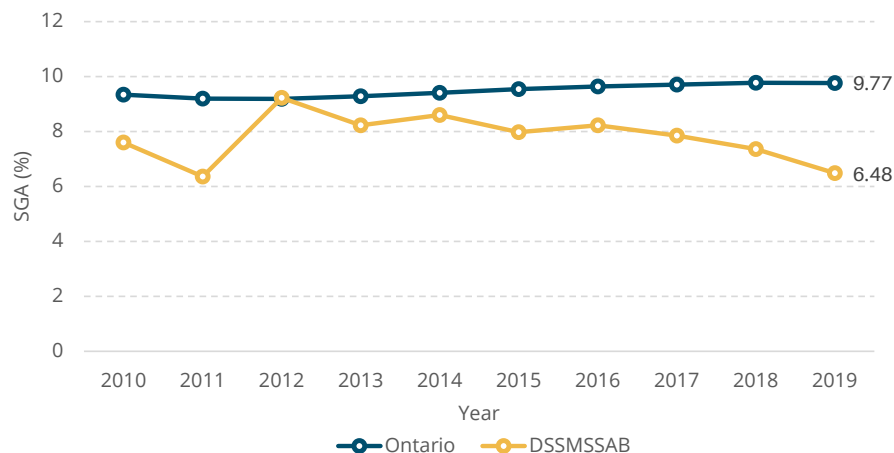
Figure 13: Crude Birth Rate 2010 to 2019, DSSMSSAB and Ontario



Small for gestational age (SGA) refers to babies whose birth weight is below the 10th percentile of birth weight for babies of the same sex and gestational age.¹⁰ Babies who are considered SGA are at greater risk of neonatal stress and development delays during infancy.¹⁰ SGA risk factors include maternal smoking or drug use, inadequate weight gain during pregnancy and congenital infections.¹⁰ SGA percentile cut-offs are usually based on data for singleton births only.

The DSSMSSAB has seen a fluctuation in the percent of SGA births between 2010 and 2019, compared to Ontario (Figure 14). Between 2010 and 2011, the percent of SGA births dropped from 7.61% to 6.36%, and then increased to 9.23% in 2012. Since 2012, the percent of SGA births has decreased, noting that in 2019 the percent of SGA births dropped to 6.48%. In Ontario, the percent of SGA births decreased between 2010 (9.34%) and 2012 (9.18%) and then increased between 2012 and 2019 (9.77%).

Figure 14: Small for Gestational Age, DSSMSSAB, 2010 to 2019



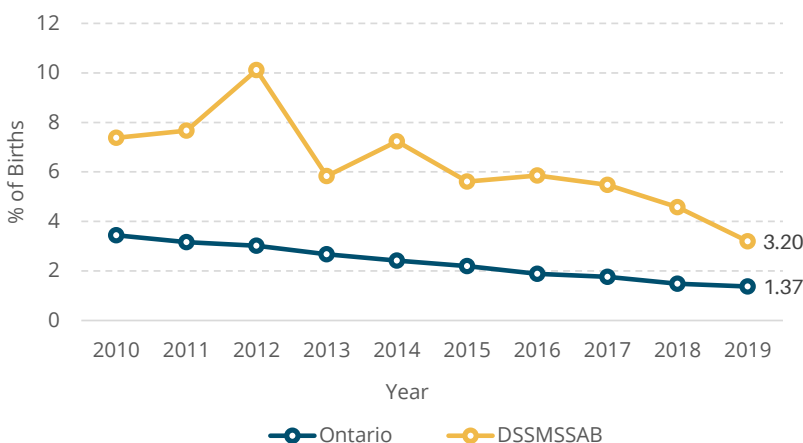
Health & Physical Environment

Teen Mothers

Teen mothers include women between the ages of 15 and 19 who have given birth to a live baby that year. Not only are teen mothers at greater risk of health complications for both mother and child compared to adults, teen mothers also face school interruptions and poor academic performance, repeat pregnancy, and poverty.¹¹ Figure 15 shows live births to teen mothers as a percentage of total births for 2010 to 2019.

The DSSMSSAB area has consistently seen a higher percent of births to teen mothers compared to Ontario, and the percent has fluctuated between 2010 and 2019. There was an increase in births between 2010 (7.37%) and 2012 (10.11%). After 2012, the percent of births began to decline to 3.20% in 2019. This is compared to Ontario, which has seen steady decline since 2010, with 1.37% of births to teen mothers dropping to 1.37% in 2019.

Figure 15: Live Births to Teen Mothers as a Percent of Total Live Births 2010 to 2019, DSSMSSAB & Ontario



Healthy Babies Healthy Children

Healthy Babies Healthy Children (HBHC) is a program available to families to provide screening and targeted interventions for children from infancy to six years old. The program not only provides screening and assessments, but also referrals to community programs, support for new parents and assistance in finding resources on various parenting topics including parenting classes, mental health and addiction support, the Canadian Prenatal Nutrition Program, Infant and Child Development Program, and Speech and Language Program.^{12,13}

Figure 16 shows the number of families that are clients of the HBHC program as well as the number of visits made by clients. While the number of HBHC family clients has increased from 85 in 2014 to 109 in 2019, the number of visits made has decreased from 734 in 2014 to 490 in 2019.

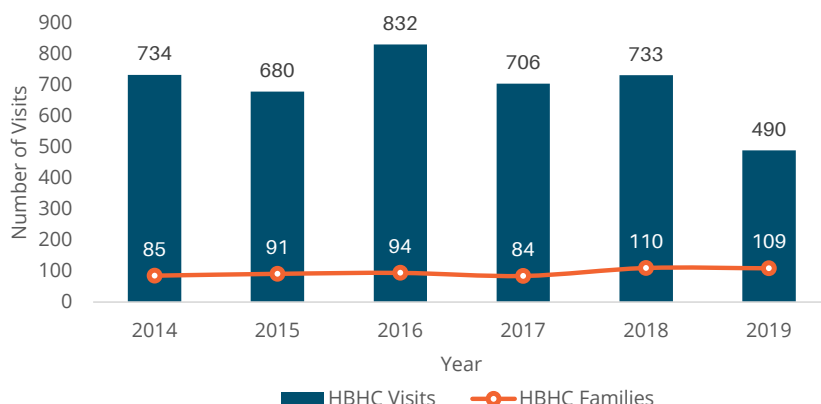
¹¹ Klein, J., Committee on Adolescence. (2005) Adolescent Pregnancy: Current Trends and Issues. *American Academy of Pediatrics*. 116(1). Retrieved from: <http://pediatrics.aappublications.org/content/116/1/281.long>

¹² Ontario Ministry of Children, Community and Social Services. (2020). Healthy Babies Healthy Children. Retrieved from: <http://www.children.gov.on.ca/htdocs/English/earlychildhood/health/index.aspx>

¹³ Algom Public Health. (2019). Parent & Child: Programs. Retrieved from: <http://www.algomapublichealth.com/parent-child/>

Health & Physical Environment

Figure 16: Number of Visits Made by Clients of Healthy Babies Healthy Children, Sault Ste. Marie, 2014 to 2019



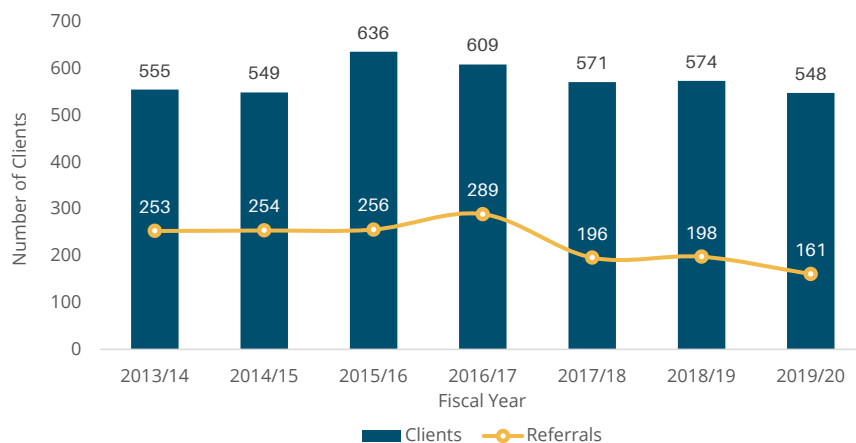
Infant & Child Development Program

The Algoma Public Health Infant and Child Development Program (ICDP) services parents with children from birth to five years of age (entry into school) who are either experiencing developmental delays or are at risk for delayed development. Reasons for referral include premature birth, prenatal drug and/or alcohol exposure, Autism Spectrum Disorders, and developmental delays of unknown origin.¹⁴

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

Figure 17 shows the number of clients receiving ICDP services from 2013/14 to 2019/20, noting the data collection is based on the fiscal year (April to March). Figure 17 also provides the number of referrals made to the ICDP during the same time period. Referrals can be provided through any source, with the parents' consent (i.e. physicians, daycares, Early Year Centres, etc.). The number of clients has fluctuated mildly over the past seven years. In 2013/14, there were 555 clients receiving ICDP services compared to 548 clients in 2019/20. The 2015/16 year saw the greatest number of clients (636 clients). The number of referrals made to the ICDP has decreased from 253 in 2013/14 to 161 in 2019/20.

Figure 17: Number of Infant and Child Development Program Clients and Referrals in Sault Ste. Marie, 2013/14 to 2019/20



Health & Physical Environment

Mental Health

Algoma Family Services (AFS) provides a range of services with respect to mental health care for children and youth ages 0 to 18 years. Figure 18 shows the number of clients served between the 2015/16 and 2019/20 fiscal years and shows the number of clients has increased from 1,685 clients to 2,180 clients. The following figures show data for all of AFS' catchment area, including Sault Ste. Marie and the rest of the Algoma District.

Figure 18: Number of Clients Served by AFS, 2015/16 to 2019/20

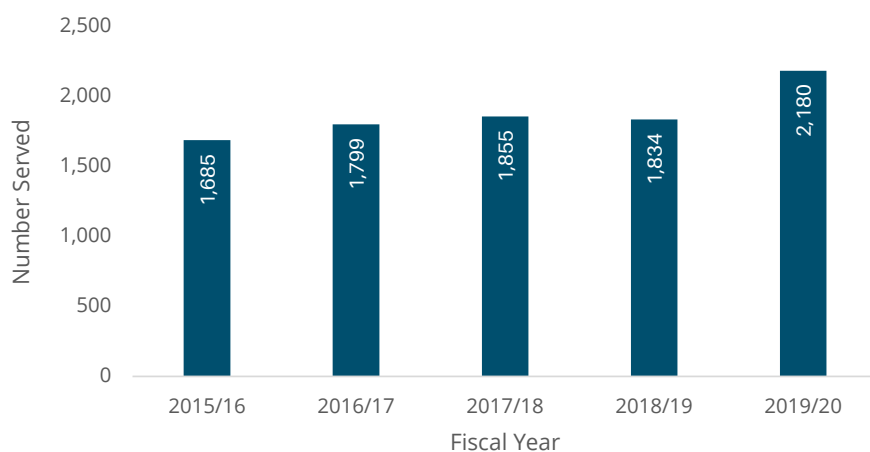


Figure 19 shows the age breakdown for child and youth mental health clients. The majority of clients are within the 7-11 and 12-14 age groups, which has been the case between 2015 and 2020. In the 2019/20 fiscal year, the number of clients in the 0-6 age group dropped from 21% in 2018/19 to 16%.

Figure 19: Age Distribution of Child and Youth Mental Health Clients, 2015/16 to 2019/20

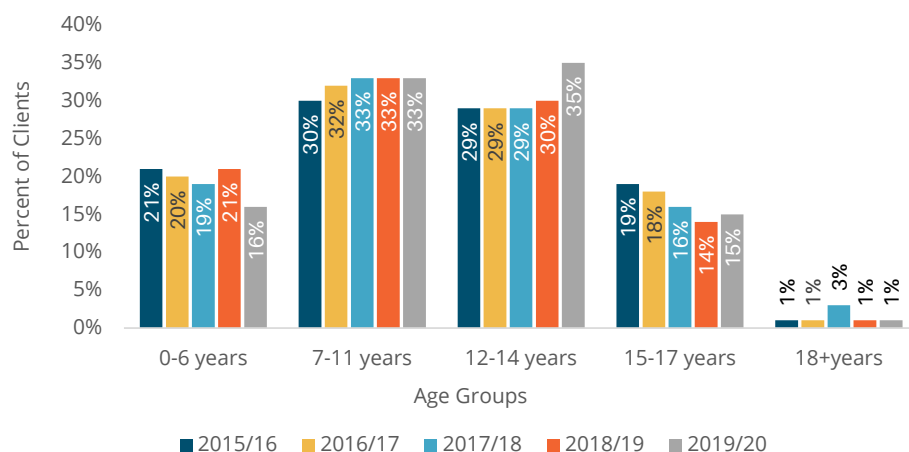


Figure 20 provides the top three clinical diagnoses reported by AFS. The 2016/17 data is the most recent report to provide this data and the associated breakdown, however in the 2019/20 annual report, the top three clinical diagnose for AFS clients were the same.

Health & Physical Environment

Figure 20: Top 3 Diagnoses Reported by Algoma Family Services, 2016/17

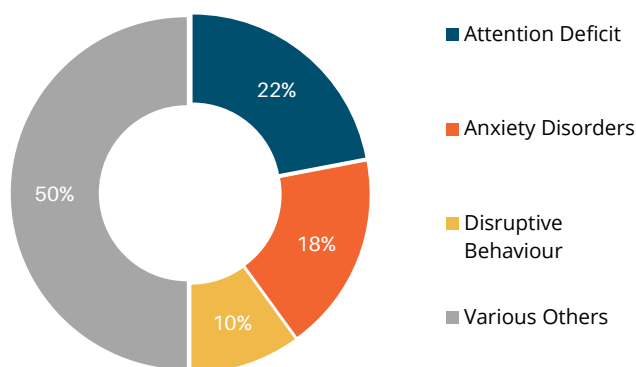
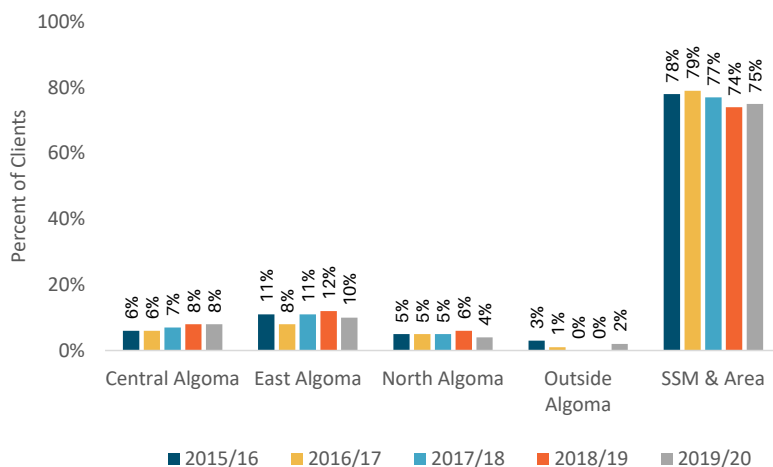


Figure 21 provides the regional distribution of AFS clients. These clients include both the Ministry of Children and Youth Services and Ministry of Community and Social Services AFS clients. As shown, a large portion of AFS clients reside in the Sault Ste. Marie area with a smaller portion coming from East Algoma, Central Algoma and North Algoma. A very small proportion of clients reside outside the Algoma area.

Figure 21: Regional Distribution of AFS Clients, 2015/16 to 2019/20



Asthma

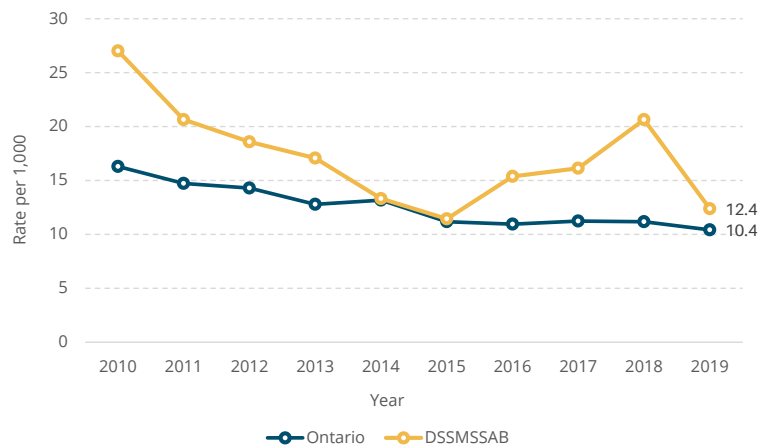
Treating asthma in children is an important health concern due to the associated long-term health risks. Complications of asthma in children can include lasting damage to their airways, increased time in hospital, and increased absences from school or other activities.¹⁵ Tracking data related to asthma in children can allow service providers to identify if there is a need for more care centered around asthma diagnosis and treatment for families in the local community.

Figure 22 shows the rate of asthma, calculated as the number of asthma-related hospital visits due to asthma by children 0 to 6 years per 1,000 children 0 to 6 years in the population. The figure shows that the rate of asthma-related hospital visits is higher in the DSSMSSAB compared to Ontario between the period of 2010 and 2019, though the rate has been decreasing. In 2010, 27.0 per 1,000

Health & Physical Environment

had asthma compared to 12.4 per 1,000 in 2019 for the DSSMSSAB area. In comparison, Ontario reported a rate of 16.3 per 1,000 in 2010 compared to 10.4 per 1,000 in 2019.

Figure 22: Rate of Asthma-Related Hospital Visits per 1,000 in Children 0 to 6, DSSMSSAB and Ontario, 2010 to 2019



Oral Health

Dental decay is a common, but preventable, childhood disease. Severe early childhood tooth decay is the leading cause of day surgery among toddlers and young children.¹⁶ Evaluating what proportion of children are caries free, that is with no history of or current tooth decay, or no missing or filled teeth, is an important metric to collect. To increase the percentage of caries free children, in Sault Ste. Marie, Oral Health Services at the Algoma Public Health Unit (APH) promotes and supports:

- community water fluoridation
- first dental visit by first birthday - oral health assessment, education and fluoride varnish application for toddlers and preschoolers
- fluoride varnish programs
- oral health screening in child care centres and elementary schools throughout the district.¹⁷

As mentioned, annual dental screening is provided in all elementary schools and child care centres in Sault Ste. Marie. This screening is a quick visual examination to identify any immediate dental needs of the child and provides data on the oral health status of children in the community. Data is collected annually and is done for all schools in the Algoma District in JK and SK.

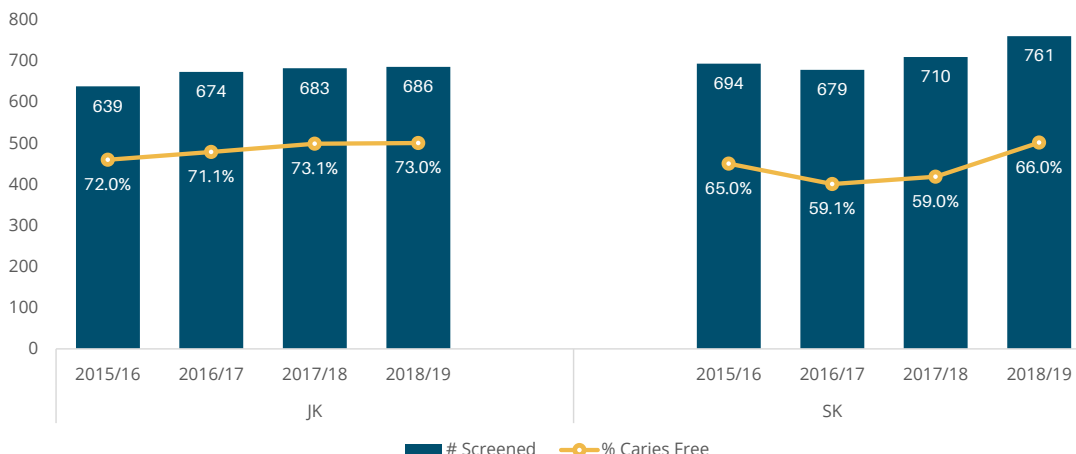
Figure 23 provides the data on children screened between the 2015/16 and 2018/19 school years. As shown, in JK the number of screenings has increased in this time period, while the proportion of children who are caries free has not had notable change going from 460 in 2015/16 (or 72% of children screened) to 501 children caries free in 2018/19 (or 73%). Similarly in SK, the number of screenings has increased between 2015/16 (694 screenings) and 2018/19 (761 screenings) while the proportion of children caries free has not changed, going from 451 in 2015/16 (or 65% of children screened) to 502 in 2018/19 (or 66%).

¹⁶ Government of Canada. (2018). Oral health for children. Retrieved from the Government of Canada website: <https://www.canada.ca/en/public-health/topics/oral-health/caring-your-teeth-mouth/children.html#shr-pg0>

¹⁷ Algoma Public Health. (2015). Oral Health. Retrieved from the Algoma Public Health website: <http://www.algomapublichealth.com/parent-child/oral-health/>

Health & Physical Environment

Figure 23: Number of Children Screened and Caries Free in the DSSMSSAB Area, 2015/16 to 2018/19



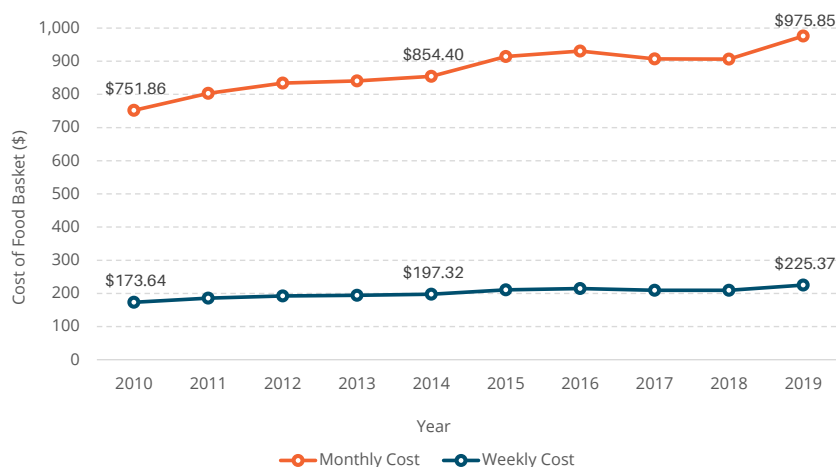
FOOD SECURITY INDICATORS

Nutritious Food Basket

The Nutritious Food Basket (NFB) is a surveillance tool used to evaluate the cost and affordability of healthy eating that is completed throughout Canada. APH conducts this survey annually as part of *The Cost of Eating Well in Algoma* report. The foods and associated costs are based on the nutritional recommendations consistent with Canada's Food Guide. Money for food must be balanced with other household expenses, such as rent or mortgage payments, utilities, or transportation. Measuring the cost of nutritious food is one step in drawing attention to the need to ensure that people have equitable access to food regardless of income.^{18,19}

Figure 24 provides the available data for the cost of a NFB in the Algoma PHU area between 2010 and 2019 for a family of four. Since 2010, the cost of a NFB has gone up 23.0%, from \$751.86/month to \$975.85/month. Since 2014, the cost of a NFB has increased by 12.4% (from \$854.40/month), and since 2018, the cost has increased by 7.1% (from \$907.09/month).

Figure 24: Weekly and Monthly Cost of a NFB For a Family of Four in the Algoma PHU Area, 2010 to 2019



¹⁸ Porcupine Health Unit. (2019). Nutritious Food Basket. Retrieved from: <https://www.porcupinehu.on.ca/en/your-family/nutrition-food-basket/>

¹⁹ Ottawa Public Health. (2019). 2019 Nutritious Food Basket: The price of eating well in Ottawa. Retrieved from: <https://www.santepubliqueottawa.ca/fr/professionals-and-partners/resources/Documents/NFB-Report-ENG-2019---Accessible2.pdf>

Health & Physical Environment

Food Environment

Unhealthy diets can increase one's risk of obesity, diabetes, and other chronic diseases; to reduce these risks, it is important to adopt healthy eating habits as early in life as possible.^{20,21} Studies have shown that an individual's ability to adopt a healthy diet largely depends on the proximity and availability of healthy foods within the area they live in.^{21,22} Areas lacking access to healthy foods, especially fresh fruits and vegetables, are referred to as food deserts.

The following analysis looked at which areas within Sault Ste. Marie were considered food deserts based on proximity to a healthy food source. Part of the United States Department of Agriculture's (USDA) definition for a food desert was used to determine an appropriate distance one should travel to a healthy food source before considered to be living in a food desert. The USDA's definition mentions that for an urban geography, those living more than 1.6 km from a healthy food source, live in a food desert. Supermarkets, grocery stores, and farmers' markets were considered a healthy food source for this analysis; however, farmers' markets are seasonal and fresh products may not be available throughout the whole year. In Sault Ste. Marie, there are 5 farmers' market locations and 13 grocery stores or supermarkets.

Figure 25 shows the areas in Sault Ste. Marie that are within 1.6 km of a healthy food source in purple while food deserts are shown in orange (urban areas) and beige/brown (rural areas). The reason for showing urban food deserts vs rural food deserts is because, according to the USDA, those living in rural environments can drive up to 16 km in order to reach a healthy food source before being considered living in a food desert while those residing in an urban environment should be within 1.6 km of a healthy food source. Therefore, those living in Sault Ste. Marie's urban areas and are within a food desert (orange areas), are of greater concern than those living in the rural parts of Sault Ste. Marie (beige/brown areas).



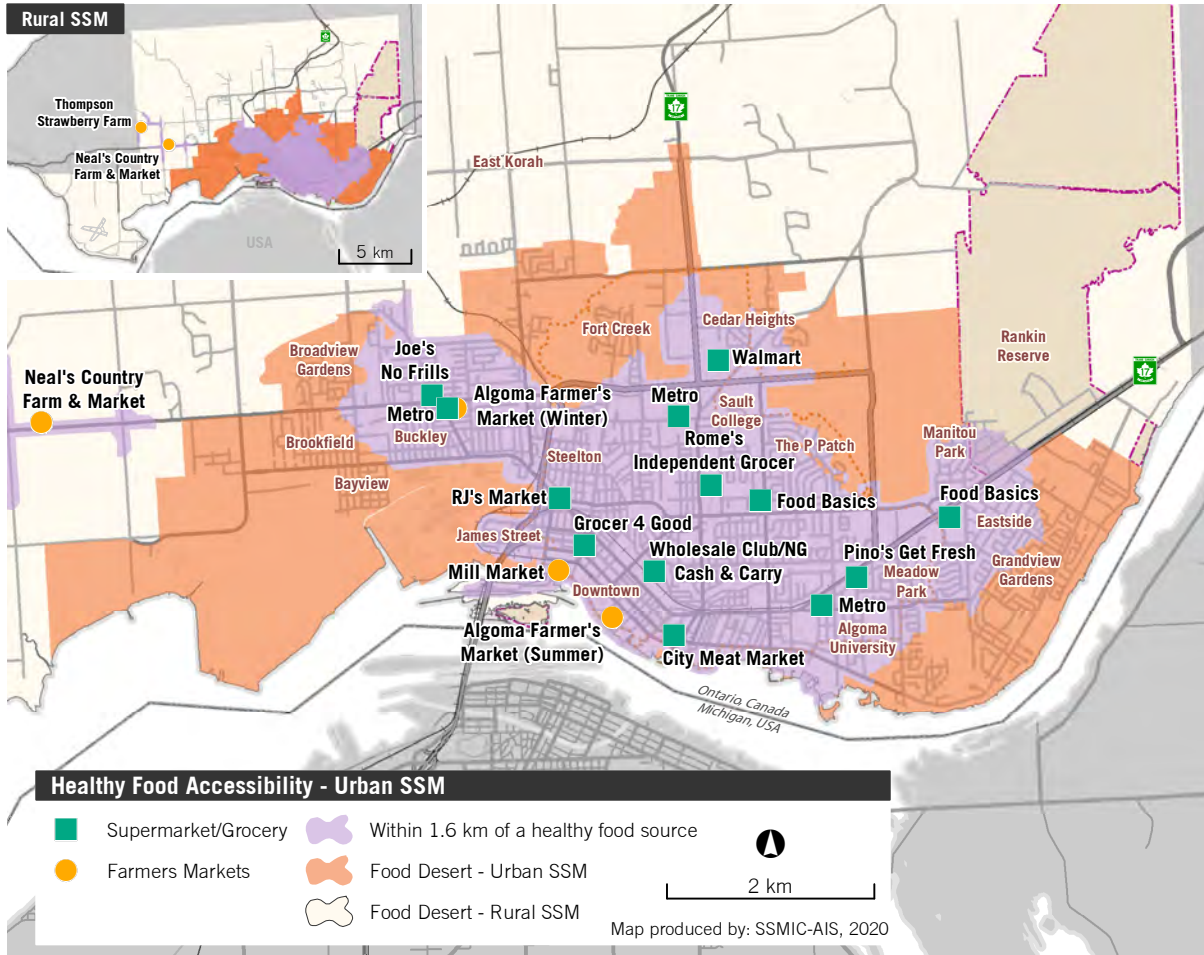
²⁰ Minaker, L., Shuh, A., Olstad, D., Engler-Stringer, R., Black, J., Mah, C. (2016). Retail food environments research in Canada: A scoping review. *Canadian Journal of Public Health*, 107(Suppl. 1), eS4-eS13. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6972175/pdf/41997_2016_Article_10701004.pdf

²¹ Sadler, R., Clark, A., Wilk, P., O'Connor, C., Gilliland, J. (2016). Using GPS and activity tracking to reveal the influence of adolescents' food environment exposure on junk food purchasing. *Canadian Journal of Public Health*, 107(Suppl. 1), eS14-eS20. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6972388/pdf/41997_2016_Article_10701014.pdf

²² Ver Ploeg, M., Nulph, D., Williams, R. (2011). Mapping Food Deserts in the United States. USDA Economic Research Service United States Department of Agriculture. Retrieved from <https://www.ers.usda.gov/amber-waves/2011/december/data-feature-mapping-food-deserts-in-the-us/>

Health & Physical Environment

Figure 25: Healthy Food Accessibility within Sault Ste. Marie, 2020



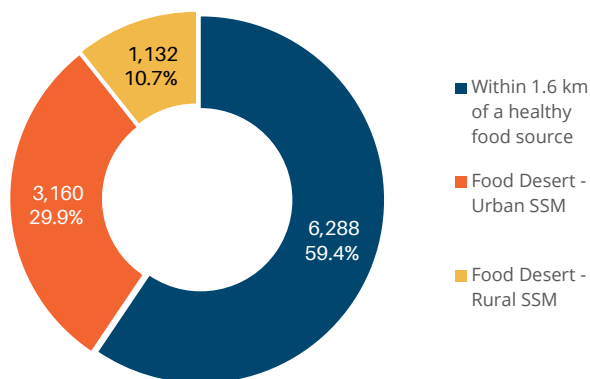
Using the analysis above, the number of children (0-14 years) in Sault Ste. Marie that were living within 1.6 km of a healthy food source and the number living in a food desert (urban and rural) were identified (Table 1). Based on Statistics Canada's 2016 census data, there were approximately 10,580 children aged 0-14 years within the city of Sault Ste. Marie. Of these children, 59% live within 1.6 km of a healthy food source while 41% do not and are considered living in a food desert (30% live in urban parts while 11% live in rural parts) (Figure 26). Table 5 shows the same information as Figure 17 but breaks the data into smaller age groups.

Table 5: Number and Percent of Children 0 to 14 Years Living in Proximity To a Healthy Food Source, 2016 Census

Total # of Children	Within 1.6 km of a healthy food source		Food Desert Urban SSM		Food Desert Rural SSM	
	#	%	#	%	#	%
0-14 years	6,288	-	3,160	-	1,132	-
0-4 years	2,183	34.7%	985	31.2%	352	31.1%
5-9 years	2,121	33.7%	1,048	33.2%	402	35.5%
10-14 years	1,984	31.6%	1,127	35.7%	378	33.4%

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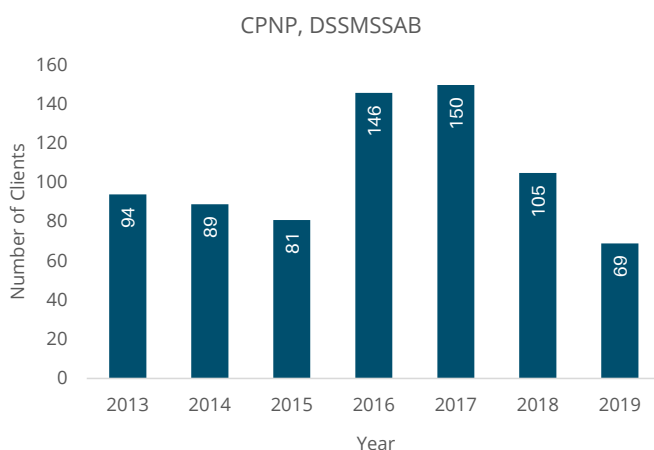
Figure 26: Number and Percent of Children 0 to 14 years Living in Proximity to a Healthy Food Source, 2016 Census



Canada Prenatal Nutrition Program

Pregnant women can receive financial support through the local partnership that supports Canada Prenatal Nutrition Program (CPNP), part of the Healthy Growth & Development division of APH, in sites across the Algoma District including North Algoma, Sault Ste. Marie, Central Algoma, Blind River and Elliot Lake. The CPNP provides prenatal and post-partum education and support, referrals to community programs and resources as well as assistance with milk and food.²³ The number of participating clients decreased between 2013 and 2015, going from 94 clients to 81 clients (Figure 27). In 2016, clients increased to 146; however, as of 2019 only 69 clients were receiving services through the CPNP.

Figure 27: Number of Clients of the CPNP , 2013 to 2019



²³ Algoma Public Health. (2019). Parent & Child Programs. Retrieved from: <http://www.algomapublichealth.com/parent-child/>

Health & Physical Environment

Community Kitchens

The Community Kitchen program is a service provided through Algoma Family Services in partnership with EarlyON, Algoma Public Health and others, that allows participants to cook low-cost nutritious meals for themselves and/or their families while also learning about budgeting skills, cooking skills and positive social interaction with other group members and children.

Figure 28 shows the number of meals prepared at Community Kitchens between the 2017/18 and 2019/20 fiscal years and shows an increase in participation over the last three fiscal years.

Figure 29 shows the number of participants of the Community Kitchen program between the last three fiscal years and shows an increase in participation.

Figure 30 shows the number of kitchens held at the Community Kitchens program, and similar with the previous figures the number of kitchens held has increased over the last three fiscal years.



Figure 28: Number of Meals Prepared at AFS Community Kitchens, 2017/18 to 2019/20

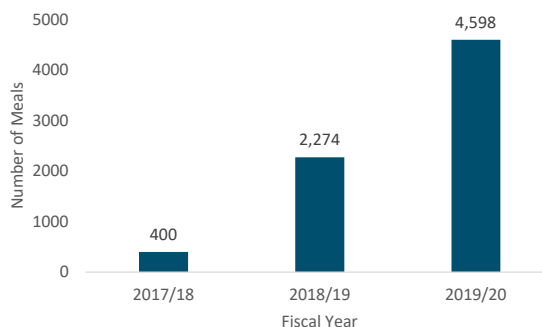


Figure 29: Number of Participants of the Community Kitchen Program, 2017/19 to 2019/20

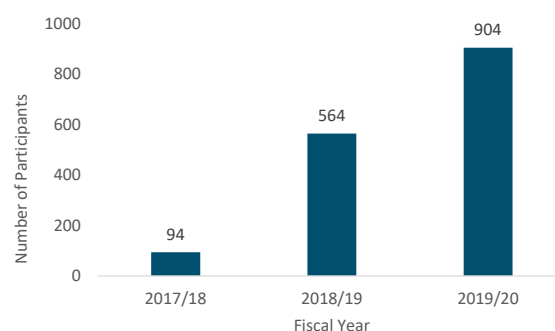
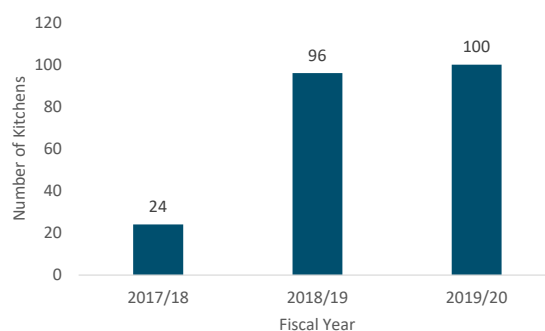


Figure 30: Number of Kitchens Held at Community Kitchens Program, 2017/18 to 2019/20



Health & Physical Environment

Community Gardens

In 2019, there were six community gardens operating in Sault Ste. Marie. Community gardens have the ability to contribute to decreasing food insecurity. They provide residents with the opportunity to improve physical activity while accessing fresh foods.²⁴ In addition, community gardens have the potential to provide a healthy source of food to low-income communities.²⁵ They also have the ability to strengthen social connections and build community capacity.²⁵

The Forest Heights Community Garden replaced the Allard Street Community Garden in 2017. It opened July 1, 2017 with 66 beds. Since its opening, it has had between 40-50 participants. Seven different community organizations also tend beds in the garden.

Common Ground, located at Emmanuel United Church, opened in 2018 with 18 raised beds and 18 gardening groups. Four of those beds were raised to meet accessibility standards. In 2019, 3 new beds were added and two of them meet the accessibility standards; there were a total of 19 gardening groups.

The former site of the Neighbourhood Resource Centre opened with 21 garden boxes in 2018. In 2019, all 21 garden boxes were rented out to 17 individuals and/or groups of individuals; however, the reach of the garden boxes exceeded 17 individuals.

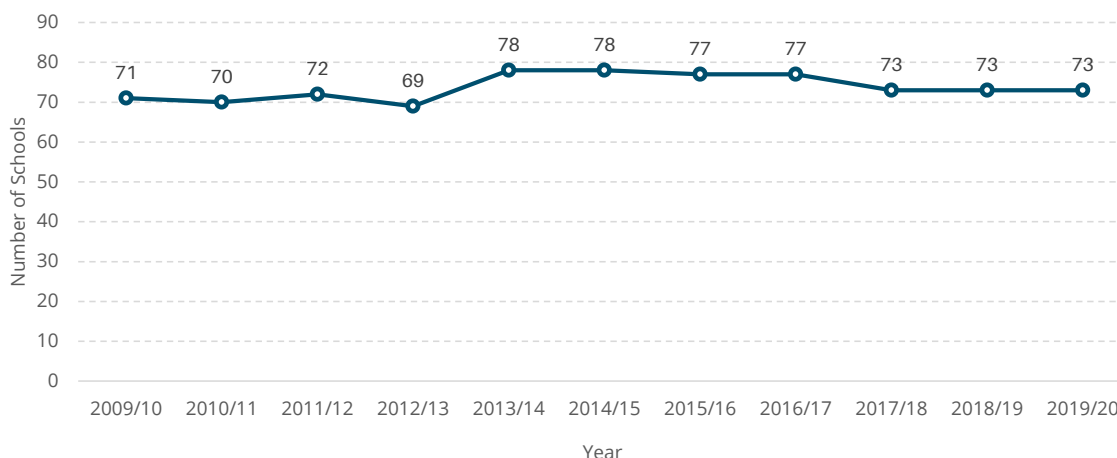
Data from Etienne Brule Garden, The People's Garden at Algoma U, and Emmaus Garden were not made available for this report.

Student Nutrition Program

According to the AFS website, "the Student Nutrition Program (SNP) supports elementary and secondary schools across the District of Algoma by providing annual grants that support the purchase of nutritious foods for a breakfast, lunch, or snack program. By promoting healthy eating and providing nutrition programs in school settings, students have the potential of achieving optimal health, growth and intellectual development."²⁵

Figure 31 shows the number of participating schools between 2009/10 and 2019/2020, which has remained relatively consistent throughout the years. The vast majority of Algoma District schools participate in the SNP. The decrease in the number of schools participating between 2014/15 and 2019/20 is due to school consolidation rather than schools dropping out of the SNP.

Figure 31: Number of Participating Schools in Algoma, 2009/10 to 2019/20



²⁴ Lovell, R., Husk, K., Bethel, A., Garside, R. (2014). What are the health and well-being impacts of community gardening for adults and children: a mixed method systematic review protocol. *Environ Evid* 3, 20. Retrieved from: <https://environmentalevidencejournal.biomedcentral.com/articles/10.1186/2047-2382-3-20>

²⁵ Algoma Family Services. (2019). *Our Services, Community Services, Student Nutrition Program*. Retrieved from: <http://algomafamilyservices.org/our-services/>

Health & Physical Environment

Figure 32 shows the number of meals served in participating schools. The number of meals served has increased since the 2009/10 school year, peaking in 2017/18 at 1,291,941 meals served. This dropped to 1,005,755 meals served in the 2019/20 school year.

Figure 32: Number of Meals Served in Schools in Algoma, 2009/10 to 2019/20

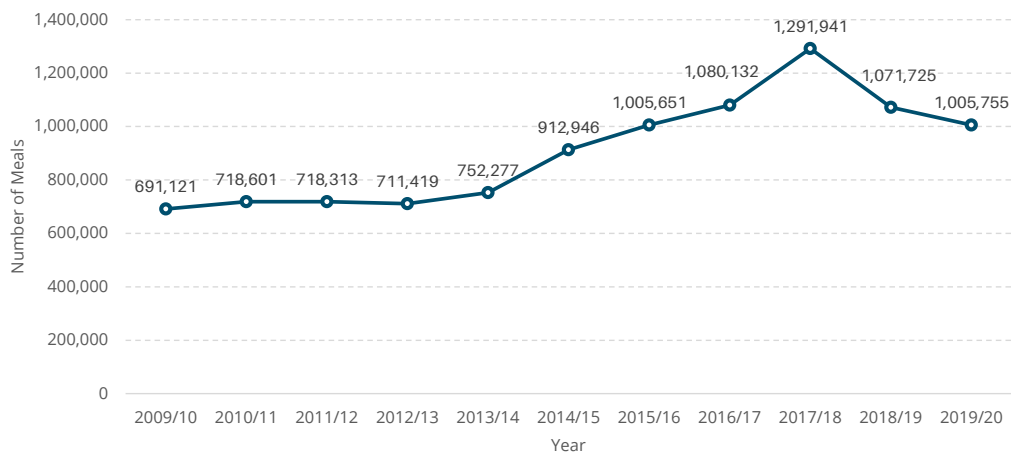
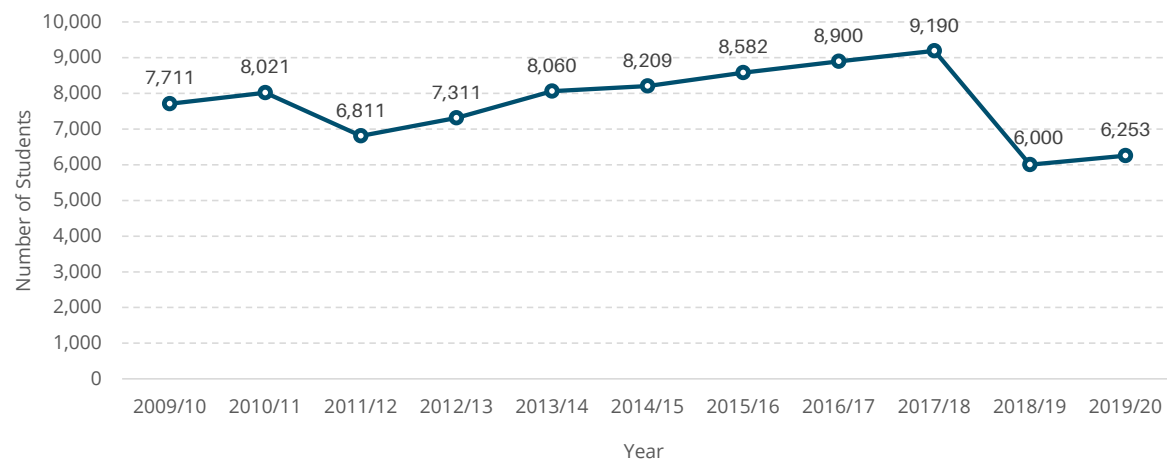


Figure 33 shows the number of students served through the SNP between the 2009/10 and 2019/20 school years. The number of students served peaked in the 2017/18 year at 9,190 students and then decreased to 6,253 students in 2019/20.

