
Canadian Forces Child Care

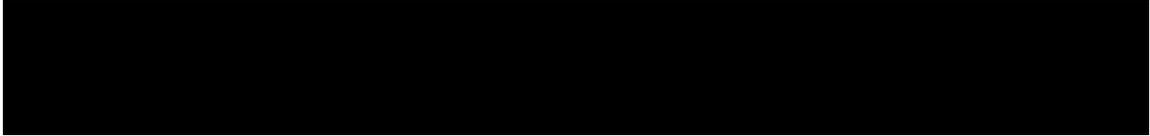
Stakeholder Assessment Report

December 2009

**Policy and Program Development
Director Military Family Services**

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Canadian Forces (CF) Child Care

Enhancing CF Families Child Care Options – Stakeholder Assessment

Executive Summary

Director Military Family Services (DMFS), as corporate manager of the Military Family Services Program (MFSP), supports Canadian Forces (CF) families in their care giving role and provides opportunities for the healthy development of children and youth, through the allocation of public funds to Military Family Resource Centres (MFRCs).

MFSP-mandated service components related to children and youth are designed to promote healthy child development, support positive child/adult interactions, enhance parenting and caregiving skills, and foster youth engagement in the communities. Emergency and respite child care respond to the needs of families in times of emergency or crisis, and casual child care allows parents to participate in C/MFRC activities. C/MFRCs also maintain listings of child care services available in their area, so parents are able to find child care quickly. Currently, licensed child care is not a mandated service of the MFSP; however, many MFRCs provide licensed child care as a site-specific user-pay operation to better meet the need in their respective communities.

In spite of these services, CF families and MFRC staff have identified that there is a significant gap between the need for and the availability of child care services in many locations.

DMFS is committed to enhancing child care options for CF families, and ensuring ongoing communication with MFRCs, parents and child care staff is a crucial element. A vital step in this process is the collection of contextual information from all stakeholders on the child care options currently available to CF families.

The purpose of the CF child care stakeholder assessment was to determine the child care options currently available to CF families; the challenges families face in accessing child care; the challenges MFRCs face in meeting parents' child care needs; the identification of creative solutions to mitigate these challenges; and the status of MFRC operated child care available to CF families.

Over the course of 6 months, data was collected from approximately 150 CF personnel, military spouses, MFRC and child care centre staff from most in-country bases / wings / units (B/W/U), using a variety of methods, including focus groups, surveys and on-line discussion forums.

The stakeholder assessment verifies that access to consistent quality child care is an issue of concern within the CF.

Capability deficiencies have been identified that negatively impact operational readiness and effectiveness as well as military family resilience. These include:

1. A widespread **lack of awareness** of:
 - Available child care services and resources (especially upon new postings);
 - Accessible mandated child care services for times of emergency; need for respite and CF personnel casualty support (both by CF personnel and B/W/U CoC and padres); and
 - The importance of premeditated and regularly updated Family Care Plans (both by CF personnel and B/W/U CoC);
2. Limited options available to CF personnel requiring **on-call back-up** child care in times of emergency and/or new postings, to accommodate immediate CF taskings and/or during evenings/weekends for required shift work;
3. Inconsistent availability of quality licensed child care on B/W/U which is compounded by the following factors:
 - A CF-wide deficiency in the **number** of licensed child care spaces available on B/W/U, especially for **infants, special needs, and minority language** children;
 - A **shortage of child care providers**, with no strategy for training, recruitment, professional development and/or retention; and
 - **No national standard of care**, resulting in widely varying service delivery and costs.

DMFS is currently determining how best to address these gaps by conducting options analyses and testing within the following strategies:

1. Short-term strategies that will address CF personnel's urgent need for on-call back-up child care and ensure CF families are aware of available child care options.
2. Mid-term strategies that will address the child care staffing challenges of recruitment, training and retention.
3. Long-term strategies that will work towards achieving the CF Child Care Advisory Committee's vision of the "provision of a full range of child care services based on the principles of quality, accessibility and consistency that is able to meet 80% of the need identified by CF families". These strategies will address the need for affordable and equitable child care cost sharing, CF-wide national standards and accountability through accreditation.

Canadian Forces (CF) Child Care

Enhancing CF Families Child Care Options – Stakeholder Assessment

Introduction

Background

Director Military Family Services (DMFS), as corporate manager of the Military Family Services Program (MFSP), fulfils the role of public funder to Military Family Resource Centres (MFRCs) located in Canada. Public funds allocated to each of the 32 in-Canada MFRCs are used to deliver the centrally mandated elements of the MFSP.

The MFSP supports CF families in their care giving role, and provides opportunities for the healthy development of children and youth. To this end, the mandated service components related to children and youth offered by MFRCs include:

- Activities and Initiatives for Children and Youth
- Parent/Caregiver Education and Support
- Emergency Child Care (ECC)
- Emergency Respite Child Care (ERCC)
- Casual Child Care

Currently, licensed child care is not a mandated service of the MFSP; however, many MFRCs provide licensed child care as a site-specific user-pay operation to better meet the need in their respective communities.

In spite of these services, CF families and MFRC staff have identified that there is still a significant gap between the need for, and the availability of, child care services in many locations.

CF Child Care Advisory Committee

In 2006 a CF Child Care Advisory Committee was stood up to assess how to better meet the child care needs of military families. This committee was comprised of child care experts; CF personnel; CF families; and MFRC and DMFS staff from across Canada. Their goal was to identify child care issues facing CF personnel; develop a vision for a CF child care strategy; and determine immediate research needs.

The vision of the CF Child Care Advisory Committee is:

Provision of a full range of child care services based on the principles of *quality, accessibility* and *consistency* that is able to meet 80% of the need identified by CF families.

The Advisory Committee identified 5 unique challenges facing CF families seeking child care:

- Frequent and/or extended absences of the military family member;
- Short notice scheduling changes;
- Training requiring overnight and weekend absence from home;
- Frequent family relocations; and
- Postings to communities in smaller or more remote locations.

The child care issues facing CF personnel identified by the Advisory Committee included:

- Families not aware of existing services (ECC, ERCC);
- Finding services during short-term deployment ;
- Limited availability of child care services;
- Long waiting lists for child care;
- Hours of operation do not meet need for overnight and weekend care;
- Lacking service in other official language;
- Difficulty recruiting and retaining qualified staff;
- Substantial fee/costs variances; and
- Child care staff not familiar with the unique challenges of military family life.

DMFS is committed to ensuring ongoing communication with MFRCs, parents and child care staff as a crucial element to enhancing child care options for CF families. A vital step in this process is the collection of contextual information from all stakeholders on the child care options currently available to CF families.

Enhancing CF Families Child Care Options – Stakeholder Assessment

Assessment Methodology

Stakeholder Assessment Purpose

The purpose of the stakeholder assessment was to determine the child care options currently available to CF families; the challenges families face in accessing child care; the challenges MFRCs face in meeting parents' child care needs; the identification of creative solutions to mitigate these challenges; and the status of MFRC operated child care available to CF families.

The assessment was limited to licensed child care, as data was not available consistently enough to report on unregulated child care (e.g. babysitters, care of children in a private home that is neither licensed nor monitored by the province).

Areas of Focus

The stakeholder assessment focused on gathering data from CF personnel and families, as well as, from MFRC staff (both child care staff and Executive Directors).

Data on the following areas of focus was gathered from CF personnel and families:

- 1) Challenges accessing child care;
- 2) Types of child care in highest demand;
- 3) Essential components to enhance child care options;
- 4) Recommended staff training requirements; and
- 5) Recommendations for improving currently mandated services.

Data on the following areas was gathered from MFRCs:

- 1) Unique community child care profile;
- 2) Mandated MFRC child care services (usage, challenges, solutions);
- 3) MFRC-operated licensed child care (spaces, fees, waitlists, challenges, solutions);
- 4) Non-MFRC operated licensed child care (spaces, fees, waitlists); and
- 5) MFRC perspectives (new developments, assessment of capacity to meet child care needs, staff retention/training needs, essential components to enhance child care options).

Methods

The stakeholder assessment data was collected using three primary methods:

- 1) CF Child Care Symposium focus group sessions and information gathered from parent application form with questions on demographics and child care usage;
- 2) Web-based on-line parent discussion forum using Centrepointe platform (for CF personnel and spouses only);
- 3) Web-based on-line survey, including closed- and open-ended questions using Survey Monkey platform (in country MFRCs only).