Figure 33: Number of Students Served through the SNP, 2009/10 to 2019/20



Health & **Physical Environment**

Every Breakfast Counts

Every Breakfast Counts (EBC) is a Sault Ste. Marie initiative brought forward by Mayor Provenzano in 2018 to feed hungry children during the summer months. Most, if not all children, in Sault Ste. Marie attend a school that offers the SNP; however, during the summer months, this program is not available leaving many children without proper nutrition. The EBC program was meant to fill this gap to ensure children had access to nutritious meals when school was not in session.

The EBC program began with the financial support coming from many local business and personal donations. In the program's first year (2018), meals were prepared and served at the various community hubs over a seven-week span. While this format was not ideal (i.e. time consuming for Kids Being Kids staff to prep the meals, only children that showed up at the hubs were fed), 1,779 meals were served. The average cost of a meal was \$2.75 and included cereal, dairy products such as milk, eggs, cheese and yogurt, oatmeal, and vegetables.

In 2019, 6,300 meals were distributed. A new approach was taken to distribute meals and it was an overwhelming success. Meals were prepared at United Way's Harvest Algoma Food Resource Centre and then distributed through the Best for Kids programming at the Greco and Manzo pools, Kids Being Kids program at various DSSMSSAB community hubs, the EarlyON Centre located at Holy Angels and and the Child Care Algoma EarlyON Mobile Unit that travelled to select locations throughout the community. The average cost for a meal was approximately \$1.30, aided by the Student Nutrition Program vouchers that allowed for food to be purchased at a discounted price. Meals during the summer consisted of "grab and go" type of foods including fruit, vegetables, yogurt, bagels and granola bars.



Health & Physical Environment

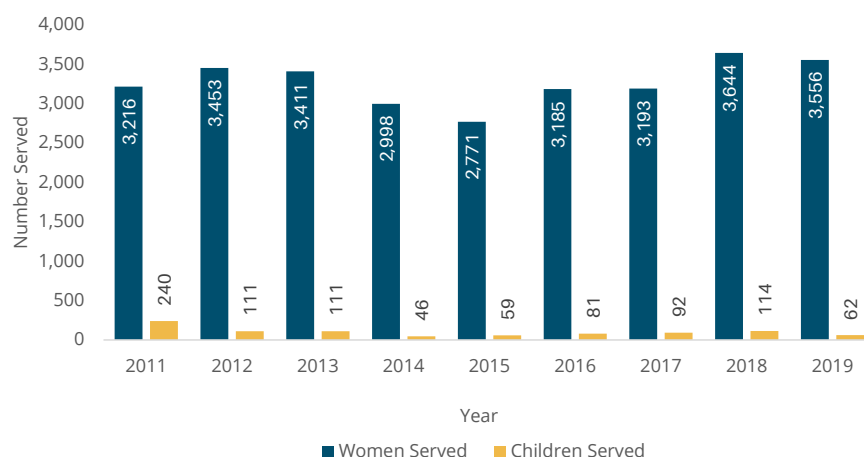
Soup Kitchens & Food Banks

Soup Kitchens and Food Banks that serve the community do not track the number of children 0 to 6 served; therefore, the data presented in the following charts may also include children from 7 to 16 years of age. However, nutrition is a critical factor in the growth and development of children and youth regardless of age; and evaluating how many families with children access these programs identifies if there is more need for food services in the community.

Several organizations provide food to those in need in the DSSMSSAB area including Phoenix Rising Women's Centre, Vincent Place Soup Kitchen and The Soup Kitchen Community & Family Services. Other organizations such as the Salvation Army and the Indigenous Friendship Centre also have food programs; however, the data was not available for this report.

The Phoenix Rising Women's Centre is a safe space for women and their children. In addition to providing food and warm meals, the centre provides a range of services including crisis support, clothing, a resource library and computer and telephone access. Figure 34 shows the change in the number of women and children served between 2011 and 2019. Between 2011 and 2015, the number of women served dropped from 3,216 to 2,771 women, while the number of children served dropped from 240 to 59 children. Between 2015 and 2019, the number of women served increased to 3,556 women by 2019. The number of children increased, having served 114 children in 2018, and then decreased to 62 children in 2019.

Figure 34: Number of Women and Children Served at the Phoenix Rising Women's Centre, 2011 to 2019



St. Vincent Place is a non-profit organization that provides shelter, clothing, food and household essentials to members of the community who are in need. The food bank is open on Wednesdays and Saturdays and anyone is eligible to apply for assistance. Figure 35 shows the number of food packages provided to adults between 2011 and 2019. As shown, the number of food packages provided to adults has decreased from 3,263 in 2011 to 2,394 adults in 2019, with the highest number of packages delivered in 2013 to 4,038 adults. Similarly, the number of food packages provided to children has decreased from 842 in 2011 to 650 in 2019 and the highest number of packages delivered in 2013 to 1,130 children.

Health & Physical Environment

Figure 35: Number of Food Packages Served to Adults and Children at St. Vincent Place Food Bank, 2011 to 2019

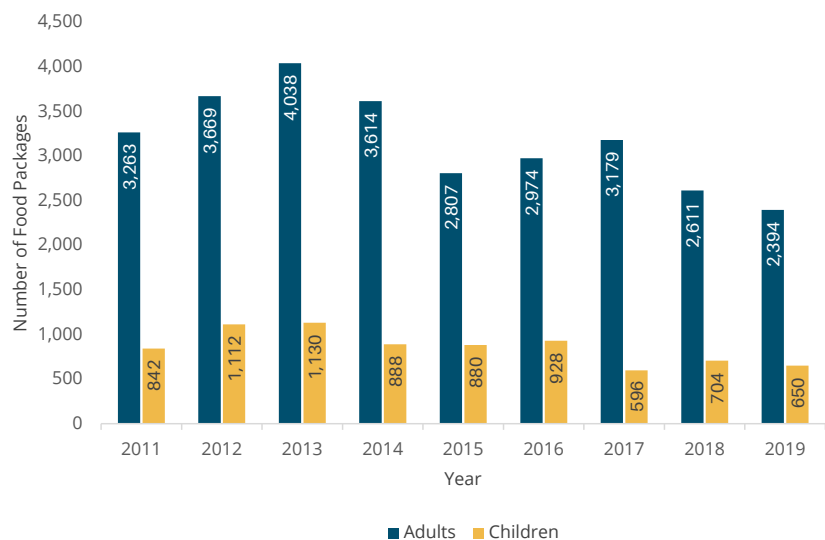


Figure 36 shows the total number of food packages provided to families between 2015 and 2019. In 2015, 2,174 packages were provided to families, and by 2019, the number of packages provided had decreased to 1,897.

Figure 36: Number of Food Packages Served to Individuals and Families at St. Vincent Place Food Bank, 2015 to 2019

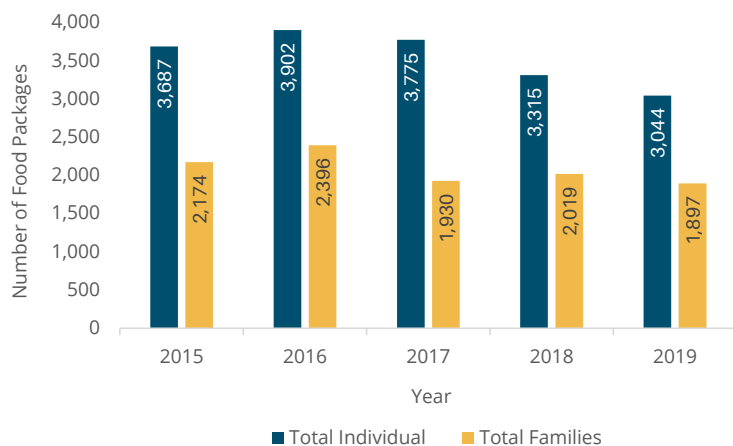


Figure 37 shows the number of meals served to adults at the Soup Kitchen. In 2010, 18,332 adults were served meals, which increased to 22,235 meals in 2019.

Health & Physical Environment

Figure 37: Number of Meals Served to Adults at the Soup Kitchen, 2010 to 2019

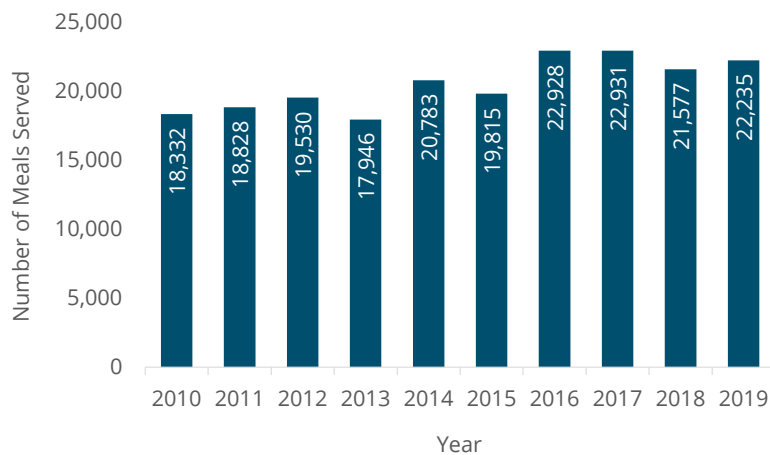
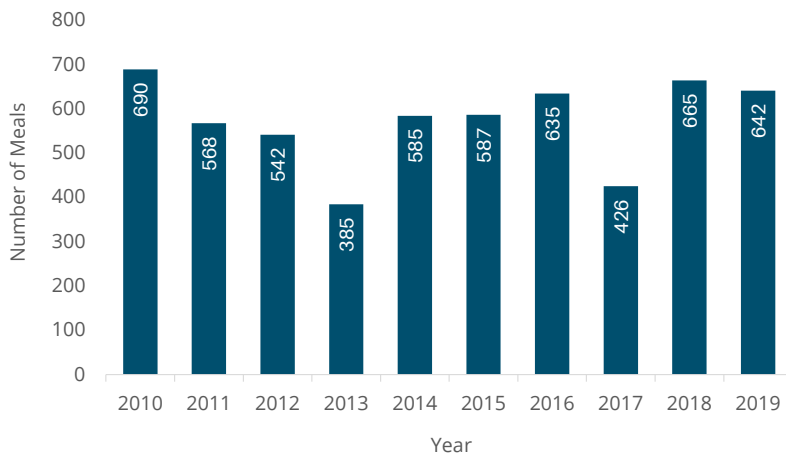


Figure 38 shows the number of meals served to children at the Soup Kitchen between 2010 and 2019. The number of meals served has fluctuated from 690 meals in 2010, dropping to 385 meals in 2013, then increasing again to 642 meals in 2019.

Figure 38: Number of Meals Served to Children at the Soup Kitchen, 2010 to 2019



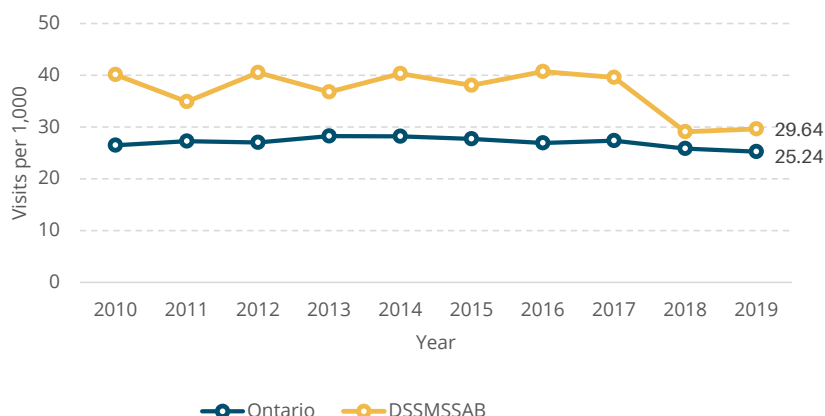
SAFETY INDICATORS

Childhood Injuries

In Canada, injuries are the leading cause of death in children.²⁶ The potential consequences of injury, as well as the associated costs depending on the severity, make injury especially in children, a major public health issue. Evaluating the data available on child-related injuries provides information to service providers on where more attention is required with respect to safety precautions. More information on how to prevent childhood injuries is available at <https://parachute.ca/en/>.

Figure 39 shows the rate of injury-related hospital visits for children aged 0 to 6 years per 1,000 children 0 to 6 years in the population for the DSSMSSAB area and Ontario between 2010 and 2019. Injury data is calculated based on the number of hospital visits related to unintentional injury. The rate of injury-related hospital visits in the DSSMSSAB area has been consistently higher than that observed in Ontario. In 2010, the rate of injuries was 40.15 per 1,000, and in 2017, the rate was 39.59 per 1,000. By 2019, the rate of child injuries had decreased to 29.64 per 1,000. This is compared to Ontario, which saw a rate of 26.46 per 1,000 in 2010 compared to 25.24 per 1,000 in 2019.

Figure 39: Rate of Injury-Related Hospital Visits in Children (0 to 6) per 1,000 population, DSSMSSAB and Ontario, 2010 to 2019



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.

A child's exposure to violence, whether as a victim or witness, is often associated with long-term physical, psychological, and emotional harm. Children exposed to violence are also at a higher risk of engaging in criminal behaviour later in life and becoming part of a cycle of violence.²⁷

This section outlines the incident rates of crime in the DSSMSSAB Area and uses Ontario-wide data as a comparator. The term "incident rate" refers to the number of distinct events in which one (or more) criminal offence(s) occurred per 100,000 population.

Data was available for the Sault Ste. Marie Police Service and the Sault Ste. Marie OPP Detachment (covers Prince and the unorganized north). This data does not include statistics from the nearby First Nation Reserves as they are covered by other police services.

²⁶ Yanchar, N., Warda, L., & Fuselli, P. (2012). Child and youth injury prevention: A public health approach. *Paediatrics & Child Health*, 17(9): 511. Retrieved from: <https://www.cps.ca/documents/position/child-and-youth-injury-prevention>

²⁷ World Health Organization. (2020). Violence against children. Retrieved from: <https://www.who.int/news-room/fact-sheets/detail/violence-against-children>

Health & Physical Environment

This section also breaks down incidents of crime by type:

- **Violent Criminal Code Violations:** Involve the use or threat of violence against a person, including homicide, attempted murder, assault, sexual assault and robbery. Robbery is considered a violent offence because, unlike other theft offences, it involves the use or threat of violence.
- **Property Crime Violations:** Involve unlawful acts to gain property, but do not involve the use or threat of violence against the person. They include offences such as break and enter, theft and mischief.
- **Drug Crime Violations:** Include offences under the Controlled Drugs and Substances Act such as possession, trafficking, production, importation and exportation of drugs or narcotics.
- **Other Criminal Code Violations:** Include crimes such as disturbing the peace and offences against the administration of justice (e.g., failure to comply with an order, failure to appear and breach of probation).²⁸

Figure 40 shows that crime rates in Ontario fell steadily between 2006 and 2014 but began to slowly rise in the following years. The Sault Ste. Marie Area (excluding the First Nation Reserves) saw a decrease in the crime rate between 2008 and 2015, followed by a steep rise in the crime rate between 2016 and 2018. The crime rate of the Sault Ste. Marie Area was consistently higher than Ontario during the examined time period and was nearly double that of the Ontario crime rate in 2018.

Figure 40: Rates of Incidents of Crime per 100,000 Population, Sault Ste. Marie Area and Ontario, 2006 to 2018

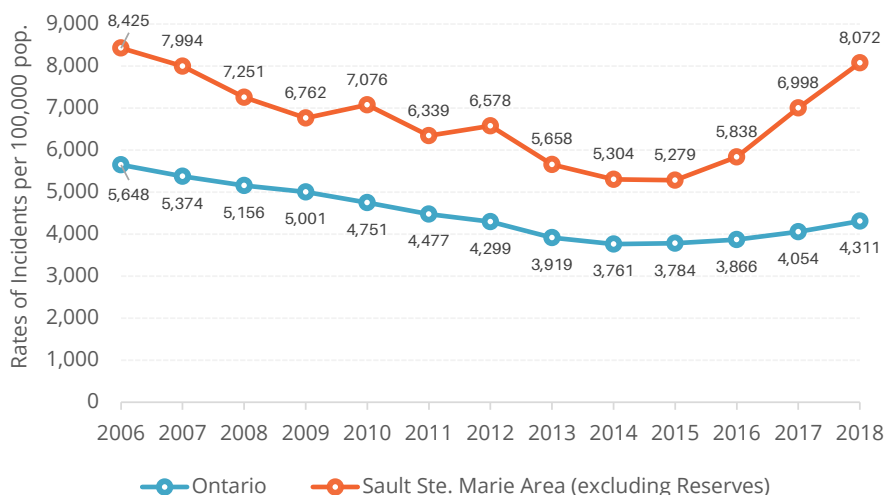
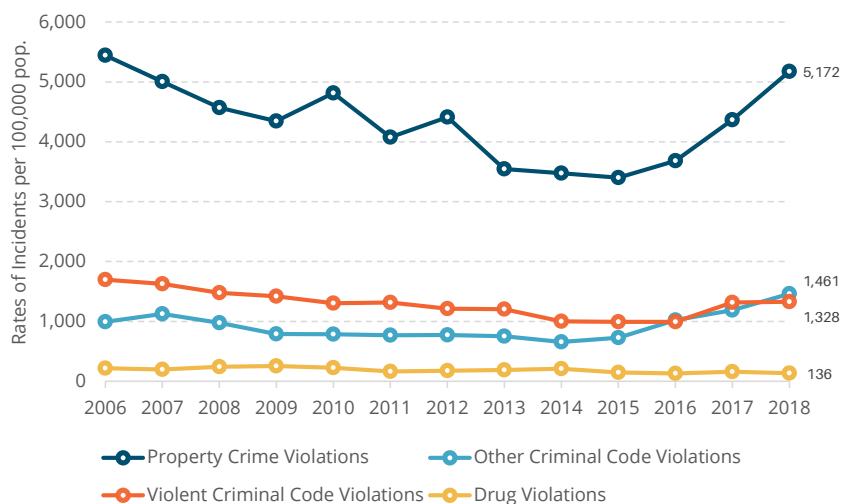


Figure 41 shows crime rates by offence type in the Sault Ste. Marie Area (excluding the First Nation Reserves). The chart shows that property crime violations are the most common offenses committed in the Sault Ste. Marie Area. The property crime rate was similar to the overall crime rate for this region, showing a decline between 2006 and 2015, and a sharp rise between 2016 and 2018. The violent crime rate shows a more gradual decline than the property crime rate up to 2016.

Health & Physical Environment

Figure 41: Rates of Incidents of Crime by Offence Type per 100,000 Population, Sault Ste. Marie Area, 2006 to 2018



Youth (Aged 12 to 17) Crime

Youth crime is the rate of youth (aged 12 to 17) accused of Criminal Code offences (excluding traffic offences). Rates are calculated on the basis of 100,000 youth population.

Figure 42 shows that the police-reported youth crime rate in Ontario fell steadily between 2007 and 2016. In the Sault Ste. Marie Area (excluding the First Nation Reserves) the youth crime rate saw a downward trend between 2007 and 2018. The youth crime rate for the Sault Ste. Marie Area was consistently higher than that of Ontario between 2006 and 2018, although the gap between the two areas has become much smaller over time.

Figure 42: Rates of Youth Accused of Crime per 100,000 Youth (Aged 12 to 17), Sault Ste. Marie Area and Ontario, 2006 to 2018

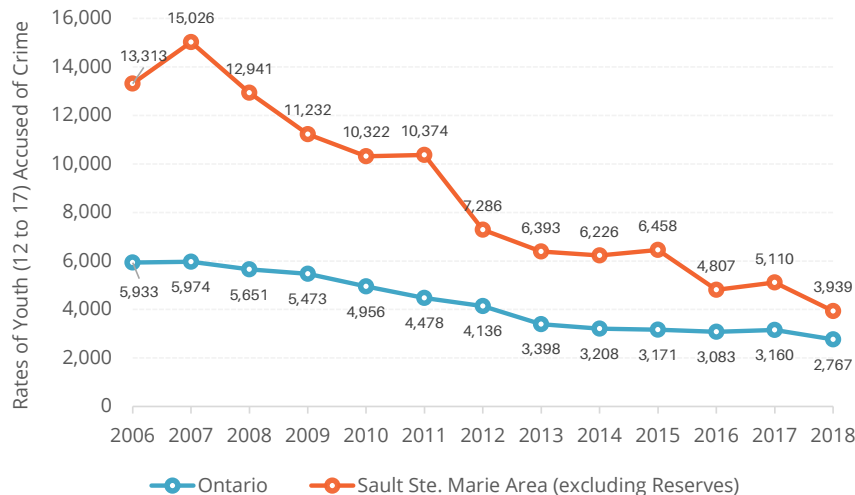


Figure 43 shows the types of crimes that youth (Aged 12 to 17) were accused of in the Sault Ste. Marie Area (excluding First Nation Reserves) for the years of 2014 to 2018 combined. Of the crimes involving youth that were reported to police between 2014 and 2018, property crimes were the most common (39.3% of crimes involving youth), followed by violent crime (33.5% of crimes

Health & Physical Environment

involving youth), other criminal code offences (15.8% of crimes involving youth), and drug crimes (8.1% of crimes involving youth).

Figure 43: Percent of Incidence Rates of Youth (Aged 12 to 17) Accused of Crime by Offence Type, Sault Ste. Marie Area (2014 to 2018 Combined)

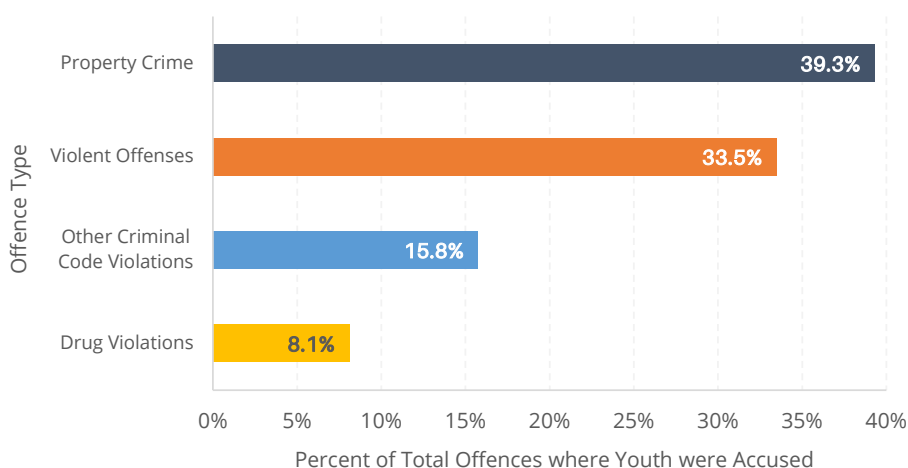
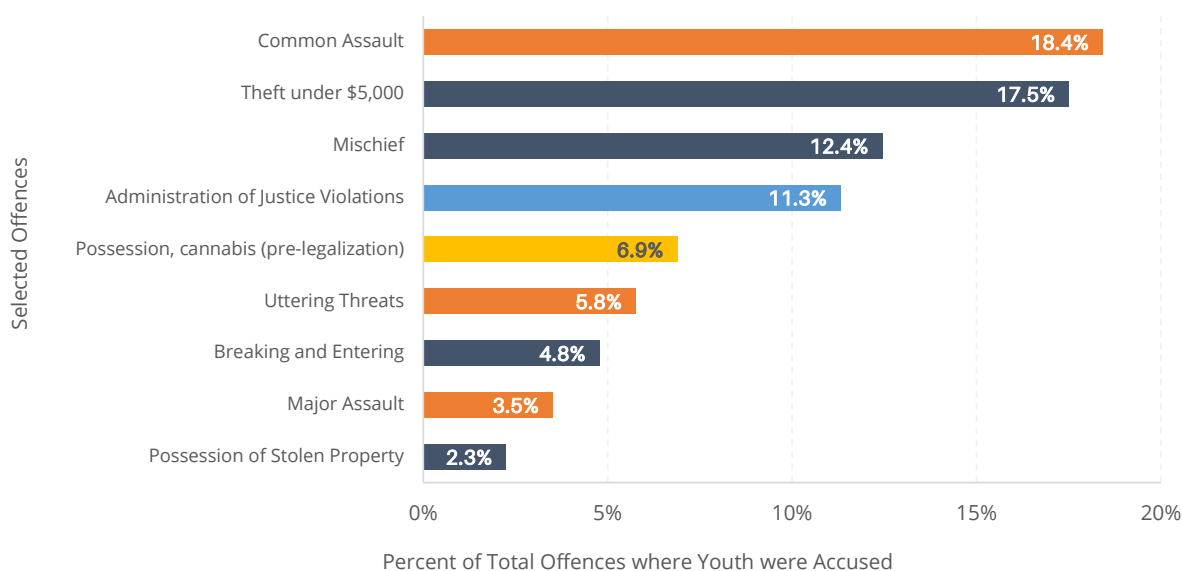


Figure 44 shows the most common police-reported incidences where youth are accused for the years of 2014 to 2018 combined. The colour of the bars corresponds to the broad offence type of the specific crime (see Figure 43 for the Offence Types).

Of the crimes involving youth that were reported to police between 2013 and 2017, the five most common offences were common assault (18.4% of crimes involving youth), theft under \$5,000 (17.5% of crimes involving youth), mischief (12.4% of crimes involving youth), administration of justice violations (11.3% of crimes involving youth) and uttering threats (5.8% of crimes involving youth). Please note that administration of justice violations include failure to comply with an order, failure to appear, breach of probation and other violations against the administration of law and justice.

Figure 44: Selected Common Offences as a Proportion of Police-Reported Incidence with Youth Accused, Sault Ste. Marie Area (2014 to 2018 Combined)



Health & Physical Environment

PHYSICAL ENVIRONMENT INDICATORS

Playgrounds Within Walking Distance

The physical activity level of children can be partly influenced by access to playgrounds. Research has shown that playgrounds are an important environment for the healthy physical development of children and can also provide them social, emotional and cognitive benefits.²⁹ A playground can provide the types of play that help children learn reflexes and movement control, develop fine and gross motor skills, increase flexibility and balancing skills, and learn to walk, run, jump, throw, climb, slide and swing. These activities all lead to improved physical health and fitness.³⁰

Playgrounds help children build self-confidence and self-esteem through risk-taking, conflict resolution and imaginative dramatic play. Children also learn to interact with others by learning to take turns and play cooperatively. Research has shown that certain types of playground equipment facilitate cognitive learning for children. Examples include: climbers/bars assist children in learning scientific concepts such as the force of gravity and spatial awareness. Swings also help kids learn perceptual processes and body awareness through space.³⁰

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

PLAYGROUND “GAPS”

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

There are 83 publicly accessible playgrounds in Sault Ste. Marie and Prince, of which 58 are operated by the City of Sault Ste. Marie, 3 by Prince Township and 22 operated by various school boards. Private playgrounds, of which there were 12, were not included in distance calculation results as access is normally restricted to a small population.

To determine “gaps” in playground coverage within the city, a reasonable maximum distance that a child can be expected to walk must be determined. Research has shown that the average child can reasonably be expected to walk a maximum of 800 metres (1/4 mile) to reach a playground. Assuming a child’s average walking speed is about 3 kilometres per hour (50 metres per minute), an 800-metre walk would take around 15 to 16 minutes.

PLAYGROUND EQUIPMENT EVALUATION

SSMIC staff members visited all 95 municipal, school, and private playgrounds in the City of Sault Ste. Marie and Prince Township in the summer of 2020. Playgrounds were scored based on the following criteria:

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

Equipment Variety: A great playground should have a wide variety of equipment for children to play on so that they learn to balance, build strength, and interact with other children. For example, different types climbers, multiple slides, at least one swing set or saucer/tire swing and other types of equipment.

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

²⁹ Voice of Play. (2020). Benefits of Play. Retrieved from: <https://voiceofplay.org/benefits-of-play/>

³⁰ Voice of Play. (2020). Benefits of Play. Retrieved from: <https://voiceofplay.org/benefits-of-play/>

Health & Physical Environment

Sports fields: A great playground should have space either within the playground itself or have some room outside of the playground for children to run around – such as sports field. This includes baseball diamonds, tennis courts, soccer fields, or basketball courts.

Park Aesthetics: A great playground should have a marked entrance to the park (a sign with the park name), should have a garbage can available to limit litter, should have shaded areas, should have picnic tables or benches, should not have any graffiti, is not strewn with litter, have limited ambient noise, and have activities to stimulate imaginary play.

Park Accessibility Based on the Accessibility for Ontarians with Disabilities Act

“Many kids with disabilities love the park and deserve the opportunity to play and socialize as much as anyone else. The Integrated Accessibility Standards requires that new and redeveloped playgrounds include accessibility features, meaning that all kids can enjoy them. However, parks that have existing playgrounds and are not being redeveloped act as more of a barrier for kids with disabilities rather than a place to have fun”.³¹ A great playground will be accessible to all children. Each playground in Sault Ste. Marie and Prince was analyzed for accessibility based on the following conditions: Paved pathways to equipment for children who need physical assistance (e.g. wheelchairs), park is free from obstructions where mobility could be hindered (concrete barriers, tree roots, etc.), hard surfaces around equipment for mobility devices, equipment is low to the ground for children with assistive devices to use, and the use/design of the equipment allows all children with physical, cognitive, learning, visual, and hearing exceptionalities to experience the equipment (manipulative play opportunities and/or activities to stimulate the senses such as sensory-based, active play-based, sound-based, braille-based, or sign language-based games/equipment). In addition, there is a quiet area for children to play who are sensitive to loud noises.

Grading

Playgrounds that contained limited equipment, only equipment for certain age groups, minimal sports fields/courts, or hazards/conditions that may cause injury (damaged equipment, corrosion, loose railings, etc.) were given successively lower scores depending on the number of infractions identified. Playground scores were also penalized if they were strewn with litter and/or contained vulgar graffiti. Although park accessibility was not considered in the grading of parks for this report, it is something that should be considered in future reports as more parks add accessible features.

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

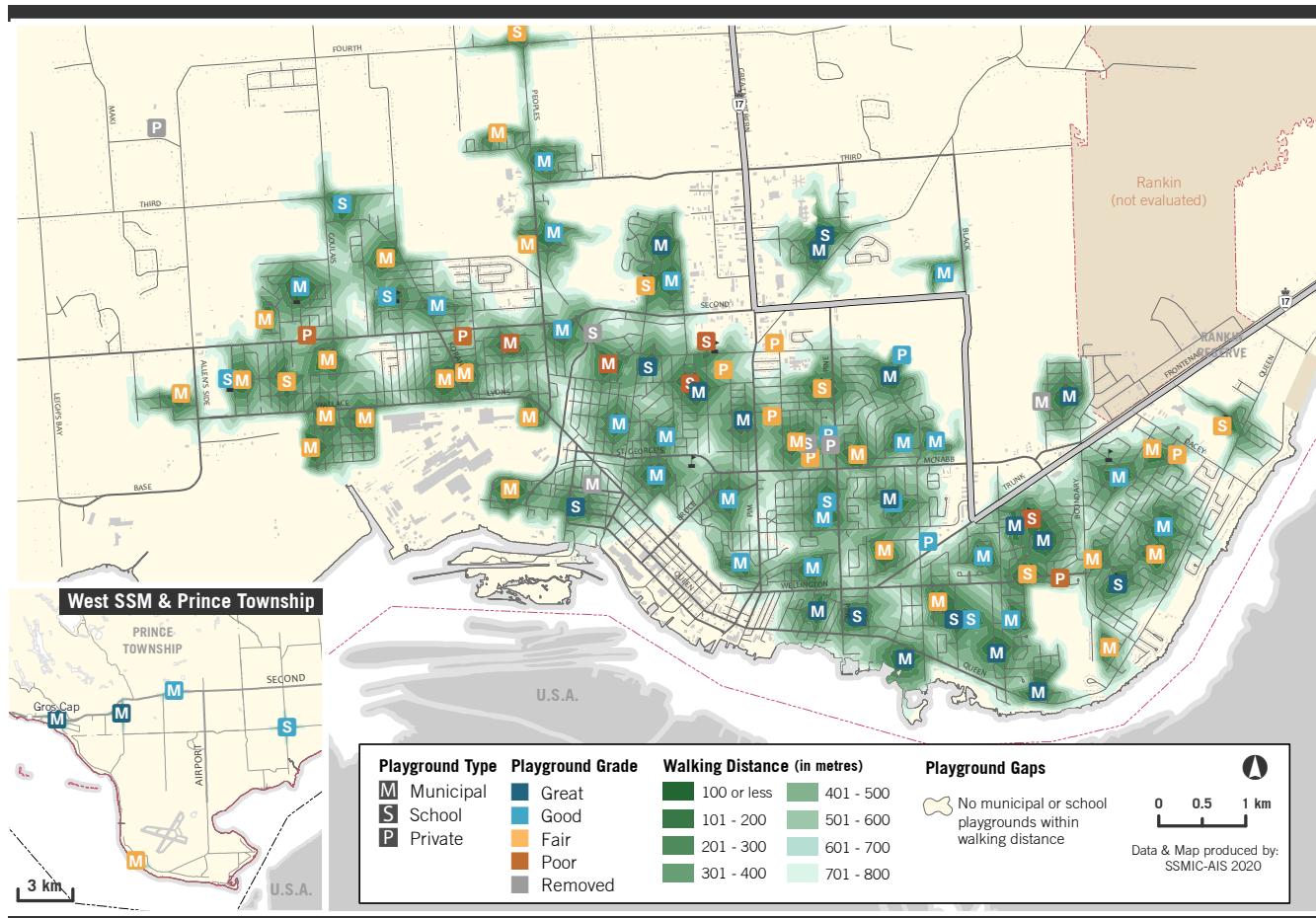
- Great (score of 85 to 100)
- Good (score of 70 to 84)
- Fair (score of 50 to 64)
- Poor (score of under 50)

Results

The following map shows that the city of Sault Ste. Marie, for the most part, has suitable access to playgrounds as they are within a reasonable walking distance of 800 meters. There are however, some neighbourhoods within the urban area of the city that do not have playgrounds within a reasonable walking distance. The darker green colour indicates a playground is close by, the lighter green means a playground is near the limits of a reasonable walking distance, and the light yellow/beige areas do not have a playground within walking distance. The areas within urban Sault Ste. Marie that do not have reasonable access to a playground include a large portion of downtown, the Bitonti/Pozzebon subdivision, the Connaught/Turner area, and the Millcreek Heights/Bianchi Estates subdivision, River Rd at Dacey, and several others.

Health & Physical Environment

Figure 45: Walking Distance to Public Playgrounds and Playground Grades, Summer 2020



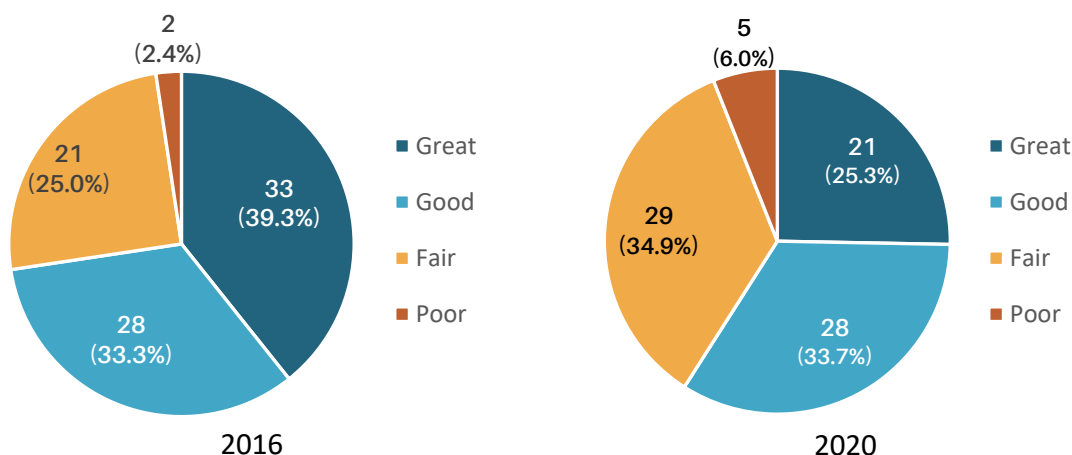
The downtown area is of particular interest as it is a mixed commercial and residential neighbourhood, with a generally lower socioeconomic status than the Sault Ste. Marie average. This includes lower levels of parental education, lower income households, a high proportion of rented dwellings, and a very mobile population. Those who live from Dennis Street, east to Kohler Street generally do not have access to a playground within a reasonable walking distance. According to 2018 population estimate data received from Tetrad, there were approximately 81 children aged 0 to 4, 95 children aged 5 to 9, and 59 children aged 10 to 14 living in this area of downtown.

The west end also has two significant gaps in playground coverage. The Bitonti/Pozzebon subdivision near the Elliott Sports Complex and the area surrounding the western half of Connaught Avenue do not have playgrounds within a reasonable walking distance. In 2018, there were approximately 28 children aged 0 to 4, 30 children aged 5 to 9, and 34 children aged 10 to 14 living in these areas.

Of the 83 public access playgrounds in Sault Ste. Marie and Prince in 2020, 21 received a grade of "Great" (25.3%), 28 received a grade of "Good" (30.2%), 29 received a grade of "Fair" (34.9%) and 5 received a grade of "Poor" (6%). The average score for public access playgrounds for Sault Ste. Marie and Prince was "Good" (average score of 71). Results are summarized in the chart below (and also show results from the previous collection in 2016). The grading methodology changed slightly between these collections, so it is not appropriate to compare one to the other.

Health & Physical Environment

Figure 46: Public Access Playground Grades (Municipal & Schools), 2016 and 2020



The public access playgrounds that fell into the Poor category were spread across the city. They represented playgrounds that contained multiple hazards, signs of repeated vandalism and/or a general lack of equipment.

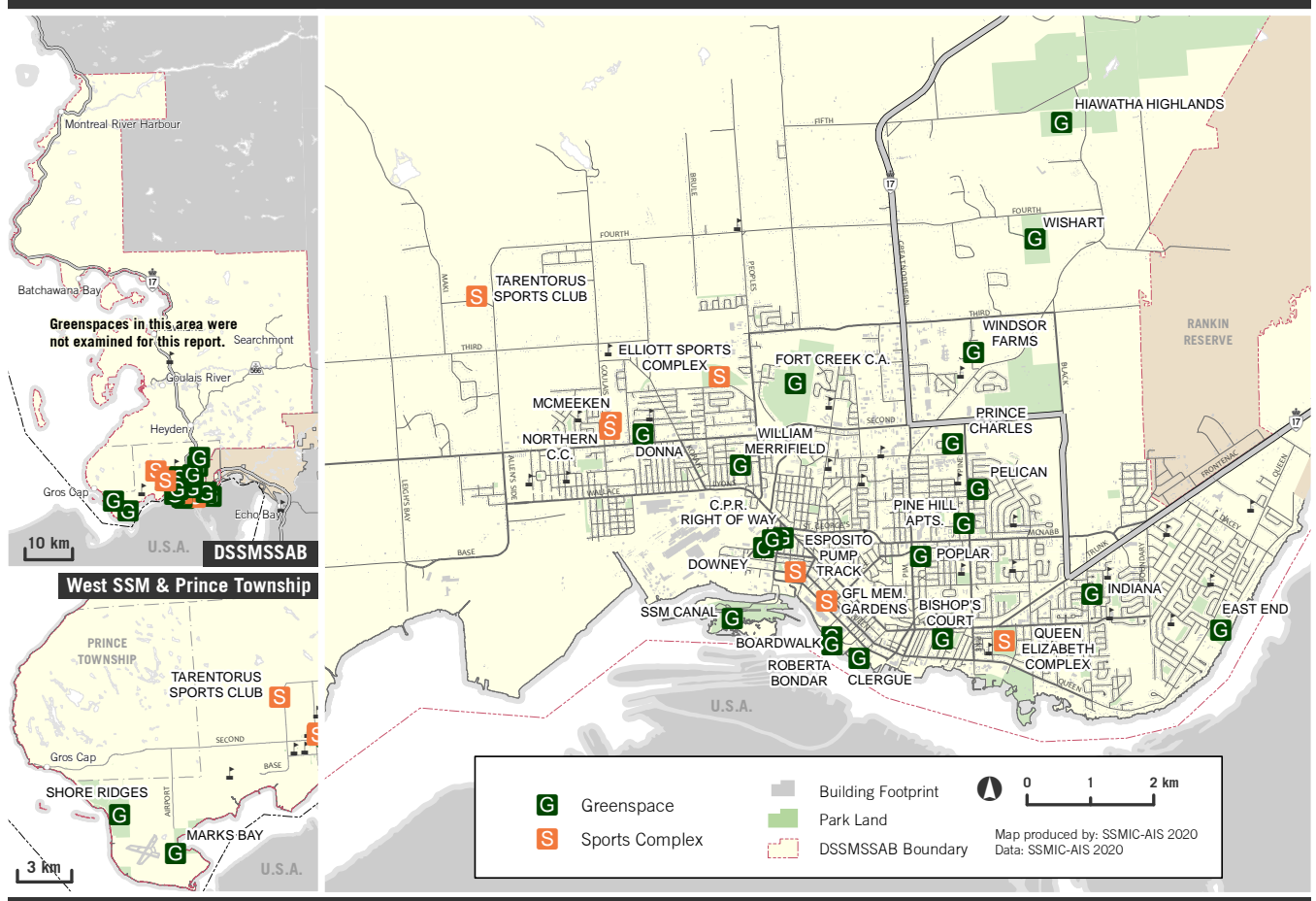
Of the 12 private playgrounds identified in Sault Ste. Marie and Prince, none received a grade of "Great", 4 received a grade of "Good", 5 received a grade of "Fair" and 3 received a grade of "Poor". The private playgrounds that fell into the Poor category were located in different parts of the city. They generally had worn out, damaged or completely inoperable equipment.