Glossary of Terms:

Family Child Care / Family Day Home / Family Care Home / Family Day Care - refers to regulated child care delivered in a provider's private home, licensed or overseen by either the province/territory or a family child care agency. For this survey, the term "Family Child Care" encompasses all versions.

Family Child Care Agency / Family Day Home Agency – approves, manages and monitors family child care homes (child care delivered in a provider's private home) according to a set of regulations established by provincial/territorial legislation. For this survey, the term "Family Child Care Agency" encompasses all versions.

Licensed Child Care Centre - refers to full or part-time child care received in a child care centre that is licensed by and continually meets the minimum standards as established by the provincial/territorial legislation regulating the operation of a child care program.

Emergency Child Care Service (ECC) – Administered by the local C/MFRC, the ECC provides timely, affordable and regulated child care for CF families to address their emergency child care needs in accordance with policy. It supports the ability of CF personnel to be available for duty if their child care plan fails.

Emergency Respite Child Care Service (ERC) - Administered by the local C/MFRC, the ERC provides the spouse of a CF personnel with emergency respite child care when the CF personnel is away on duty.

Enhancing CF Families Child Care Options – Stakeholder Assessment

Assessment Results

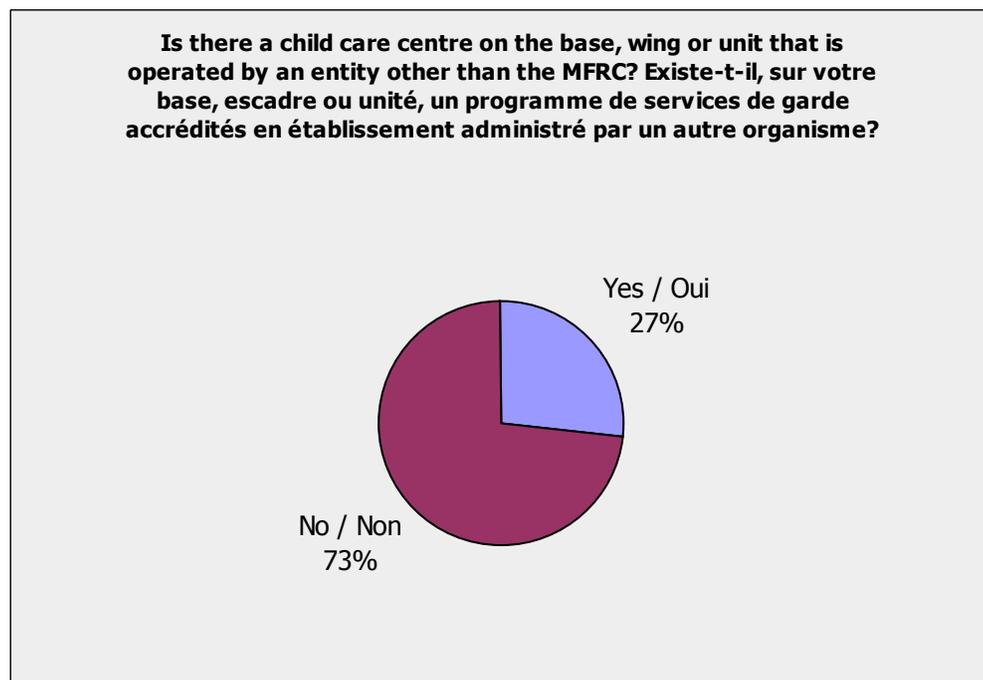
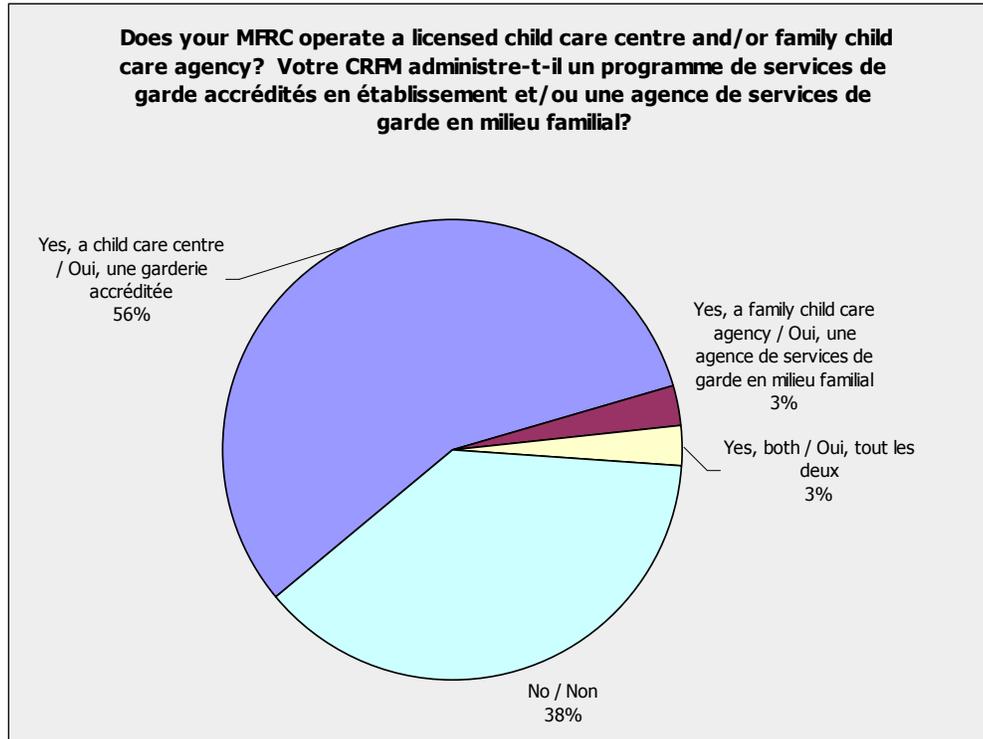
Response Rate

In total, the CF Child Care Symposium involved 90 participants including military spouses; CF personnel; and MFRC and DMFS staff. 47 symposium application forms with questions on demographics and child care usage were collected from CF personnel and families. The on-line parent discussion forum involved 20 CF personnel and spouses. The on-line survey was completed by 32 in-country MFRCs as well as an additional 5 satellite locations, including:

- Bagotville
- Borden
- Calgary
- Central Saskatchewan / Centre de la Saskatchewan
- Cold Lake
- Comox
- Edmonton
- Esquimalt
- Gaagetown
- Gander
- Goose Bay
- Greenwood
- Halifax & Region / Région de Halifax
- Kingston
- London
- Mainland BC / Mainland C.-B.
- Meaford
- Moncton
- Montreal
- Moose Jaw
- NCR / RCN
- North Bay
- Petawawa
- Shilo
- St. John's
- Suffield
- Toronto
- Trenton
- Valcartier
- Wainwright
- Winnipeg
- Yellowknife
- Satellite locations:
 - Shearwater
 - ASU Chilliwack
 - Charlottetown
 - Saint-Hubert
 - Longue-Pointe

Licensed Child Care Available on CF Bases / Wings / Units (B/W/U)

Both MFRC-operated and non-MFRC operated licensed child care options that are located on the B/W/U were studied.



Currently there are **22** MFRCs operating licensed child care centres / family day home agencies, and an additional **10** licensed child care centres on B/W/U operated by other organizations.