In addition to housing playgrounds, parks also provide green space which can provide ample opportunities for children to experience active-based play. This includes large group activities such as playing a game of tag, small group activities such as throwing a frisbee, or independent activities such as flying a kite. As well, some parks include specialized equipment such as Pump Tracks and Skate Parks. The following map shows the additional publicly accessible greenspaces (without playgrounds) and sports complexes. Some of these opportunities are in areas noted as "playground gaps", including the downtown area.



Health & Physical Environment

Figure 47: Additional Greenspace and Sports Complexes (no playgrounds on site)



Health & Physical Environment

WHERE HAVE WE GONE SINCE THE LAST REPORT?

The Health and Physical Environment section of this report builds on the existing indicators selected for the 2015 report. For each indicator, several years of data have been added.

Unfavourable Decrease

Births



The number of live births in the DSSMSSAB area has dropped between 2015 (766) and 2019 (625). The number of live births recorded in 2019 was the lowest total in the past 10 years. The crude birth rate in the DSSMSSAB area in 2019 was lower than the birth rate in Ontario.

Favourable Decrease

Births to Teenage Mothers



The percentage of births to teenage mothers has dropped since 2015, from 5.6% of total births in 2015 to 3.2% of total births in 2019.

No Change

Infant & Child Development Program



The Infant & Child Development Program had a total of 548 clients who received services in the 2019/20 fiscal year, nearly the same total as 2014/15 (549 clients). There were fewer referrals received by the ICDP in 2019/20 (161) than in 2014/15 (256). The number of referrals recorded in 2019/20 was the lowest total in the past 7 years.

No Change

Asthma



The rate of asthma per 1,000 children in the DSSMSSAB area was similar in 2015 (11.4 cases per 1,000 children) and 2019 (12.4 cases per 1,000 children).

No Change

Oral Health



There was little change in the percentage of JK students who were screened and found to be caries free (meaning free from tooth decay) between 2015/16 (72%) and 2019/20 (73%). There was also little change in the percentage of SK students who were screened and found to be caries free between 2015/16 (65%) and 2019/20 (66%).

Unfavourable Increase

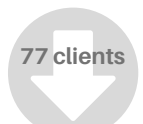
Nutritious Food Basket



As expected, the cost of a nutritious food basket continues to rise. The monthly cost for a family of four was \$975.85 in 2019, an increase of around 7% from \$913.93 in 2015.

Decrease

Canada Prenatal Nutrition Program



In 2015, the number of participating clients was 81. In 2016, clients increased to 146; however, as of 2019 only 69 clients were receiving services through the CPNP.

Favourable Increase

Student Nutrition Program



The number of meals served in the 2019/20 school year was 1,005,755, up 10% from 912,946 in 2014/15. It is interesting to note that the most meals served in a single school year happened in 2017/18 with 1,291,941 meals served.

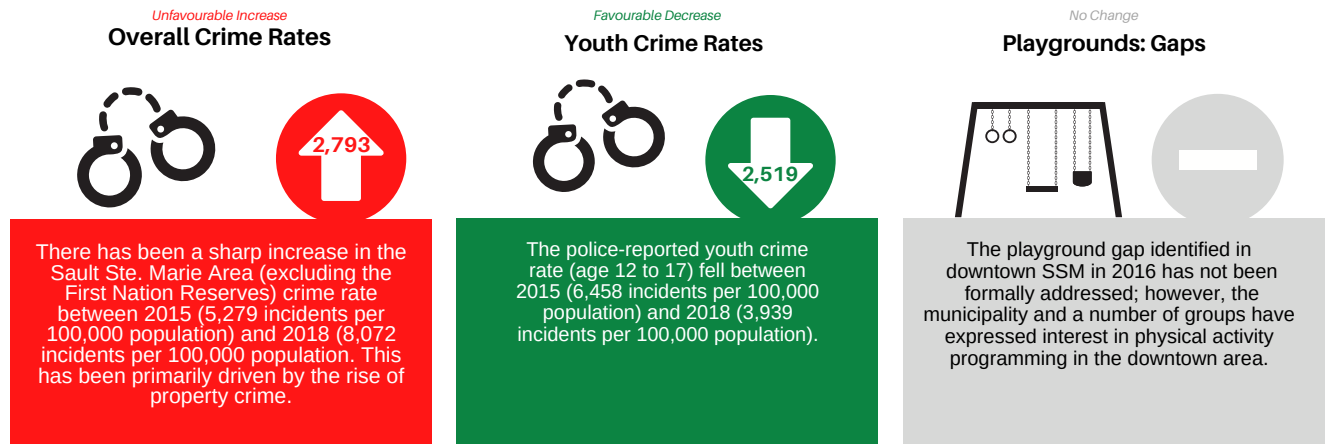
Favourable Decrease

Childhood Injuries



Childhood injury data is calculated based on the number of hospital visits by children aged 0 to 6 related to unintentional injury. In 2019, the rate of childhood injuries in Sault Ste. Marie was 29.6 per 1,000 children aged 0 to 6, a decrease of 8.5 per 1,000 in 2015 (38.1 per 1,000).

Health & Physical Environment



Healthy Babies Healthy Children
 Mental Health
 Food Environment
 Community Kitchens
 Community Gardens
 Every Breakfast Counts
 Soup Kitchens & Food Banks
 Playgrounds: Equipment Condition

N/A

Change cannot be measured

These indicators are either new to this report or a comparison could not be made.



Child Care & Education

IN THIS SECTION

Child Care.....	59	Kindergarten Enrollment.....	69
Fee Subsidy	59	Enrollment vs Population.....	71
Special Needs Resourcing (Early Learning Resources)	60	Early Development Instrument	72
Licensed Child Care Spaces	60	EDI participation	73
Service Gaps.....	63	Overall Vulnerability	74
Quality Assurance.....	63	EDI Domains in Depth	77
Capacity Building in Early Years	64	EDI Results by Percent of Children Vulnerable, At Risk, and Vulnerable/At Risk per EDI Cycle by EDI Neighbourhood.....	92
Journey Together	65	Best for Kids	93
Kids Being Kids Summer Program	66	Where Have We Gone Since the Last Report?	94
School Indicators	69		

CHILD CARE

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

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

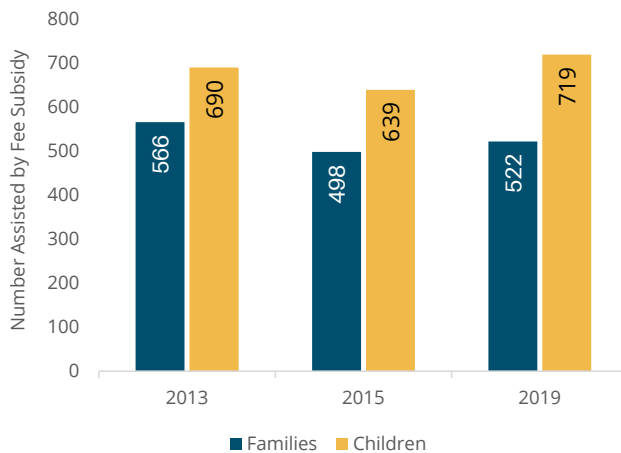
Fee Subsidy

A fee subsidy assists parents with the cost of a child care space. Eligibility for a fee subsidy is dependent on a family's level of income. As of December 31st, 2019, the average charge for a full day of care in the community ranged from \$38.89 for preschoolers to \$46.25 for infants, up from \$35.87 for preschoolers to \$41.70 for infants in 2015. The cost of care has risen between 7 and 10%. Approximately 29% of licensed child care spaces in Sault Ste. Marie are subsidized.

In 2019, 522 families and 719 children were assisted with fee subsidy (Figure 48). A significant majority (74%) were lone parent families and 52% of subsidized families had an annual income of less than \$20,000. The most common reason noted for requiring a child care subsidy (62.42%) was to sustain employment and an additional 18.9% were attending school. The number of children assisted with fee subsidy has risen 12.5% since 2015.

Child Care & Education

Figure 48: Families and Children Assisted with Fee Subsidy in Sault Ste. Marie



Special Needs Resourcing (Early Learning Resources)

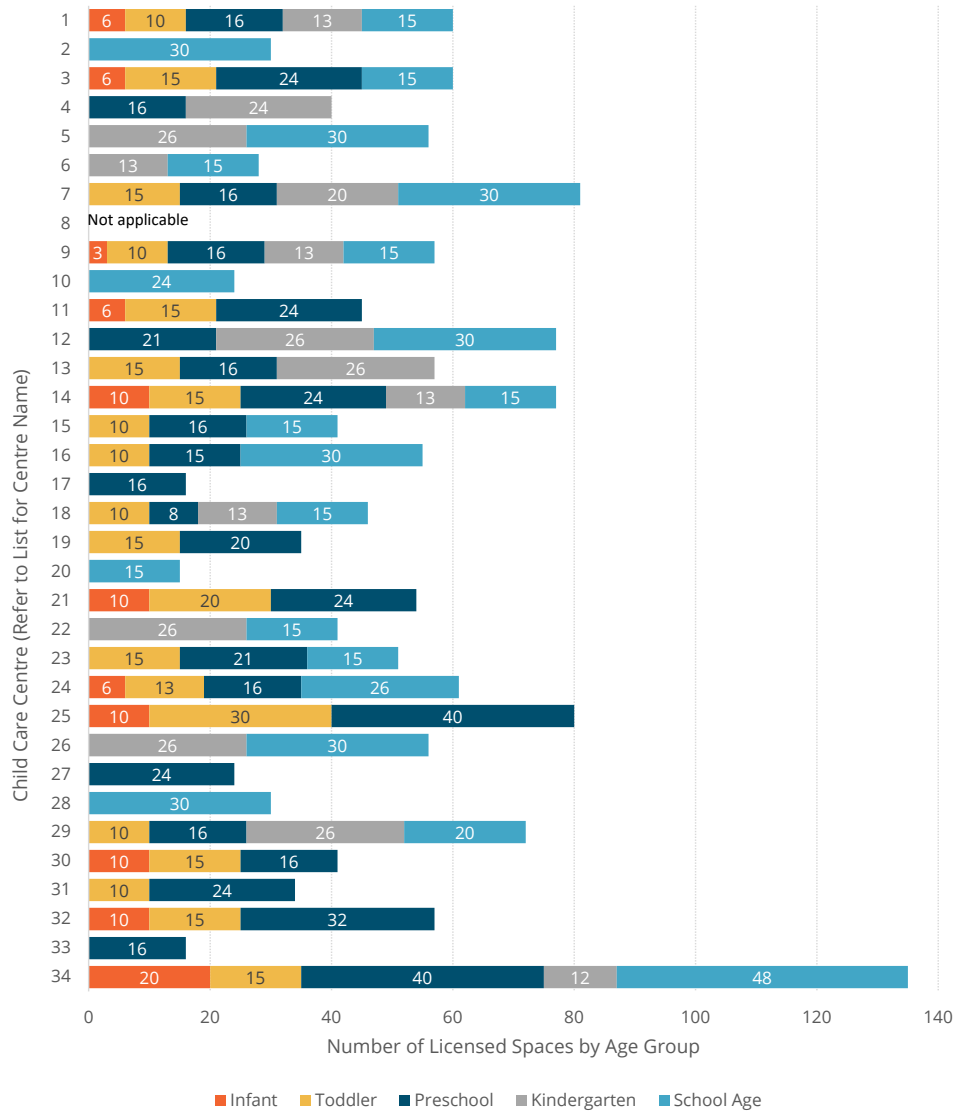
Special Needs Resourcing is funded through a purchase of service agreement between DSSMABSSAB and Thrive Child Development Centre. Thrive Child Development Centre operates the Early Learning Resource program (ELR) which offers a specialized program that provides Early Childhood Education Resource Consultant support for children with developmental differences. Resource Consultants, child care staff and the family work together as a team for the successful inclusion of the referred child into the child care environment. This goal is achieved through the provision of support, education, consultation and co-teaching of staff working with the referred child in child care centres. The ELR program also supports therapy needs to further enhance development, socialization and child readiness for school. Please see the Child and Family Section for data relating to this program.

Licensed Child Care Spaces

As of March 2019, Sault Ste. Marie has a total of 1,827 licensed child care spaces available. This is an increase of 134 spaces since 2015. This includes infant, toddler, JK/SK and before and after school program spaces. Spaces in the community are located in child care centres (585), schools (1,051), licensed home child care (175) and one outdoor nature based program (16) (Figure 49).

Child Care & Education

Figure 49: Number of Licensed Child Care Spaces by Child Care Centre and Age Grouping (March 2019)



Child Care & Education

Table 6: List of Child Care Centres (March 2019)

Label	Name	Licensee	Name of School
1	Boreal YMCA Child Care	YMCA Sault Ste. Marie	Boreal P.S.
2	Brighter Beginnings Children's Program	Sault Ste. Marie Soup Kitchen	
3	CCA - Dacey Road Child Care	Child Care Algoma	
4	CCA - Eastview	Child Care Algoma	East View P.S.
5	CCA - F.H. Clergue	Child Care Algoma	Francis H Clergue P.S.
6	CCA - Grandview	Child Care Algoma	Grandview P.S.
7	CCA - Holy Cross	Child Care Algoma	Holy Cross C.S.
8	CCA - Home Child Care	Child Care Algoma	
9	CCA - Parkland Site	Child Care Algoma	Parkland P.S.
10	CCA - Pinewood Extended Day	Child Care Algoma	Pinewood P.S.
11	CCA - Queen & Shannon	Child Care Algoma	
12	CCA - R.M. Moore	Child Care Algoma	R M Moore P.S.
13	CCA - Site Notre Dame du Sault	Child Care Algoma	École séparée Notre-Dame
14	CCA - St. Basil site	Child Care Algoma	St. Basil Elementary
15	Community Co-Operative Children's Centre	Community Cooperative Children's Services	Kiwedin P.S.
16	Hand in Hand Daycare	Hand in Hand Daycare Centre	
17	Holy Angels Learning Centre Preschool*	Huron Superior Catholic DSB	Holy Angels Learning Centre
18	Isabel Fletcher YMCA Child care	YMCA Sault Ste. Marie	Isabel Fletcher P.S.
19	Meadow Park Montessori School**	Meadow Park Montessori School Inc.	
20	Mountain View Child Care Parent Child Resources Centre	Corporation of the Township of Prince	Mountain View P.S.
21	Northridge Montessori School**	Northridge Montessori School	Northridge Montessori
22	Our Lady of Lourdes YMCA Before/After School	YMCA Sault Ste. Marie	Our Lady of Lourdes C.S.
23	Riverside Christian Children's Centre	Riverside Christian Children's Centre	Anna McCrea P.S.
24	Riverview YMCA Child Care	YMCA Sault Ste. Marie	Riverview P.S.
25	Sault College Early Learning Centre	Sault College of Applied Arts & Technology	
26	Sault College Extended Day Program	Sault College of Applied Arts & Technology	St Paul C.S.
27	Shkiyaak Niigaansiawag	Waabinong Head Start Family R.C.	
28	Soup Kitchen Back to Basics	Sault Ste. Marie Soup Kitchen	
29	Tarentorus YMCA Child Care	YMCA Sault Ste. Marie	Tarentorus P.S.
30	The Orchard Children's Centre	Alternative School Child care Services	Etienne Brule P.S.
31	THRIVE - H.S.McLellan Preschool	Thrive Child Development Centre	
32	Waterfront Child Development Centre	Waterfront Child Development Centre Inc.	
33	Wild Roots (Little Lions Waldorf Daycare)	Little Lions Waldorf Child and Family Centre	St. Kateri Outdoor Learning Centre
34	YMCA Child care	YMCA Sault Ste. Marie	

* Site is run by the Huron Superior Catholic District School Board – ½ day
 ** Private child care

Child Care & Education

In 2019, the average number of children on the centralized child care wait list was 1,110, with approximately 44% of the families registered requesting fee subsidy assistance. In 2015, operators reported an approximate vacancy rate of 15%; however, by the end of 2019, this decreased to 6.1%.

It is also important to note that some operators do not offer spaces up to their licensed capacity. There is a shortage of qualified Registered Early Childhood Educators (RECEs) and operators may only have staff available to offer a portion of their licensed spaces. The reasons for the shortage of RECEs are many, including non-competitive salary ranges. In Sault Ste. Marie, the average annual salary for RECEs in a licensed child care program is approximately \$40,657 per year. Child Care Workers who are not RECE have an annual average income of \$32,760. (Both average salary calculations include the \$2.00/hr Provincial wage enhancement supplement and is based on a 37.5 hour average workweek).

Service Gaps

For many years, the Community Child Care Plan has cited infant spaces and extended hours of care as service gaps to the community. Many parents place their child on the centralized wait list for child care prior to their child's birth. Extended hours of care for shift work and weekend care is only available through licensed home child care. When required, some licensed programs do offer an early drop off or late pick up times. These two issues continue to be identified, despite a small increase in infant spaces over the last two years. Although Child Care Algoma, the local service provider for licensed home child care, is licensed for 70 homes, it is currently at approximately 33% capacity. There continues to be an ongoing effort to recruit and license more home child care operators and to increase the number of homes meeting the cultural needs of Francophone and Indigenous families.

Quality Assurance

In 2016, the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) implemented a Quality Assurance Framework that was developed in partnership with local child care operators and is meant to support, identify and monitor standards of quality early learning care and education for all child care operators who hold a Service Agreement with DSSMSSAB. Child care operators are accountable for meeting the goals of the quality assurance program as per their Agreement. The quality assurance program integrates the guiding principles of the Ontario Ministry of Education pedagogical document, *How Does Learning Happen?*, and supports child care operators in continuous quality improvement within their early childhood programs. A key component of the program focuses on mentoring. Throughout the system, it is by learning, modelling and working together on specific identified outcomes that the supervisors and the educators in the system can truly evolve. This is true whether it occurs with experienced or new educators to the system and encouraging this type of activity is a cornerstone of the program.

The Community Child Care Quality Assurance Program was developed to engage all educators in a process of program evaluation and critical thinking through a series of joint DSSMSSAB/Operator conversations leading to specific action plans. The framework was developed to cycle through three phases of conversations between, and within, programs that include meaningful reflections, critical thinking and intentional responding.

The Harmes and Clifford Environmental Rating Scale (ITERS, ECERS and SACERS) was identified as the baseline measurement tool for the initial phase of the framework. In addition, Professional Practice Leaders (PPL) from each program were identified and included in the implementation of the framework. They were trained to conduct informal reviews of their own program using the tool and to act as a role model for their colleagues in the program. They also received training in utilizing coaching strategies in order to create a culture of reflective teaching and best practice within their own environments to further enhance their quality early childhood environments. The initial reviews (Phase 1) identified a need for additional resources to support the concept

Child Care & Education

that indoor and outdoor early learning environments are the third teacher in any child care space. Room set-up and organization, resources, and professional learning needs were identified through a mutual review of eleven core learning areas within each program. Throughout 2018 and 2019, PPLs participated in professional learning conversations to support their role in peer coaching and best practices in providing quality child care. A need to naturalize the outdoor early learning environments throughout the system was highlighted and as a result, the naturalization of the outdoor early learning environments was prioritized.

The DSSMSSAB continues to offer regular professional development opportunities for licensed child care and early years programs across the area. These professional development opportunities have included some system-wide opportunities for all educators working in licensed early learning environments. Other types of professional development have focussed on PPL coaching, supervisory leadership training and more. With the integration of EarlyON Child and Family Centres into the service system, plans are developing to incorporate those programs within the framework.

The DSSMSSAB vision that inspired the Quality Assurance program is “to have one of the highest quality early years systems in the province”. In order to do this, the Framework will be fluid, meeting the needs of the early years sector in Sault Ste. Marie and evaluating both successes and challenges. Quality Assurance across the Province is fully supported by the Ministry of Education as part of *Ontario’s Renewed Early Years Child Care and Policy Framework*.

Capacity Building in Early Years

To address the severe workforce shortage of Registered Early Childhood Educators in the Early Years sector, the DSSMSSAB initiated an Ontario Works and Early Years Pilot Project in January 2019. Managers in the Early Years and Ontario Works Divisions of the District of the DSSMSSAB worked collaboratively to address this shortage by providing a unique opportunity for Ontario Works employment ready participants.

Ontario Works Case Managers identified potential participants interested in pursuing a career in early years. In addition to an intensive orientation, training sessions were developed to reduce barriers and to ensure that participants could successfully meet day-to-day demands and responsibilities of working in a high quality early years environment.

A mentoring component was a key to the ongoing success of the pilot. Each participant was paired with an experienced staff member who was assigned to guide and work alongside them during their nine-month placement. The mentor provided encouragement, ongoing support and opportunities for reflection. This model reinforced the principles associated with the ministry document *How Does Learning Happen?* by providing a sense of belonging and well-being, as each individual learned about the profession and became integrated into their program.

The nine-month pilot program assisted Service Providers to build capacity and to recruit potential future Registered Early Childhood Educators to meet the ongoing need for full-time and part-time program staff. Addressing the workplace staffing shortage gave Service Providers the opportunity to maintain and/or increase program operating capacity. Families also gained increased access to licensed child care, thus reducing local waitlist pressures.

The employment placements provided the participants with increased knowledge, skills, and confidence to secure employment and pursue post-secondary education in early childhood education. At the completion of the pilot, participants ended with new insight into child development, basic conflict resolution and other transferable ‘soft skills’ applications useful in day-to-day interactions. Ten out of twelve participants became fully employed, and four participants enrolled in college to pursue a diploma in early childhood education with the assistance of Ontario’s ECE Grant Assistance Program.

The pilot project was such a huge success that in December 2019, a second round began, with nine participants. This innovative capacity building and service integration model has built new partnerships and strengthened others, while ultimately enhancing community well-being.

Child Care & Education

Figure 50: Overview of Ontario Works/Early Years Pilot Project



Journey Together

On May 30th, 2016, the Government of Ontario released *The Journey Together: Ontario's Commitment to Reconciliation with Indigenous Peoples*. *The Journey Together* includes a commitment to invest up to \$250M over three years in programs and actions focused on reconciliation, to be developed and evaluated in close partnership with Indigenous partners.

As part of *The Journey Together*, the Ministry of Education announced an investment of up to \$70M over two years to increase the number of off-reserve culturally relevant and Indigenous-led licensed child care and child and family programs. In response to *The Journey Together* funding opportunity, three successful proposals were submitted for our community in partnership with local Indigenous organizations. They were:

- A new licensed child care program for up to 37 new infant to preschool spaces operated by Waabinong Head Start
- A new licensed child care program for up to 30 new infant to school age spaces operated by Waabinong Head Start, as part of the Homeward Bound Initiative, a partnership combining Housing, Educational opportunities, child care and other family supports for Indigenous mothers
- An Indigenous EarlyON centre operated by the Indigenous Friendship Centre at the Étienne Brulé Community Hub

In total, the DSSMSSAB received over 2.2 Million Dollars from the Province of Ontario to support new child care and EarlyON programs for Indigenous children and families in Sault Ste. Marie. (Please see also page 110 for additional background on the Indigenous EarlyON program)

Construction of the two licensed child care programs was undertaken throughout 2018 and 2019 in partnership with Ontario Aboriginal Housing Services, at what was formerly St. Bernadette School on McNabb Street. Both programs are co-located there with the Homeward Bound Program supports provided by the Indigenous Friendship Centre and the associated Housing Units through Ontario Aboriginal Housing Services. The original Waabinong Head Start licensed program will also be co-locating at this location.

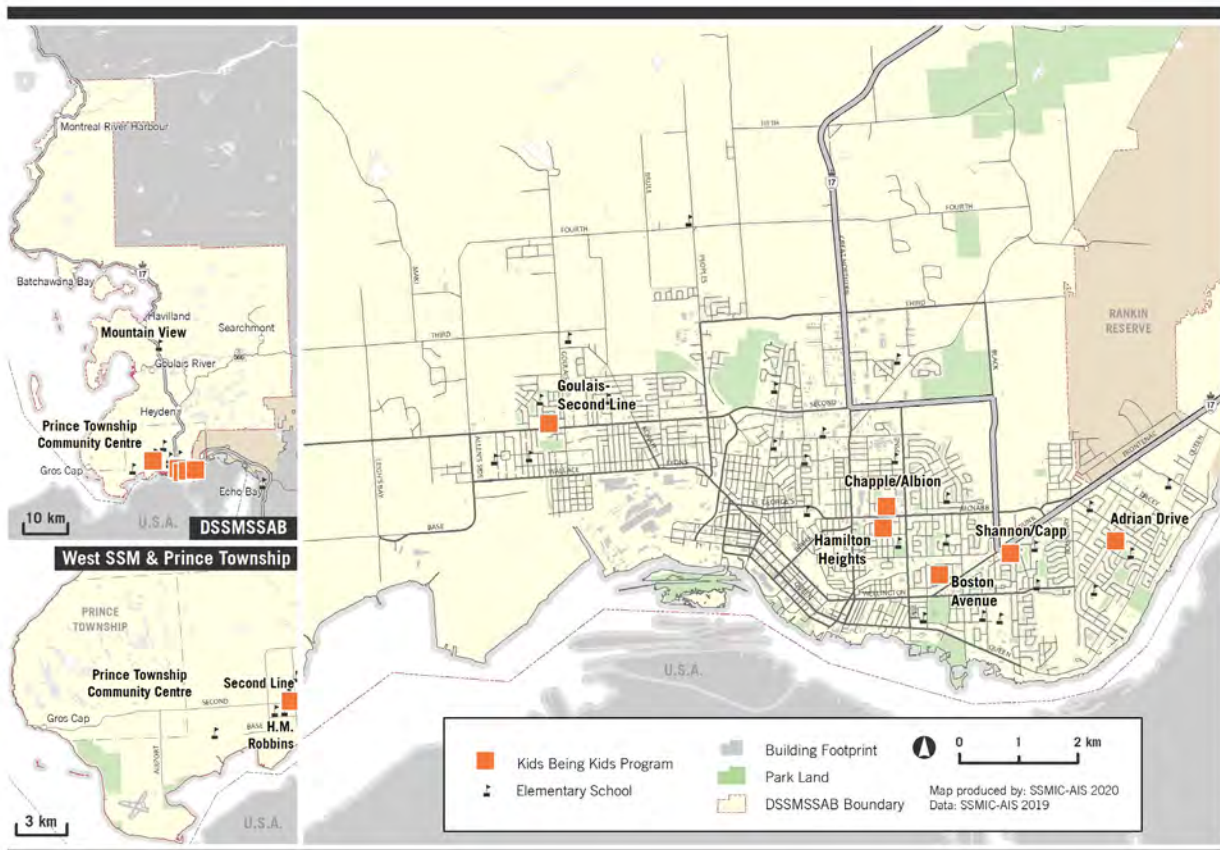
Child Care & Education

KIDS BEING KIDS SUMMER PROGRAM

The Kids Being Kids program (KBK), operated by the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB), has been a staple in the Community Hubs of Sault Ste. Marie since the 1970's. The summer activity-based program aims to provide families and children living in social housing with access to recreational programming in their local community, allowing children the ability to participate in activities that they might not otherwise have access to. The program is available to all those of age who reside in units owned by the Sault Ste. Marie Housing Corporation and the on-site activities take place specifically in six family housing communities including Adrian Drive, Boston Avenue, Shannon/Capp, Chapple/Albion, Second Line and the Hamilton Heights area.

Every summer, the DSSMSSAB employs students who are continuing their post secondary education by returning to school in the fall. Candidates who demonstrate leadership skills, creativity, enthusiasm and experience working with children, or have experience in a variety of extra-curricular activities with various skillsets are carefully selected to be KBK leaders. The leaders work diligently everyday in helping the children to build and achieve personal and educational goals and skills. Their efforts help close potential achievement gaps for children, ensuring that every child has an opportunity to pursue their best possible future.

Figure 51: Kids Being Kids Program Locations, 2019



Child Care & Education

The KBK Program promotes principles of healthy child development ensuring that the children are provided with foundations for a healthy life. Principles guiding the program include:

Interactions with Caring Adults: providing positive role models and allowing the children to feel safe and comfortable, challenging themselves appropriately.

Friends: Creating a safe environment where children can learn to be part of a team and feel welcome to discuss their feelings, learn new skills and work out conflicts.

Play: Encouraging creativity, cooperation and fun!

Participation: Involving children in the planning and implementation of activities, helping them to feel involved, independent and competent.

Mastery: Supporting self-esteem and positive identity in children.

The staff are required to complete First Aid/CPR training, Safe Food Handling and various other essential training courses and sessions before working with the children. Other extensive training includes child management and development, child protection, policies and procedures, program planning, risk management and hands-on programming sessions.



Focus over the years has been on athletics, artistic exploration, social and child development, health/nutrition and play. The attention to detail in curriculum development, and staff training and experience, lends to the program's success.

Goals of the Kids Being Kids program:

- To provide a sense of belonging and well-being to the children.
- To provide a sense of community to families residing in units owned by SSMHC.
- To help children gain confidence and build positive relationships.
- To help children develop a foundation of active living and healthy habits through exposure to a wide variety of activities, sports and games.
- Provide a healthy, safe, secure and positive environment. Supervision of children is priority number one.
- Emphasis is on non – competitive activities that encourage cooperation, respect, and personal development among the children.
- To provide enjoyable opportunities for children to be creative, use their imagination, explore and develop new interests and skills.
- To foster social skills, independence in recreation and leisure, and encourage children to challenge themselves and try new things.

Child Care & Education

The Kids Being Kids program implemented a Weekly Enrichment Event (WE Event) in 2018, with guests and special activities. Events are planned to further develop community partnerships, and allow the children the opportunity to engage with others in the community. The children are also introduced to various careers, activities, sports and hobbies that they may not be aware of. Children and KBK Leaders are bussed from their respective locations to the event location that week. Each week the locations rotate between the three main sites, Second Line, Chapple/Albion and Boston Avenue.

Community partners and other professionals are invited to share a meal with the children, give a presentation or talk about their career, play a game and engage in conversation. A hot meal shared amongst the children, staff and guests acts as a social enhancer bringing everyone together where conversation flows comfortably and naturally. Examples of meals are meat and cheese ravioli with salad, perogies and salad, etc. Children eat delicious and nutritious lunches on real plates with real forks. This was a conscious decision with much meaning behind it. First, it demonstrates that the children are important enough to have catered meals with real dishes and utensils. Their futures are equally important and therefore the impact on the environment was considered resulting in an option that greatly reduced waste. The meals mimic how a family dinner is dished up, and the children learn hospitality skills and responsibility by the serving of the meals and cleaning off their plates when they are finished eating.

Each event relates to a theme that corresponds with the weekly KBK activities and off-sites. For example Music Week, Survivor Week, and Wellness Week. In 2018, new sports equipment was introduced each week which was purchased through Healthy Kids Community Challenge. The equipment continues to get great use throughout the summers and is showcased each week by engaging in play and games with the children at the WE Events.

In 2019, KBK operated five days a week during July and August. The activities were directed at children aged 6-12 years old, but younger children could participate provided an adult accompanied them. The program ran for 34 days starting July 8th, 2019 and ending on August 23rd, 2019. Children could either attend both the morning and afternoon session (full day) or just one session (half day). A total of 133 children were registered in the KBK program. Of these registered children, 120 attended at least one session. Overall, registered children made 1,595 visits to the program in 2019.

The photos on this page are from the WE Events held in 2018.



Table 7: Registrants and Visits to the Kids Being Kids Program, 2019

Visitor Type	Registrants	Unique Visitors*	Total Visits
All Children	133	120	1,595
Children 0 to 6	15	13	161
Children 7+	118	107	1,434

*this means they attended the program at least once

SCHOOL INDICATORS

Kindergarten Enrollment

Full-day kindergarten is designed to give children a stronger start in school and in life – by providing four- and five-year-olds with an engaging, inquiry and play-based learning program during the regular school day. Children are involved in a variety of learning opportunities to help them investigate, problem solve and collaborate, under the guidance of an educator team that includes a teacher and, where applicable, an Early Childhood Educator (ECE).³²

Full-day kindergarten is optional for four- and five-year-olds, but research shows that children who participate in full-day kindergarten get a solid foundation for future learning.³³ In full-day kindergarten, children will benefit from:

A stronger start in school: A full day of learning early in life can help improve a child's reading, writing and math skills and provide a strong foundation for future learning. It also makes the transition to Grade 1 easier for both the parent and child. When the transition to school is an enjoyable experience, a child is naturally inclined to learn and will be eager to be part of the school experience.

More time with classmates: During the regular school day, children will benefit from being able to socialize with other children and develop the academic and social skills necessary for future success.

Before and after school programs: In instances where before and after school programs exist in a school, children benefit from a seamless and integrated day. When the program takes place in the existing JK/SK classroom, the children remain in familiar surroundings rather than moving between different programs and locations.³⁴ In addition, before and after school programs can compliment what children learn and do in the regular school day.

There are 4 main school boards that serve the DSSMSSAB and ADSAB area: the Algoma District School Board, Huron Superior Catholic District School Board, Conseil scolaire public du Grand Nord de l'Ontario, and Conseil scolaire catholique du Nouvel-Ontario.

Figure 52 shows the year-by-year JK enrollment for the 2011/12 to 2019/20 school years for the DSSMSSAB and ADSAB area schools, compared to their average over this period. For the DSSMSSAB, the average JK enrollment was 740 students and for the ADSAB was 259 students. The lowest year of enrollment was in 2016/17 with 663 JK students enrolled for the DSSMSSAB and was in 2011/12 for the ADSAB at 239 JK students enrolled.

³² Ontario Ministry of Education. (2018). Full-Day Kindergarten – What will my child learn and do?. Retrieved from: <http://www.edu.gov.on.ca/kinergarten/whatwillmychildlearnanddo.html>

³³ Ontario. (2015). Full-Day Kindergarten leads to Grade 1 Success. Retrieved from: http://www.edu.gov.on.ca/kinergarten/fdk_eng.pdf

³⁴ Ontario Ministry of Education. (2018). Full-Day Kindergarten – Why should I enrol my child?. Retrieved from: <http://www.edu.gov.on.ca/kinergarten/whyshouldienrolmychild.html>

Child Care & Education

Figure 52: Junior Kindergarten Enrollment in the DSSMSSAB and ADSAB areas, 2011/12 to 2019/20

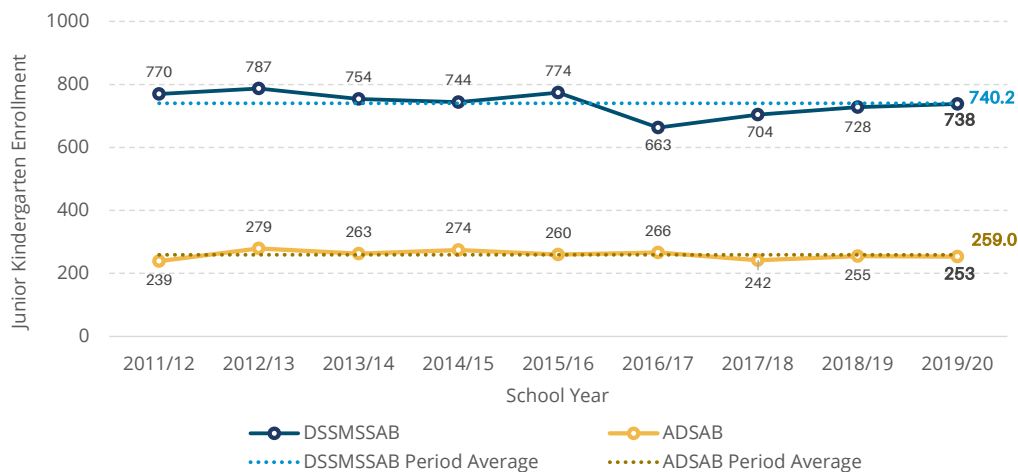
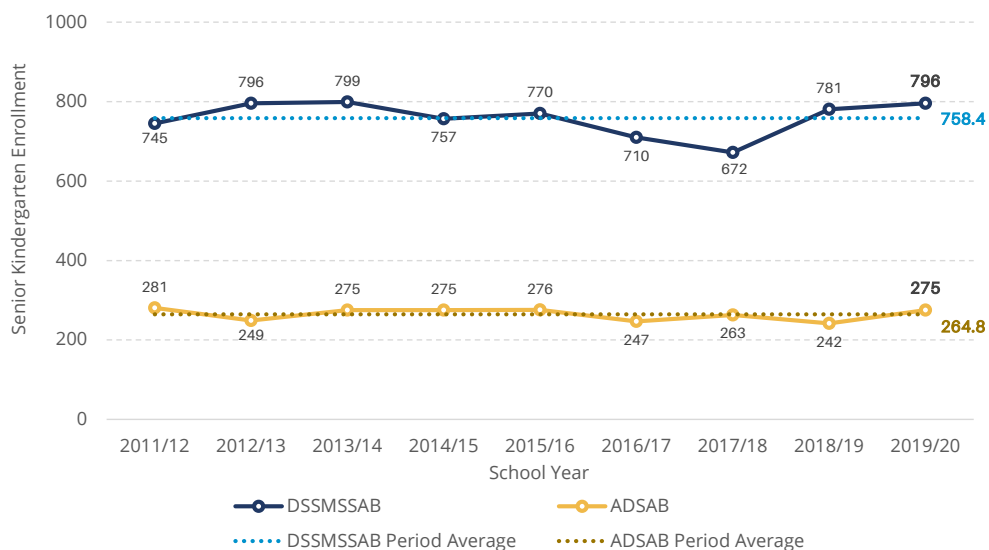


Figure 53 shows the year-by-year SK enrollment for the 2011/12 to 2019/20 school years for the DSSMSSAB and ADSAB area schools, compared to their average over this period. Over this period, the average SK enrollment for the DSSMSSAB area was 758 students and for the ADSAB was 265 students. The lower year of enrollment was in the 2017/18 year with 672 SK students enrolled for the DSSMSSAB and was in the 2018/19 for the ADSAB at 242 SK students enrolled.

Figure 53: Senior Kindergarten Enrollment in the DSSMSSAB and ADSAB areas, 2011/12 to 2019/20



Child Care & Education

Enrollment vs Population

It may be beneficial to compare the approximate population of JK-aged children to the overall JK enrollment in the region. This comparison helps determine the approximate number of families choosing not to send their child to JK or to send their children to schools outside of the region or to non-public schooling options.

Because Rankin Reserve did not participate in the 2016 Census, the population data is not included in Table 8. In addition, the data from the Band school at Sagamok was not requested, therefore that reserve is not included in the enrollment charts or Table 8.

Table 8 shows there were approximately 1,060 JK-aged children in the total Algoma District in 2016 (excluding Sagamok and Rankin Reserve) an increase from 1,040 in 2011. In the 2016/17 school year, there were 929 children enrolled in JK, a decrease from 1,009 in 2011/12. This represented approximately 88% of the JK-aged children in the total Algoma District including Sault Ste. Marie, in 2016/17.

In the DSSMSSAB area, there were approximately 780 JK-aged students in 2016, an increase from 775 in 2011. In 2016/17, there were 663 children enrolled in JK, representing 85% of the JK-aged children in the DSSMSSAB area in 2016/17 (Table 8). In the ADSAB area, there were approximately 280 JK-aged children in 2016, an increase from 265 in 2011. In 2016/17, there were 266 children enrolled in JK, representing 95% of the JK-aged children the ADSAB area in 2016/17 (Table 8).

The table shows a decrease in the number of JK-aged children enrolled in JK in the DSSMSSAB. This shift could mean less children were travelling to the Sault Ste. Marie region from Central Algoma to attend school.

Table 8: Approximate Population of JK-Aged Children and the Number of Students Enrolled in JK

Area	Approx. # of JK aged students in 2011	JK Enrollment 2011-12	Approx. JK Uptake 2011/12	Approx. # of JK aged students in 2016	JK Enrollment 2016-17	Approx. JK Uptake 2016/17
Total Algoma District*	1,040	1,009	97.0%	1,060	929	87.6%
DSSMSSAB (excluding Rankin)	775	770	99.4%	780	663	85.0%
ADSAB (excluding Sagamok)	265	239	90.2%	280	266	95.0%
Ontario	143,425	125,304	87.4%	145,330	128,652	88.5%

**Sagamok population and enrollment not included as Band School statistics were not requested. Rankin Reserve not included in population statistics.*



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EARLY DEVELOPMENT INSTRUMENT

What is the Early Development Instrument (EDI)?

The EDI is a questionnaire completed by senior kindergarten (SK) teachers that measures children's ability to meet age-appropriate developmental expectations. It is a Canadian-made research tool, developed at the Offord Centre for Child Studies at McMaster University. The EDI has three main objectives: (1) to assess the strengths and deficits of students, (2) report on populations in different communities, and (3) to provide a kindergarten benchmark for monitoring child development trajectories.³⁵ However, it is important to note that the EDI is not used to assess or diagnose individual children nor is it used to rank teachers or schools, but rather is a population-level measure and results are grouped at a community or neighbourhood level.

The results of the EDI questionnaire are grouped into five domains of child development: Physical Health & Well-being, Social Competence, Emotional Maturity, Language & Cognitive Development, and Communication Skills & General Knowledge.



Physical Health & Well-being: Includes gross and fine motor skills (e.g., 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.



Social Competence: Includes curiosity about the world, eagerness to try new experiences, knowledge of standards of acceptable public behaviour, ability to control own behaviour, appropriate respect for adult authority, cooperation with others, following rules, and ability to play and work with other children.



Emotional Maturity: Includes the ability to think before acting, a balance between too fearful and too impulsive, an ability to deal with feelings at the age-appropriate level, and empathetic response to other people's feelings.



Language & Cognitive Development: Includes reading awareness, age-appropriate reading and writing skills, age-appropriate numeracy skills, ability to understand similarities and differences, and ability to recite back specific pieces of information from memory.



Communication Skills & General Knowledge: Includes skills to communicate needs and wants in socially appropriate ways, symbolic use of language, storytelling, and age-appropriate knowledge about the life and world around.