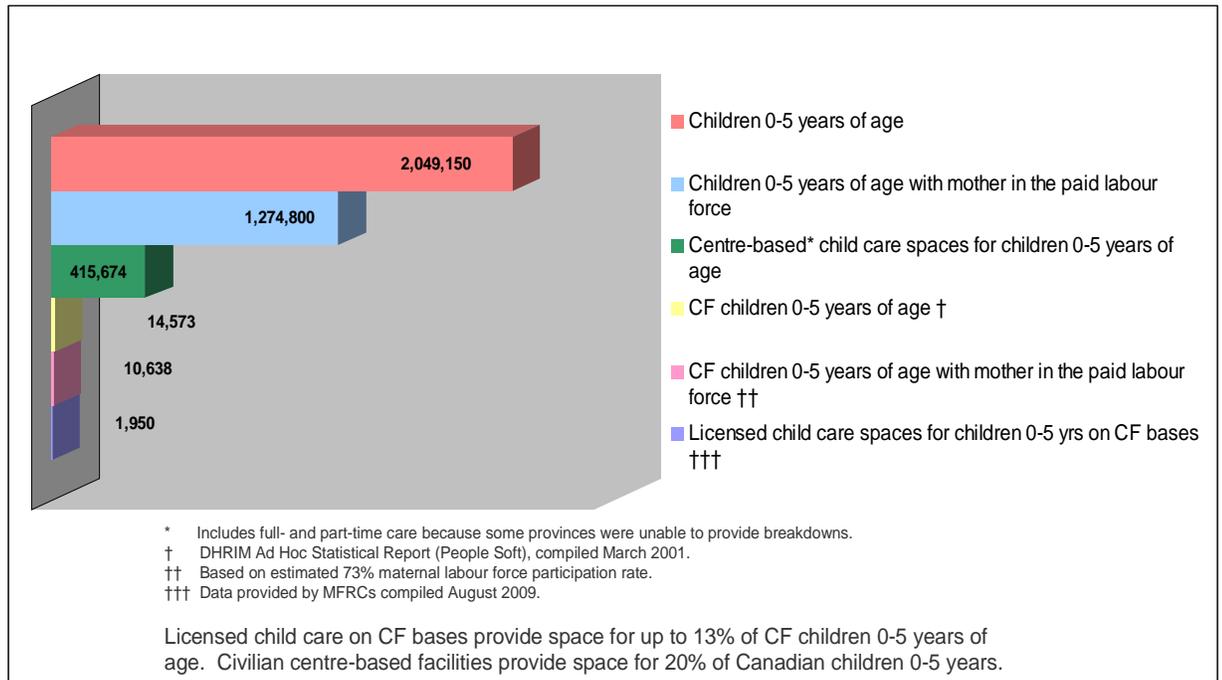
Out of a total of 32 in-country MFRCs, **8** reported no licensed child care spaces on B/W/U.

In total, there are approximately **1,950** licensed spaces for children between the ages of **0-5 years**. However, including before and after school licensed child care spaces for children between the ages of 6-12, this number jumps to a combined total of **2,300** licensed spaces available to CF families.

Percentage of Children Who Have Access to Licensed Child Care

The most current DHRIM results identified the number of CF children between the ages of 0-5 at approximately 14,500¹. Given that there are 1,950 licensed spaces available on B/W/U, only **13%** of CF children 0-5 years can currently be accommodated. This is below the national average of **20%** of children 0-5 years².

At an estimated 73% maternal labour force participation rate³, approximately 10,600 of these 14,500 CF children under the age of 5 require child care by someone other than a parent. Accounting for this estimated number of families with both parents working outside of the house, there are licensed spaces available on B/W/U for 18% of children aged 0-5. Once again, this percentage is significantly below the national average of 32% of all children with both parents in the labour force who can be accommodated in licensed child care.



¹ DHRIM Ad Hoc Statistical Report (People Soft), compiled March 2001, cited in Major Brigid W. Dooley-Tremblay, *An opportunity to Lead the Way: The Requirement for Equitable Access to Quality, Affordable Child Care throughout the Canadian Forces*, Canadian Forces College (CSC 27), Toronto, 19 April 2001.

² Childcare Research and Resource Unit (CRRU), University of Toronto, *Early Childhood Education and Care in Canada 2008, 2009*.

³ Ibid.

If licensed spaces were provided on B/W/U for **80%** of those CF children aged 0-5 with a mother in labour force, approximately **8,500** spaces would be required.

Jurisdictional Issues and CF / Civilian Admittance in Licensed Child Care Centres on B/W/U

As a federal system, Canada divides responsibilities for the country's early childhood education and care (ECEC) between its provincial, territorial and federal governments. The division of powers originally defined in the Constitution Act of 1867 have evolved over the years, and for social policies, most significantly with the Social Union Framework Agreement.

According to these arrangements, ECEC services (i.e. child care, nursery schools, kindergartens) fall under provincial/territorial jurisdiction, like health, social services, and education.

However, some ECEC services fall under federal jurisdiction for those populations for whom the Government of Canada has specific responsibility – e.g. Aboriginal people, military families, new immigrants and refugees. However, the scope of those responsibilities remains ambiguous.

In the case of Aboriginal people, responsibility for on-reserve social programs generally falls under federal jurisdiction, while programs for Aboriginals living off-reserve may either be under federal or provincial/territorial jurisdiction. To further confuse the case, child care centres based on-reserves (and therefore under federal jurisdiction) are sometimes licensed and regulated by the province or territory, are sometimes not licensed/regulated by the province/territory, and are sometimes licensed/regulated only upon request by the province/territory.

In the case of military families, the scope is less clearly defined. Public federal spending has been provided to MFRCs through the Department of National Defence (DND) to provide military family support services, which has included casual, emergency and respite child care. To date, regulated full-time and/or part-time regular child care has not been publicly funded through DND, but is offered on a site-specific user-pay basis.

Each of Canada's 10 provinces and 3 territories have developed programs of regulated child care, providing legislated requirements for the operation of services and a variety of funding arrangements, usually under a social or community services ministry.

In every jurisdiction, child care providers in either home-based or centre-based settings can provide unregulated care without a license **only** up to a maximum number of children. The maximum ranges from as low as 2 children to as many as 8 children per caregiver. Above this, caregivers must apply for a license and abide by the regulations set out by the province/territory. This applies to all types of providers - non-profit, public and private for-profit - and includes employer-sponsored child care centres.

At this time, given the ambiguity of federal policies concerning responsibility for military families as it pertains to child care and the absence of any overriding regulations or legislation, every child care provider offering care to more than the maximum number of children must be licensed and regulated by the province/territory, regardless of whether that child care home/centre is on DND-owned property.

The bulk of the supply of regulated child care is initiated and maintained by parent and/or volunteer boards of directors of non-profit child care centres (representing 75% of the total supply). And the bulk of child care services are paid for by parent fees: according to a 1998

national study, an average of 49% of revenue for full-day child care centres came from parent fees¹. In addition to this, the Canada-wide mean of public spending on each regulated child care space is \$3,560². The operational viability of the vast majority of child care centres depend on funding provided by provinces and territories. In order to be eligible to receive funding, child care providers must be licensed and comply with provincially mandated regulations.

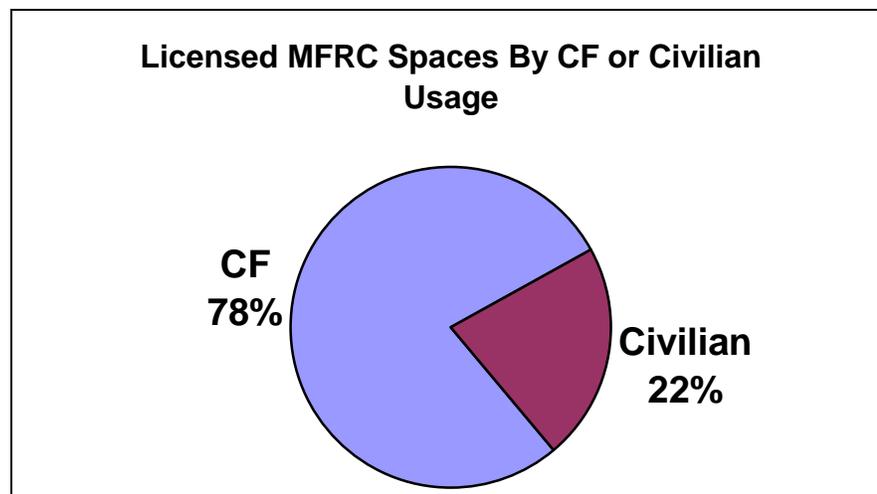
All jurisdictions subsidize at least some of the costs of regulated child care for low-income parents. Some provinces also subsidize partial costs for children with special needs. However, families are only eligible for these subsidies if their children are in licensed care facilities. Provinces and territories also provide varying levels of funding to licensed centres to support the overall operation of child care services through wage, health and safety, operational and capital grants, etc.

Some provinces / territories also have regulations on admittance policies. In most provinces, this means providing child care services to all members of the community without discrimination according to the centre's capacity. Some jurisdictions go into more detail stating centres must be willing to accept, for example, low-income families receiving child care subsidies, or children with special needs. Some provinces allow licensed child care centres to develop their own admissions policies, as long as they are in compliance with provincial licensing regulations. As such, some MFRCs have developed admissions policies that maximize child care access to CF families, identifying them as priority groups.

Currently, approximately **78%** of all MFRC-operated licensed child care spaces (for children 0-12 years) are filled by children of CF personnel only, whereas only **22%** of all spaces are filled by children of civilians.

While data is not available to explicitly breakdown this 22% in terms of their relationship to the CF community, anecdotal feedback suggests that many are DND or MFRC employees working as part of the defence team to ensure operational effectiveness of the CF B/W/U.

Of MFRC-operated licensed child care centres who admit civilians, **89%** have specific policies governing the admission of civilian families (e.g. CF are given priority on waitlist, reserved spaces for military children, higher fees for civilians, etc.).



¹ Childcare Research and Resource Unit (CRRU), University of Toronto, *Early Childhood Education and Care in Canada 2008, 2009.*

² Ibid.

Of those centres who admit civilians, some reported that they believed the admittance of civilians in addition to CF families was beneficial for three different reasons.

First, it allowed them to meet the provincial regulations for admittance, thereby maintaining financial viability through provincial grants.

Second, it brought a level of stability to their program. This refers in part to financial stability – anecdotally they suggested that civilians are more likely to have children in full-time care and stay in one centre longer than CF, resulting in more consistent provincial funding. But it also refers in part to the stability gained in relationship building – for children and for families. When a CF child who is in part-time care knows that their friend will be at the daycare regardless of which day of the week they go, these children adapt more positively. And when military and civilian children play together, CF families build relationships with the civilian parents outside the centre, forging strong and stable community support networks.

Finally, as CF families are frequently relocating leaving child care spaces vacant on short notice, and as provincial funding is largely provided according to the number of full-time spaces are occupied at the time of reporting, it is to the financial advantage of some child care centres to take in civilian children who can fill full-time spaces on short notice.

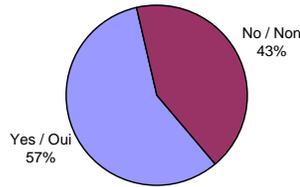
MFRC respondents, like CF Child Care Advisory Committee members, believed that provincial licensing is beneficial both financially and for quality assurance. Being licensed ensures that regulated child care, both in family homes and in centres, is monitored for standards achievement in many areas, including health, staff qualifications, staff to child ratios, physical environments, health and safety, etc. In the absence of any federal legislation or national standards, the licensing and regulations dictated by the provincial and territorial governments, not only ensures, but also improves, the quality and safety of child care provided to CF families.

CF Access to Child Care Services at MFRC or Community-Based Provider

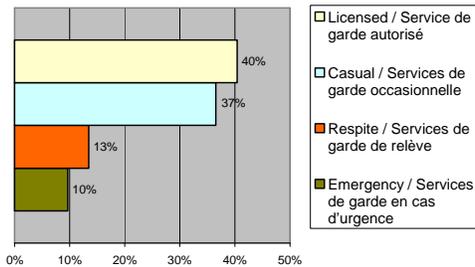
As part of the CF Child Care Symposium application process, CF personnel and families were asked about their experiences seeking child care from either their MFRC or from the community-based provider.

More than half (**57%**) of those asked were unable to obtain child care services from their MFRC. The most common forms of child care service sought, but not received, were regular licensed child care (**40%**) and casual child care (**37%**). The most frequent reported age group for which MFRC child care services could not be obtained was for infants under 18 months.

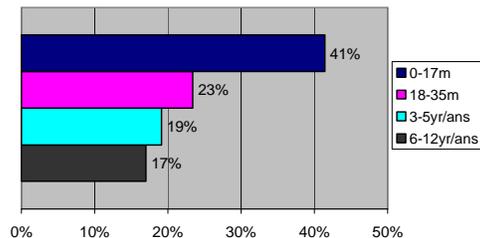
**Have you applied for MFRC child care but were unable to obtain services?
Avez-vous fait une demande de service de garde auprès du CRFM et avez-vous été dans
l'impossibilité d'obtenir des service?**



If yes, please indicate all the types of child care sought. Si oui, veuillez indiquer tous les types de services recherchés



What was the age of your child when you could not access care. Dans quel groupe d'âge était votre enfant lorsque vous n'avez pas pu avoir accès aux services de garde?

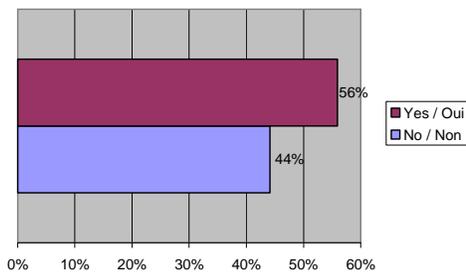


CF personnel and parents were more successful at obtaining child care services from other community sources. Of the two-thirds (67%) who had sought full-time child care services from a community source, **56%** obtained services. Again, the most common age group to not receive full-time services was infants under the age of 18 months (50%). It is important to note that this question did not specify "licensed" child care, so the applicants may have included non-licensed child care when answering, thereby potentially inflating the numbers as compared to those for the MFRCs.

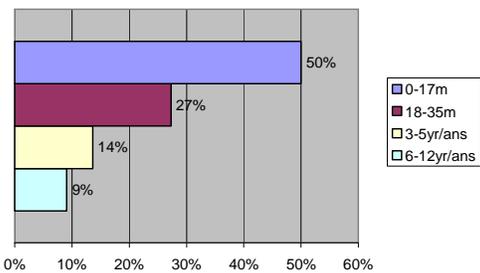
**Did you seek full-time child care from a community source?
Avez-vous tenté d'obtenir des services de garde à temps plein dans la communauté?**



If yes, were you successful in obtaining long-term child care in a community service? Si oui, avez-vous réussi à obtenir des services de garde à temps plein dans la communauté?



If no, what was the age of your child when you could not access care? Si non, dans quel groupe d'âge était votre enfant lorsque vous n'avez pas pu avoir accès aux services de garde?



Waiting Lists/Times for MFRC-Operated Licensed Child Care

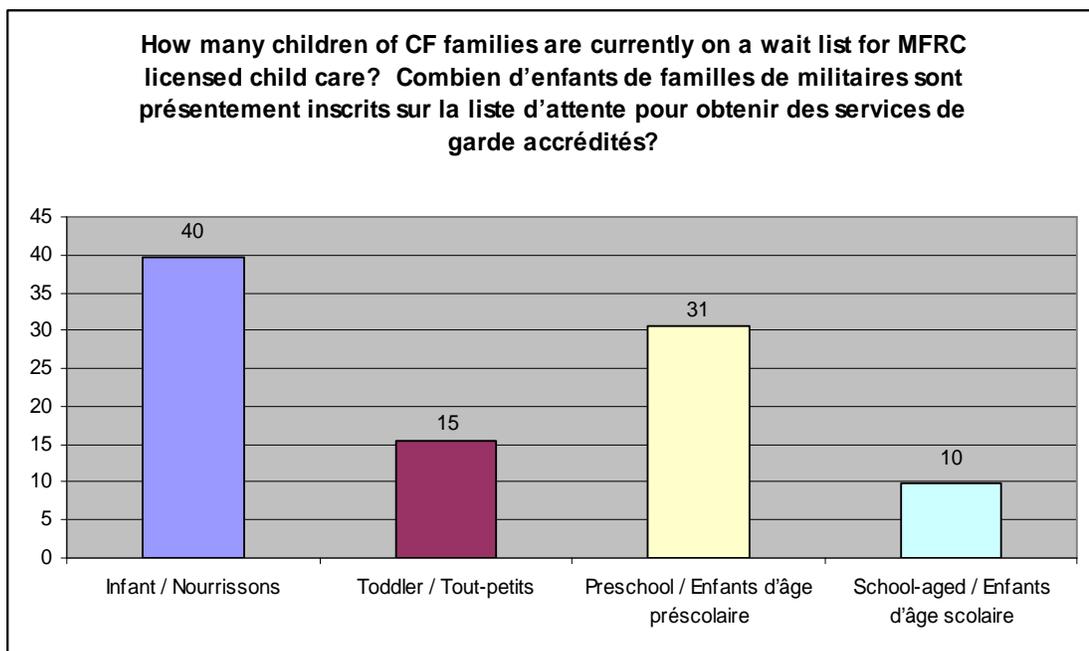
MFRCs were unable to provide data on waiting lists for child care beyond their own licensed child care centres operated on the B/W/U.