³⁵ EDI, Offord Centre (2019) What is the EDI? <https://edi.offordcentre.com/about/what-is-the-edi/>

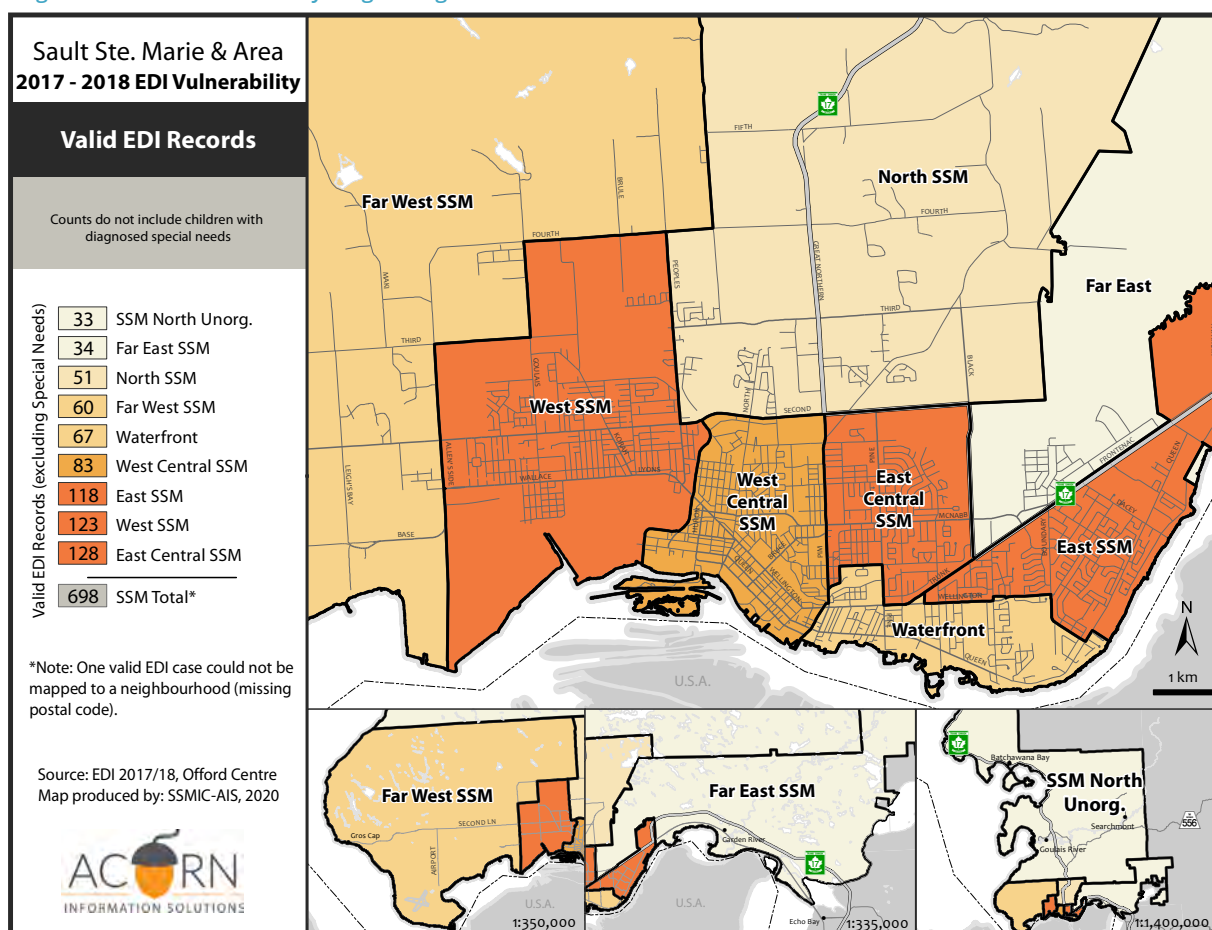
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EDI participation

There have been five major EDI implementations in all regions of Ontario, commonly referred to as Cycles. The five major Sault Ste. Marie EDI implementations took place during the 2004/05 (Cycle 1), 2008/2009 (Cycle 2), 2011/12 (Cycle 3), 2014/15 (Cycle 4) and 2017/18 (Cycle 5) school years. This analysis follows the Ontario guidelines, which is to exclude children who have been diagnosed with a special need. The number of valid Sault Ste. Marie EDI records (without special needs) for this latest cycle is **698** (2017/18).

EDI results can also be broken down by neighbourhood to get a sense of regional differences within an area. The Sault Ste. Marie District area has been divided into nine neighbourhoods. The boundaries of these neighbourhoods can be seen in the following map and are coloured according to the number of 2017/18 valid cases within each. EDI results are mapped based on where children live, not where they go to school.

Figure 54: Valid EDI Counts by Larger Neighbourhoods



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Overall Vulnerability

The EDI is commonly used to get a sense of vulnerability in a population of children. If a child scores below the 10th percentile cut-off of the site/comparison population on any of the five domains, he/she is said to be vulnerable on that scale of development. This captures not only the children who are visibly struggling, but also those whose vulnerabilities may be hidden. Research has shown that children's development at age 5 can predict future problems in grade 3, 6 and high school. There is also a risk that these difficulties in school could predict problems later in life, beyond school.³⁶ These vulnerable children represent a group who may benefit from cost-effective, universal preventative programs that are likely to make a difference in their development during these critical years.³⁷

Vulnerability can be analyzed in relation to provincial/territorial cut-offs, which allows for comparisons of regions/schools/neighbourhoods across that province or territory. For this analysis, the Ontario Baseline has been used to determine vulnerability. The Offord Centre used the first province-wide implementation of EDI to define the Ontario Baseline (or Cycle 1, completed between 2004-2006) and that data was used to determine the 10th percentile cut-offs for subsequent reporting of all EDI cycles.³⁸ This means the percentage of children who are vulnerable using the Ontario Baseline, reflects the vulnerability in the Sault Ste. Marie District in relation to the distribution of scores in the Ontario population, allowing comparison of different samples to each other. When looking at vulnerability rates, a lower percentage is a more favourable result.³⁹

vulnerability and significance testing

This report also examines the change in vulnerability rates between EDI cycles. This is done through statistical significance testing. This report makes note of statistical significance in two ways:

1. The changes in the Sault Ste. Marie District vulnerability rates between the latest two implementations (Cycle 4 vs. Cycle 5), and
2. The difference between the Cycle 5 vulnerability rates of the Sault Ste. Marie District and those of the Ontario Cycle 5 results.

Two-tailed hypothesis testing (p-value of less than 0.05) was used to determine statistical significance. The term 'statistical significance' means a result is unlikely due to chance; however, it does not necessarily mean practical significance. Whether or not a difference in scores between EDI implementations is meaningful can only be determined by considering the context of the change.

The following figure illustrates the percentage of Sault Ste. Marie area SK children who fell below the 10th percentile cut-off based on the Ontario Baseline for the last five EDI implementations. This figure shows that in 2017/2018 (Cycle 5) the Sault Ste. Marie area vulnerability rates for the Physical Health & Well-being, Social Competence and Emotional Maturity domains were higher than those of the provincial rate; Language & Cognitive Development was on par with Ontario and Communication & General Knowledge was slightly better than Ontario. Compared to the 2014/15 EDI cycle, only the Emotional Maturity domain showed a statistically significant decrease in the percent of vulnerable children in Sault Ste. Marie. The Physical Health & Well-Being, Language & Cognitive Development and Communication & General Knowledge domains showed a similar percentage of vulnerable children between 2014/15 and 2017/18 and the Social Competence domain showed a decrease; however, this change was not statistically significant.

³⁶ EDI, The Offord Centre (2019). Early Development Instrument: Interpretation Toolkit. <https://edi.offordcentre.com/resources/>

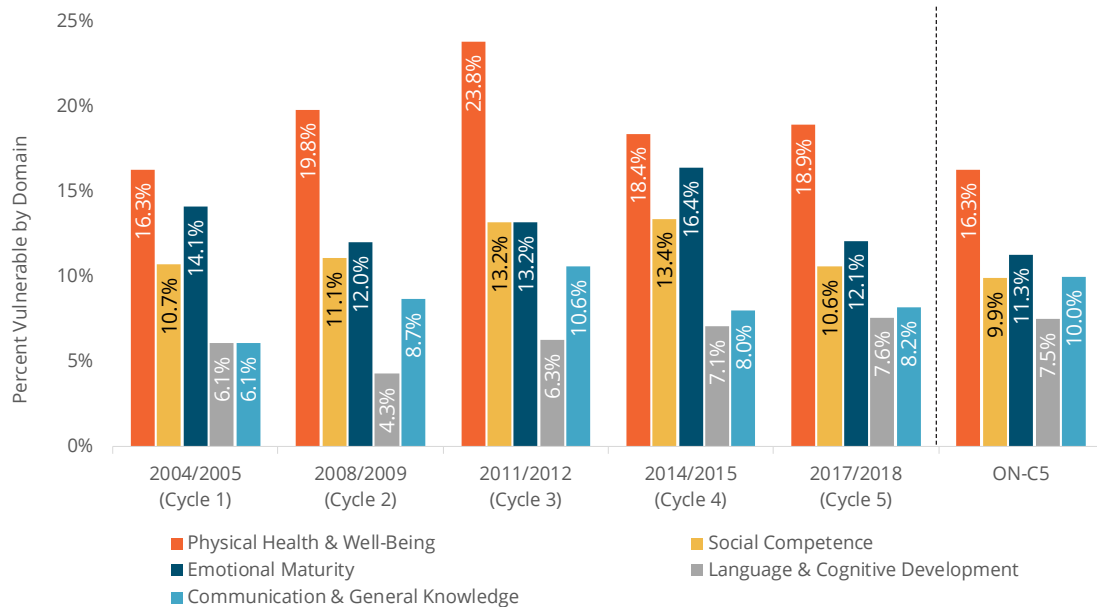
³⁷ EDI, The Offord Centre (2019). How to Interpret EDI Results. <https://edi.offordcentre.com/researchers/how-to-interpret-edi-results/> EDI, The Offord Centre (2019). EDI in Ontario. <https://edi.offordcentre.com/partners/canada/edi-in-ontario/>

³⁸ EDI, The Offord Centre (2019). EDI in Ontario. <https://edi.offordcentre.com/partners/canada/edi-in-ontario/>

³⁹ EDI, The Offord Centre (2019). How to Interpret EDI Results. <https://edi.offordcentre.com/researchers/how-to-interpret-edi-results/>

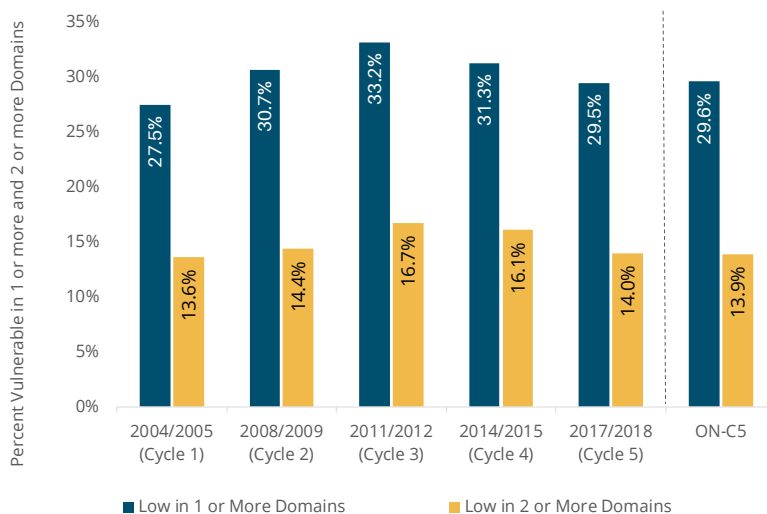
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Figure 55: Percent Vulnerable by EDI Domain – Sault Ste. Marie



The following figure illustrates the general vulnerability rate of Sault Ste. Marie area SK children for each of the last five EDI implementations. In Cycle 5 (2017/18), the Sault Ste. Marie area had a vulnerability rate of 29.5% compared to the previous cycle's vulnerability rate of 31.3%. This figure also shows the percentage of SK children who scored low on two or more domains, indicating the percentage of children with significant challenges. Sault Ste. Marie is on par with Ontario for Cycle 5 for both measures of vulnerability; Ontario's vulnerability rate for low in one or more domains is 29.6% and 13.9% for low in two or more domains compared to 29.5% and 14.0% in Sault Ste. Marie.

Figure 56: Percent Vulnerable in One or More and Two or More EDI Domains – Sault Ste. Marie



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The following maps show the Cycle 5 EDI results broken down into neighbourhoods in the Sault Ste. Marie District area. Figure 57 shows the breakdown of the percent of children vulnerable in one or more domains for the neighbourhoods in the Sault Ste. Marie District and highlights East Central SSM, East SSM, West Central SSM and SSM North Unorganized as areas with increased vulnerability.

Vulnerable children are not spread evenly throughout the Sault Ste. Marie (SSM) area, as some neighbourhoods have a higher share of children facing difficulties. The following maps show the 2017/18 vulnerability rate for each of the domains. In these maps, the EDI neighbourhoods of the SSM area are classified from low to high vulnerability using the Ontario Baseline. Neighbourhoods with a lower percentage of vulnerable children compared to the Ontario Cycle 5 average are depicted in blue, while neighbourhoods with a higher percentage of vulnerable children are depicted in orange. SSM neighbourhoods that are at or near the Ontario average vulnerability rate are shown in beige.



Figure 57: Percent Vulnerable in One or More Domains by Large Neighbourhood, 2017/18

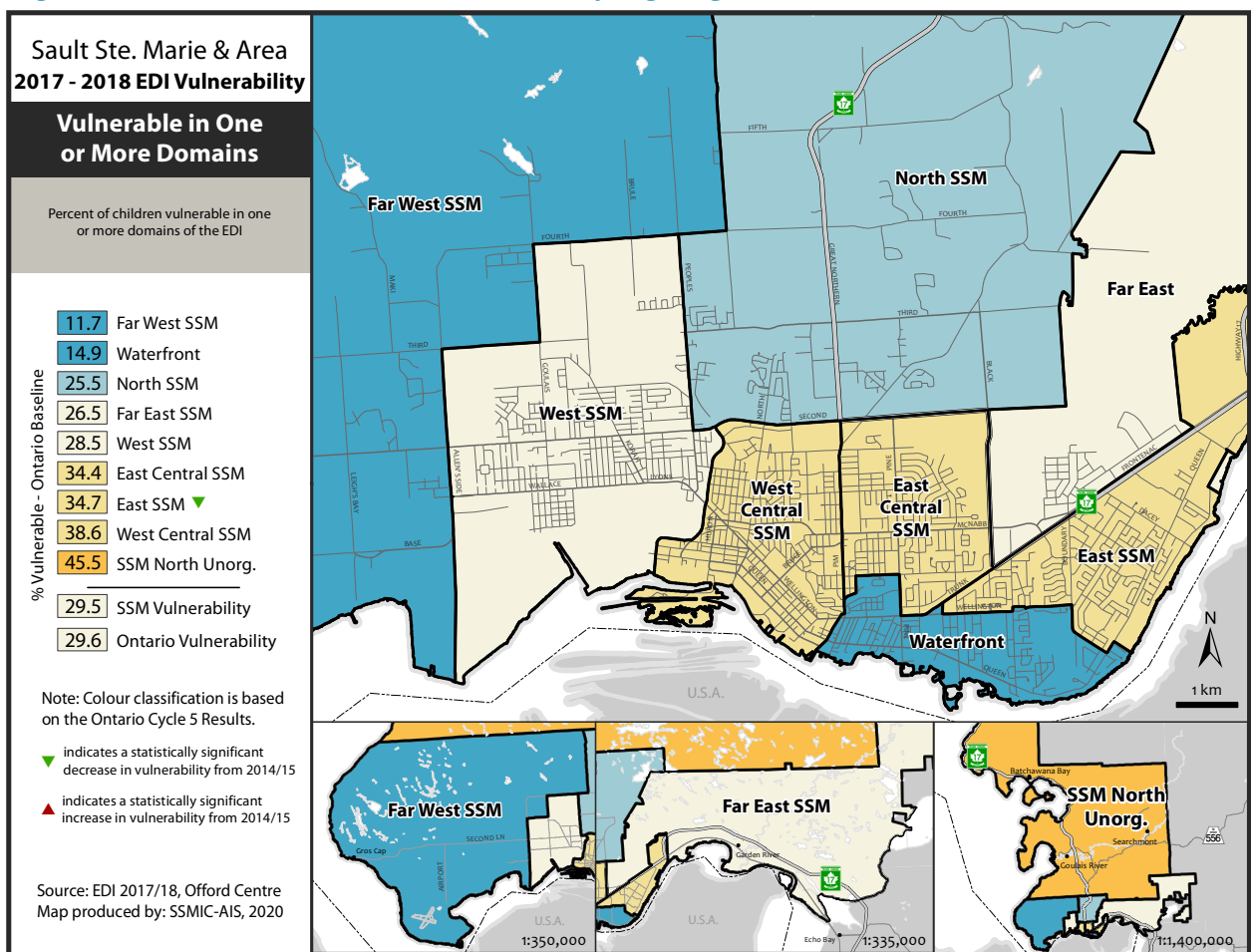
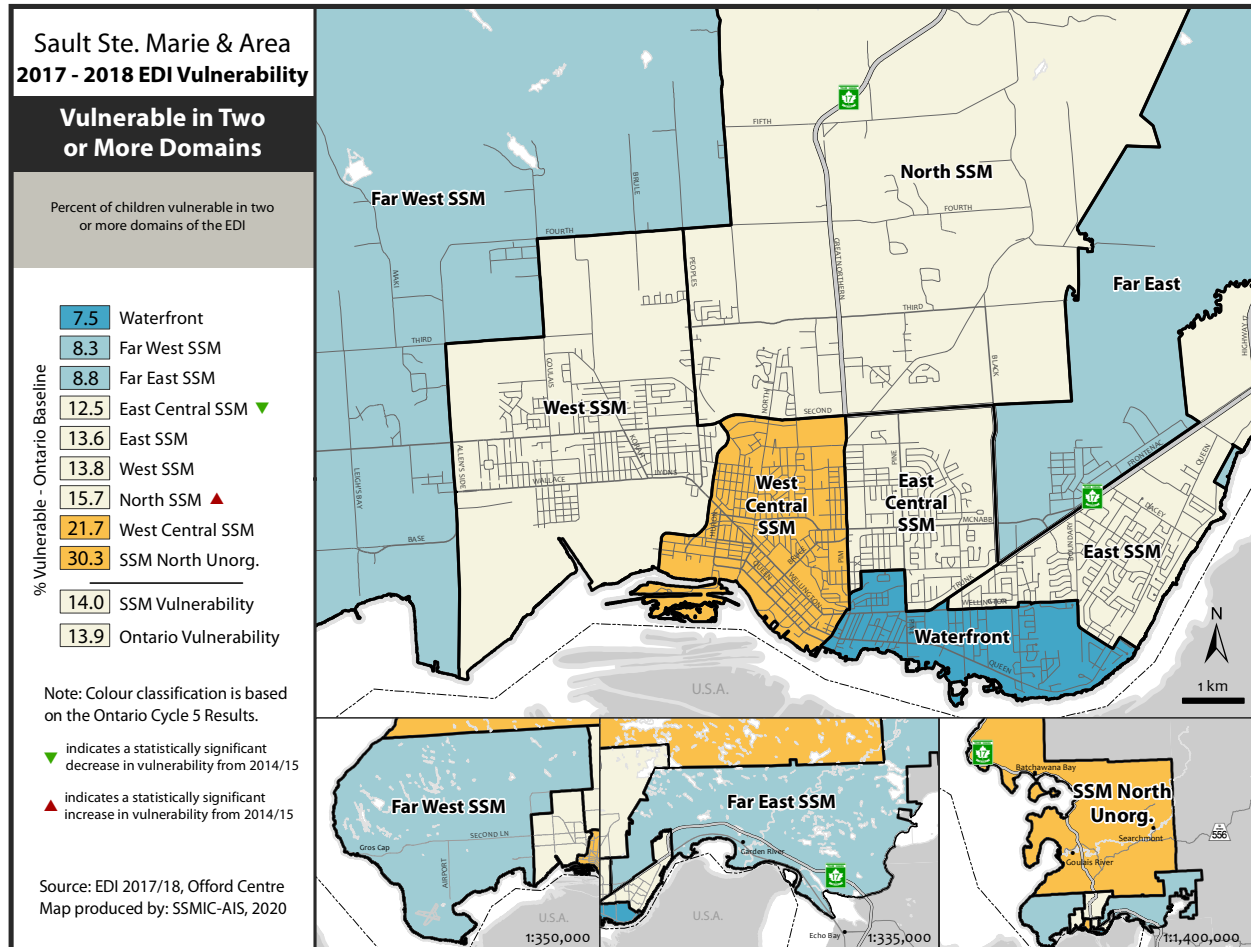


Figure 58 highlights the percentage of children that were low in two or more domains at the neighbourhood level. The areas of concern are shown at the West Central SSM and SSM North Unorganized neighbourhoods.

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Figure 58: Percent Vulnerable in Two or More Domains by Large Neighbourhood, 2017/18



EDI Domains in Depth

Each EDI domain is made up of several subdomains that focus on a specific skill or ability. The following sections provide detailed information about each EDI domain and its related subdomains. Rather than looking at the percent of vulnerable children as done for the core domains, subdomains are reported by the percent of children who meet all/almost all, some, or few/none of the developmental expectations for each subdomain. In the following subdomain graphs, the percent of children meeting all or almost all expectations is shown in blue, the percent of children meeting some of the expectations is shown in beige, and the percent meeting few or none of the expectations is shown in orange. Each graph includes the latest Ontario Cycle 5 data for the purposes of comparison. Understanding these subdomains allows service providers to be specific as to what needs should be targeted in program planning.

See Appendix A for a detailed look at the Sault Ste. Marie area neighbourhoods and the percent of children vulnerable in all five of the domains compared to previous cycles. The appendix also shows the percent of children considered to be at risk (fell between the 10th and 25th percentiles). Additionally, a combined analysis showing the percent vulnerable and those considered to be at risk is included.

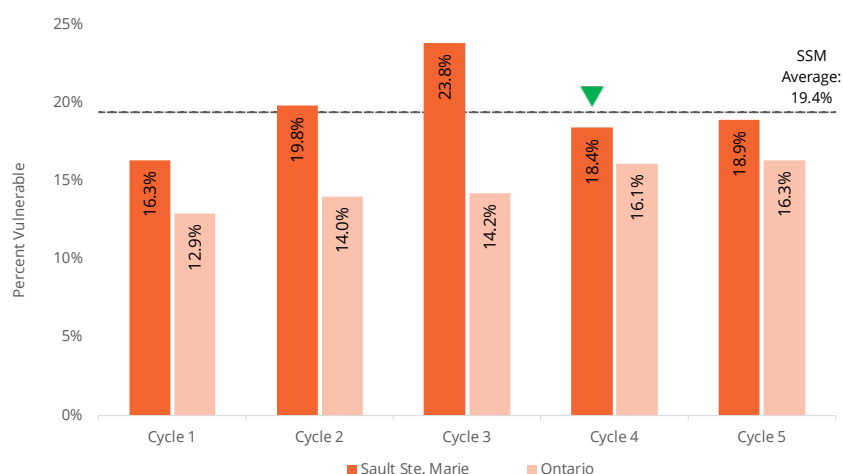
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PHYSICAL HEALTH & WELL-BEING

The Physical Health & Well-being domain measures gross and fine motor skills (holding a pencil, running on the playground, motor coordination), adequate energy levels for classroom activities, independence in looking after own needs, and daily living skills. A child below the 10th percentile “has inadequate fine and gross motor skills, is sometimes tired or hungry, is usually clumsy, and may have flagging energy levels”.⁴⁰

In Sault Ste. Marie, 18.9% of children were deemed vulnerable in this domain, on par with Cycle 4 that was at 18.4% (Figure 20).

Figure 59: Percent Vulnerable Physical Health & Well-being Domain Sault Ste. Marie



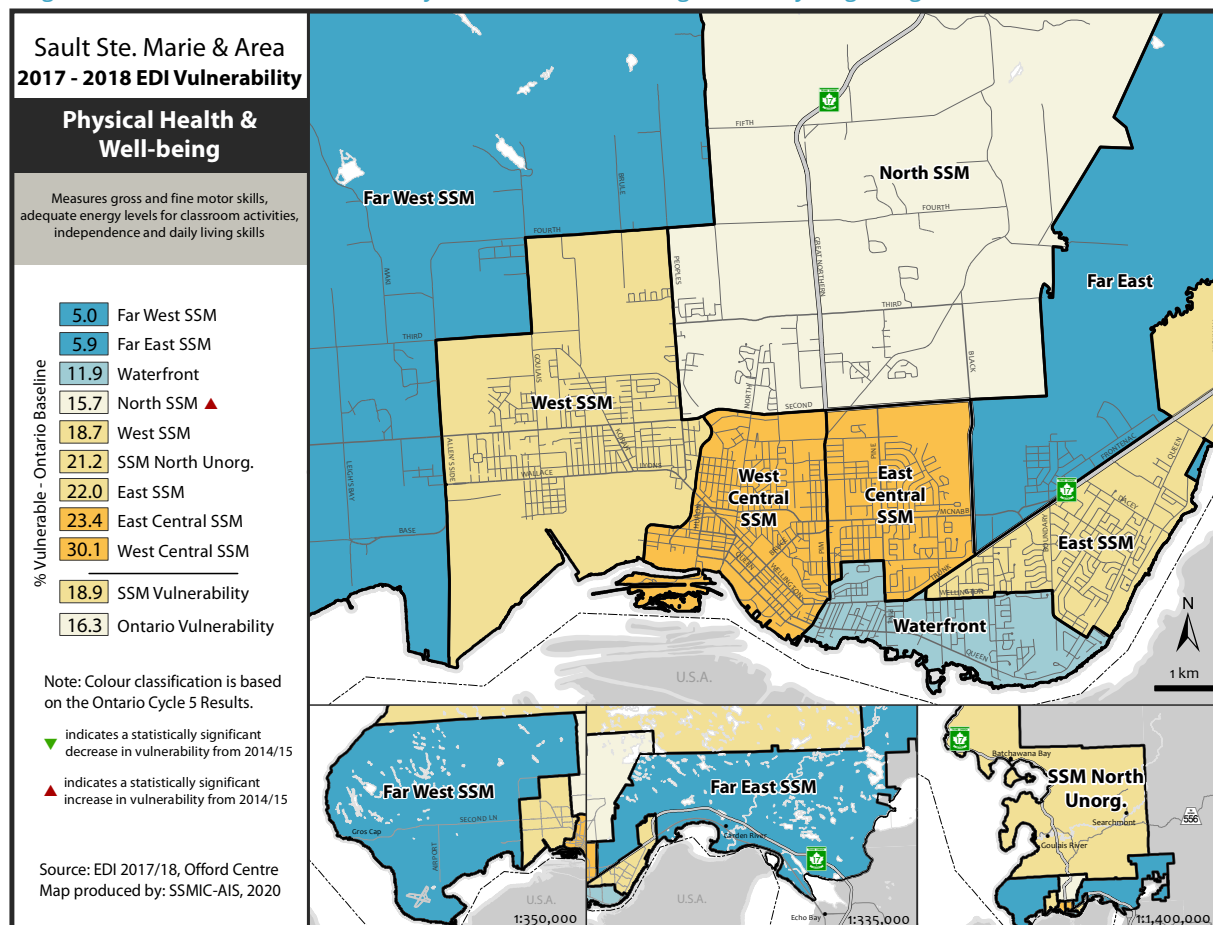
All the neighbourhoods showed no significant change between Cycles 4 and 5, with the exception of the North SSM neighbourhood (Figure 60). This neighbourhood showed a significant increase in vulnerability in this domain of 13.9 percentage points between Cycle 4 (1.8%) and Cycle 5 (15.7%).



⁴⁰ Magdalena Janus “The Early Development Instrument: A Tool for Monitoring Children’s Development and Readiness for School”, *Early Child Development from Measurement to Action: A Priority for Growth and Equity* Ed. Mary Eming Young and Linda M. Richardson, World Bank Publications, 2007, pg. 188.

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Figure 60: Percent Vulnerable in the Physical Health & Well-being Domain by Large Neighbourhood, 2017/18



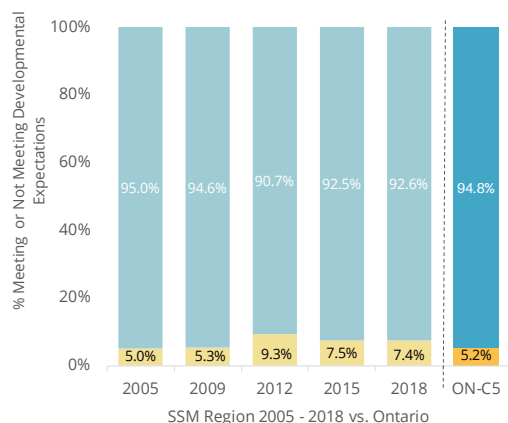
Subdomains

The Physical Health and Well-being domain can be further divided into three subdomains:

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

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Figure 61: Physical Readiness Subdomain

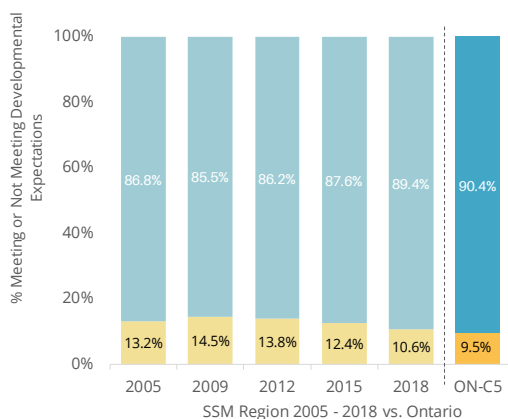


Physical Readiness for the School Day

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

There was a statistically significant difference in the percentage of children not meeting developmental expectations in this subdomain between Sault Ste. Marie (7.4%) and Ontario (5.2%) in 2018. Sault Ste. Marie remained the same in the 2018 cycle compared to the 2015 cycle (7.5%).

Figure 62: Physical Independence Subdomain

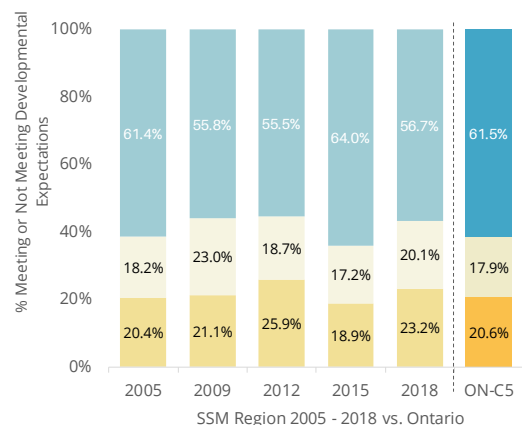


Physical Independence

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

In 2018, the percentage of children not meeting developmental expectations in Sault Ste. Marie (10.6%) was slightly above that of Ontario (9.5%) for this subdomain. Compared to the 2014/2015 cycle, Sault Ste. Marie as a whole improved in this subdomain by 1.8 percentage points.

Figure 63: Gross & Fine Motor Skills Subdomain



Gross and Fine Motor Skills

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

In 2018, the percentage of children not meeting developmental expectations in Sault Ste. Marie (23.2%) was above that of Ontario as a whole (20.6%) but was not flagged as being a statistically significant difference. Also not flagged as statistically different was the change from 2014/15 to 2017/18–an increase of 4.3 percentage points.

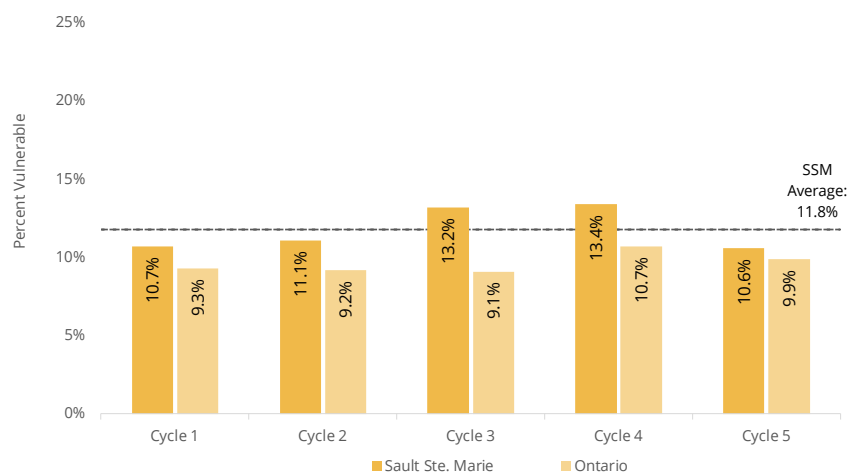
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SOCIAL COMPETENCE

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”.⁴¹

Sault Ste. Marie (10.6%) has slightly more vulnerable children than observed in Ontario (9.9%) in this domain. Compared to the 2014/15 cycle, in Sault Ste. Marie this overall domain improved by 2.9 percentage points (13.4% in 2014/15 vs 10.5% 2017/18).

Figure 64: Percent Vulnerable Social Competence Domain Sault Ste. Marie



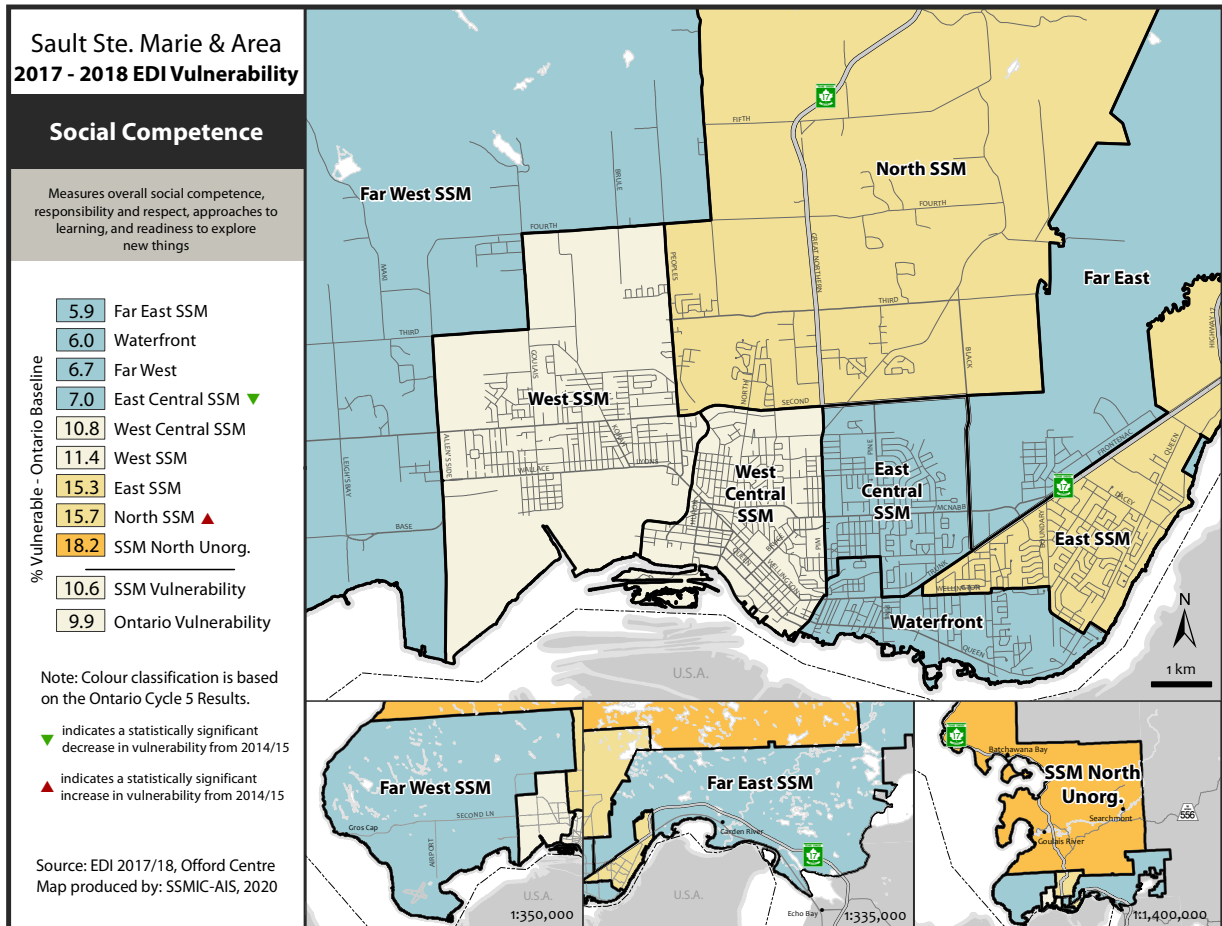
The Far East SSM neighbourhood had the lowest vulnerability rate of 3.4% and SSM North Unorganized had the highest rate of 18.2%. The North neighbourhood (15.7%) did show a significant increase in vulnerability when compared to 2014/15 (1.8%).



⁴¹ Janus, 2007, pg. 188.

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Figure 65: Percent Vulnerable in the Social Competence Domain by Neighbourhood, 2017/18



Subdomains

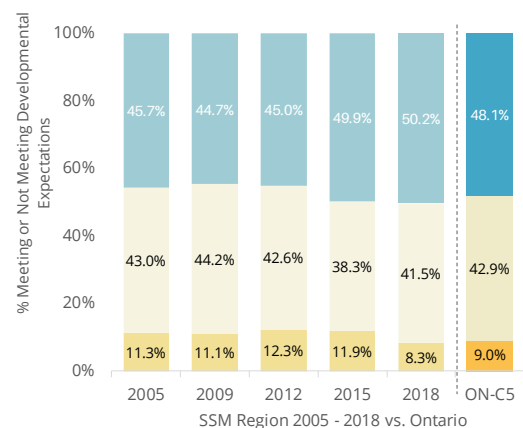
The Social Competence domain can be further divided into four subdomains:

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

Overall Social Competence

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

Figure 66: Overall Social Competence Subdomain



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In Sault Ste. Marie, the percentage of children not meeting developmental expectations improved by 3.6 percentage points between 2015 and 2018 (statistically significant) and Sault Ste. Marie (8.3%) was slightly better than Ontario (9.0%).

Responsibility and Respect

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

In Sault Ste. Marie, the percentage of children not meeting developmental expectations improved by 3.1 percentage points between 2015 and 2018 (statistically significant).

Approaches to Learning

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

In 2018, the percentage of children not meeting developmental expectations in Sault Ste. Marie (7.9%) was on par with that of Ontario as a whole (7.3%). Compared to 2014/15 (8.9%), Sault Ste. Marie improved 1 percentage point for this subdomain.

Readiness to Explore New Things

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

In 2018, the percentage of children not meeting developmental expectations in Sault Ste. Marie (2.9%) was on par with that of Ontario as a whole (3.3%) and showed no change when compared to the 2014/15 cycle (3.4%).

Figure 67: Responsibility and Respect Subdomain

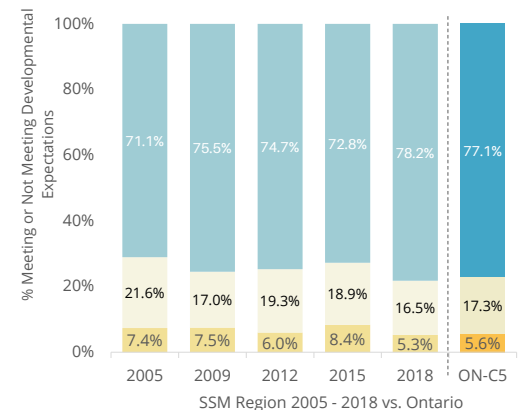


Figure 68: Approaches to Learning Subdomain

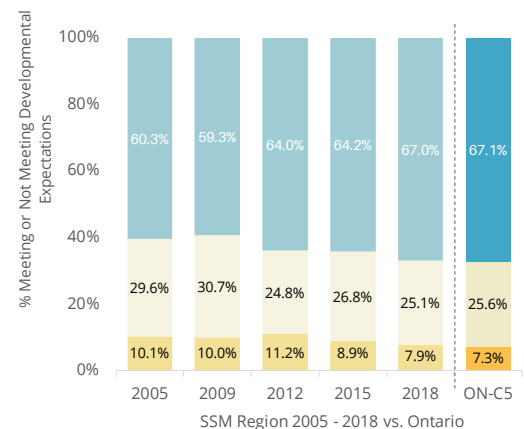
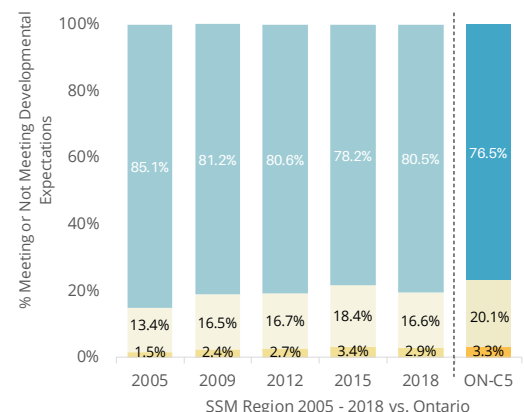


Figure 69: Readiness to Explore New Things Subdomain



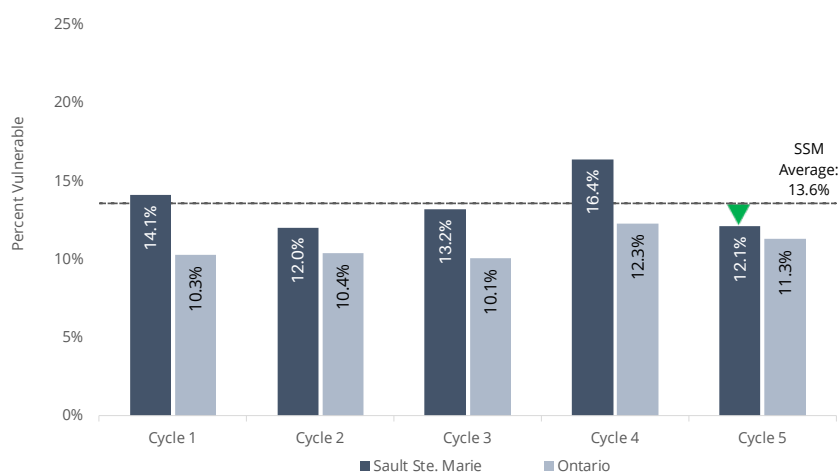
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EMOTIONAL MATURITY

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".⁴²

There was a significant decrease in vulnerability in this domain for Sault Ste. Marie, from 16.4% in the 2014/15 cycle to 12.1% in the 2017/18 cycle. Compared to Ontario (11.3%), Sault Ste. Marie remains slightly higher.