Overall, the average number of children 0-12 on waiting lists at MFRC-operated licensed child care was **95** (ranged between **0 and 340**). These numbers drop only slightly when school-aged children are factored out and only children between 0-5 are considered (average drops to **85** on the waiting list with the range between **0 and 291**).

The age group that had the highest number of children on waiting lists for MFRC-operated licensed child care was infants, ranging from **0 to 130**, and averaged at **40** across all 22 MFRCs operating child care centres.

The preschool age group followed closely, ranging at different centres from 0 to 186, and averaged at 31 across all 22 MFRCs operating child care centres.

The toddler age group ranged from 0 to 78, and the school-aged group ranged from 0 to 82.



Contrasted to an Environmental Scan commissioned by DMFS in 2004¹, in 2009 we see an increase in the number of children on waiting lists for MFRC-operated child care spaces.

In 2004, 64% of MFRC respondents stated the range of children (of all ages) on a waitlist was under 10. Only 18% of MFRCs stated the range of children of all ages on a waitlist was over 30.

In 2009, only **36%** of MFRCs had a waitlist under 10, and **41%** of MFRCs had a waitlist of over 30.

¹ DMFS. (2004). An Assessment of the Need for Licensed Group Child Care for Canadian Forces Families.

CF families with infants under 2 years of age can expect to be on a waiting list anywhere from 3 months to 2 years, depending on location, with an average of **1 year** on a waitlist before a space is available.

Those with toddlers can expect to be on a waiting list anywhere from 0 months to 2 years depending on location, with an average waitlist of **7 months**.

Preschool waitlists vary from 0 months to 3 years, depending on location, with an average waitlist of **6 months**.

School-aged child care (before and after school programs) waitlists vary from 0 months to 2 years, with an average of **3 months**.

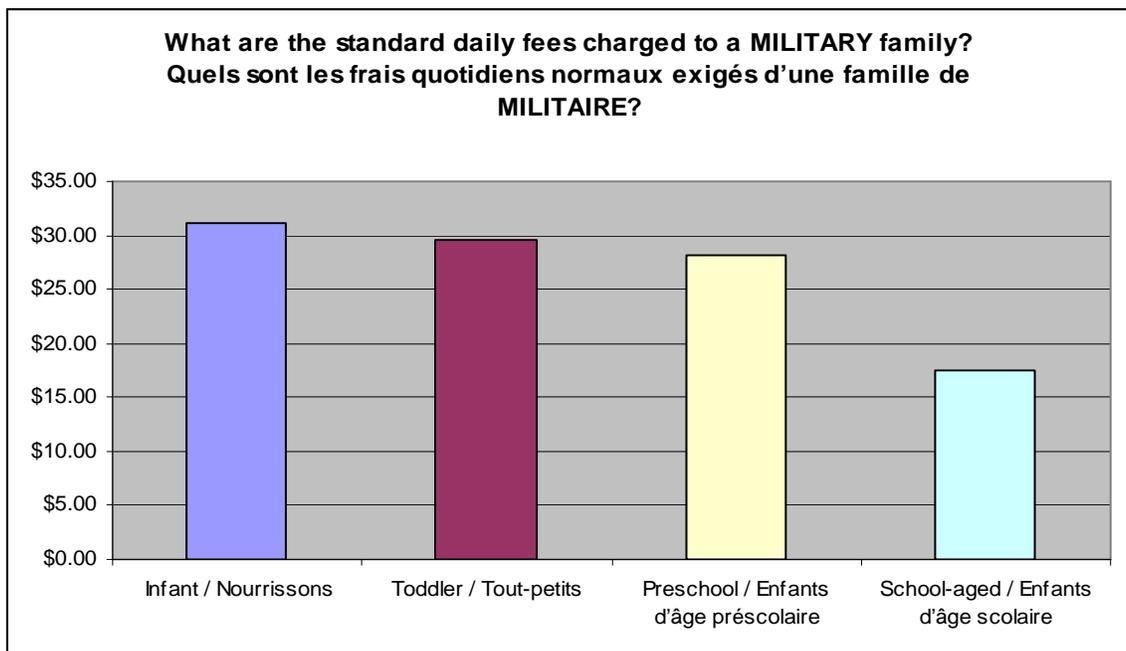
"I am a first time mom and also new to the Canadian Forces...I was unaware of how long it takes to get my child a space at the MFRC full-time so I can return to work once my leave is over. I think we need to evaluate our options for military families who desperately need the child care and aren't from this area. It gives us no options when we have to return to work but are told that the waitlist is 2 years in length."

CF Personnel Response

User-Fees for MFRC-Operated Licensed Child Care

MFRCs were unable to provide significant data on daily fees for child care beyond their own MFRC-operated centre. As a result the data below represents MFRC-operated licensed child care only.

Daily fees charged to military families ranged from **\$19 to \$55** per day for full-time infant through preschool aged child care. School-aged child care (before and after school) ranged from \$6 to \$35 per day.



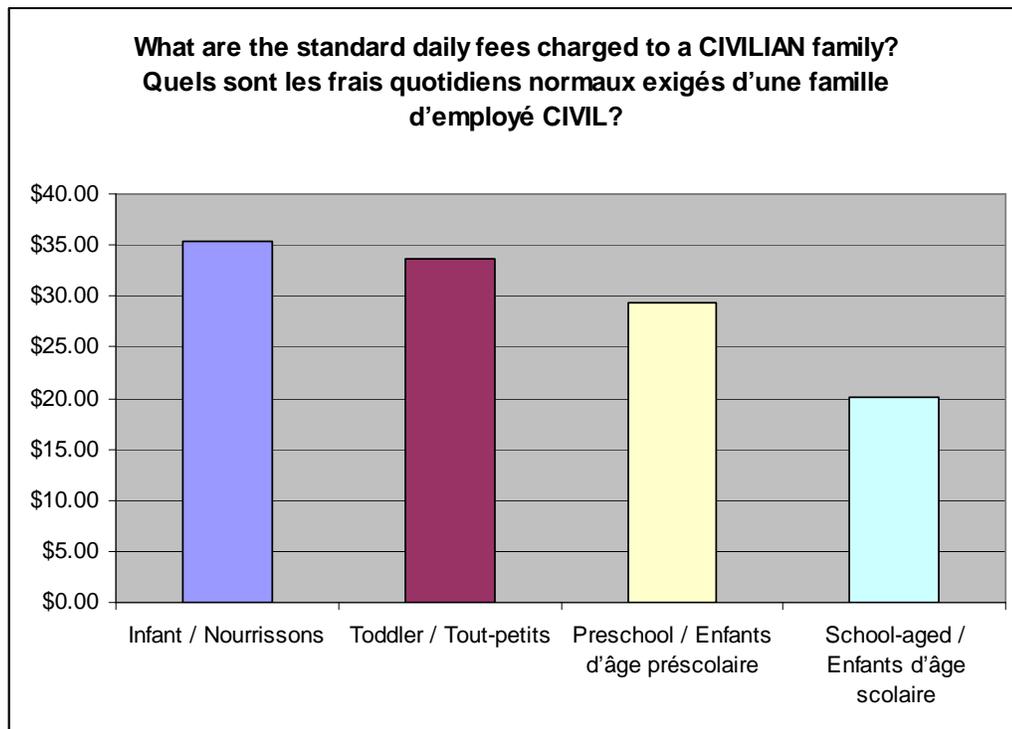
Contrasted to the 2004 Environmental Scan¹, in 2009 we see an increase in the daily fees charged to CF families for MFRC-operated child care.

In 2004, the average daily fess charged to a CF family were as follows:

Infant	\$21.50	Preschool	\$18.75
Toddler	\$23.00	School-aged	\$10.50

This represents an approximate **50%** increase in the daily fees for child care over the past 5 years.

Daily fees charged to civilian families were on average, slightly higher than those for military families, due to policies put in place by MFRCs to ensure spaces are readily available to CF families, while not refusing access to civilians.



Cost Recovery

On average, parent user-fees for MFRC-operated child care account for the significant majority of revenue generated to cover expenses.

At **32%** of the MFRC-operated child care centres 91-100% of the overall costs of providing licensed child care is recovered through fees charged to parents. An additional **14%** and **24%** of MFRCs stated parent fees represented 80-90% or 71-80%, respectively, of the overall costs recovered.