Figure 70: Percent Vulnerable Emotional Maturity Domain Sault Ste. Marie



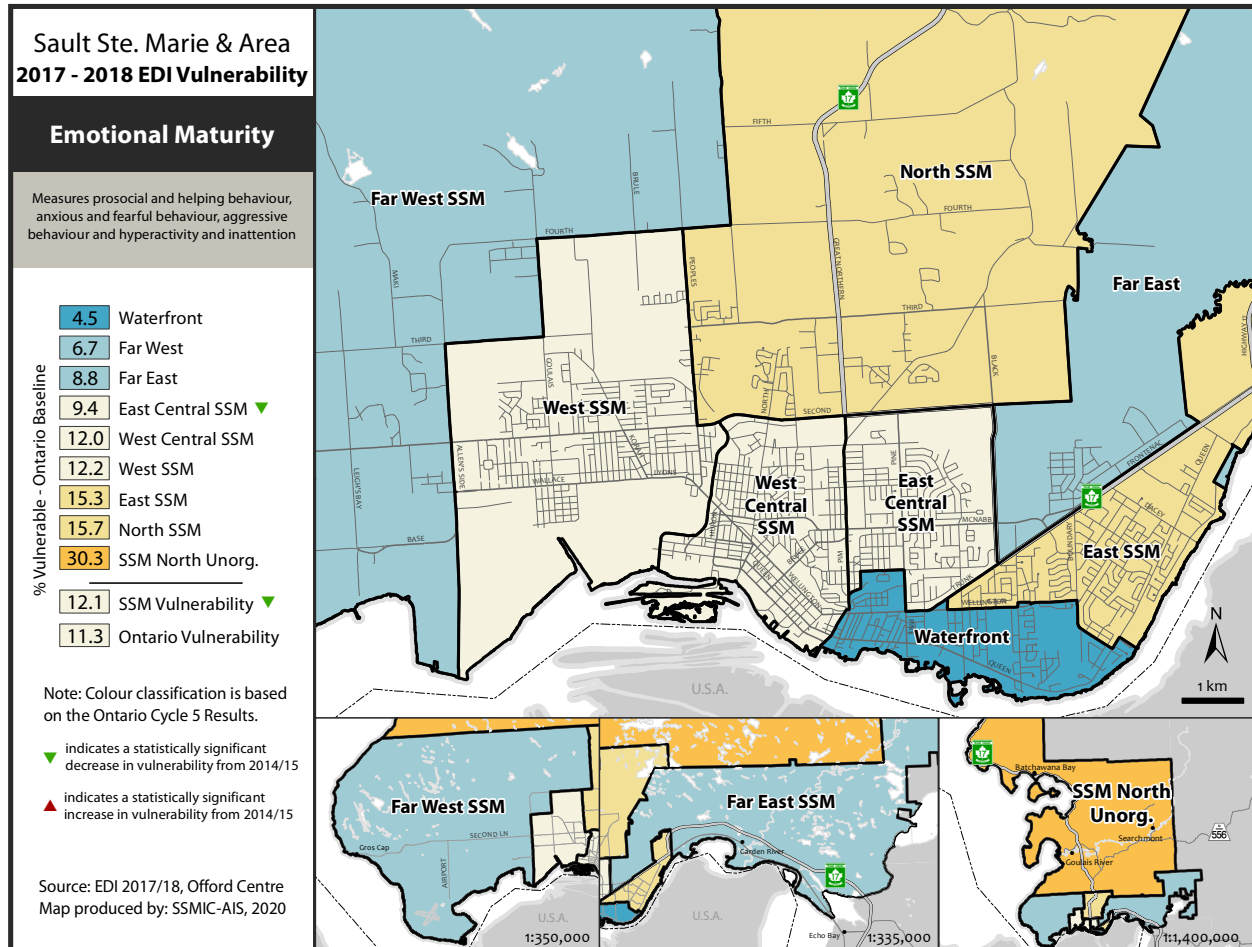
The East Central neighbourhood showed a significant decrease in vulnerability in this domain when compared to 2014/15. In 2014/15, the vulnerability rate was 31% and in 2017/18, it has dropped to 10.2%. The Waterfront neighbourhood showed the lowest rate of 1.5% and SSM North Unorganized was the highest at 30.3%. Neighbourhoods with a higher percentage of children vulnerable in the Emotional Maturity domain include East (15.3%), North (15.7%) and SSM North Unorganized.



⁴² Janus, 2007, pg. 188.

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Figure 71: Percent Vulnerable in the Emotional Maturity Domain by Neighbourhood, 2017/18



Subdomains

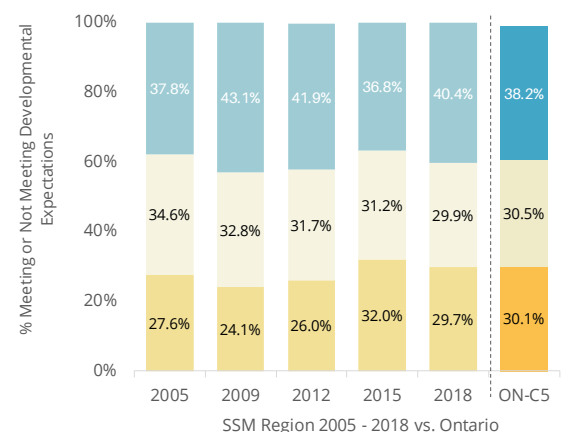
The Emotional Maturity domain can be further divided into four subdomains:

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

Prosocial and Helping Behaviour

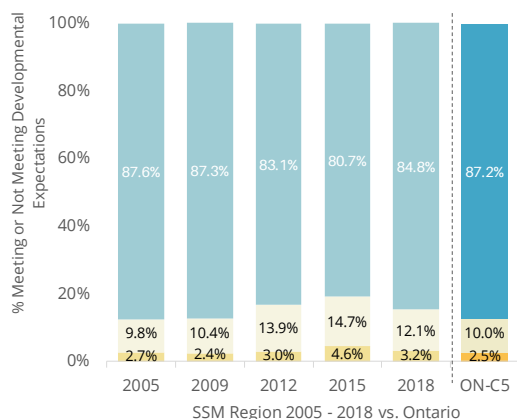
A child who meets all or almost all of the developmental expectations of this subdomain often shows most of the helping behaviours: helping someone hurt, sick or upset, offering to help spontaneously, invite bystanders to join in. Children who are not the developmental expectations of this subdomain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

Figure 72: Prosocial and Helping Behaviour Subdomain



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Figure 73: Anxious and Fearful Behaviour Subdomain



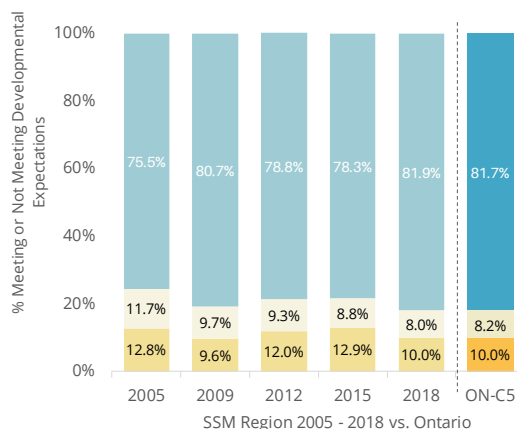
In 2018, the percentage of children not meeting developmental expectations in Sault Ste. Marie (29.9%) was on par with that of Ontario as a whole (30.1%) and slightly lower than the 2014/15 rate of 32.0%.

Anxious and Fearful Behaviour

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

In 2018, the percentage of children not meeting developmental expectations in Sault Ste. Marie (3.2%) was slightly higher than Ontario as a whole (2.5%). The percent of children not meeting developmental expectations in this subdomain improved by 1.4 percentage points from 2014/15 (4.6%).

Figure 74: Aggressive Behaviour Subdomain

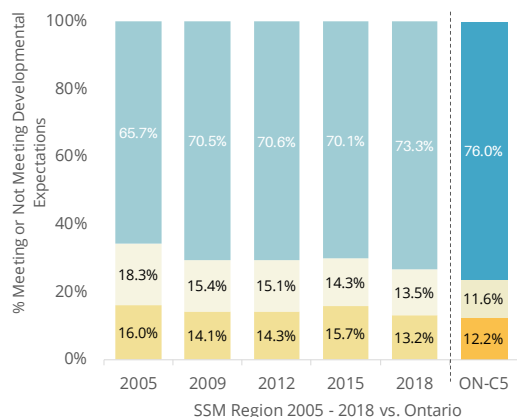


Aggressive Behaviour

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

In 2018, the percentage of children not meeting developmental expectations in Sault Ste. Marie (10.0%) was on par with that of Ontario as a whole (10.0%). Sault Ste. Marie improved on this subdomain by 2.9 percentage points from 2014/15 (12.9%).

Figure 75: Hyperactivity and Inattention Subdomain



Hyperactivity and Inattention

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

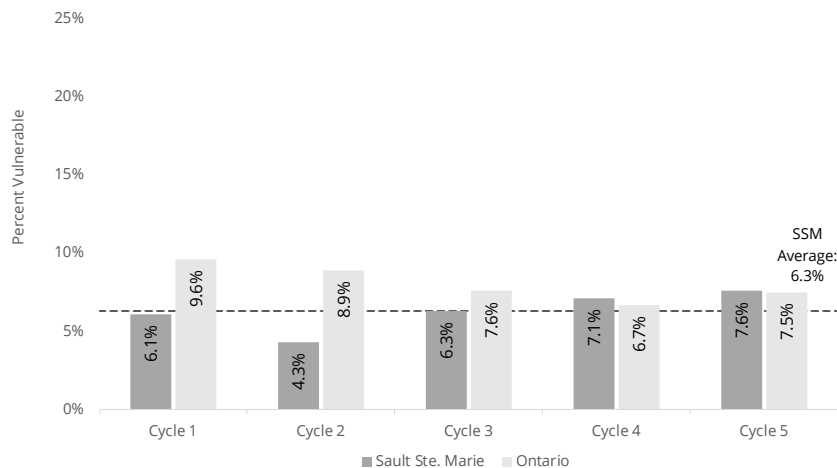
In 2018, the percentage of children not meeting developmental expectations in Sault Ste. Marie (13.2%) was slightly higher than Ontario as a whole (12.2%). Comparing 2014/15 (15.7%) to 2017/18, the difference marks an improvement of 2.5 percentage points.

LANGUAGE AND COGNITIVE DEVELOPMENT DOMAIN

The Language & Cognitive Development domain measures reading awareness, age-appropriate reading and writing skills, age-appropriate numeracy skills, the ability to understand similarities and differences, and the ability to recite back specific pieces of information from memory. A child below the 10th percentile “has problems in both reading/writing and numeracy; is unable to read and write simple words, is uninterested in trying, and is often unable to attach sounds to letters; has difficulty remembering things, counting to 20, and recognizing and comparing numbers; and is usually not interested in numbers”.⁴³

For 2017/18, Sault Ste. Marie’s vulnerability rate in this domain is 7.6% compared to Ontario, at 7.5% and on par with the 2014/15 cycle at 7.1%.

Figure 76: Percent Vulnerable Language & Cognitive Development Domain Sault Ste. Marie



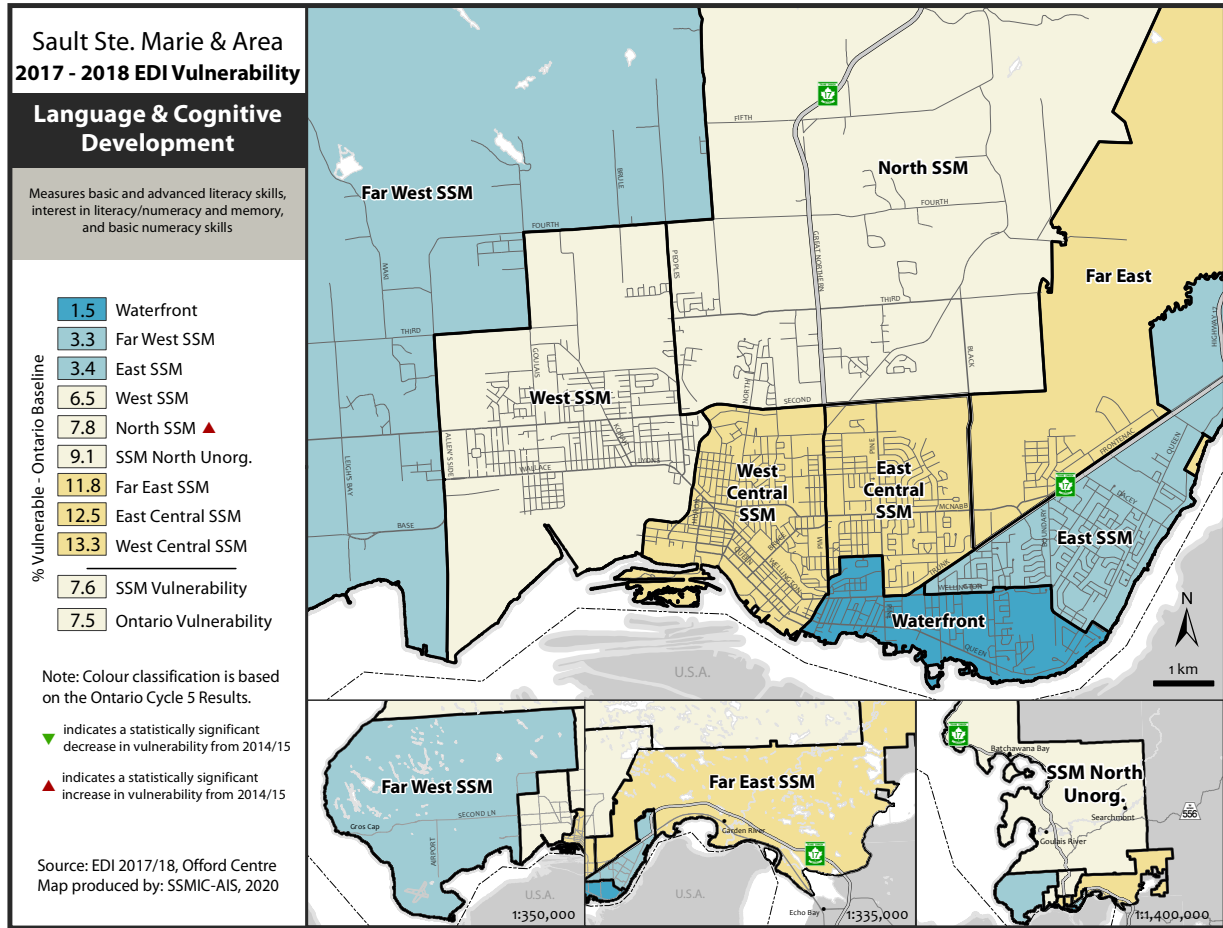
The North neighbourhood did see a significant increase in vulnerability from 0.0% in 2014/15 to 7.8% in 2017/18. The Waterfront neighbourhood showed the lowest rate of 1.5% and West Central was the highest at 13.3%.



⁴³ Janus, 2007, pg. 188.

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Figure 77: Percent Vulnerable in the Language & Cognitive Development Domain by Neighbourhood, 2017/18



Subdomains

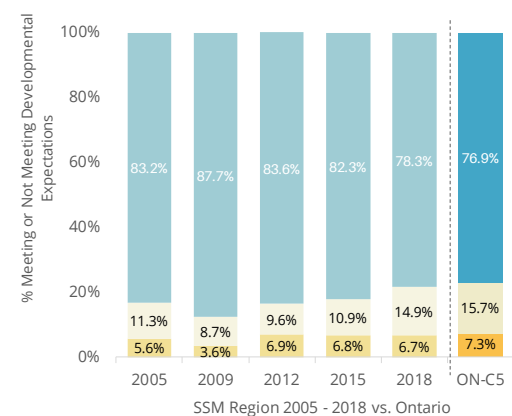
The Language & Cognitive Development domain can be further divided into four subdomains:

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

Basic Literacy Skills

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

Figure 78: Basic Literacy Subdomain



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In 2018, the percentage of children not meeting developmental expectations in Sault Ste. Marie (6.7%) was slightly lower than Ontario as a whole (7.3%) but on par with 2014/15 rate of 6.8%.

Interest in Literacy/Numeracy and Memory

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

There was a statistically significant difference in the percentage of children not meeting developmental expectations in this subdomain between Sault Ste. Marie (10.9%) and Ontario (13.5%) in the 2017/18 cycle. This subdomain also saw a decrease in vulnerability from 14.2% in 2014/15 in Sault Ste. Marie.

Advanced Literacy Skills

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

There was a statistically significant difference in the percentage of children not meeting developmental expectations in this subdomain between Sault Ste. Marie (15.8%) and Ontario (12.3%) in the 2017/18 cycle. Sault Ste. Marie saw an increase of 2.1 percentage points from 2014/15 (13.7%).

Basic Numeracy Skills

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

In Sault Ste. Marie, the percentage of children not meeting developmental expectations increased by 3.9 percentage points between 2015 and 2018 (statistically significant). There was also a statistically significant difference in the percentage of children not meeting developmental expectations in this subdomain between Sault Ste. Marie (11.2%) and Ontario (8.5%) in 2018.

Figure 79: Interest in Literacy/Numeracy and Memory Subdomain

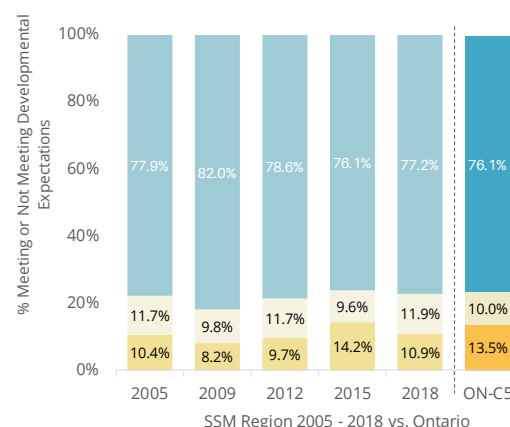


Figure 80: Advanced Literacy Subdomain

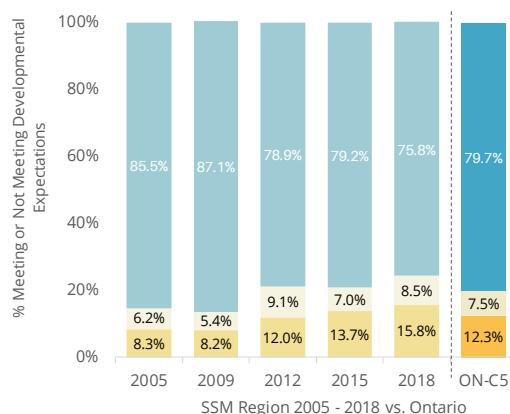
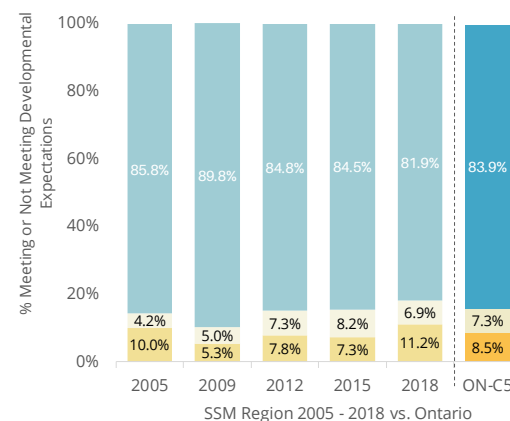


Figure 81: Basic Numeracy Subdomain



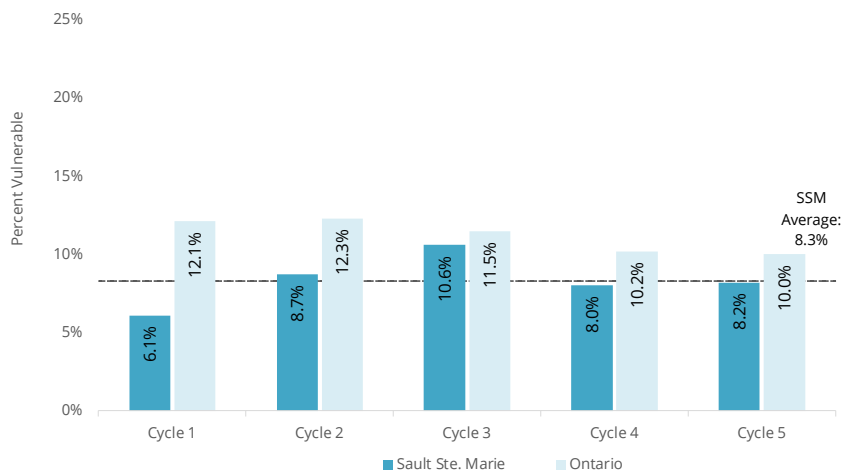
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COMMUNICATION SKILLS AND GENERAL KNOWLEDGE

The Communication Skills & General Knowledge domain measures skills to communicate needs and wants in socially appropriate ways, symbolic use of language, storytelling, and age-appropriate knowledge about the life and world around. A child below the 10th percentile “has poor communication skills and articulation; has difficulties in talking to others, understanding, and being understood; and has poor general knowledge”.⁴⁴

Sault Ste. Marie (8.2%) has a lower vulnerability rate than Ontario (10.0%) in this domain and remains on par with the 2014/15 rate of 8.0%.

Figure 82: Percent Vulnerable Communication Skills & General Knowledge Domain Sault Ste. Marie



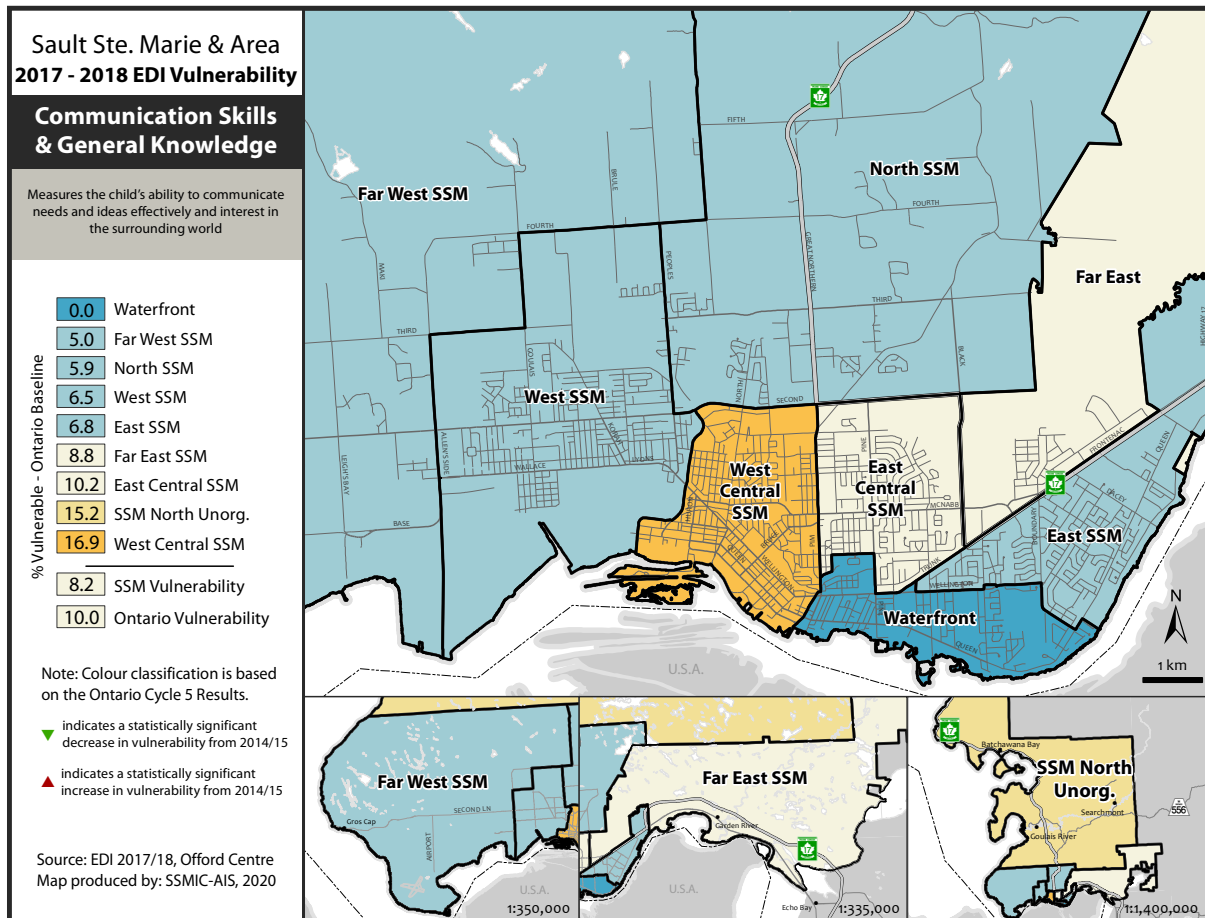
The neighbourhood of Far West SSM had the lowest vulnerability rate of 5.0% while West Central had the highest at 16.9%.



⁴⁴ Janus, 2007, pg. 188.

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Figure 83: Percent Vulnerable in Communication Skills & General Knowledge Domain by Large Neighbourhood, 2017/18



Subdomains

The Communications Skills and General Knowledge domain has one subdomain:

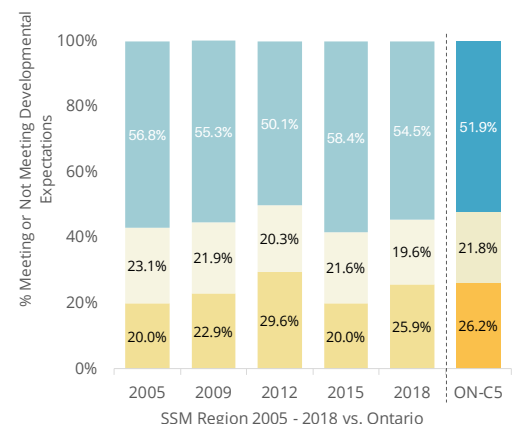
- Communication Skills and General Knowledge

Communication Skills and General Knowledge

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

In Sault Ste. Marie, the percentage of children not meeting developmental expectations increased by 5.9 percentage points between 2015 and 2018 (statistically significant) and remains on par with Ontario. (26.2%).

Figure 84: Communication Skills and General Knowledge Subdomain



Child Care & Education

EDI Results by Percent of Children Vulnerable, At Risk, and Vulnerable/At Risk per EDI Cycle by EDI Neighbourhood

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. This captures not only the children who are visibly struggling, but also those whose vulnerabilities may be hidden. Additionally, children who score between the 10th and 25th percentile cut-off on any of the five domains are considered to be at risk on the scale of development.

An analysis was conducted on the children who fell in the lowest 25th percentile cut-off in all five domains. This includes the children who are either vulnerable or at risk in any of the five domains. It is helpful to look at those children considered at risk in addition to those considered vulnerable because in certain instances a neighbourhood might have low vulnerability in a particular domain, but a very high percentage of children at risk in that domain.

In summary, the SSM neighbourhoods with the highest percentage of vulnerable and at-risk children in each of the EDI domains were:

- Physical Health and Well-being Domain – West Central
- Social Competence Domain – West Central
- Emotional Maturity Domain – SSM North Unorganized
- Language and Cognitive Development Domain – West Central and SSM North Unorganized
- Communication Skills & General Knowledge Domain – West Central and SSM North Unorganized
- Percent Vulnerable/At Risk in One or More EDI Domains – West Central, Far East, and SSM North Unorganized
- Percent Vulnerable/At Risk in Two or More EDI Domains – West Central and SSM North Unorganized

For more details and charts, refer to Appendix A



Child Care & Education

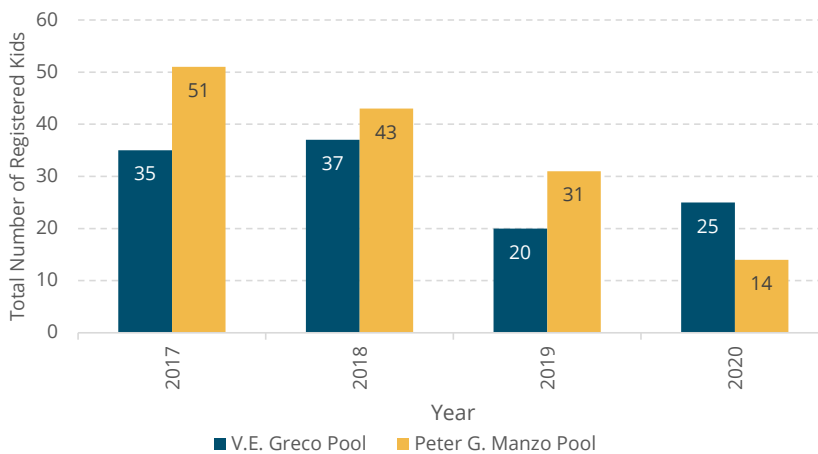
Best for Kids

EDI data has shown that the Physical Health and Well-Being domain has consistently remained the domain with the highest rate of vulnerability among children across all EDI cycles. These high rates of vulnerability are especially of concern for children living in the downtown area of Sault Ste. Marie. One out of two children in the downtown area were shown to be vulnerable in the Physical Health and Well-Being domain in 2017/18. Mapping has also shown that a large part of the downtown area of Sault Ste. Marie lacks playground equipment, with the closest playgrounds being more than 1 km away (walking distance). There are some greenspaces in the downtown area such as the boardwalk, the Roberta Bondar pavilion, and Clergue park; however, none of them have playground equipment.

The Best for Kids program was created as a response to the 2011/12 EDI results and a desire to improve the physical health and well-being of children in the community. Since then, the program has developed into a no cost, half-day summer program (July and August) offered to children and families in the vicinity of the Peter G. Manzo pool and V.E. Greco pool. Note that both these locations offer free swimming throughout the summer. The Best for Kids program typically provides games, field trips, crafts, activities, and a nutritious snack for children between the ages of seven and thirteen. Children under the age of seven were welcome to join under the supervision of a parent/guardian. In 2020, the Best for Kids program provided packaged food for children in the program in accordance with APH recommendations; this was in addition to the food being delivered to the families directly by the Every Breakfast Counts program.

Figure 85 shows the total number of children that were registered in the program from 2017 to 2020. The total number of registered children each year has been decreasing with 2019 having the lowest attendance for V.E. Greco Pool (20 registered) and 2020 having the lowest attendance for Peter G. Manzo Pool (14 registered).

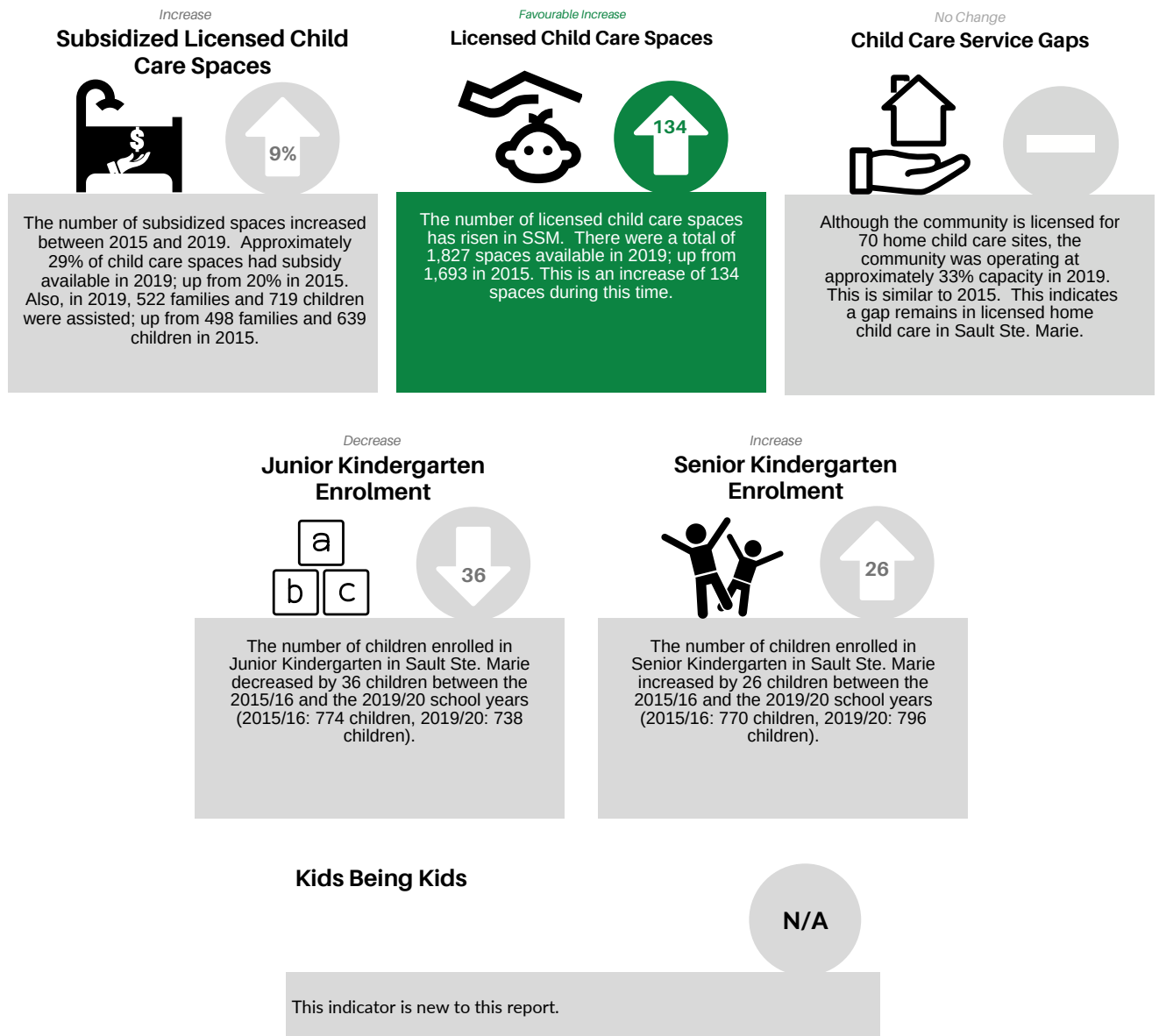
Figure 85: Total Children Registered in the Best for Kids Program by Location, 2017 to 2020



Child Care & Education

WHERE HAVE WE GONE SINCE THE LAST REPORT?

The Education and Child Care section of this report builds on the existing indicators selected for the 2015 report. For most indicators, we are comparing to the situation in 2015.



Child Care & Education

No Change

EDI: Physical Health & Well-being Vulnerability



In 2017/18, 18.9% of SK children in Sault Ste. Marie were deemed vulnerable in the Physical Health and Well-Being domain; nearly the same as 2014/15 where 18.4% SK children were deemed vulnerable. No subdomains saw a significant increase or decrease in the percentage of children not meeting developmental expectations.

Favourable Decrease

EDI: Social Competence Vulnerability



In 2017/18, 10.6% of SK children in Sault Ste. Marie were deemed vulnerable in the Social Competence domain; down from 13.4% in 2014/2015. The Overall Social Competence and Responsibility and Respect subdomains both saw statistically significant improvements in the percentage of children not meeting developmental expectations.

Favourable Decrease

EDI: Emotional Maturity Vulnerability



In 2017/18, 12.1% of SK children in Sault Ste. Marie were deemed vulnerable in the Emotional Maturity domain; down from 16.4% in 2014/2015. This represents a statistically significant decrease of 4.3 percentage points in this domain between the 2014/15 and the 2017/18 implementations. No subdomains saw a significant increase or decrease in the percentage of children not meeting developmental expectations; however, all saw some improvements.

No Change

EDI: Language & Cognitive Development Vulnerability



In 2017/18, 7.6% of SK children in Sault Ste. Marie were deemed vulnerable in the Language & Cognitive Development domain; nearly the same as 2014/15 where 7.1% SK children were deemed vulnerable. The Basic Numeracy subdomain saw a statistically significant increase in the percentage of children not meeting developmental expectations.

No Change

EDI: Communication Skills & General Knowledge Vulnerability



In 2017/18, 8.2% of SK children in Sault Ste. Marie were deemed vulnerable in the Communication Skills & General Knowledge domain; nearly the same as 2014/15 where 8% SK children were deemed vulnerable. The single subdomain that belongs to this domain saw a statistically significant increase in the percentage of children not meeting developmental expectations.

Favourable Decrease

EDI: Vulnerability in One or More Domains



In 2017/18, 29.5% of SK children in Sault Ste. Marie were deemed vulnerable in one or more domains; down from 31.3% in 2014/2015.

Favourable Decrease

EDI: Vulnerability in Two or More Domains



In 2017/18, 14% of SK children in Sault Ste. Marie were deemed vulnerable in two or more domains; down from 16.1% in 2014/2015.

Decrease

Best for Kids



In 2019, there were 51 children that were registered in the Best for Kids program. This is a decrease from 2018 (80 registered children) and 2017 (86 registered children).



Child & Family

IN THIS SECTION

Families With Children	97
Family Structure: Families With Children Under 6	97
Median Family Income: Families With Children In The Home	100
Youth Living In Low-Income Families (After Tax) 2006-2017	102
Families Receiving Social Assistance	104
EarlyON Child and Family Centres.....	107
EarlyON Core Services And Outcomes.....	108
Child and Parent/Caregiver Visits To EarlyON Centres	113
Prenatal Education	116
Parenting Programs	116
Algoma Speech And Language Services	117
Special Needs Resourcing	117
Triple P.....	119
Children's Aid Society Of Algoma	120
Nogdawindamin Family And Community Services Child Protection	122
Where Have We Gone Since The Last Report?	126

FAMILIES WITH CHILDREN

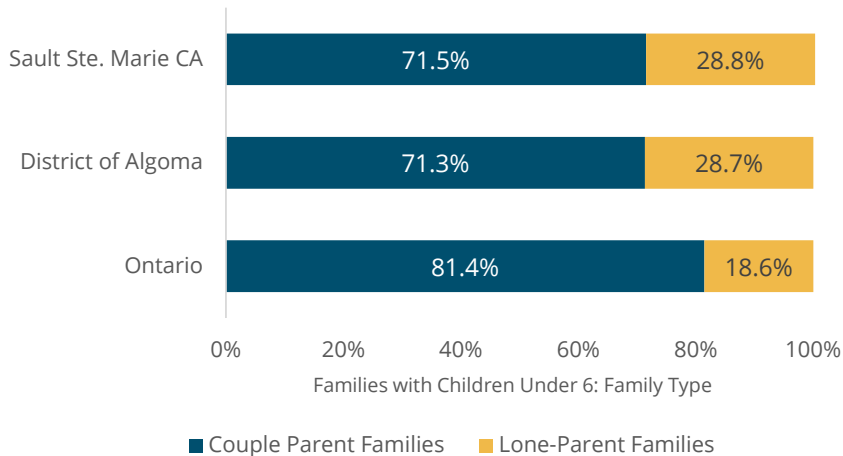
A child's growth and development are impacted by the family structure they reside in. While the majority of families are couple-parent families, lone-parent families are more likely to be living at or below the poverty level, rent their home and are not able to accumulate financial resources due to lower salaries and higher unemployment in comparison to couple families. Additionally, children living in lone-parent families are more likely to exhibit behavioural problems and do poorer in school than children living in couple-parent families⁴⁵. Through recognizing the differences in income between couple-parent and lone-parent families, further analysis into lone-parent families allows service providers to ensure that programs are available to address this population in the community.

Family Structure: Families With Children Under 6

Figure 86 shows that children under the age of 6 are more likely to live in a lone-parent family in Sault Ste. Marie than Ontario as a whole. In Ontario in 2017, approximately 18.6% of all families with at least one child under 6 years of age were headed by a lone-parent, while in Sault Ste. Marie in 2017, 28.8% of families with at least one child less than 6 years of age were headed by a lone-parent.

⁴⁵ Anne-Marie Ambert, Vanier Institute of the Family, "One parent families: Characteristics, causes, consequences, and issues", 2006.

Figure 86: Family Structure 2017 – Families with Children Under 6



This indicator is significant because 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 families. Depending on the characteristics and parenting style 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 parents.⁴⁶

The following map (Figure 87) shows the proportion of families with young children that were headed by a lone-parent in 2017 by Census Tract (CT). Several CTs of Sault Ste. Marie had a higher proportion of lone-parent families with young children than that of the CA as a whole. The Garden River Reserve and the Jamestown/Cathcart area had the greatest proportion of lone-parent families with young children in the Sault Ste. Marie area with 55.7% and 50% respectively.



Figure 87: Family Structure 2017 – Lone-Parent Families with Children Under 6 by Census Tract

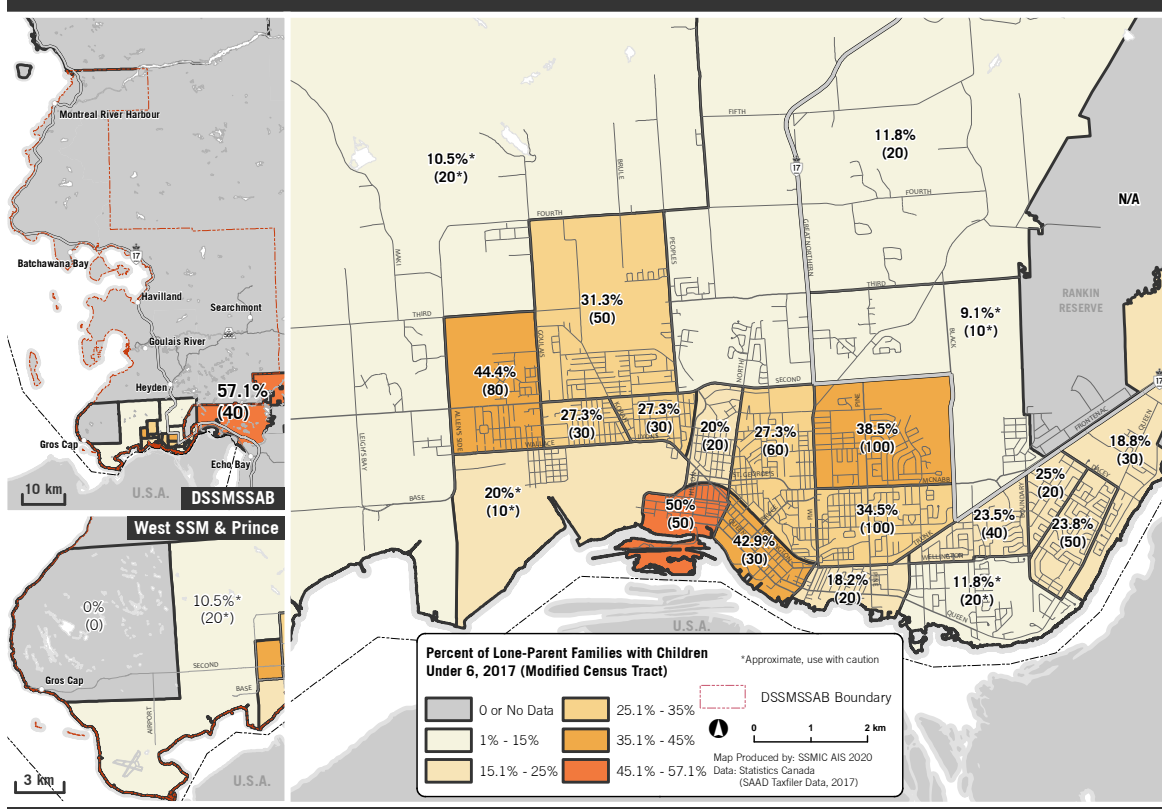
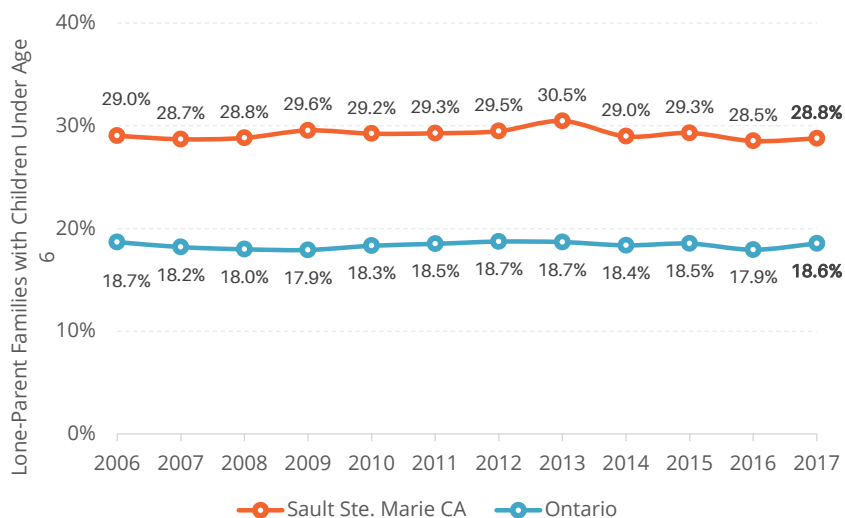


Figure 88 shows that between 2006 and 2017, the percentage of families who are headed by a lone-parent fluctuated only slightly in both Sault Ste. Marie and Ontario. Sault Ste. Marie showed a very slight upwards trend in 2013 as it marked the first year that the percentage of lone-parent families with children under 6 topped 30%, however, it has remained under 30% since 2014.

Figure 88: Lone-Parent Families with Children Under 6 as a percentage of Total Families with Children Under 6

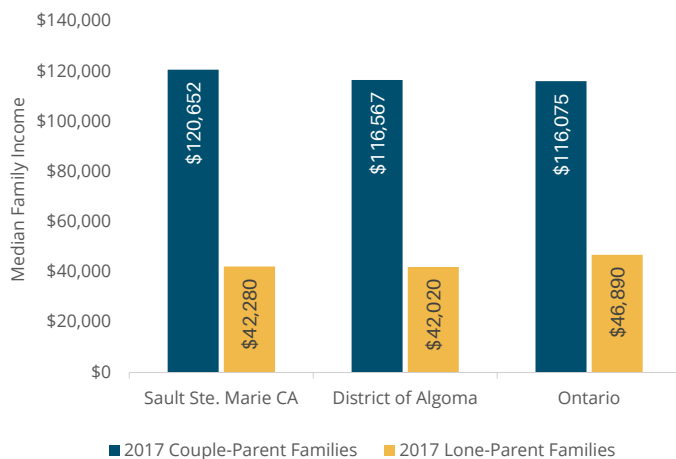


Median Family Income: Families With Children In The Home

Figure 89 illustrates the difference in median income between couple-parent families and lone-parent families in Sault Ste. Marie. Couple families with children in the home in the Sault Ste. Marie CA had a median family income above that of Ontario in 2017, while the median income for local lone-parent families (\$42,280) was less than Ontario (\$46,890). *Please note that this data pertains to children who are considered “dependents” who reside in a family where the parents are considered the household maintainers. Dependent children can be of any age.*

The gap between the median income of couple-parent families and lone-parent families in 2017 was greater in Sault Ste. Marie CA (a difference of \$78,372) than that of Ontario (\$69,185).

Figure 89: Median Family Income 2017 - By Family Type



Combined, Figures 86 and 89 indicate that there were more lone-parents who had at least one child under the age of 6 in Sault Ste. Marie in 2017 and they were more likely to have a lower income in 2017 than lone-parents in other parts of Ontario.

Figure 90 shows a gradual increase in the median income of couple-parent families between 2006 and 2017. The median income of couple families with children in the home in Sault Ste. Marie remained above the Ontario average. In 2016, Sault Ste. Marie saw a decline in median income from the previous year. The median income of couple families with children in the home rose by \$6,674 in Sault Ste. Marie between 2016 and 2017, while the median income of couple families with children in the home in Ontario rose by \$4,872.



Figure 90: Median Family Income 2006-2017 – Couple-Parent Families

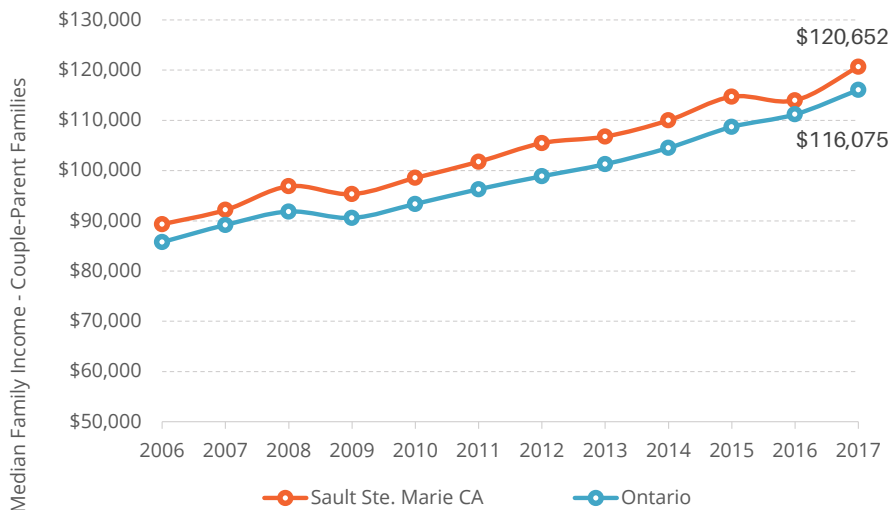
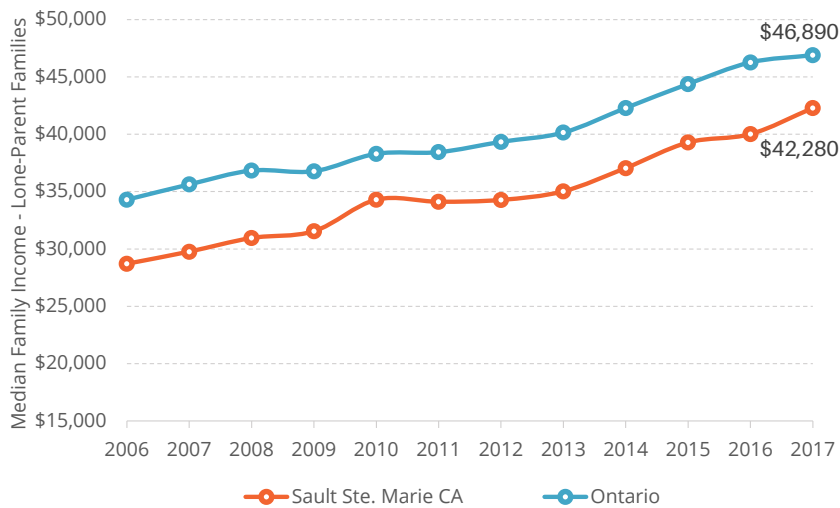


Figure 91 shows the year-over-year gap in median income of lone-parent families between Sault Ste. Marie and Ontario between 2006 and 2017. Since 2013, lone-parent income has increased by \$7,260 in Sault Ste. Marie CA. This is in comparison to Ontario, which saw an increase of \$6,740 since 2013. Sault Ste. Marie CA has consistently fallen below the median income recorded for the province.

The median income of Sault Ste. Marie lone-parent families rose by \$2,270 between 2016 and 2017, while the median income of lone-parent families of Ontario rose by \$630.

Figure 91: Median Family Income 2006-2017 – Lone-Parent Families



Youth Living In Low-Income Families (After Tax) 2006-2017

In 2018, Statistics Canada modified the calculation that identified the percentage of Canadian families living in low-income, referred to as the Census Family Low Income Measure After Tax (CFLIM-AT). The change included examining how a family's low-income status is relative to the size of a family unit and used varied Statistics Canada data sources, including the Census of Population and the Canadian Income Survey.⁴⁷

what is a census family?

Statistics Canada interprets and defines a Census Family as: "a married couple and the children, if any, of either and/or both spouses; a couple living common law and the children, if any, of either and/or both partners; or a lone-parent of any marital status with at least one child living in the same dwelling and that child or those children. All members of a particular census family live in the same dwelling. A couple may be of opposite or same sex. Children may be children by birth, marriage, common-law union or adoption regardless of their age or marital status as long as they live in the dwelling and do not have their own married spouse, common-law partner or child living in the dwelling. Grandchildren living with their grandparent(s) but with no parents present also constitute a census family."⁴⁸

⁴⁸ Statistics Canada: Dictionary, Census of Population, 2016 'Census Family'. Accessed: <https://www12.statcan.gc.ca/census-recensement/2016/ref/dict/fam004-eng.cfm>

Figure 92 shows the percentage of youth aged 0 to 17 who were living in low-income families/ situations according to the CFLIM-AT measure. Between 2006 and 2017, the percentage of youth under the age of 18 living in low-income families in Sault Ste. Marie has fluctuated throughout the years, from 25.6% in 2006 to 20.9% in 2017. The percentage of youth in low-income in both Sault Ste. Marie and Ontario has been dropping since 2013. This chart shows that Sault Ste. Marie typically has a higher percentage of youth living in low-income than Ontario as a whole.

Figure 92: Percent of Youth Living in Low-Income, 2006-2017

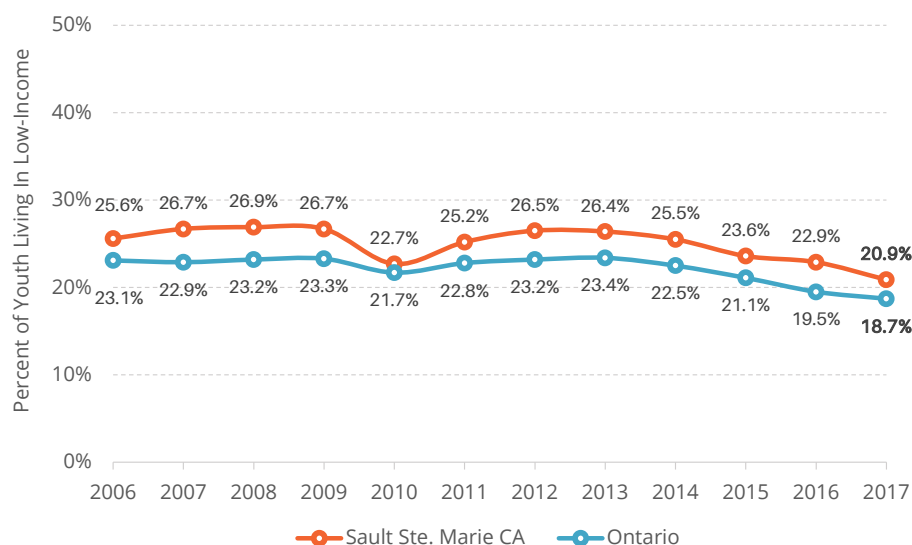


Figure 93 only considers youth that were living in couple-parent families. Of the youth living in a couple-parent family in Sault Ste. Marie, 7.6% were in low-income in 2017. This has generally improved (declined) since 2006. Ontario shows a similar trend but with a slightly higher percentage of youth living in low-income couple parent families compared to Sault Ste. Marie.

Figure 93: Percent of Youth Living in Couple-Parent Families that are in Low-Income, 2006-2017

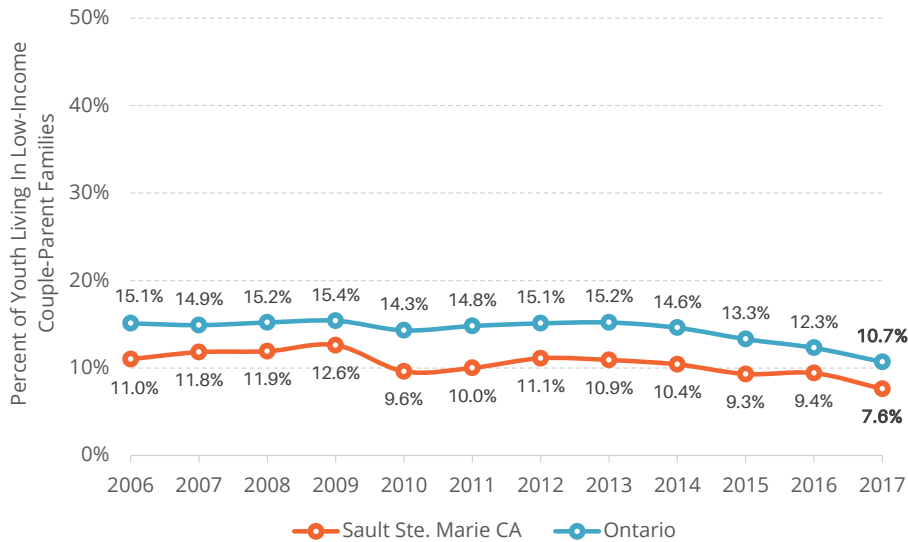
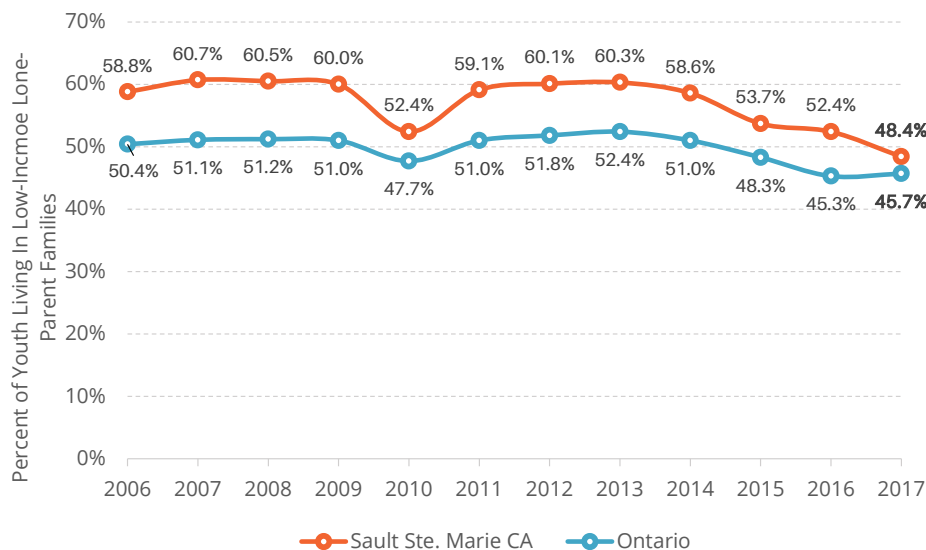


Figure 94 only considers youth that were living in lone-parent families. Of the youth living in a lone-parent family in Sault Ste. Marie, 45.7% were in low-income in 2017. This has generally improved since 2013. Ontario shows a similar trend but with a typically lower percentage of youth living in low-income lone-parent families compared to Sault Ste. Marie.

Figure 94: Percent of Youth Living in Lone-Parent Families that are in Low-Income, 2006-2017



why do we look at after-tax income data?

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

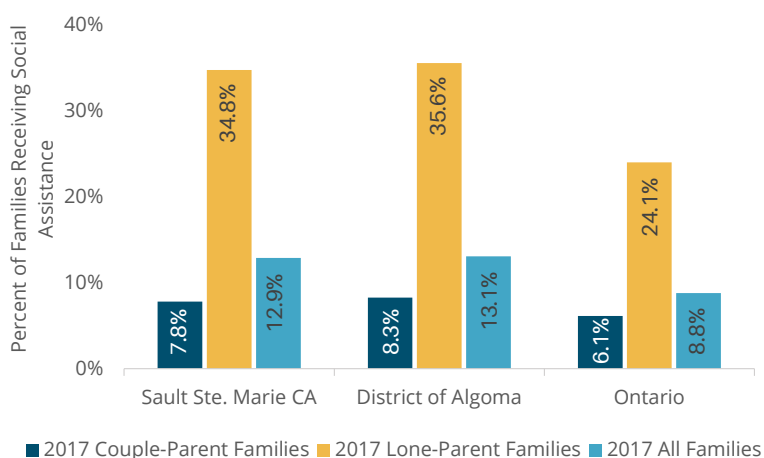
<http://www.statcan.gc.ca/pub/75f0002m/2012002/lico-sfr-eng.htm>

Families Receiving Social Assistance

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

In 2017, approximately 8.8% of all families were receiving social assistance in Ontario. This is lower than the percentage of families receiving social assistance in the District of Algoma (13.1%) and Sault Ste. Marie CA (12.9%) (Figure 95).

Figure 95: Families Receiving Social Assistance in 2017 by Family Type



The percentage of families receiving social assistance in 2017 can also be calculated for each CT in the Sault Ste. Marie CA to serve as a comparison. Like most other indicators relating to income, Figure 96 indicates that CTs within the older urban core of the city generally fared worse than other areas of the city. The CTs that had the highest proportion of families receiving social assistance were the Jamestown/Cathcart area (43.4%) and the Downtown area with 28%. The area reserves also had a higher percentage of families receiving social assistance than most other CTs in the Sault Ste. Marie area.

Figure 96: Families Receiving Social Assistance in 2017 by Family Type by Census Tract

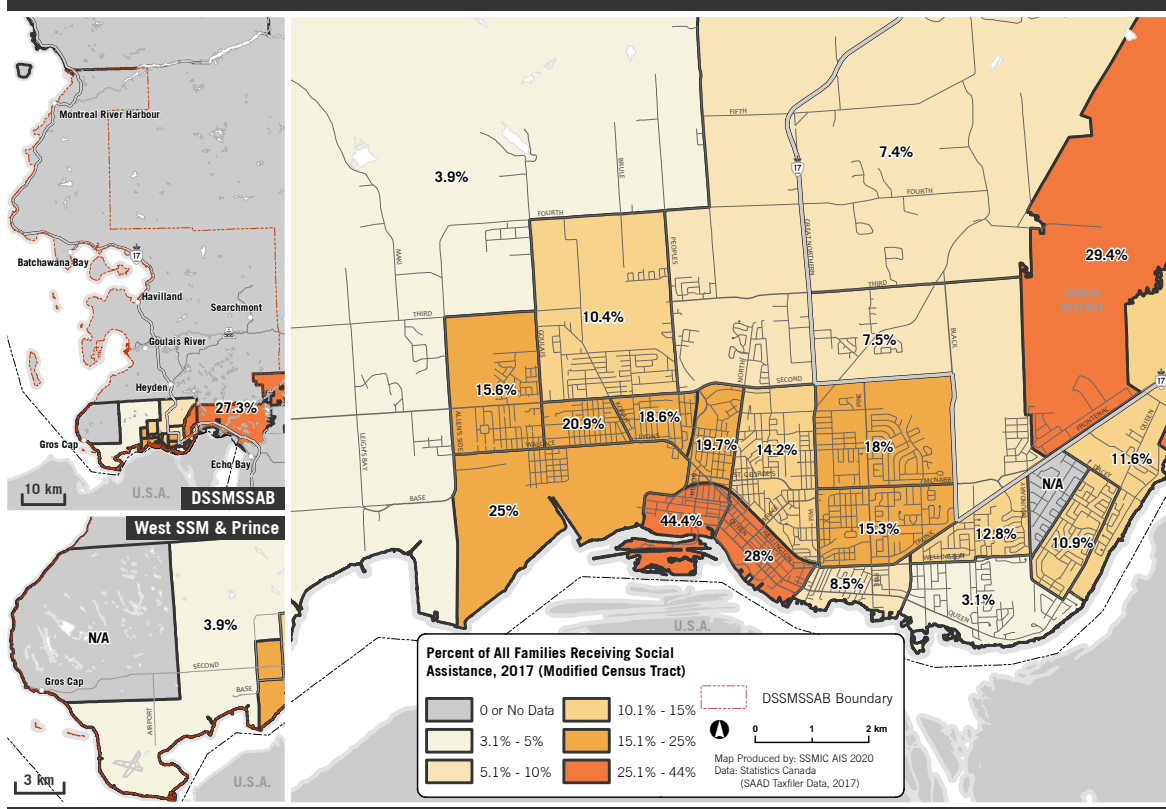
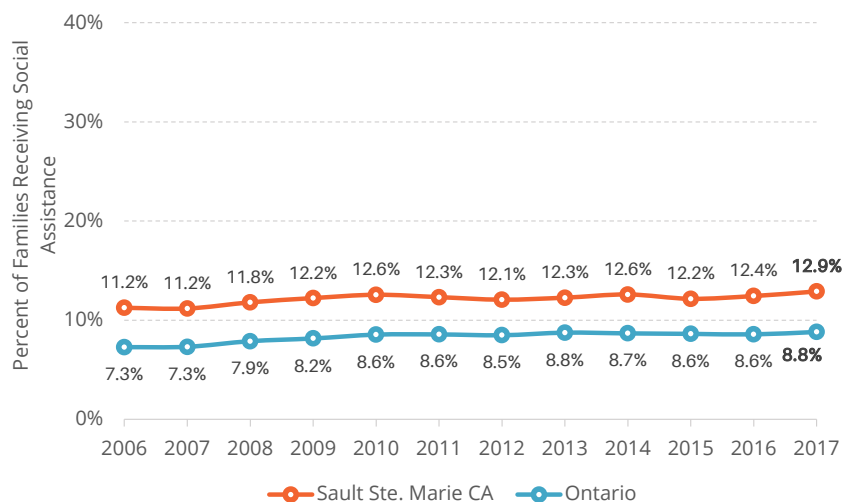


Figure 97 shows that Sault Ste. Marie CA has more families receiving social assistance compared to the province. Between 2006 and 2017, the percentage of families receiving social assistance in Sault Ste. Marie slowly rose from 11.2% in 2006 to 12.9% in 2017. Between 2006 and 2017, Sault Ste. Marie had a consistently higher percentage of families receiving social assistance than that of Ontario.

Figure 97: Families Receiving Social Assistance 2006 to 2017 – All Family Types



Child & Family

Figure 98 shows that of the Sault Ste. Marie couple families, 7.8% received social assistance in 2017. This is higher than Ontario as a whole, where 6.1% of couple families received social assistance in 2017.

Figure 98: Families Receiving Social Assistance 2006 to 2017 – Couple Parent Families

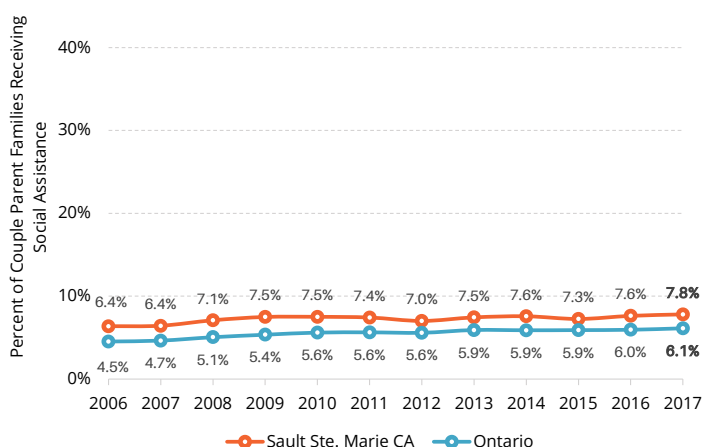
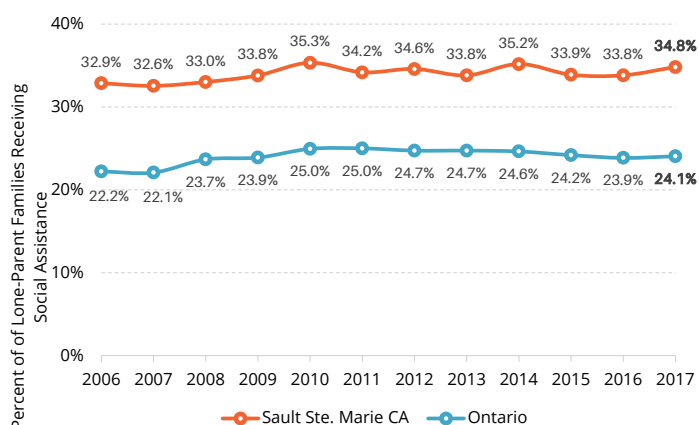


Figure 99 shows that more lone-parent families rely on social assistance in Sault Ste. Marie CA compared to Ontario, and combined with Figure 98 shows that lone-parent families are much more likely to rely on social assistance than couple parent families. Between 2006 and 2017, the percentage of Sault Ste. Marie lone-parent families receiving social assistance had ranged from a low of 32.6% to a high of 35.3%, while Ontario ranged from a low of 22.1% to a high of 25%. For both Sault Ste. Marie and Ontario, 2010 marked the year where the greatest percentages of lone-parent families were receiving social assistance.

Figure 99: Families Receiving Social Assistance 2006 to 2017 – Lone-Parent Families



important to note

Please note that this information for this section is from the Small Area and Administrative Division's Family databank for 2006-2017. The Family databank contains demographic indicators and much information on income. The data for each year is calculated using the income tax returns filed in April of the preceding year. Percentages may not add up to 100 due to random rounding.

EARLYON CHILD AND FAMILY CENTRES

As noted in the introduction, in February 2016, the Ministry of Education announced plans to transform child and family programs into an integrated system of services and supports for children ages 0-6 and their parents or caregivers. Then in July 2016, the ministry released Planning Guidelines for Service System Managers to support service system managers, school boards and service providers to work collaboratively to integrate and enhance programs and services across the province, while minimizing service disruption for families. The planning guidelines outlined the key elements of the core services and planning requirements, while providing flexibility for service system managers to determine how best to meet these requirements within individual communities.

In June 2017, the province released its Renewed Early Years and Child Care Policy Framework, which included a plan to increase access to early years programs and services. Six months later, in January 2018, the ministry moved forward on its commitment to integrate four programs formerly known as Ontario Early Years Centres (Best Start Hubs in Northern Ontario), Child Care Resource Centres (also known as Family Resource Programs), Parenting and Family Literacy Centres (PFLCs) and Better Beginnings, Better Futures, into EarlyON Child and Family Centres. Consolidated Municipal Service Managers (CMSM) and District Social Services Administration Boards (DSSAB) became responsible for the local management of EarlyON Child and Family Centres as part of their responsibility for the service system management of child care and other human services, and as such the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) took on this responsibility locally.

Prior to the transformation of the programs to EarlyON Centres, an extensive consultation process involving community partners, local stakeholders and the general public was undertaken. Data and feedback was analysed to develop an implementation plan for EarlyON service delivery. In response to identified community priorities and requests, the DSSMSSAB and local service providers, Child Care Algoma and Prince Township Parent Child Resource Centre, built on existing neighbourhood sites as well as increased the availability of evening and weekend hours of services to better accommodate working parents.

Locally, the Parenting and Family Literacy Centres and Best Start Hubs became EarlyON Child and Family Centres. As a result of the consultative process, the PFLC in Pinewood Public School closed. An EarlyON Centre opened as a temporary outreach site at Northern Heights Public School with intentions to one day relocate to the new Boreal Public School, which was under construction at the time. A new purpose built EarlyON Centre opened its doors at St. Basil School. Planning began for an Indigenous Child and Family Centre, to be operated by the Indigenous Friendship Centre and located at Algoma District School Board's Etienne Brulé site with a target start date set for 2019/2020 pending construction approvals and completion time. Plans for a future site in the Rosedale neighbourhood were also included in the final report.

Attendance reports show that EarlyON services are well utilized in the District of Sault Ste. Marie. Since point of transfer in 2018, EarlyON sites have increased from nine to 13 sites. Strategically, hours and days of service vary across the community and are reviewed often. Francophone services are regularly offered at two EarlyON sites, École Notre-Dame-Du-Sault and St. Basil.

EarlyON Core Services and Outcomes

Research has shown that a child's earliest experiences shape the physical development of the brain and the child's capacity for further development. It also influences a child's overall health and wellbeing as they grow.⁴⁹ EarlyON Centres (previously referred to as Best Start Hubs and Parenting and Family Literacy Centres locally) provide child and family centred programs and services that are consistent at all locations, but also meet the unique needs of the families who attend each program. A set of principles guide the development, delivery and evaluation of EarlyON programs and services. EarlyON Centres offer warm, welcoming environments which are inclusive, accessible, responsive, and support growth and long-term success, creating a sense of belonging, well-being, engagement and expression. These high-quality programs support positive experiences and outcomes by fostering nurturing relationships between children and those who care for them.

EarlyON Centres work together as part of the community to help children prepare for school and reach their full potential. Collaboration with broader community services, school boards, early years partners, child care service providers, and parents and caregivers, is essential for a community led integrated system. Children who have achieved their developmental milestones prior to school entry are better able to cope with, and take advantage of, all the experiences a school environment has to offer. These community driven programs support families by

- Actively working to develop programs that cultivate authentic, caring relationships and connections that create a sense of belonging; engaging parents and caregivers through conversation about children's interests, child development, parenting, nutrition, play and inquiry-based learning, and other topics that support their relationship with their child(ren); collaborating with other support programs to enhance parent and caregiver well-being, enrich adult-child interactions and to support them in their role(s); and providing targeted outreach opportunities that are responsive to community needs.
- Supporting early learning and development through drop-in programs, among other services, which build responsive adult-child relationships, encourage children's exploration and promote play and inquiry, based on Ontario's Ministry of Education's pedagogical document *How Does Learning Happen?*
- Continuously looking for opportunities to facilitate stronger relationships within the community to assist parents and caregivers in accessing services and supports that respond to a family's unique needs including making connections for families by responding to child development concerns; referring families to other services that may be required; sharing information and facilitating connections with specialized services; providing information about programs and services available for the whole family beyond the early years; and ensuring that staff have the relationships and knowledge of community resources to allow for simple transitions for families.

These centres are open to all families in Ontario and are designed to offer play and inquiry-based programs for children aged 0 to 6 years old.⁵⁰

EarlyON Centres provide opportunities for parents, caregivers and children to interact with each other. Children engage in play-based activities, which allow them to explore and express their unique selves, giving them a sense of well-being. The drop-in environments are designed to encourage children to explore, create and discover. Activities provide rich and varied stimulation, which children absorb and integrate into core brain development. These environments also encourage face-to-face conversations among parents, caregivers and children in a safe and stimulating environment, which sets the stage for learning to happen as families feel secure in a place where they can connect and feel they belong.

⁴⁹ Excerpts from "ELECT". Early Learning for Every Child Today (ELECT): A Framework for Ontario Early Childhood Setting. 2014. Accessed: http://www.edu.gov.on.ca/child_care/ExcerptsFromELECT.pdf

⁵⁰ Ontario Early Years Child and Family Centres: A Public Plan. Ontario Ministry of Education. Accessed: http://www.edu.gov.on.ca/child_care/plan_report.html

It is through relationships built between EarlyON staff and parents and caregivers, and the safe settings of the EarlyON Centres, where the right conditions exist for deep conversations, that families receive referrals to other services and supports that they may not otherwise get elsewhere. EarlyON Centres provide wrap-around support to parents and caregivers to assist them in their roles. Whether it be food insecurity, challenging child behaviours, child development concerns, EarlyON staff are there to assist families with their unique needs.

Based on the premise that it makes sense to bring services to where families are, the DSSMSSAB and the local EarlyON service providers have regularly gone out to areas of the community that are considered more isolated. This outreach has been very successful to date. With the addition of the EarlyON Mobile Services vehicle, and in partnership with other early years services, an increase in participation of parents and children in activities brought to their own neighbourhoods has occurred. This outreach facilitates further participation at other events and gradually at the closest EarlyON sites. Experience has taught that establishing trusting relationships with a staff member creates a sense of comfortability and families will often feel it is safe to go to other places where that person will be.

EARLYON MOBILE SERVICES

The EarlyON Mobile Services were introduced in July of 2019 to offer programming throughout the summer and fall months, providing neighbourhoods throughout the City of Sault Ste. Marie with better access to EarlyON Child and Family Centre services, further integrating EarlyON programming into the whole community. The mobile service supports the Ministry of Education's vision to transform EarlyON child and family programs into an increasingly cohesive system of services and supports for children, their parents, and caregivers. The first of its kind in Northern Ontario, the EarlyON Mobile Services was developed as a result of community recommendations and through a collaborative effort between the DSSMSSAB and Child Care Algoma. Both organizations are active partners in the Mayor's Every Breakfast Counts initiative, and the EarlyON mobile vehicle is kept stocked with nutritious food to provide to children of all ages, regardless of whether it is during the summer months through the Every Breakfast Counts initiative or in the spring or fall months.

Programming offered via EarlyON Mobile Services in the summer of 2019 revolved around physical activity, crafts, and nutritious snacks. The EarlyON Mobile Service is an important local EarlyON program and it will continue to offer child and family centred services and activities that will adapt to the unique needs of the families who attend.



INDIGENOUS SERVICES

In partnership with local Indigenous organizations, the DSSMSSAB submitted a comprehensive community report and a needs assessment as part of the application process for Journey Together and were successfully funded for three new early years programs, two licensed child care programs (see page 65), and one EarlyON Child and Family Centre. Throughout 2018 and 2019, work continued with existing, as well as new, Indigenous partners as part of the implementation of these programs. As a result of the Journey Together community planning process, the Étienne Brulé Community Hub, which houses the Kina Awiiya Secondary Program, was selected as the location for an Urban Indigenous EarlyON Centre with the Indigenous Friendship Centre as the program operator.

A key component of the Journey Together plan includes the provision of opportunities for ongoing mentoring and collaborating between the Urban Indigenous EarlyON Centre and the non-Indigenous early years system. The program has internal staffing to support the language and cultural components of their curriculum development. In addition, the DSSMSSAB has plans to hire a Cultural Resource Coordinator for the organization, who will provide supports to the early years sector to facilitate inclusion and responsiveness to the Indigenous community.

The Indigenous Friendship Centre EarlyON staff understood the significance of having a cultural name that reflects the goals and vision of the EarlyON program, as equally as what that program would be for the families who attend. They went through a process of renaming the Urban Indigenous EarlyON program to what it is now known as, Mukwa Waanzh, The Bear Den. The staff,

...envision the program being a place/space where all Indigenous families can come to with their children and know that they will be safe. The program will allow for the healthy development of children and their families in a way where their Indigenous identities can be celebrated, and Indigenous bundles can be created. Further to this, parents and guardians will be supported in learning their parenting styles and be encouraged to learn positive parenting where necessary.

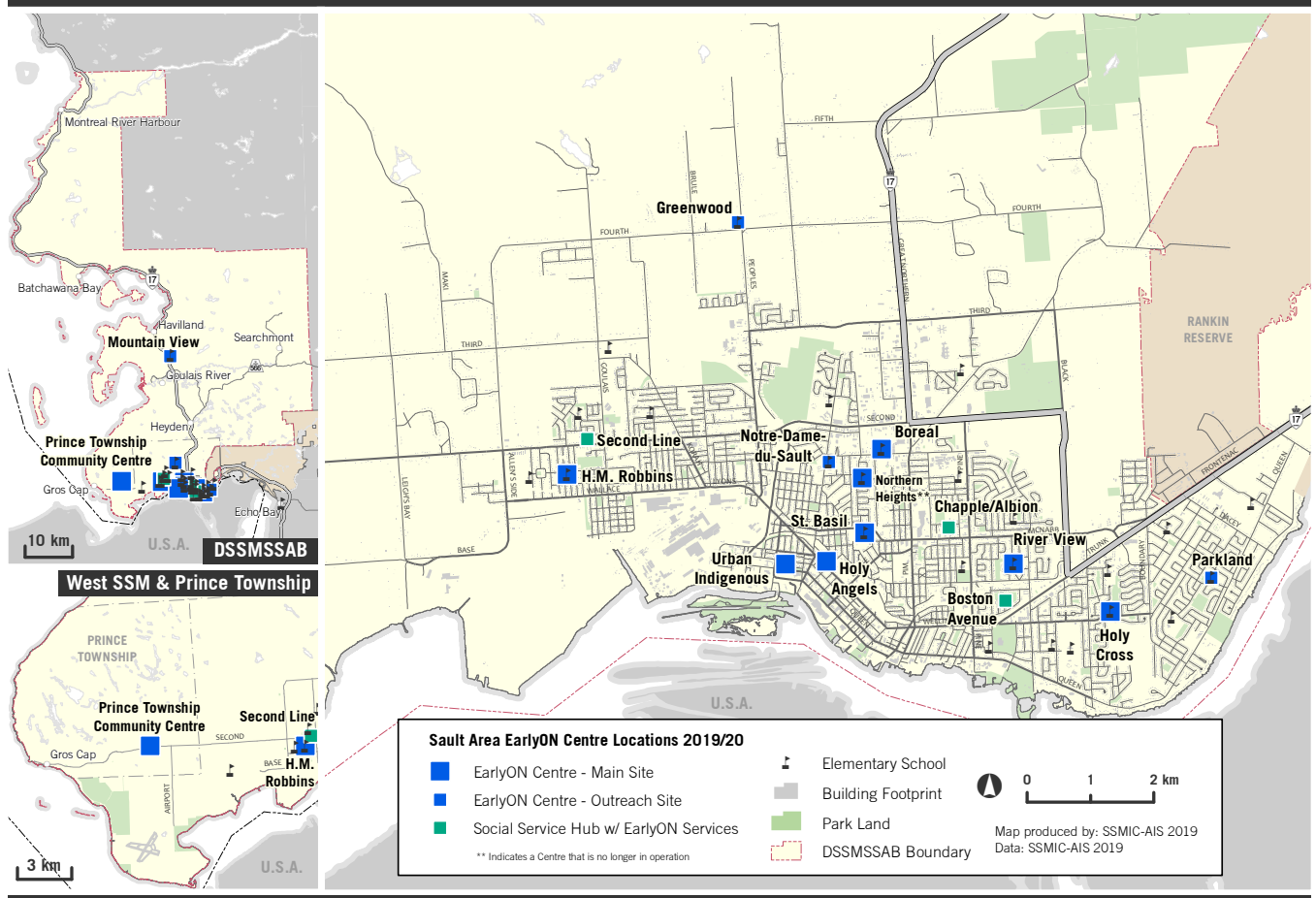
The goal is to create a place where Indigenous children and their families can come to learn about who they are as Indigenous people and to pick up the tools that they need to live a good life. Much like young bear cubs living with their mother in their den they are safe from the outside world, they have all of the support that they need in order to have the space to grow, learn and make mistakes about life. When they are ready to leave their den they are all set to live their lives in a good way and knowing who they are as bears. They will also have the knowledge and skills that they need to raise their own future cubs someday and that knowledge transmission will ensure healthy populations of bears for years to come.⁵¹

This cultural based early learning program instantly became a vital resource to the community and is an exemplary model of an EarlyON Centre.

EARLYON LOCATIONS

EarlyON Centres are distributed throughout the DSSMSSAB Area as shown in Figure 100. Prior to the COVID19 shutdown, they were open weekdays, evenings, and weekends to fit the needs of families in the community. At the time of publishing, hours of operation are in a state of flux. EarlyON Centres offer outreach opportunities, sometimes in conjunction with other agencies, for families who could benefit from programs and services but are not currently accessing services for a variety of reasons.

Figure 100: EarlyON Locations in the DSSMSSAB Area in 2019/20



Child & Family

EARLYON CHILD AND FAMILY CENTRES, 2019-2020

For sites operated by Child Care Algoma:

Visit www.childcarealgoma.ca or Facebook (EarlyON SSM) to view current hours of operations and monthly calendars for these sites

For sites operated by the Sault Ste. Marie Indigenous Friendship Centre

Visit Facebook (<https://www.facebook.com/indigenous.earlyon.969>) to view current hours of operation and monthly calendars for this site

For sites operated by Prince Township Parent Child Resource Centre:

Visit Facebook (EarlyON Child and Family Centre Prince, SSM & Sault North) to view current hours of operations and monthly calendars for these sites

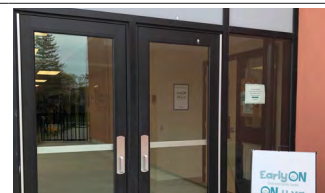
Holy Angels School

Operated by Child Care Algoma
102-A Wellington Street East, SSM
705-945-8898 ext. 255
Typically, open Monday to Saturday



Holy Cross School

Operated by Child Care Algoma
16 Texas Avenue, SSM
705-945-8898 ext. 303
Typically, open Monday to Saturday and some Sundays



St. Basil School

Operated by Child Care Algoma
250 St. Georges Avenue, SSM
(705) 945-8898 ext. 324
Typically, open Monday to Friday



École Notre-Dame-Du-Sault French Services

Operated by Child Care Algoma
600 North Street, SSM
705-542-3515
Typically, open Tuesday, Thursday & Saturday



River View School

Operated by Child Care Algoma
51 Wireless Avenue, SSM
(705) 945-8898 ext. 315
Typically, open Monday to Wednesday



Parkland School

Operated by Child Care Algoma
54 Amber Street, SSM
(705) 945-8898 ext. 315
Typically, open Friday



Boreal F.I. School

Operated by Child Care Algoma
232 Northern Avenue, SSM
(705) 945-7149
New site to open in 2021.
Location was formerly at Northern Heights School



Mobile Services

Operated by Child Care Algoma
Various locations in Sault Ste. Marie
For more info, please call:
(705) 945-8898 ext. 315



Urban Indigenous EarlyON

Operated by SSM Indigenous Friendship Centre
241 Albert Street West, SSM
(Étienne Brulé Community Hub)
705-256-5634 ext. 3204
earlyon@ssmifc.ca
Typically, open Monday to Saturday



Prince Township Community Centre

Operated by Prince Township Parent/Child RC
3042 Second Line West, Prince
(705) 779-3627 or (705) 779-3055
Typically, open Monday to Saturday and some Sundays



Mountain View School

Operated by Prince Township Parent/Child RC
21 Mahler Road, Goulais River
(705) 779-3627 or (705) 779-3055
Typically, open Monday to Friday



Greenwood School

Operated by Prince Township Parent/Child RC
8 Fourth Line West, SSM
(705) 779-3627 or (705) 779-3055
Typically, open Wednesday



H.M. Robbins School

Operated by Prince Township Parent/Child RC
83 East Balfour Street, SSM
(705) 779-3627 or (705) 779-3055
Typically, open Monday to Friday



Child and Parent/Caregiver Visits To EarlyON Centres

In the early part of 2018, the Best Start Hub digital sign-in transformed into KEyON.ca, a membership tool now available at participating Ontario EarlyON Centres across the province. Registering makes signing in easier and faster. Parents/caregivers receive a QR code on a key tag or to be scanned with their phone. The registration is private and secure and is only be used for planning purposes to ensure the EarlyON Centre is offering the best services possible.

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

All visitors to EarlyON Centres are asked to sign-in to KEyON upon entry in order to track the number of adults and children, the ages of children who visit the centres, and to give a postal code of residence to track where visitors are coming from. These postal codes can be aggregated and mapped to Statistics Canada Census neighbourhood boundaries to get a sense of the geographic distribution of EarlyON Centre visitors. This provides useful information when comparing where children live and where they travel from to visit EarlyON Centres.

NUMBER OF CHILDREN AND PARENTS/CAREGIVERS SERVED

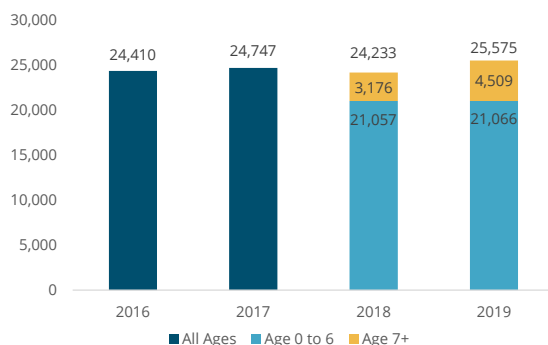
Table 9 shows the total visit statistics to the Sault Ste. Marie and Area EarlyON Centres for the 2019 calendar year. It includes the number of unique parents/caregivers and the number of unique children aged 0 to 6 and 7+ who attended at least one Sault Ste. Marie Area EarlyON site. The statistics include drop-in visits, event visits, and workshop attendance.