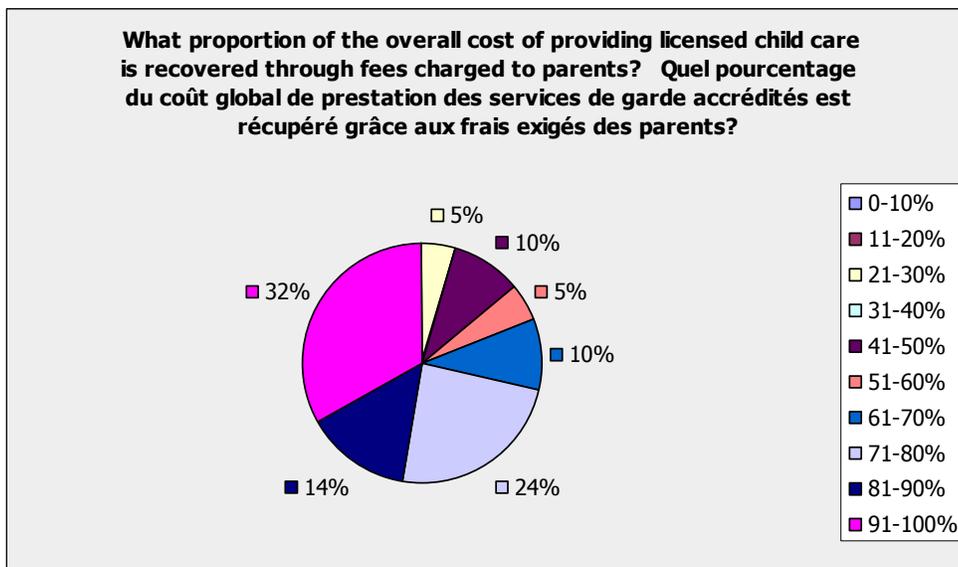
Overall, **85%** of MFRCs recovered more than 50% of their overall costs of providing licensed child care through fees charged to parents.

¹ DMFS. (2004). An Assessment of the Need for Licensed Group Child Care for Canadian Forces Families.

No MFRC stated that parent fees represented less than 20% of overall costs recovered.

Compared to the 2004 Environmental Scan¹, in 2009 we see a similar percentage of cost recovery through parent fees. In 2004, 85% indicated that 76%-100% of their overall costs of providing licensed child care were recovered through fees charged to parents.

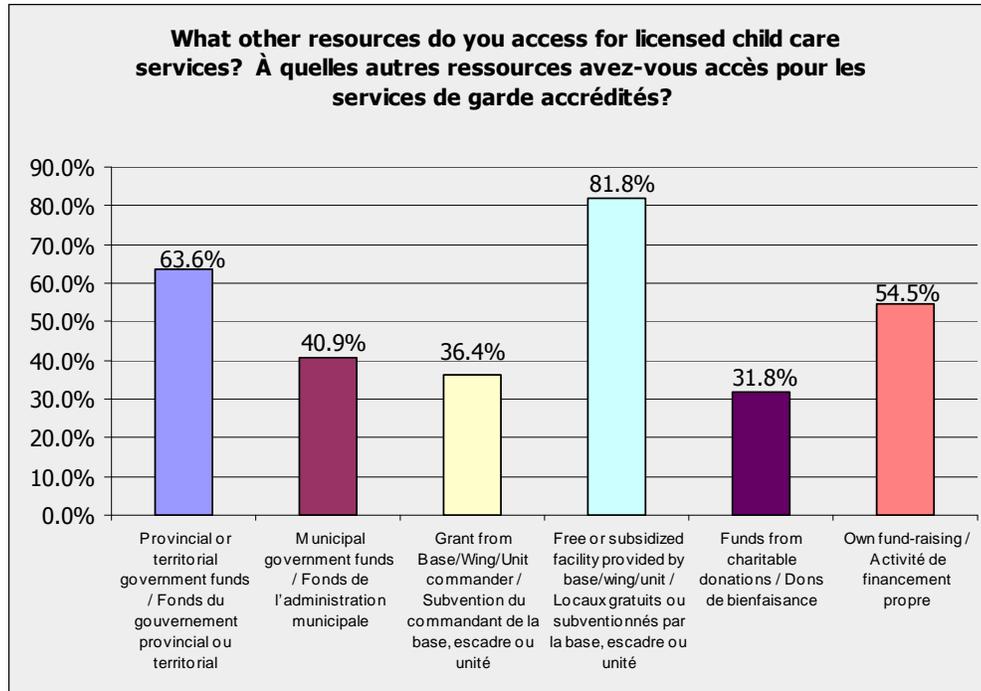
It is important to note that it is not clear whether or not respondents took into account the hidden administrative costs of operating a child care facility such as rent for office space, facilities, costs of utilities, office equipment, child care equipment, etc. As a result, cost recovery rates may not be accurate reflections of the true cost of operating a child care centre.



All MFRCs reported there were other sources of revenue that were accessed to cover the costs of providing licensed child care. The 3 largest resources accessed included:

1. Free or subsidized facilities from B/W/U (**82%** of MFRCs obtained necessary facilities at little or no charge from base commanders);
2. Provincial / territorial grants and subsidies (**64%** of MFRCs applied for and successfully received provincial grants/subsidies in accordance with licensing regulations); and
3. Fundraising activities (**55%** of MFRCs conducted fundraising activities to support their child care centres).

¹ DMFS. (2004). An Assessment of the Need for Licensed Group Child Care for Canadian Forces Families.



Challenges to MFRC-Operated Licensed Child Care

Over **83%** of MFRCs reported staff-related challenges in their child care programs.

Finding qualified experienced staff...Keeping them if we're lucky enough to find them.

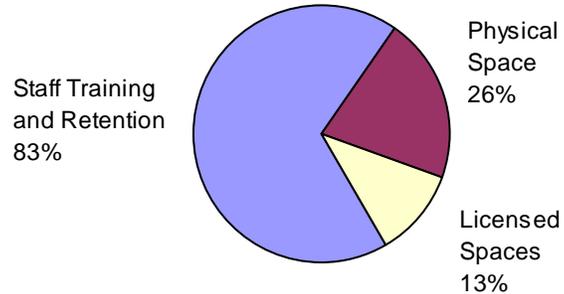
Maintaining trained and efficient staff, acquiring enough substitute workers to provide for sick leave and holiday time.

Funding to provide adequate salaries to retrain trained staff.

Staffing issues due to low wages in the industry.

MFRC Child Care Centre Staff Responses

What challenges do you have operating licensed child care programs? À quelles difficultés êtes-vous confrontés dans l'exploitation de votre programme de services de garde accrédité?



Other common challenges included physical space / facilities (reported by 26% of MFRCs) and the inadequacy of the number of licensed child care spaces to meet the needs for spaces in the community (faced by 13% of MFRCs).

Require a building...rental or purchase cost is too high to run affordable day care.

Do not have the facility to be licensed for infants.

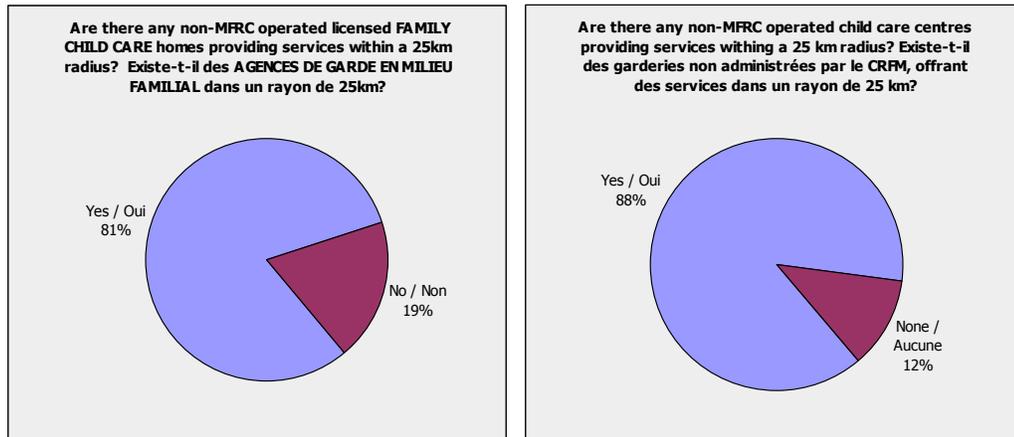
Funding is a major issue - spaces to accommodate CF families needs (extended hours, drop off hours and part time hours).