Table 9: Unique Visitors and Total Visits by Visitor Type, All EarlyON Centres Combined, 2019

Visitor Type	Unique Visitors	Total Visits
Parents\Caregivers	1,503	17,000
Children	2,640	25,575
Children 0 to 6	2,159	21,066
Children 7+	481	4,509

The chart in Figure 101 shows annual child visits to the Sault Ste. Marie and Area EarlyON Centres from 2016 to 2019. The years of 2018 and 2019 are shown as breakdowns between age 0 to 6 and 7+, while 2016 and 2017 are shown as total children. The 2019 year had the highest number of child visits during this time.

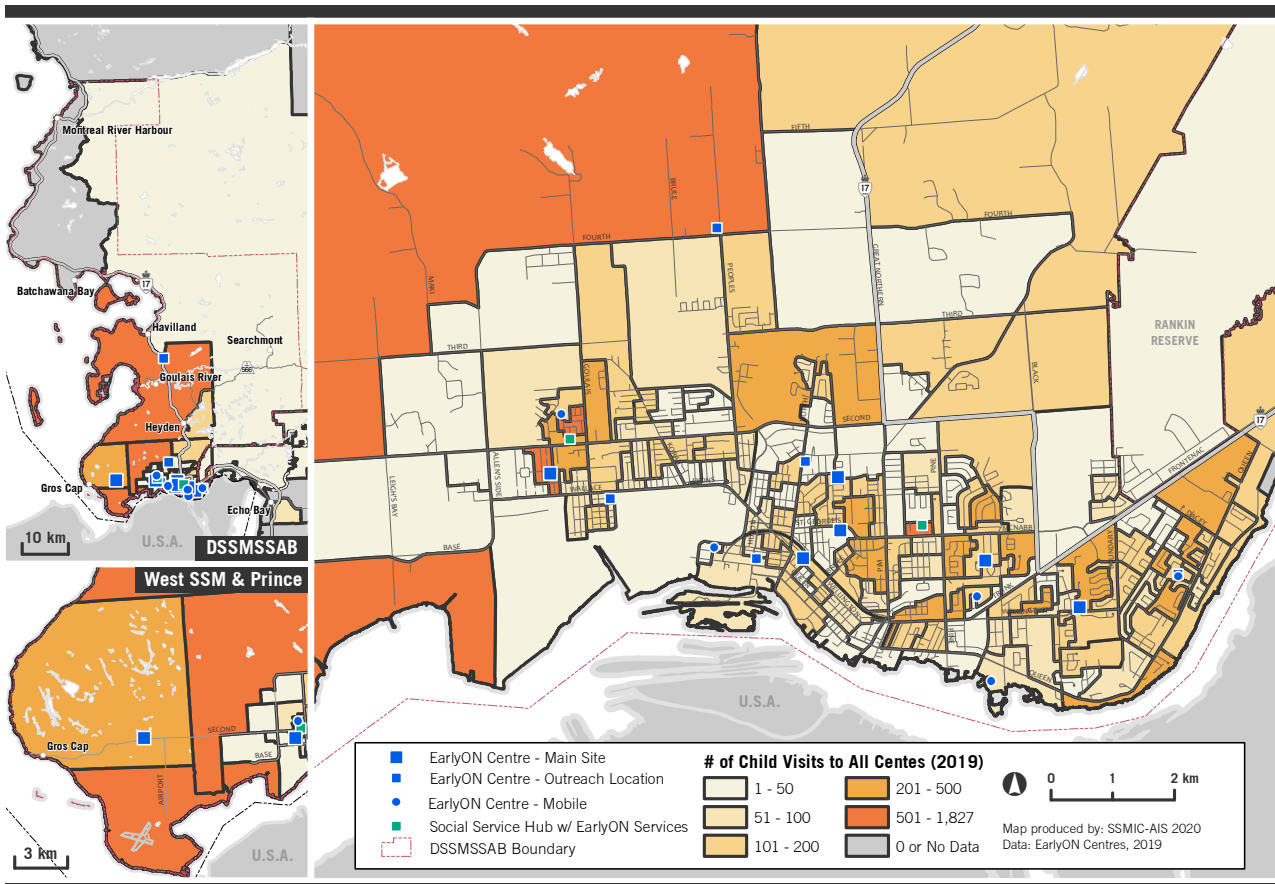
Figure 101: EarlyON Child Drop-In Visits by Calendar Year, 2016-2019



EARLYON CENTRE VISITS BY VISITOR'S NEIGHBOURHOOD OF RESIDENCE

The map in Figure 102 shows the total number of child drop-in/event visits to all EarlyON Centres by modified Census Tracts (CT) for 2019. It is important to note that this map shows the total number of child visits to all EarlyON Centres. Further, each visit represents a single occurrence. This means that the total number of visits could represent a single individual visiting a site many times, or multiple persons visiting a site once.

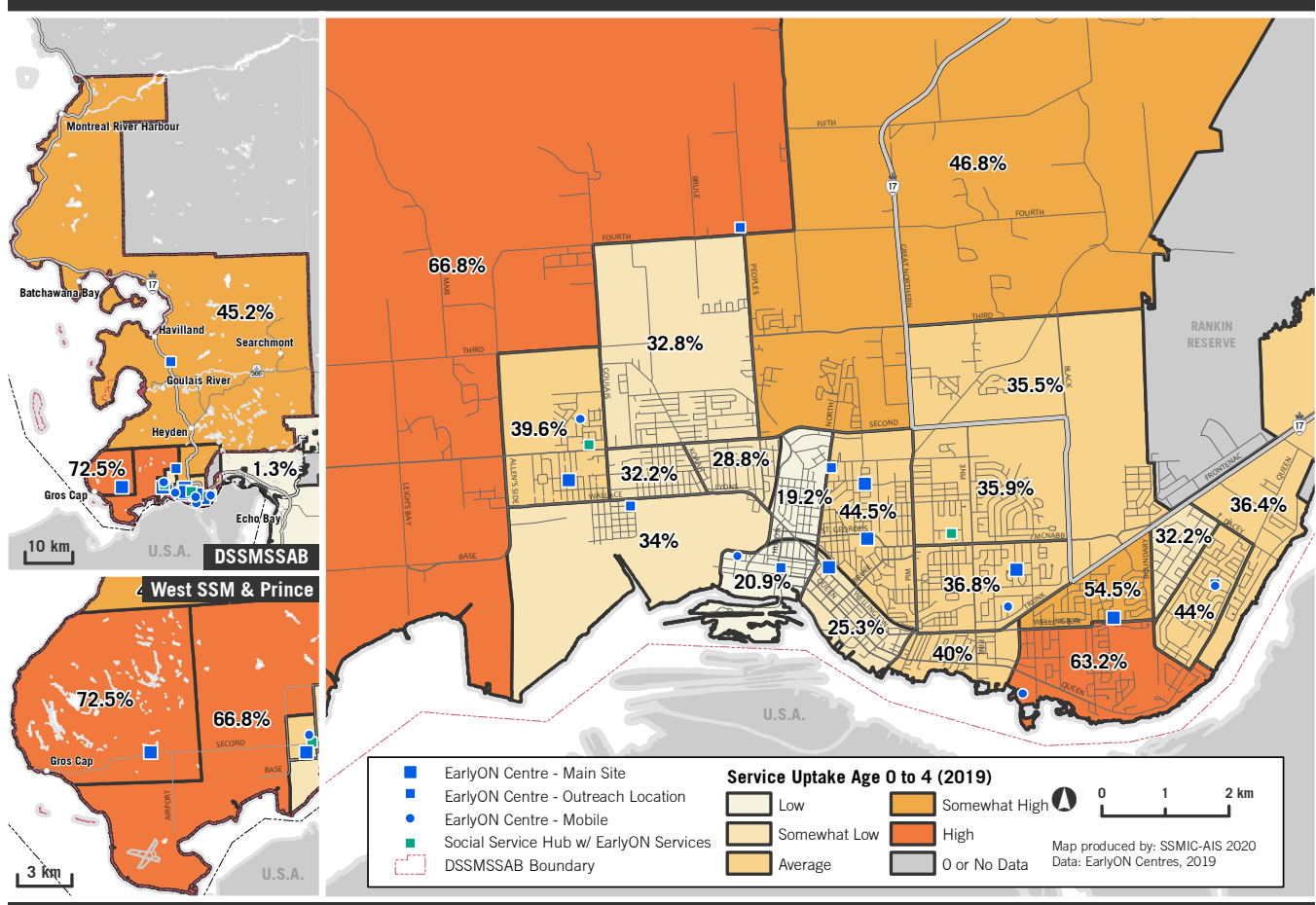
Figure 102: EarlyON Child Drop-In and Event Visits to All Locations Combined by Modified Census Tract, 2019



EarlyON sign-in data shows that the majority of children who attended the EarlyON centres are between the ages of 4 months and 4 years. By combining the approximate population of children aged 0 to 4 and the number of unique visitors aged 0 to 4 to the SSM EarlyON Centres, it has been determined that approximately 40% of all children aged 0 to 4 residing in the DSSMSSAB area attended an EarlyON Centre at least once in 2019. This can be referred to as the EarlyON “service uptake” or utilization rate.

Figure 103 shows the approximate 2019 EarlyON service uptake by children aged 0 to 4 for each CT. This is calculated by dividing the number of unique visitors (aged 0 to 4) by the estimated population aged 0 to 4 in each CT and showing the result as a percentage. Prince Township, rural west Sault Ste. Marie and the neighbourhood surrounding the SSM Golf Club had high utilization rates, while the James Street Neighbourhood, parts of downtown and the Steelton neighbourhood had lower utilization rates relative to the DSSMSSAB average.

Figure 103: EarlyON Service Uptake of 0 to 4 Year Olds by Modified CT, 2019



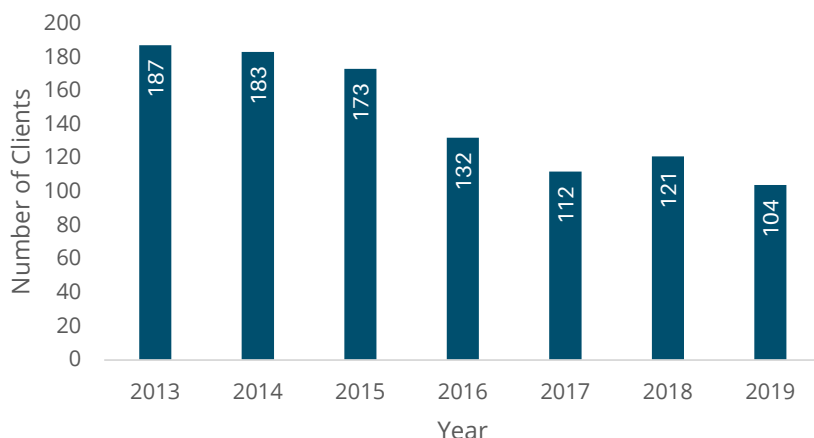
Prenatal Education

The Prenatal program is supported by The Healthy Growth & Development division at APH and is provided to expectant mothers and their partner, at no charge. The classes range in topics from pregnancy, breastfeeding, to basic care for a newborn baby and are available in small groups or online.⁵²

Figure 104 shows the number of clients who have participated in the prenatal program in the DSSMSSAB area between 2013 and 2019. The number of participants in the prenatal program has decreased since 2013, from 187 clients to 104 in 2019. This coincides with a drop in the birth rates during this time period.

⁵² Algoma Public Health. Parent & Child: Pregnancy. Retrieved from the Algoma Public Health website: <http://www.algomapublichealth.com/parent-child/pregnancy/>

Figure 104: Number of Clients of the Prenatal HGD Program, 2013 to 2019



Parenting Programs

Parenting programs are designed to assist and support parents and caregivers in their parenting roles. They foster new or strengthen existing skills in parents in order to better meet the developmental needs of their children and further enhance parent-child relationships and family dynamics.

There are many parenting programs offered in the Sault Ste. Marie area. This report presents only a few that were available in the community in 2019. Programs offered in 2019 included:

Infant Massage is a multi-week program intended for families with infants from birth to twelve months. It builds on the importance of attachment through this stimulating form of touch. Infant Massage nourishes the relationship between the parent and child. Massage enhances an infant's feelings of warmth, relaxation, security, comfort, and it leads to a happier, healthier childhood and adulthood. In 2019, 39 parent/caregivers participated in the Infant Massage program through the EarlyON Centres.

Tummy Time includes a variety of activities, positions, songs, and routines to keep your infant spending a significant amount of time on their tummies while promoting neck and core strength which will eventually prepare them for crawling. This program is designed for infants from birth to nine months old. In 2019, 43 parent/caregivers participated in the Tummy Time program through the EarlyON Centres.

Baby Picasso is a multi-session interactive program for adults and infants ages four to twelve months to experience creative art together. Parents/caregivers learn the benefits of early stimulation and sensory activities. Baby Picasso is offered at several EarlyON Centres and the Sault Ste. Marie Public Library. In 2019, 256 parent/caregivers participated in the Baby Picasso program through the EarlyON Centres and the Sault Ste. Marie Public Library.

The **Mother Goose & Story Time** program introduces parents and children to rhymes, songs and interactive stories. Materials that are used are available for families to take home to keep. In 2019, 108 parent/caregivers participated in the Mother Goose & Story Time program through the EarlyON Centres.

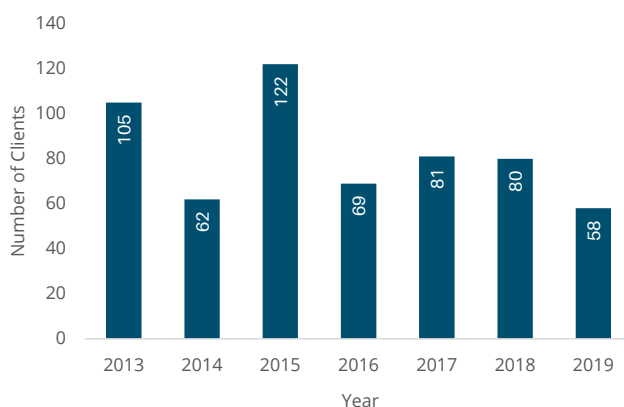
Gym Time aims to teach parents about the importance of physical activity in healthy child development. This gross motor activity will work on you and your child's balance, coordination and cardio, while playing fun games and singing songs. In 2019, 43 parent/caregivers participated in the Gym Time program through the EarlyON Centres.

School Readiness is designed for children ages 3-5 years old. It is a six-week learning readiness course, providing age appropriate and developmentally appropriate instruction to children, which will enhance their entry into kindergarten or other structured environments. With **Backpack Adventures**, parents and children explore the five domains of school readiness. Families discover new information and activities to support their child's journey into school. Each session introduces a new domain and families get to borrow a backpack full of fun activities to practice each new skill at home. In 2019, 395 parent/caregivers visited a School Readiness or Backpack Adventures program through the EarlyON Centres.

The **Young Parents Connection (YPC)** program, a branch of the Ontario Works' **Learning, Earning and Parenting (LEAP)** program, supports young parents in receipt of social assistance in improving the health and wellbeing of their families by providing them with information, skill building activities and social support through weekly collaborative events hosted by partner agencies. The community partners include Algoma Family Services, Algoma Public Health, Children's Aid Society, Child Care Algoma/EarlyON, Ontario Works, Sault College, The Pregnancy Centre, Women in Crisis, and the YMCA. These partners are able to provide a large variety of evidence-based programming to include prenatal, after the baby and toddler groups. Each year the YPC committee facilitates a "Check-In" with the youth to identify areas of improving program delivery and what interests they have regarding their learning as parents. This information assists in developing the program calendar.

Figure 105 shows the number of youths who have accessed the YPC program between 2013 and 2019. The average number of clients per year during this time period was 82. The highest number of participants were observed in 2015 at 122 clients, while 2019 saw the fewest number of clients with 58.

Figure 105: Number of YPC Clients, 2013 to 2019



The following agencies provide parenting programs in the DSSMSSAB area. For more information on specific programs, please contact these agencies.

- Algoma Family Services: algomafamilyservices.org
- Algoma Pregnancy Centre: algomapregnancy.com
- Algoma Public Health: algomapublichealth.com
- Child Care Algoma: childcarealgoma.ca
- Indian Friendship Centre: ssmifc.com
- Métis Nation of Ontario - Historic Sault Ste. Marie Métis Council: metisnation.org
- Nogdawindamin Family and Community Services: nog.ca

- Prince Township Community Centre: (Facebook) [EarlyON Child and Family Centre Prince, SSM & Sault North](#)
- Sault Area Hospital: [sah.on.ca](#)
- Sault Ste. Marie Public Library: [ssmpl.ca](#)
- The Pregnancy Centre: [algomapregnancy.com](#)
- THRIVE Child Development Centre: [kidsthive.ca](#)
- YMCA of Sault Ste. Marie: [ssmymca.ca](#)

Special Needs Resourcing

Special needs encompass a range of disorders that can be related to behavioural, emotional, physical or intellectual development.⁵³ In Sault Ste. Marie, the DSSMSSAB contracts with THRIVE Child Development Centre for the delivery of services meant to ensure that children with special needs can participate successfully in licensed child care. THRIVE delivers the Early Learning Resource Program, which provides Early Childhood Education Resource Consultant services to children 0-12 in licensed child care centres in Sault Ste. Marie and the Algoma District. These consultative services ensure inclusion of children with special needs into community child care programs. The Resource Consultants collaborate with the Early Childhood Education staff in the program to develop Individual Support Plans that incorporates the needs of the child into the program. This model of service delivery allows for children with special needs to attend any program that they choose.⁵⁴

The total number of children serviced by THRIVE's Early Learning Resources program in Sault Ste. Marie in 2019 was 76. This has steadily decreased since 2016 where 107 children were serviced (Figure 106). In Algoma, the number of children serviced has gradually increased since 2016 (60) to 2019 (81).

Figure 107 shows the number of children that were on the waitlist by the end of each year. In Sault Ste. Marie, there has been a gradual increase in the number of children on the waitlist from 19 children at the end of 2017 to 22 children at the end of 2019. There were zero children on the waitlist in 2016, which is why this year was not included in the chart. In Algoma, there were zero children on the waitlist in 2016 and 2017 while there were 6 children at the end of 2018 and 9 at the end of 2019.

Figure 106: Total Number of Children Serviced, 2016-2019

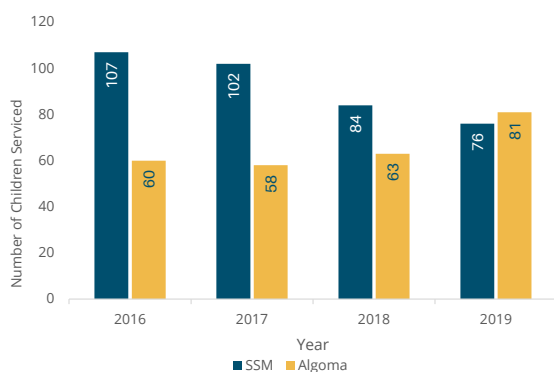


Figure 107: Total Number of Children on the Waitlist, 2017-2019



⁵³ <https://edi.offordcentre.com/about/children-with-special-needs/>

⁵⁴ <https://kidsthive.ca/service/early-learning-resources/>

Triple P

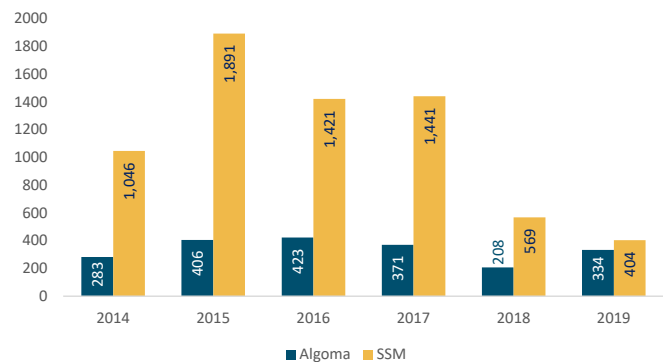
Triple P is one of the most effective evidence-based programs offered around the world with over 35 years of continuing research. As a result of the program, parents have reported feeling more confident in their parenting as well as feeling less stress and anger. The program is designed to give parents the information and resources they need to help them become independent problem solvers. The Triple P program helps parents to:

- Raise happy, confident kids
- Manage misbehaviour so that everyone in the family enjoys life more
- Set rules and routines that everyone respects and follows
- Encourage behaviour you like
- Take care of yourself as a parent
- Feel confident you're doing the right thing

Throughout Sault Ste. Marie and the District of Algoma, Triple P strategies can be learned through a variety of programs including: three-part Parenting Seminars, Group sessions for parents with children up to 16 years of age, Family Transitions for parents experiencing separation and divorce, and One-on-One sessions for parents to talk about specific issues in the home. Since inception throughout the Algoma District (2014), Figure 108 shows more than 9,000 parents have received some form of Triple P coaching.

In 2019, Sault Ste. Marie had 70 active practitioners available at numerous child and youth-serving organizations providing a multi-level parenting and family support strategy, which provides consistent and positive messages about parenting no matter where a parent chooses to receive service. A strong partnership between community partners and a commitment to healthy and happy children enables a community-wide practice that provides a consistent parenting message across the area. Close to 400 parents received Triple P strategies by either attending one of the 4 groups or 5 seminars offered or by meeting with a practitioner to discuss their own situation.

Figure 108: All Parents Receiving Triple P in Sault Ste. Marie by Year, 2014 to 2019



Children's Aid Society Of Algoma

Due to a change in data collection methods, the CAS data to follow shows the DSSMSSAB and ADSAB areas combined as they could not be separated into the individual geographies. Additionally, data was only available for the 2018/2019 and 2019/2020 fiscal years.

The number of families in ongoing service is shown in Figure 109. These families are those which are receiving ongoing child protection services, or, those whom a child protection investigation has been completed, and CAS has engaged in providing child protection services to the family beyond the period of investigation. The average number of families receiving ongoing service in the Algoma District was at 372 in 2019/2020, a slight decrease from 380 in 2018/2019.

The average number of children in the care of the CAS in the Algoma District is shown in Figure 110. In 2019/2020, the average number of children in care was 139, a decrease from 160 in 2018/2019.

Figure 111 shows the average number of children aged 0 to 5 years in the care of the CAS in the Algoma District. The average number of children aged 0 to 5 years in care, in 2019/2020, was 54, a decrease from 61 in 2018/2019.

Children living with kin are considered to not be in the care of the CAS, but rather living with a person significant to them with ongoing service from the CAS. Figure 112 shows that the average number of children in kinship care in the Algoma District has increased since 2018/2019 from 57 to 75 in 2019/2020.

The total number of investigations made by the CAS in the Algoma District in 2019/2020 was at 1,215, a decrease from 1,268 in 2018/2019.

Figure 109: Average Number of Families in Ongoing Service, Algoma District, 2018/19-2019/20

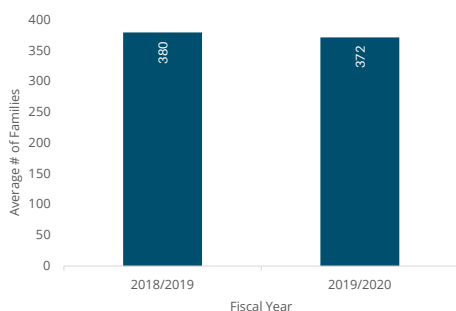


Figure 110: Average Number of Children in Care, Algoma District, 2018/19-2019/20

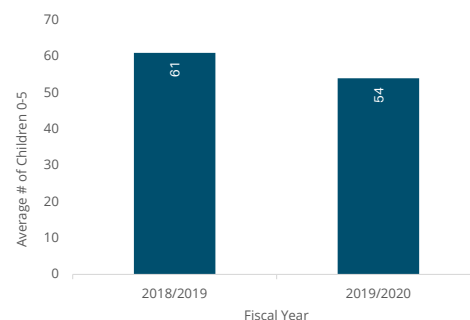


Figure 111: Average Number of Children in Care Aged 0-5, Algoma District, 2018/19-2019/20

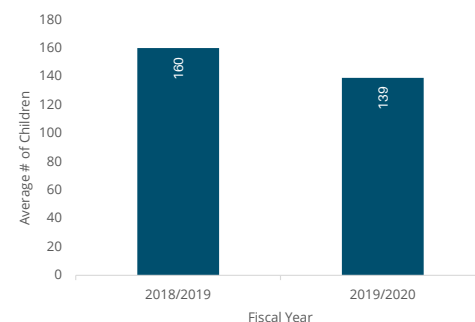


Figure 112: Average Number of Children Placed with Kin, Algoma District, 2018/19-2019/20

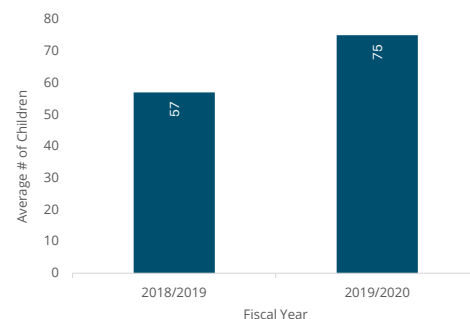
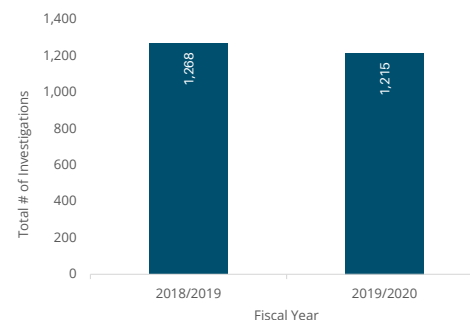


Figure 113: Total Number of Investigations, Algoma District, 2018/19-2019/20



Nogdawindamin Family And Community Services Child Protection

Nogdawindamin Family and Community Services has been working to improve child welfare services to the North Shore First Nations since 1990. In April 2017, Nogdawindamin was legislated as an independent child welfare organization and is currently responsible for ensuring the safety of all North Shore First Nations children. Nogdawindamin's jurisdiction spans from Sault Ste. Marie, Ontario to Sudbury, Ontario and is home to approximately thirty thousand (30,000) First Nation citizens. Child Welfare services are delivered through a strengths-based lens, focusing on developing a comprehensive circle of care unique to each individual family and service context.

Investigations and assessments are conducted in response to a referral that a child may be in need of protection. The resulting investigation assesses the immediate safety of the child(ren) as well as initiating intervention to mitigate safety concerns if present. Figure 114 displays the number of investigations and assessments that took place between the 2017-2018 and 2019-2020 fiscal years. The number of investigations initiated has remained relatively consistent over the past 3 fiscal years.

The number of families who received support from the Agency's ongoing service department between the 2017-2018 and 2019-2020 fiscal years is shown in Figure 115. Families who received ongoing child protection services are indicative of a determination that current child protection concerns exist, and continued family intervention is required to mitigate risk and ensure safety. The focus of ongoing services is on protecting children by engaging families, collaborating with communities and providing support and guidance to reduce the likelihood of future harm to children.

The average child's age for the families receiving support from ongoing services is found in Figure 116. During the 2018-2019 fiscal year, the average age of children receiving ongoing services increased by 1 year, from age 6 to age 7. There was no change in the average age of children receiving ongoing services between 2018-19 and 2019-2020.

Where the Agency determines that children or youth are at risk and reported concerns are verified, an out of home placement may be necessary. The number of children under the age of 5 in out of home placements has been increasing slowly. Figure 117 displays the number of children aged 0 to 5 that were in out of home placements with Nogdawindamin Family and Community Services over the last 3 fiscal years.

Figure 114: Number of Investigations Opened

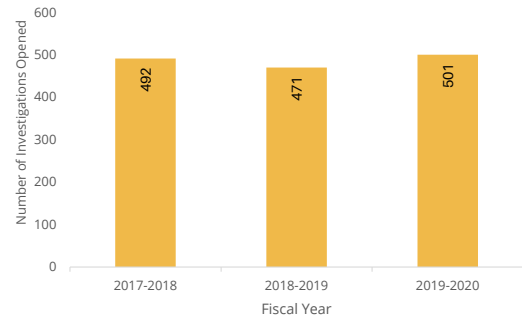


Figure 115: Total Ongoing Child Protection Families

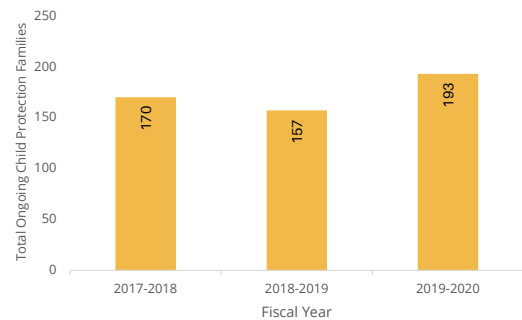


Figure 116: Average Age of Children in Ongoing Protection Services

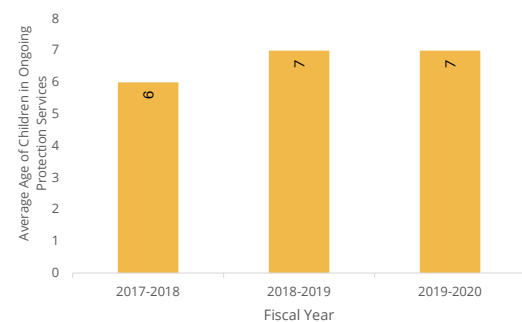
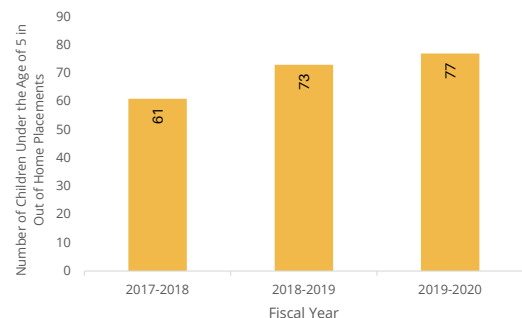


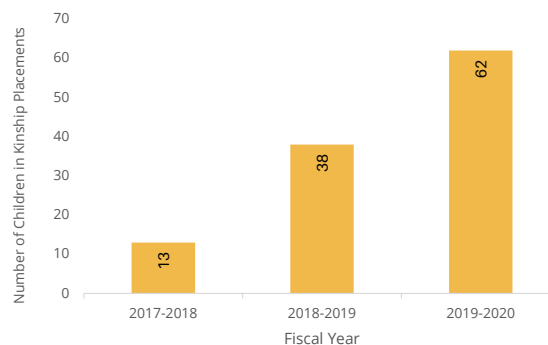
Figure 117: Number of Children Under the Age of 5 in Out of Home Placements



Child & Family

Children living in a Kinship Placement are not considered to be in the care of the Agency, but rather living with a person significant to them with ongoing support and service from the Agency. Figure 118 shows the number of children living in Kinship Placements between the 2017-2018 and 2019-2020 fiscal years. This number has been steadily increasing over the past 3 fiscal years.

Figure 118: Number of Children in Kinship Placements



Since its designation as a child welfare authority in April 2017, Nogdawindamin Family and Community Services recognized the necessity for various social service programs within the communities and urban centres it supports. In response to the identified needs, the Agency has transformed into a multi-service organization that aims to support family integrity as well as the holistic wellness of the North Shore First Nation population through the provision of wrap-around physical, mental, spiritual, emotional and cultural supports. The Agency quickly mobilized to fill preventative service gaps across the jurisdiction through the establishment of a wide range of pilot programs focused on meeting the unique and often complex circumstances faced by many North Shore community members. As a result, Nogdawindamin Neonatal Services, Children's Mental Health, Family Well-Being, Cultural Services and the Children and Youth Wellness Centre were born. Through the implementation of wrap-around preventative services, children, youth and their families across the North Shore have greater access to assistance and support in developing and/or improving caregiving skills, with the goal of decreasing child welfare intervention and children requiring out of home placements. All preventative programming, like child welfare service delivery, is developed and delivered from an Anishnawbek cultural foundation and is grounded in the Seven Grandfather teachings and the medicine wheel.



WHERE HAVE WE GONE SINCE THE LAST REPORT?

The Child & Family section of this report builds on the existing indicators selected for the 2015 report. For each indicator, several years of data have been added.

Favourable Decrease

Lone Parent Families with Young Children



Of the families with young children in Sault Ste. Marie, a slightly lower proportion of them were headed by a lone-parent in 2017 than in 2013.
(2013: 30.5% of families with young children, 2017: 28.8% of families with young children).

Favourable Increase

Median Income



The median incomes for couple-parent and lone-parent families have both increased between 2013 and 2017. Couple-parent families saw an increase of \$13,872 and lone-parent families saw an increase of \$7,260 during this time.
Please note that median income for lone parent families was still below the Ontario average in 2017.

Favourable Decrease

Families Living in Low Income



In 2017, a lower proportion of all Sault Ste. Marie families were living in low-income situations than in 2013. In 2017, 16.3% of SSM families lived in a low-income situation; down from 18.9% in 2013.

No Change

Social Assistance



In 2017, 12.9% of Sault Ste. Marie families received income support from social assistance, nearly the same as 12.3% of families in 2013.

Favourable Increase

EarlyON Centres



2019 saw the highest number of total child visits counted in the past four years with 1,300 additional visits than the previous year. The increase was mostly due to a higher number of children 7+ visiting the sites in 2019.

Unfavourable Decrease

Prenatal Education



In 2015, the number of participating clients in the DSSMSSAB area was 173, however this fell to 104 clients in 2019.

Decrease

Parenting Programs/ Young Parents Connection



The number of youths who have participated in the Young Parents Connection program has decreased between 2015 (122) and 2019 (58).

Special Needs Resourcing Triple P Children's Aid Society Nogdawindamin Family and Community Services Child Protection

N/A

These indicators are either new to this report or data collection methods have changed so a comparison could not be made.

Data Sources

Community Overview

Figure 1: Map of the DSSMSSAB Catchment Area and the Sault Ste. Marie Census Agglomeration (CA)
Statistics Canada, 2016 Census – Boundary files, and Sault Ste. Marie Innovation Centre – Acorn Information Solutions

Table 1: Population Change between 2011 and 2016 for the Census Subdivisions of the DSSMSSAB Area

Table 2: Change in the Population of Children Aged 0 to 6 and Aged 7 to 12, 2011 to 2016

Figure 2: Age-Sex Structure Comparison, 2006-2016, DSSMSSAB Area, Statistics Canada

Figure 3: Total Population Aged 0 to 6 by Census Tract (CT), DSSMSSAB Area, 2016

Statistics Canada, 2016 Census of Population, Statistics Canada catalogue no. 98-400-X2016003; and Statistics Canada, 2011 Census of Population, Statistics Canada catalogue no. 98-311-XCB2011018

Figure 4: Comparison of Indigenous ID and All Population by Age Groups, DSSMSSAB Area, 2016

Statistics Canada. (2016). Target group profile of Aboriginal Identity, Census, 2016. EO2766 Table 12 (CD-CSD-DA). Retrieved from: <https://communitydata.ca/content/target-group-profile-aboriginal-identity-census-2016>

Table 3: Indigenous Identity Population by Age Group in the DSSMSSAB Area, 2006 and 2016

Statistics Canada. (2016). Target group profile of Aboriginal Identity, Census, 2016. EO2766 Table 12 (CD-CSD-DA). Retrieved from: <https://communitydata.ca/content/target-group-profile-aboriginal-identity-census-2016>; and Statistics Canada. (2006). Target group profile of Aboriginal Identity population, Census, 2006. EO1213 (CD-CSD). Retrieved from: <https://communitydata.ca/content/target-group-profile-aboriginal-identity-population-census-2006>

Figure 5: Indigenous Identity Children Aged 0 to 14 by Census Tract (CT), DSSMSSAB Area, 2016

Statistics Canada. (2016). Target group profile of Aboriginal Identity, Census, 2016. EO2766 Table 12 (CMA-CA-CT). Retrieved from: <https://communitydata.ca/content/target-group-profile-aboriginal-identity-census-2016>

Figure 6: Comparison of Francophone and All Population by Age Groups, DSSMSSAB Area, 2016

Statistics Canada. (2016). Target group profile of the Francophone population, Census, 2016. EO2766 Table 7 (CD-CSD-DA). Retrieved from: <https://communitydata.ca/content/target-group-profile-francophone-population-census-2016>

Table 4: Francophone Population by Age Group in the DSSMSSAB Area, 2011 and 2016

Statistics Canada. (2016). Target group profile of the Francophone population, Census, 2016. EO2766 Table 7 (CD-CSD-DA). Retrieved from: <https://communitydata.ca/content/target-group-profile-francophone-population-census-2016>; and Statistics Canada. (2011). Target group profile of the Francophone population, Census, 2011. EO2065 (CD-CSD-DA). Retrieved from: <https://communitydata.ca/content/target-group-profile-francophone-population-census-2011>

Figure 7: Francophone Children Aged 0 to 14 by Census Tract (CT), DSSMSSAB Area, 2016

Statistics Canada. (2016). Target group profile of the Francophone population, Census, 2016. EO2766 Table 7 (CMA-CA-CT). Retrieved from: <https://communitydata.ca/content/target-group-profile-francophone-population-census-2016>

Figure 8: Residential Instability Dimension of the Ontario Marginalization Index for the DSSMSSAB Area, 2016

Figure 9: Material Deprivation Dimension of the Ontario Marginalization Index for the DSSMSSAB Area, 2016

Figure 10: Dependency Dimension of the Ontario Marginalization Index for the DSSMSSAB Area, 2016

Figure 11: Overall Marginalization for the DSSMSSAB Area, 2016

Public Health Ontario (2018). Ontario Marginalization Index 2016

Health & Physical Environment

Figure 12: Number of Live Births within the DSSMSSAB

Figure 13: Crude Birth Rate 2010 to 2019, DSSMSSAB and Ontario

Figure 14: Small for Gestational Age, DSSMSSAB, 2010 to 2019

Figure 15: Live Births to Teen Mothers as a Percent of Total Live Births 2010 to 2019, DSSMSSAB & Ontario
Inpatient Discharges [2010-2019], IntelliHEALTH ONTARIO, Ontario Ministry of Health and Long-Term Care, Date Extracted: [Sep 29, 2020]; Algoma PHU & Ontario: Population Estimates [2000-2017], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Date Extracted: [Sep 1, 2020]; Population Projections [2018-2031], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Date Extracted [Sep 1, 2020]

Figure 16: Number of Visits Made by Clients of Healthy Babies Healthy Children, Sault Ste. Marie, 2014 to 2019

Algoma Public Health, 2020

Figure 17: Number of Infant and Child Development Program Clients and Referrals in Sault Ste. Marie, 2013/14 to 2019/20

Algoma Public Health, 2020

Figure 18: Number of Clients Served by AFS, 2015/16 to 2019/20

Figure 19: Age Distribution of Child and Youth Mental Health Clients, 2015/16 to 2019/20

Figure 20: Top 3 Diagnoses Reported by Algoma Family Services, 2016/17

Figure 21: Regional Distribution of AFS Clients, 2015/16 to 2019/20

Algoma Family Services, 2020

Figure 22: Rate of Asthma-Related Hospital Visits per 1,000 in Children 0 to 6, DSSMSSAB and Ontario, 2010 to 2019

Inpatient Discharges [2010-2019], IntelliHEALTH ONTARIO, Ontario Ministry of Health and Long-Term Care, Date Extracted: [Sep 25, 2020]; Algoma PHU & Ontario: Population Estimates [2000-2017], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Date Extracted: [Sep 1, 2020]; Population Projections [2018-2031], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Date Extracted [Sep 1, 2020]

Figure 23: Number of Children Screened and Caries Free in the DSSMSSAB Area, 2015/16 to 2018/19

Algoma Public Health, 2020

Figure 24: Weekly and Monthly Cost of a NFB For a Family of Four in the Algoma PHU Area, 2010 to 2019

Algoma Public Health, 2020

Figure 25: Healthy Food Accessibility within Sault Ste. Marie, 2020

Table 5: Number and Percent of Children 0 To 14 Years Living in Proximity To A Healthy Food Source, 2016 Census

Figure 26: Number and Percent of Children 0 to 14 years Living in Proximity to a Healthy Food Source, 2016 Census

Sault Ste. Marie Innovation Centre – Acorn Information Solutions; and Statistics Canada, 2016 Census of Population, Statistics Canada catalogue no. 98-400-X2016003

Figure 27: Number of Clients of the CPNP in the DSSMSSAB Area, 2013 to 2019

Algoma Public Health, 2020

Figure 28: Number of Meals Prepared at AFS Community Kitchens, 2017/18 to 2019/20

Figure 29: Number of Participants of the Community Kitchen Program, 2017/19 to 2019/20

Figure 30: Number of Kitchens Held at Community Kitchens Program, 2017/18 to 2019/20

Algoma Family Services, 2020

Figure 31: Number of Participating Schools in Algoma, 2009/10 to 2019/20

Figure 32: Number of Meals Served in Schools in Algoma, 2009/10 to 2019/20

Figure 33: Number of Students Served through the SNP, 2009/10 to 2019/20

Algoma Family Services, 2020

Figure 34: Number of Women and Children Served at the Phoenix Rising Women's Centre, 2011 to 2019

Phoenix Rising Women's Centre, 2020

Figure 35: Number of Food Packages Served to Adults and Children at St. Vincent Place Food Bank, 2015 to 2019

Figure 36: Number of Food Packages Served to Individuals and Families at St. Vincent Place Food Bank, 2015 to 2019

St. Vincent Place, 2020

Figure 37: Number of Meals Served to Adults at the Soup Kitchen, 2010 to 2019

Figure 38: Number of Meals Served to Children at the Soup Kitchen, 2010 to 2019

Sault Ste. Marie Soup Kitchen Community Centre, 2020

Data Sources

Figure 39: Rate of Injury-Related Hospital Visits in Children (0 to 6) per 1,000 population, DSSMSSAB and Ontario, 2010 to 2019

Inpatient Discharges [2010-2019], IntelliHEALTH ONTARIO, Ontario Ministry of Health and Long-Term Care, Date Extracted: [Sep 14, 2020]; Algoma PHU & Ontario: Population Estimates [2000-2017], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Date Extracted: [Sep 1, 2020]; Population Projections [2018-2031], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Date Extracted [Sep 1, 2020]

Figure 40: Rates of Incidents of Crime per 100,000 Population, Sault Ste. Marie Area and Ontario, 2006 to 2018

Figure 41: Rates of Incidents of Crime by Offence Type per 100,000 Population, Sault Ste. Marie Area, 2006 to 2018

Figure 42: Rates of Youth Accused of Crime per 100,000 Youth (Aged 12 to 17), Sault Ste. Marie Area and Ontario, 2006 to 2018

Figure 43: Percent of Incidence Rates of Youth (Aged 12 to 17) Accused of Crime by Offence Type, Sault Ste. Marie Area (2014 to 2018 Combined)

Figure 44: Selected Common Offences as a Proportion of Police-Reported Incidence with Youth Accused, Sault Ste. Marie Area (2014 to 2018 Combined)

Statistics Canada, Incident-based crime statistics, by detailed violations, police service in Ontario, Table 35-10-0180-01 (formerly CANSIM 252-0077)