Extensive waiting lists, lack of space to expand.

MFRC Child Care Centre Staff Responses

Licensed Child Care Available Off B/W/U

In the majority of CF communities, there were alternate licensed child care agencies / centres within a 25 km radius.



However, most MFRC respondents were unable to identify how many agencies or centres there were, and even less so, how many spaces were available in total or by age group.

In terms of the number of CF children on waiting lists (beyond those of the MFRC-operated child care centre), only **3** of all MFRCs were able to provide an estimate. Between these 3 communities, the number of CF children of all ages on waiting lists for licensed child care ranged from **20 to 126**, with an average of **65**.

The relatively low response rate to these questions may reflect the difficulties experienced by MFRCs in estimating the child care services available in the broader community, and/or the possibility that CF families are conducting child care searches on their own without the aid of MFRCs.

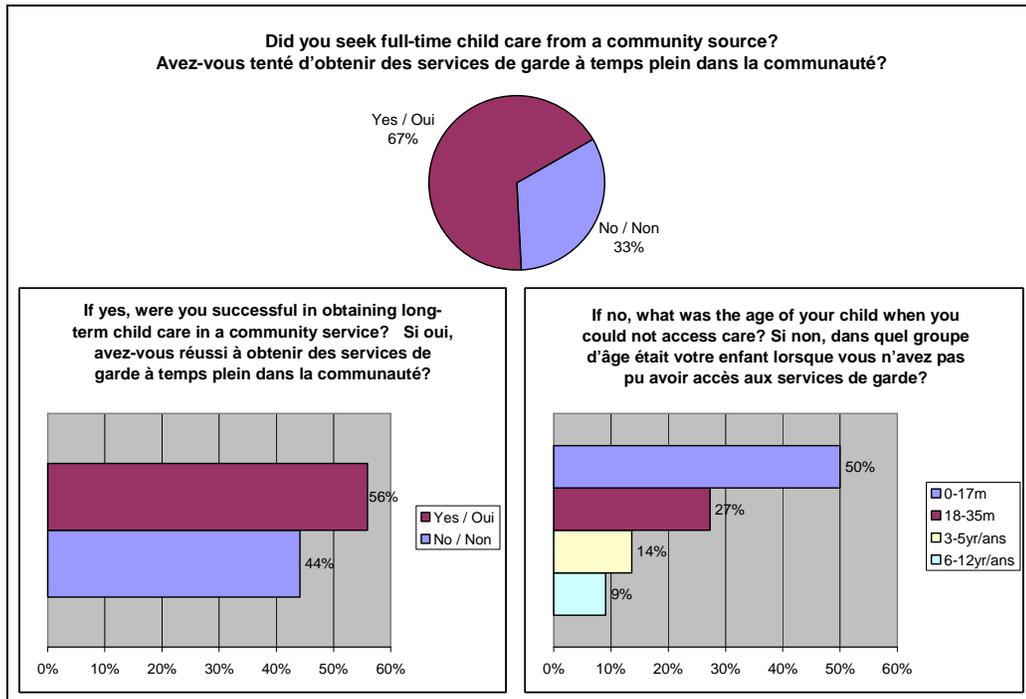
My maternity leave ended a month after my husband deployed. My name was on every child care waiting list that provided care to children 0-2, which was not many. I had run ads in newspapers and online, and after 3 months found someone to come into our home to watch my son while I returned to work. I was paying \$70/day. After 2 months, the provider found a better paying job and I was left to start again. After many more disastrous and scary experiences I was forced to quit my job and stay at home with our son.

The stress I was under during this period of time was, in my opinion, unnecessary. The precious few moments that I would speak to my husband while he was in Afghanistan were wasted discussions on options for employment and child care. *[sic]*

CF Family Response

As part of the CF Child Care Symposium application process, CF personnel and families were asked about their experiences seeking child care from either their MFRC or from the community.

CF personnel were more successful obtaining child care services from other community sources than through the MFRC. Of the 67% who had sought full-time child care services from a community source, **56%** obtained services. It is important to note that this question did not specify “licensed” child care, so the applicants may have included non-licensed child care when answering, thereby potentially inflating the numbers as compared to those for the MFRCs.



I am a military spouse with a 3 year old son...I have had many battles trying to arrange child care for our son. After many problems finding child care and having my husband deployed to Afghanistan, I had to give up full time employment to care for my son as there was no child care space available in our area for children under 2.

When my son turned 2 I decided to return to work and again ran into issues with space availability in the daycare setting as well as dayhome environment. My only option was to have a caregiver come into our home but with that came a much higher child care expense. I was paying on average \$60 per day to have someone come into my home to care for my son.

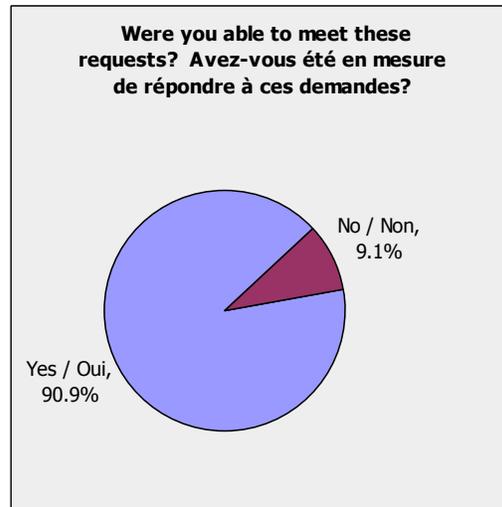
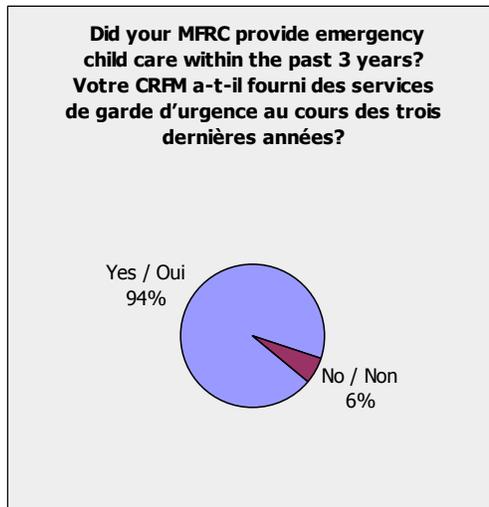
And having lost 3 sitters to better paying jobs, not to mention numerous nightmare interviews with child care providers, I again find myself in the same position of seeking child care.

CF Family Response

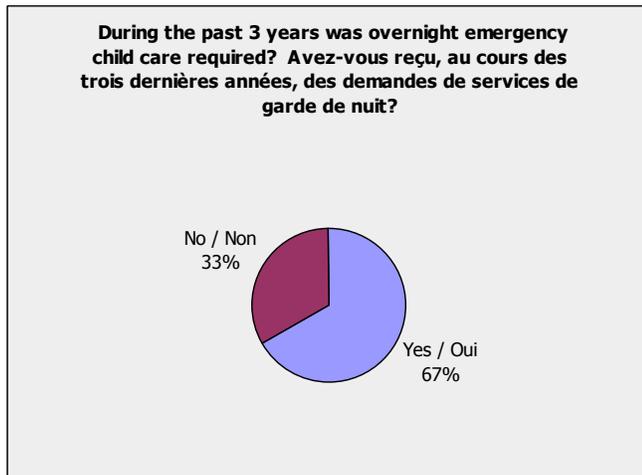
Currently Mandated Services

Emergency Child Care

CF families are entitled to emergency child care services in order to support the ability of CF personnel to be available for duty if their family care plan fails. Through services offered at local MFRCs, CF families are able to meet unexpected child care needs that are a direct result of CF duty requirements; and support CF families during short-term crises until they are able to make longer-term child care arrangements. MFRCs are currently authorized to fund up to 72 hours of ECC under specific circumstances, as well as extended partially-subsidized hours if required. DMFS is currently conducting a review of this service, with the intention of increasing the hours available and the eligibility conditions to improve the effectiveness of this policy for CF families.



The number of requests for ECC ranged at different B/W/U from **0 to 456**, with an average of **55** across all MFRCs.