Figure 45: Walking Distance to Public Playgrounds and Playground Grades, Summer 2020

Figure 46: Public Access Playground Grades (Municipal & Schools), 2016 and 2020

Figure 47: Additional Greenspace and Sports Complexes (no playgrounds on site)

Sault Ste. Marie Innovation Centre – Acorn Information Solutions, 2016 and 2020

Education & Child Care

Figure 48: Families and Children Assisted with Fee Subsidy in Sault Ste. Marie

Figure 49: Number of Licensed Child Care Spaces by Child Care Centre and Age Grouping (March 2019)

Table 6: List of Child Care Centres (March 2019)

Figure 50: Overview of Ontario Works/Early Years Pilot Project

District of Sault Ste. Marie Social Services Administration Board, 2020

Figure 51: Kids Being Kids Program Locations, 2019

Sault Ste. Marie Innovation Centre – Acorn Information Solutions, 2020

Table 7: Registrants and Visits to the Kids Being Kids Program, 2019

District of Sault Ste. Marie Social Services Administration Board, 2020

Figure 52: Junior Kindergarten Enrollment in the DSSMSSAB and ADSAB areas, 2011/12 to 2019/20

Figure 53: Senior Kindergarten Enrollment in the DSSMSSAB and ADSAB areas, 2011/12 to 2019/20

Algoma District School Board, Conseil scolaire public du Grand Nord de l'Ontario, Conseil scolaire catholique du Nouvel-Ontario, and Huron Superior Catholic District School Board, 2020

Table 8: Approximate Population of JK-Aged Children and the Number of Students Enrolled in JK

Algoma District School Board, Conseil scolaire public du Grand Nord de l'Ontario, Conseil scolaire catholique du Nouvel-Ontario, Huron Superior Catholic District School Board, 2020; Statistics Canada, 2016 Census of Population, Statistics Canada Catalogue no. 98-400-X2016001; and Sault Ste. Marie Innovation Centre – Acorn Information Solutions, 2020

Figure 54: Valid EDI Counts by Larger Neighbourhoods

Offord Centre for Child Studies (OCCS), McMaster University, 2005, 2012, 2015, and 2018 and Sault Ste. Marie Innovation Centre – Acorn Information Solutions, 2020

Figure 55: Percent Vulnerable by EDI Domain – Sault Ste. Marie

Figure 56: Percent Vulnerable in One or More and Two or More EDI Domains – Sault Ste. Marie

Offord Centre for Child Studies (OCCS), McMaster University, 2005, 2012, 2015, and 2018

Figure 57: Percent Vulnerable in One or More Domains by Large Neighbourhood, 2017/18

Figure 58: Percent Vulnerable in Two or More Domains by Large Neighbourhood, 2017/18

Offord Centre for Child Studies (OCCS), McMaster University, 2005, 2012, 2015, and 2018 and Sault Ste. Marie Innovation Centre – Acorn Information Solutions, 2020

Figure 59: Percent Vulnerable Physical Health & Well-being Domain Sault Ste. Marie

Offord Centre for Child Studies (OCCS), McMaster University, 2005, 2012, 2015, and 2018

Figure 60: Percent Vulnerable in the Physical Health & Well-being Domain by Large Neighbourhood, 2017/18

Offord Centre for Child Studies (OCCS), McMaster University, 2005, 2012, 2015, and 2018 and Sault Ste. Marie Innovation Centre – Acorn Information Solutions, 2020

Figure 61: Physical Readiness Subdomain

Figure 62: Physical Independence Subdomain

Figure 63: Gross & Fine Motor Skills Subdomain

Figure 64: Percent Vulnerable Social Competence Domain Sault Ste. Marie

Offord Centre for Child Studies (OCCS), McMaster University, 2005, 2012, 2015, and 2018

Figure 65: Percent Vulnerable in the Social Competence Domain by Neighbourhood, 2017/18

Offord Centre for Child Studies (OCCS), McMaster University, 2005, 2012, 2015, and 2018 and Sault Ste. Marie Innovation Centre – Acorn Information Solutions, 2020

Figure 66: Overall Social Competence Subdomain

Figure 67: Responsibility and Respect Subdomain

Figure 68: Approaches to Learning Subdomain

Figure 69: Readiness to Explore New Things Subdomain

Figure 70: Percent Vulnerable Emotional Maturity Domain Sault Ste. Marie

Offord Centre for Child Studies (OCCS), McMaster University, 2005, 2012, 2015, and 2018

Figure 71: Percent Vulnerable in the Emotional Maturity Domain by Neighbourhood, 2017/18

Offord Centre for Child Studies (OCCS), McMaster University, 2005, 2012, 2015, and 2018 and Sault Ste. Marie Innovation Centre – Acorn Information Solutions, 2020

Figure 72: Prosocial and Helping Behaviour Subdomain

Figure 73: Anxious and Fearful Behaviour Subdomain

Figure 74: Aggressive Behaviour Subdomain

Figure 75: Hyperactivity and Inattention Subdomain

Figure 76: Percent Vulnerable Language & Cognitive Development Domain Sault Ste. Marie

Offord Centre for Child Studies (OCCS), McMaster University, 2005, 2012, 2015, and 2018

Figure 77: Percent Vulnerable in the Language & Cognitive Development Domain by Neighbourhood, 2017/18

Offord Centre for Child Studies (OCCS), McMaster University, 2005, 2012, 2015, and 2018 and Sault Ste. Marie Innovation Centre – Acorn Information Solutions, 2020

Figure 78: Basic Literacy Subdomain

Figure 79: Interest in Literacy/Numeracy and Memory Subdomain

Figure 80: Advanced Literacy Subdomain

Figure 81: Basic Numeracy Subdomain

Figure 82: Percent Vulnerable Communication Skills & General Knowledge Domain Sault Ste. Marie

Offord Centre for Child Studies (OCCS), McMaster University, 2005, 2012, 2015, and 2018

Figure 83: Percent Vulnerable in Communication Skills & General Knowledge Domain by Large Neighbourhood, 2017/18

Offord Centre for Child Studies (OCCS), McMaster University, 2005, 2012, 2015, and 2018 and Sault Ste. Marie Innovation Centre – Acorn Information Solutions, 2020

Figure 84: Communication Skills and General Knowledge Subdomain

Offord Centre for Child Studies (OCCS), McMaster University, 2005, 2012, 2015, and 2018

Data Sources

Child & Family

Figure 85: Family Structure 2017 – Families with Children Under 6

Figure 86: Family Structure 2017 – Lone-Parent Families with Children Under 6 by Census Tract

Figure 87: Lone-Parent Families with Children Under 6 as a percentage of Total Families with Children Under 6

Figure 88: Median Family Income 2017 - By Family Type

Figure 89: Median Family Income 2006-2017 – Couple-Parent Families

Figure 90: Median Family Income 2006-2017 – Lone-Parent Families

Figure 91: Percent of Youth Living in Low-Income, 2006-2017

Figure 92: Percent of Youth Living in Couple-Parent Families that are in Low-Income, 2006-2017

Figure 93: Percent of Youth Living in Lone-Parent Families that are in Low-Income, 2006-2017

Figure 94: Families Receiving Social Assistance in 2017 by Family Type

Figure 95: Families Receiving Social Assistance in 2017 by Family Type by Census Tract

Figure 96: Families Receiving Social Assistance 2006 to 2017 – All Family Types

Figure 97: Families Receiving Social Assistance 2006 to 2017 – Couple Parent Families

Figure 98: Families Receiving Social Assistance 2006 to 2017 – Lone-Parent Families

Statistics Canada (SAAD Taxfiler Data), 2006 to 2017, Retrieved from: <https://communitydata.ca/>

Figure 99: EarlyON Locations in the DSSMSSAB Area in 2019/20

Sault Ste. Marie Innovation Centre – Acorn Information Solutions, 2020

Table 9: Unique Visitors and Total Visits by Visitor Type, All EarlyON Centres Combined, 2019

Figure 100: EarlyON Child Drop-In Visits by Calendar Year, 2016-2019

Figure 101: EarlyON Child Drop-In and Event Visits to All Locations Combined by Modified Census Tract, 2019

Figure 102: EarlyON Service Uptake of 0 to 4 Year Olds by Modified CT, 2019

KeyON 2020, Sault Ste. Marie Region Visitor Database, Retrieved from: www.keyon.ca; and Sault Ste. Marie Innovation Centre – Acorn Information Solutions

Figure 103: Number of Clients of the Prenatal HGD Program, 2013 to 2019

Figure 104: Number of YPC Clients, 2013 to 2019

Algoma Public Health, 2020

Figure 105: Total Number of Children Serviced, 2016-2019

Figure 106: Total Number of Children on the Waitlist, 2017-2019

THRIVE Child Development Centre, 2020

Figure 107: All Parents Receiving Triple P in Sault Ste. Marie by Year, 2014 to 2019

Triple P – Positive Parenting Program, 2020, Triple P Statistics; and Sault Ste. Marie Innovation Centre – Acorn Information Solutions

Figure 108: Average Number of Families in Ongoing Service, Algoma District, 2018/19-2019/20

Figure 109: Average Number of Children in Care, Algoma District, 2018/19-2019/20

Figure 110: Average Number of Children in Care Aged 0-5, Algoma District, 2018/19-2019/20

Figure 111: Average Number of Children Placed with Kin, Algoma District, 2018/19-2019/20

Figure 112: Total Number of Investigations, Algoma District, 2018/19-2019/20

Children's Aid Society of Algoma, 2020

Figure 113: Number of Investigations Opened

Figure 114: Total Ongoing Child Protection Families

Figure 115: Average Age of Children in Ongoing Protection Services

Figure 116: Number of Children Under the Age of 5 in Out of Home Placements

Figure 117: Number of Children in Kinship Placements

Nogdawindamin Family and Community Services, 2020

Appendix

- Figure 118: Percent Vulnerable in the Physical Health & Well-being Domain
 - Figure 119: Percent At Risk in the Physical Health & Well-being Domain
 - Figure 120: Percent Vulnerable or At Risk in the Physical Health & Well-being Domain
 - Figure 121: Percent Vulnerable in the Social Competence Domain
 - Figure 122: Percent At Risk in the Social Competence Domain
 - Figure 123: Percent Vulnerable or At Risk in the Social Competence Domain
 - Figure 124: Percent Vulnerable in the Emotional Maturity Domain
 - Figure 125: Percent At Risk in the Emotional Maturity Domain
 - Figure 126: Percent Vulnerable or At Risk in the Emotional Maturity Domain
 - Figure 127: Percent Vulnerable in the Language & Cognitive Development Domain
 - Figure 128: Percent At Risk in the Language & Cognitive Development Domain
 - Figure 129: Percent Vulnerable or At Risk in the Language & Cognitive Development Domain
 - Figure 130: Percent Vulnerable in the Communication Skills & General Knowledge Domain
 - Figure 131: Percent At Risk in the Communication Skills & General Knowledge Domain
 - Figure 132: Percent Vulnerable or At Risk in the Communication Skills & General Knowledge Domain
 - Figure 133: Percent Vulnerable in One or More EDI Domains
 - Figure 134: Percent At Risk in One or More EDI Domains
 - Figure 135: Percent Vulnerable or At Risk in One or More EDI Domains
 - Figure 136: Percent Vulnerable in Two or More EDI Domains
 - Figure 137: Percent At Risk in Two or More EDI Domains
 - Figure 138: Percent Vulnerable or At Risk in Two or More EDI Domains
- Offord Centre for Child Studies (OCCS), McMaster University, 2005, 2012, 2015, and 2018

Appendix A

Children Vulnerable, At Risk, and Vulnerable/At Risk per EDI Cycle by EDI Neighbourhood

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. This captures not only the children who are visibly struggling, but also those whose vulnerabilities may be hidden.

In the following charts, in addition to vulnerability, analysis has also been completed on those children considered to be at risk. If a child scores between the 10th and 25th percentile cut-off on any of the five domains, he/she is said to be at risk on that scale of development.

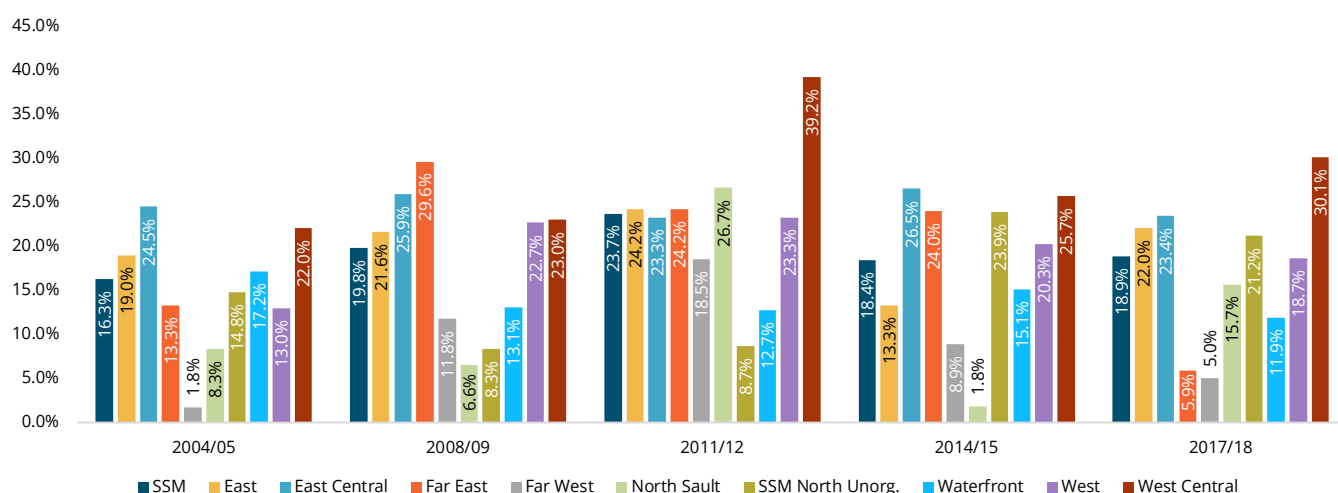
In addition, analysis has been completed on the children who fell in the lowest 25th percentile cut-off in all five domains. This includes the children who are either vulnerable or at risk in any of the five domains. It is helpful to look at those children considered at risk in addition to those considered vulnerable because in certain instances a neighbourhood might have low vulnerability in a particular domain, but a very high percentage of children at risk in that domain.

The following charts examine the change in vulnerability rates and at risk rates between all 5 EDI cycles. By looking at both the vulnerability rates and at risk rates at the neighbourhood level, we can examine trends over time, and potentially highlight neighbourhoods with higher percentages of children vulnerable and at risk in each of the 5 EDI domains.

PHYSICAL HEALTH & WELL-BEING

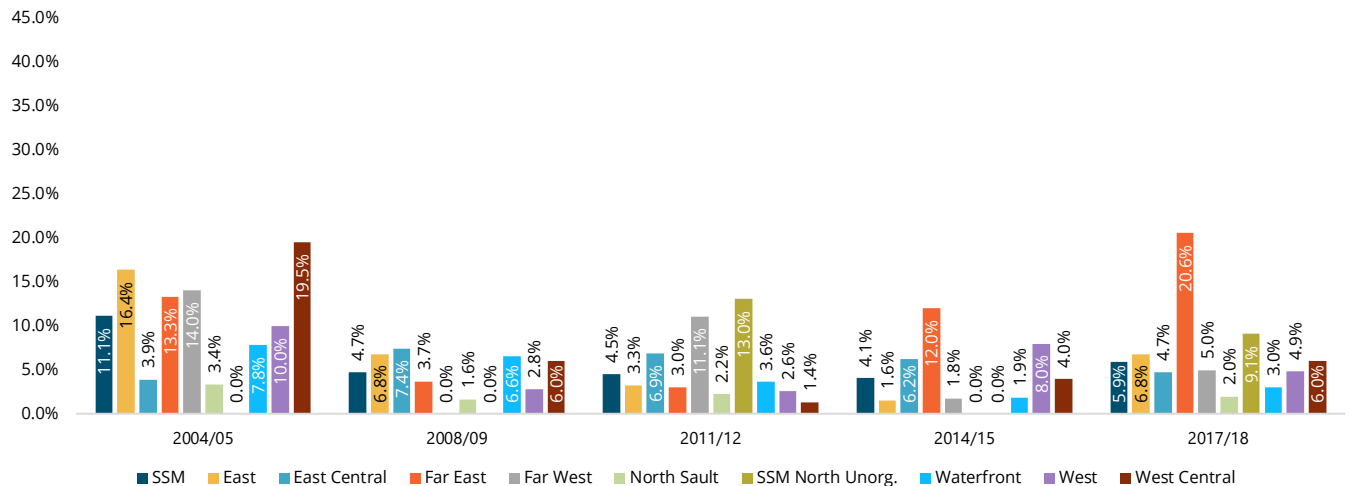
With the exception of 2008/09, the West Central Neighbourhood consistently had the highest or second highest percentage of children vulnerable in the Physical Health and Well-being domain since 2004/05. In 2011/12 and 2017/18, the percentage of children vulnerable in the Physical Health & Well-being domain in this neighbourhood was considerably higher than the rest of the EDI neighbourhoods.

Figure 119: Percent Vulnerable in the Physical Health & Well-being Domain



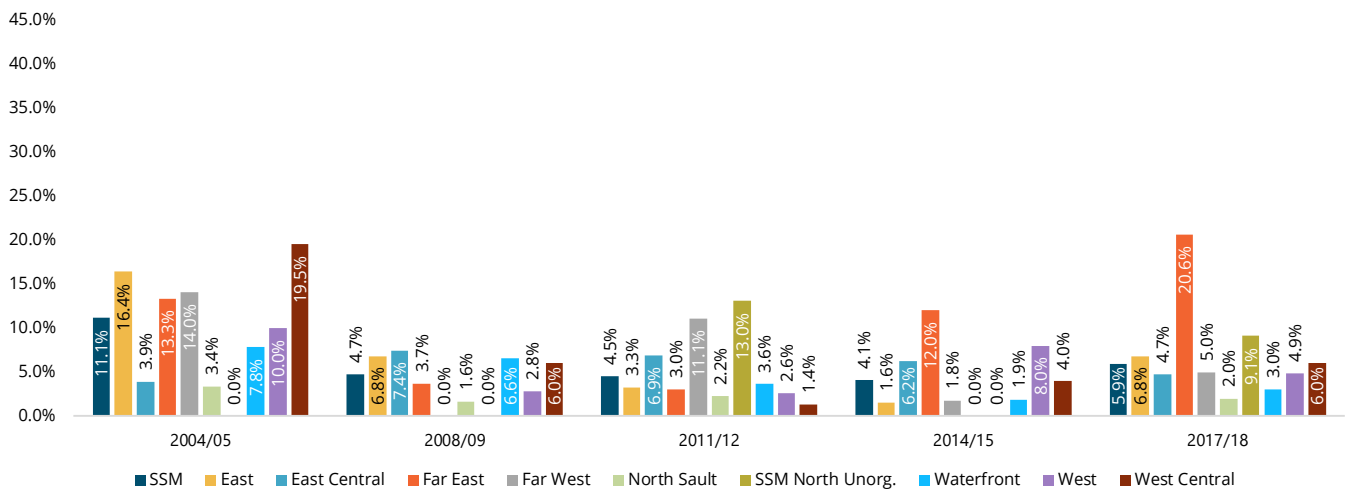
In the last 2 EDI cycles, the Far East neighbourhood had a much higher percentage of children at risk in the Physical Health & Well-being domain than the other EDI neighbourhoods.

Figure 120: Percent At Risk in the Physical Health & Well-being Domain



In 2004/05, 2011/12, and 2017/18, the West Central neighbourhood had a much higher percentage of children vulnerable or at risk in the Physical Health & Well-being domain than the other EDI neighbourhoods.

Figure 121: Percent Vulnerable or At Risk in the Physical Health & Well-being Domain



Appendix A

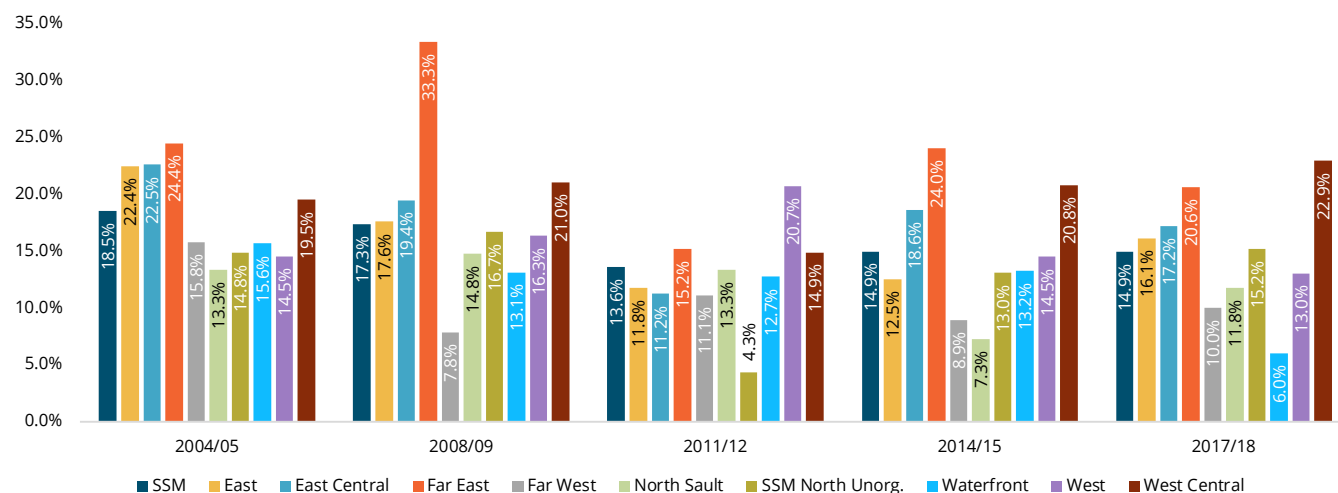
SOCIAL COMPETENCE

Figure 122: Percent Vulnerable in the Social Competence Domain



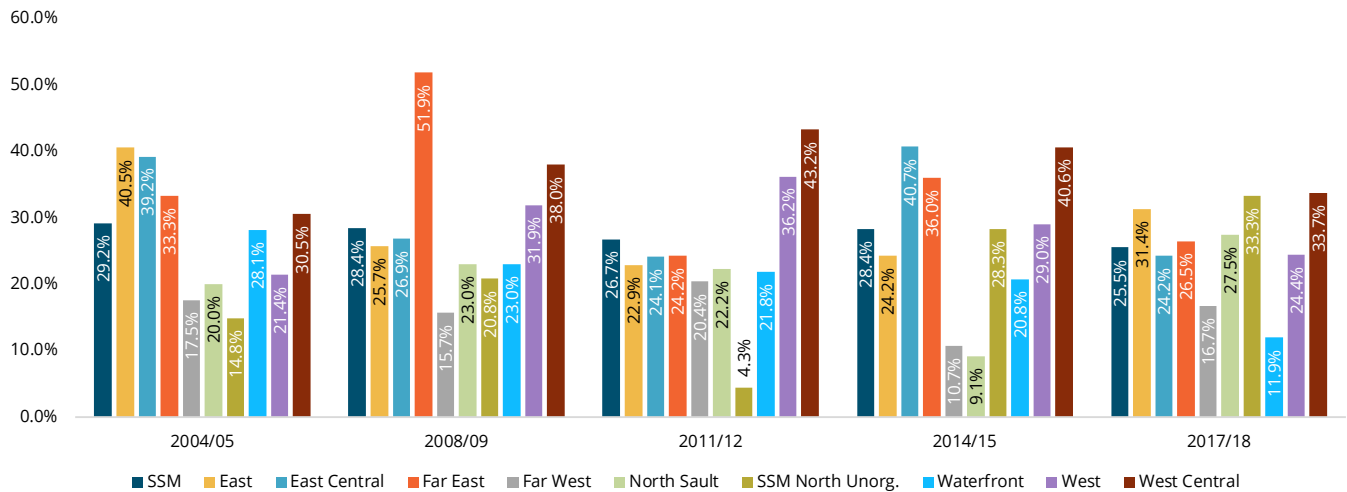
With the exception of 2011/12, the Far East Neighbourhood consistently had the highest or second highest percentage of children at risk in the Social Competence domain since 2004/05. This neighbourhood has not traditionally stood out in this domain when looking exclusively at vulnerable children.

Figure 123: Percent At Risk in the Social Competence Domain



Since 2008/09, the West Central neighbourhood had the highest or second highest percentage of children vulnerable or at risk in the Social Competence domain in each EDI cycle.

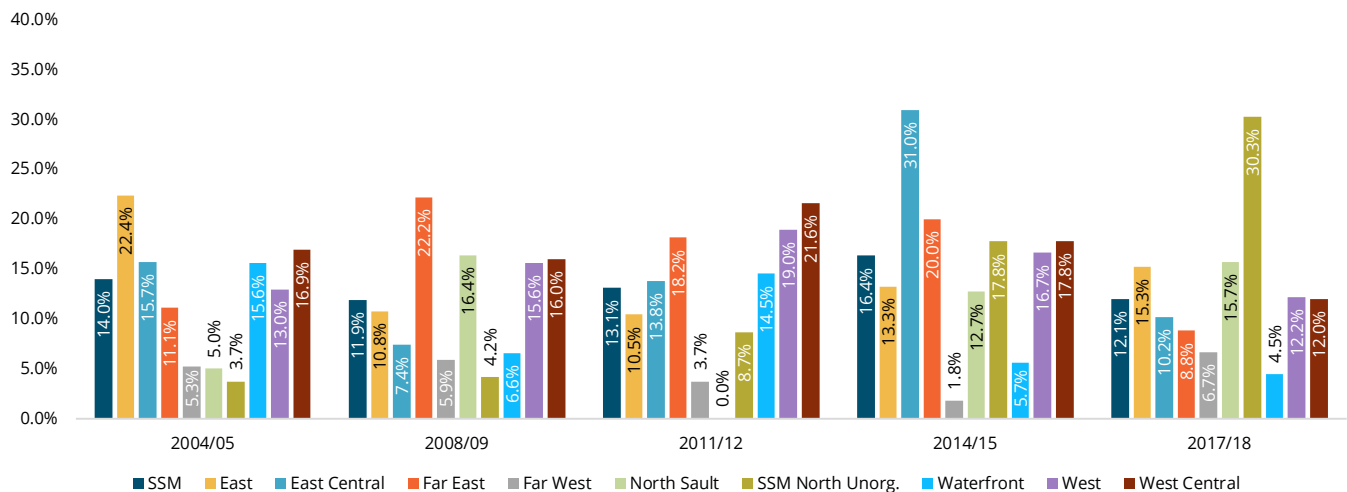
Figure 124: Percent Vulnerable or At Risk in the Social Competence Domain



EMOTIONAL MATURITY

No neighbourhoods in particular stood out in the Emotional Maturity domain. Throughout the EDI cycles, different neighbourhoods experienced spikes at different times. However, the SSM North Unorganized neighbourhood experienced a steady increase in the percentage of children vulnerable in the Emotional Maturity domain since 2004/05. In the last cycle, this neighbourhood had a much higher percentage of children vulnerable in the Emotional Maturity domain than the other EDI neighbourhoods.

Figure 125: Percent Vulnerable in the Emotional Maturity Domain



Appendix A

Figure 126: Percent At Risk in the Emotional Maturity Domain

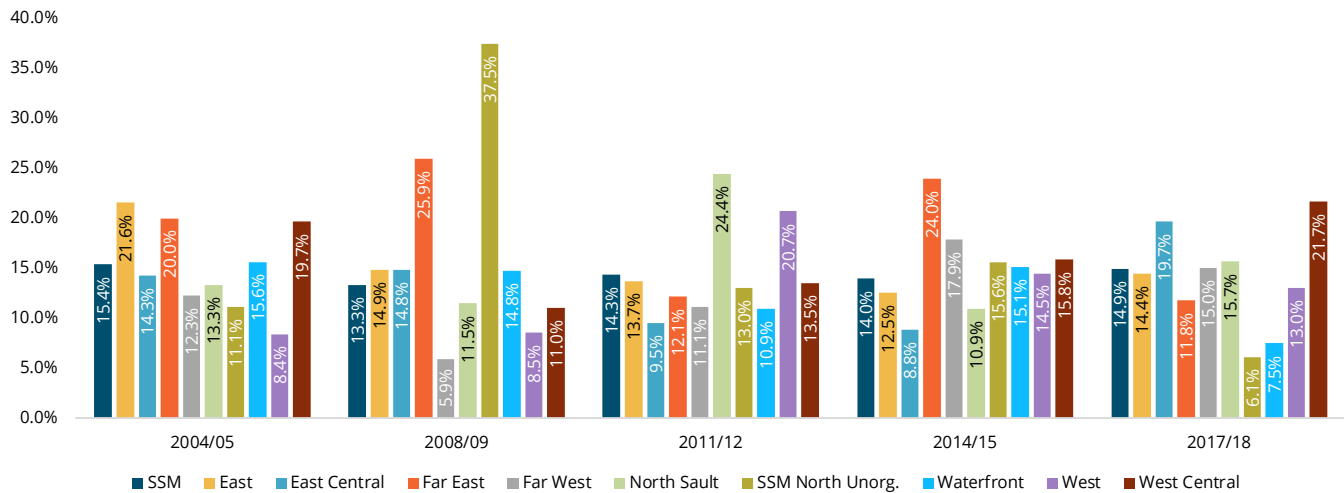


Figure 127: Percent Vulnerable or At Risk in the Emotional Maturity Domain



LANGUAGE & COGNITIVE DEVELOPMENT

The West Central neighbourhood had the highest percentage of children vulnerable in the Language & Cognitive Development Domain in the 2004/05, 2011/12, 2014/15, and 2017/18 EDI cycles, and the second highest percentage of children vulnerable in this domain in 2008/09.

Figure 128: Percent Vulnerable in the Language & Cognitive Development Domain

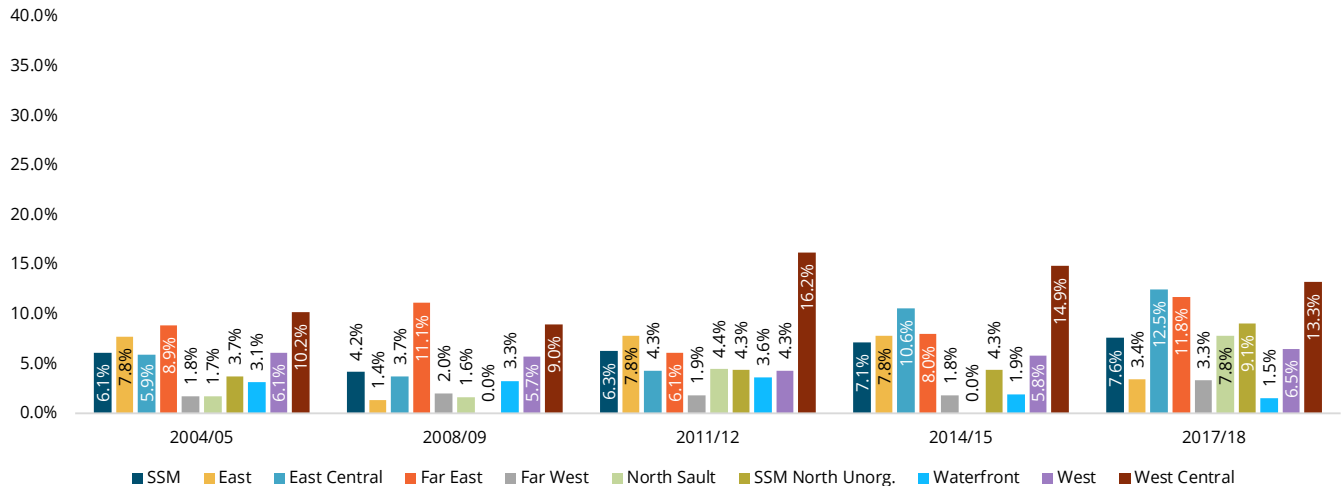


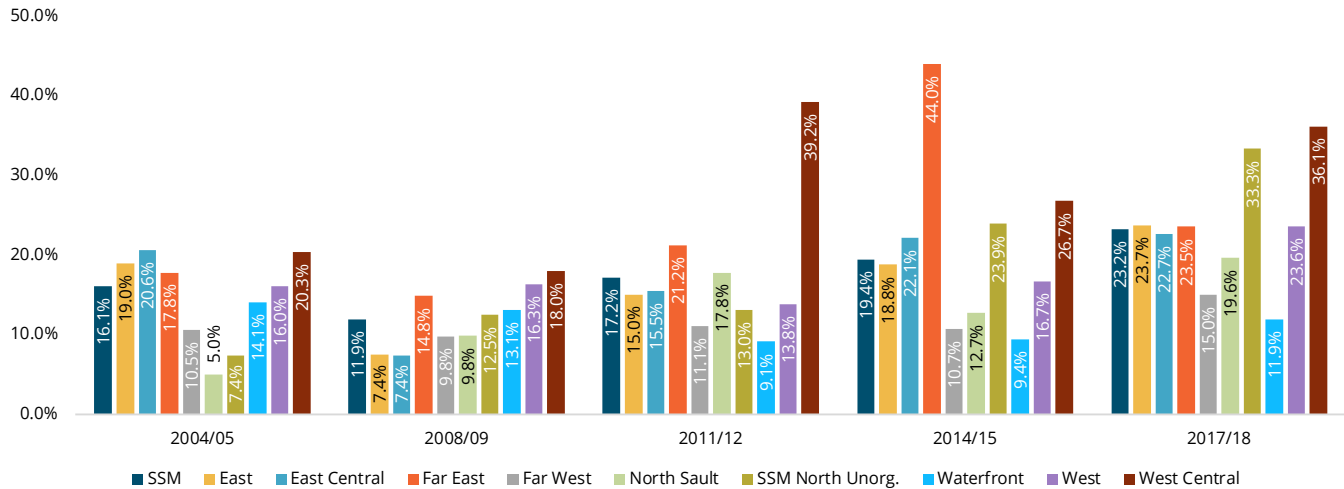
Figure 129: Percent At Risk in the Language & Cognitive Development Domain



The West Central neighbourhood consistently had the highest or second highest percentage of children vulnerable or at risk in the Language & Cognitive Development domain in all 5 EDI cycles. As well, the SSM North Unorganized neighbourhood experienced a consistent increase in the percentage of children vulnerable or at risk in the Language & Cognitive Development domain since 2004/05.

Appendix A

Figure 130: Percent Vulnerable or At Risk in the Language & Cognitive Development Domain



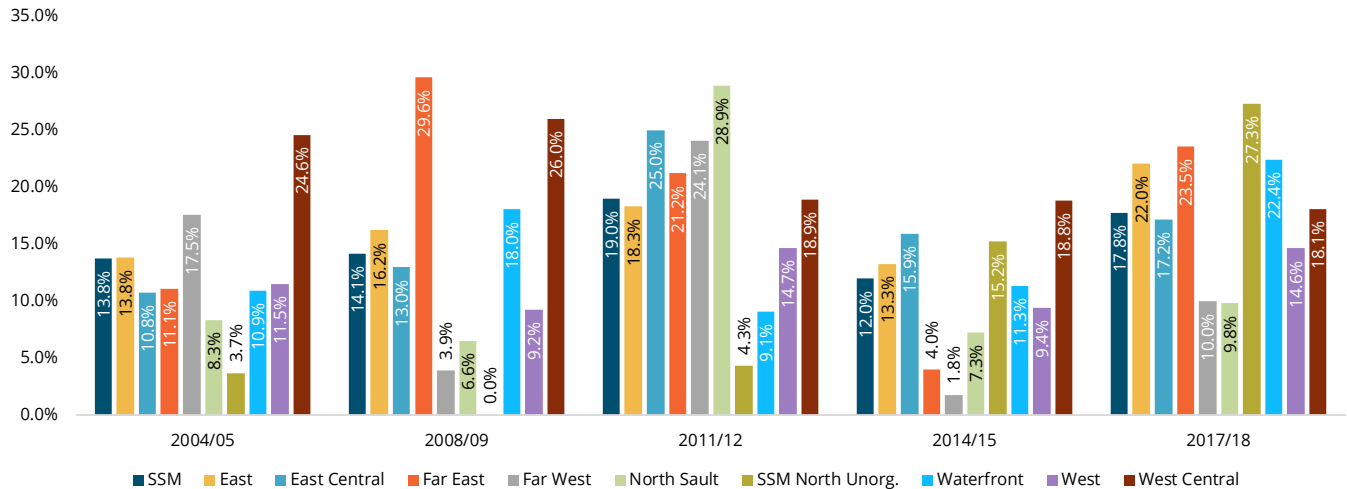
COMMUNICATION SKILLS & GENERAL KNOWLEDGE

Since 2008/09 the West Central neighbourhood has had the highest or second highest percentage of children vulnerable in the Communication Skills & General Knowledge domain.

Figure 131: Percent Vulnerable in the Communication Skills & General Knowledge Domain



Figure 132: Percent At Risk in the Communication Skills & General Knowledge Domain



The West Central neighbourhood consistently had the highest or second highest percentage of children vulnerable or at risk in the Communication Skills & General Knowledge Domain in all 5 EDI cycles. In addition, the SSM North Unorganized neighbourhood has seen a steady increase in the percentage of children vulnerable or at risk in the Communication Skills & General Knowledge domain since 2004/05, with the last 2 cycles in particular seeing a large spike in the percentage of children vulnerable or at risk.

Figure 133: Percent Vulnerable or At Risk in the Communication Skills & General Knowledge Domain



Appendix A

ONE OR MORE EDI DOMAINS

Figure 134: Percent Vulnerable in One or More EDI Domains

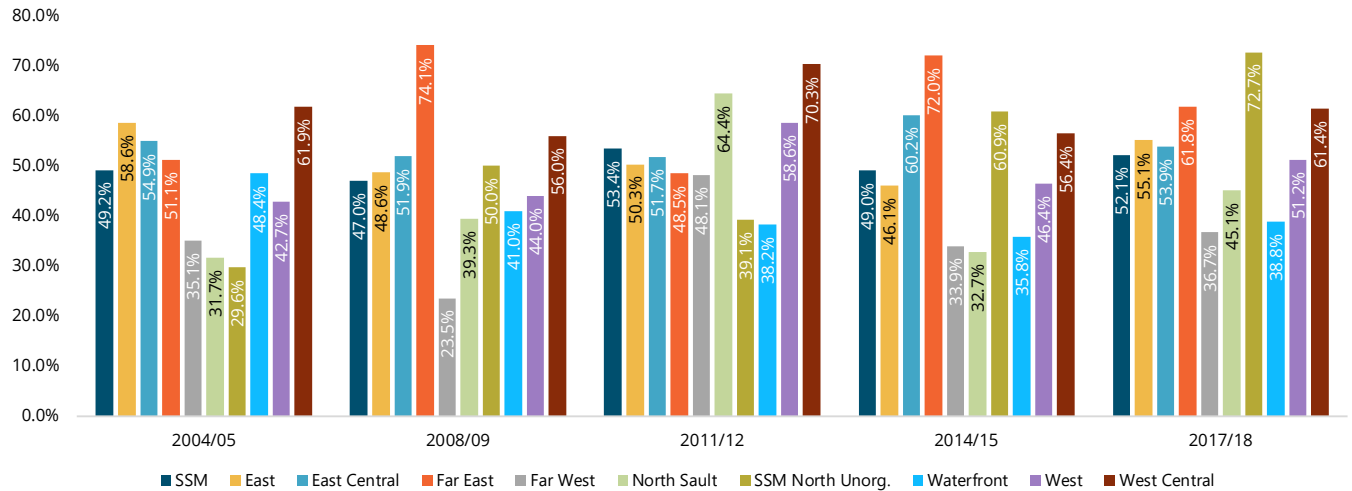


Figure 135: Percent At Risk in One or More EDI Domains



The West Central, Far East, and in the last two EDI cycles the SSM North Unorganized neighbourhood, stand out as having high percentages of children vulnerable or at risk in 1 or more EDI domains.

Figure 136: Percent Vulnerable or At Risk in One or More EDI Domains



Two or More Domains

The West Central neighbourhood consistently had the highest or second highest percentage of children vulnerable in two or more EDI Domains.

Figure 137: Percent Vulnerable in Two or More EDI Domains



Appendix A

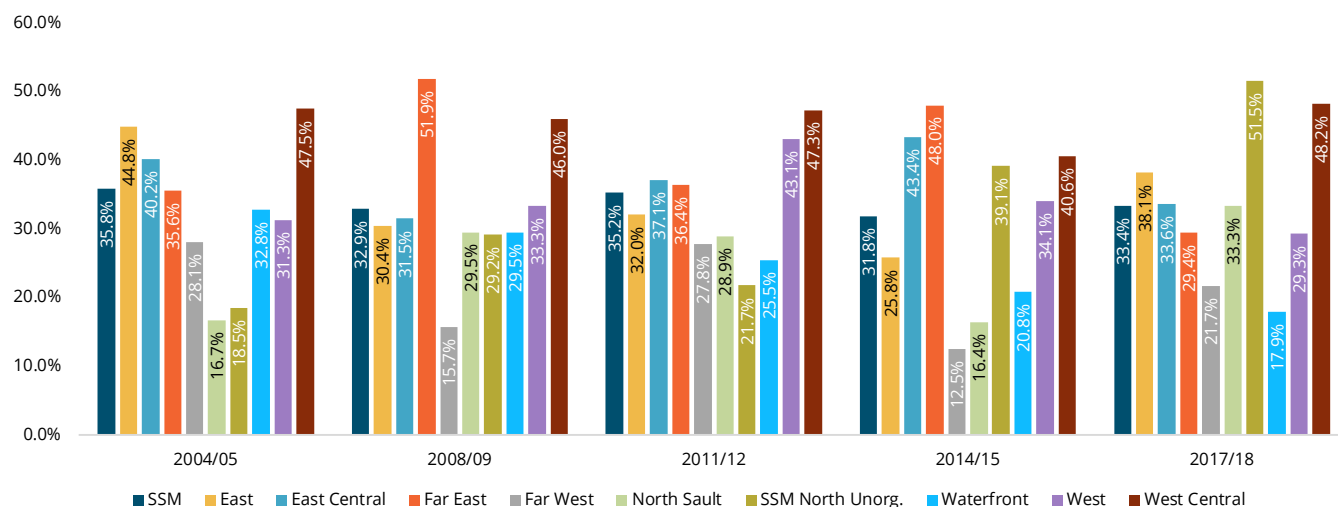
Since 2008/09 the Far East neighbourhood consistently had the highest or second highest percentage of children at risk in two or more EDI domains.

Figure 138: Percent At Risk in Two or More EDI Domains



With the exception of the 2014/15 cycle, the West Central neighbourhood had the highest or second highest percentage of children vulnerable or at risk in two or more EDI domains in each cycle. With the exception of 2011/12, the SSM North Unorganized neighbourhood has seen a steady increase in the percentage of children vulnerable or at risk in two or more EDI domains over time, with the last cycle being considerably higher in comparison to most other neighbourhoods.

Figure 139: Percent Vulnerable or At Risk in Two or More EDI Domains







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