Strategies for providing overnight ECC varied significantly and included:

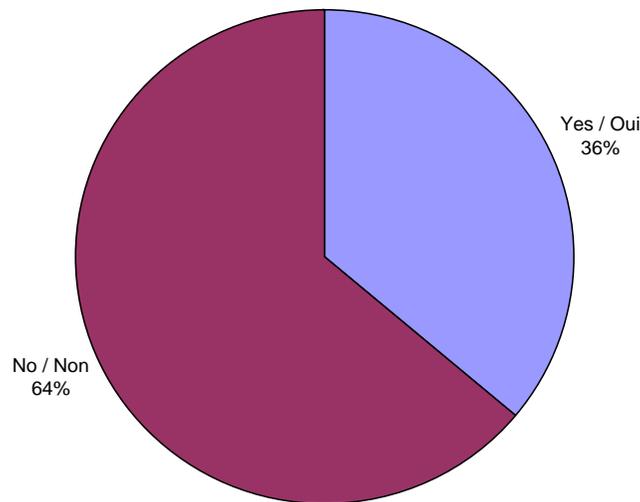
- Screened caregivers who are on call on a rotational basis;
- Contract with external service providers, in-home support workers, health care agency, home care agency, or emergency intervention organization; and
- Covering travel costs to fly in a friend or family member.

The common challenges faced by MFRCs for providing ECC included:

- Ensuring full measures were in place in a short period of time;
- Few adequate Family Care Plans in place;
- Lack of child care providers;
- Difficulty providing 24-hour on-call service;
- Frequent necessity to use several providers, in addition to the family's resources, in order to meet their needs;
- Finding caregivers who are willing to go into the family's home;
- Families are not aware of the provision of ECC; and
- Ensuring padres are aware of protocols and procedures for after-hours emergency calls.

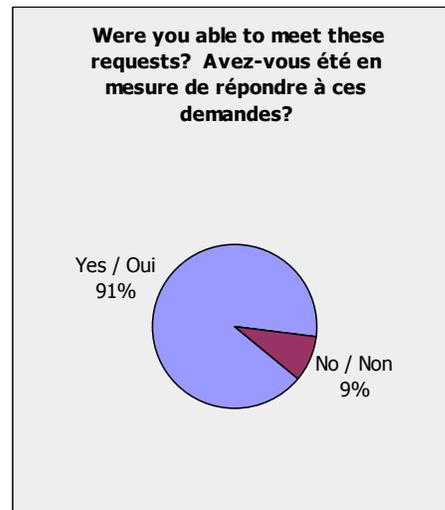
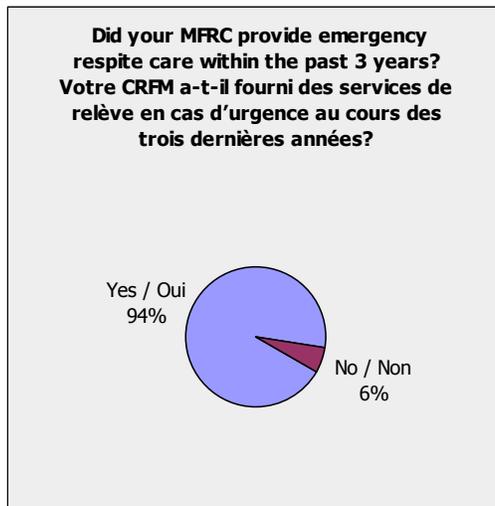
CF personnel and families who applied to attend the CF Child Care Symposium also reported on their usage of both ECC and ERCC. Approximately **36%** of those applicants had used either ECC or ERCC from MFRCs.

Have you ever used either Emergency Child Care or Emergency Respite Child Care through a MFRC? Avez-vous déjà eu recours aux Services de garde en cas d'urgence ou aux Services de garde de relève en cas d'urgence offerts par un CRFM?



Emergency Respite Child Care

CF families are entitled to ERCC services while CF personnel are away on duty, in order to support the family's health and well-being. Through services offered at local MFRCs, CF families of deployed personnel are provided with supports to relieve some of the stressors related to child care. MFRCs are currently authorized to fund up to 72 hours of respite child care under specific circumstances; as well as, extend partially-subsidized hours, if required.



The number of requests for ERCC ranged from **0 to 2200**, and averaged at **153** across all MFRCs.

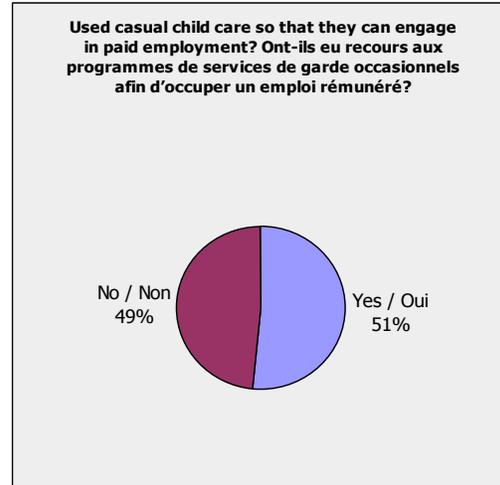
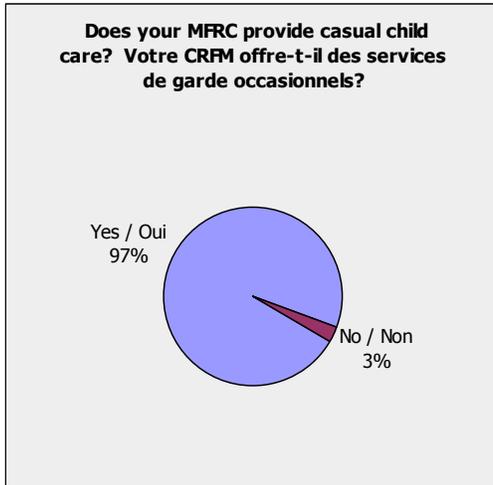
The common challenges faced by MFRCs for providing ERCC included:

- Providing child care with short notice;
- Providing child care for children with special needs;
- Providing care after hours, evenings and weekends;
- Lack of screened child care providers; and
- Space availability in child care centres and programs.

Casual Child Care

Casual child care is a mandated service of MFSP designed to enable CF personnel and families participation in MFRC services and to meet the needs of CF families. These services vary widely across locations. In most locations, regularly scheduled times are offered weekly for casual care.

In about **half** of the responses, MFRCs stated that casual child care was being relied on by parents so that they could work – suggesting that regular licensed child care was not adequately available, either due to lack of availability (waiting lists) or due to lack of child care centre in the vicinity.



For our family, a huge hurdle is for drop-in casual care – we are at a new posting and the casual drop-in child care rate is completely out of line with the rest of the MFRC's across the country. I need to access this program...for me to go to appointments that are associated with a new posting, i.e. meeting at the insurance agents, meeting a new doctor, meeting a new dentist and on and on. But for us it would be \$14 an hour...that is just not accessible as much as I want and need to access this program.

CF Family Response

CF Awareness of Available Services and Resources

Various stakeholders have raised the issue of a lack of awareness of available resources and services related to child care. The identified gaps in awareness include:

- Existing available child care services (licensed, unlicensed, MFRC-operated, and community-operated), which is significantly more problematic for newly posted families;
- Existing mandated services (ECC, ERCC and casual child care) that are available to all CF families in times of emergency through the MFRCs according to MFSP policy;
- Importance of duly completed Family Care Plans, developed with the family's involvement, and with realistic child care alternatives.

MFRC's Child Care Plan should be consistent from base to base (used as a universal tool). The Family Care Plan that is retained on the military personnel files should marry with the MFRC Child Care Plan. Individual units should work with the MFRC's to ensure plans are in place.

Greater emphasis on the member's due diligence to complete the Family Care Plan.

MFRC Child Care Centre Staff Responses

We are here to assist them but they have to prepare a family child care plan. This plan isn't always shared between the spouses and quite often some choices are made without the other and the plan is not always updated. Right now the units keep these plans and the MFRCs do not have the authority to check these plans. If the MFRC could meet with military personnel and spouses to ensure the child care plan is completed properly, that would help. We recommend that the families are informed of the services because quite often families are not aware of what is out there. We need to inform them continuously – sometimes people in charge of staff are not aware of changes so information needs to be continuous up the command chain. *[sic]*

When the military is transferred from one base to another, we have to make sure the spouse and the children are obliged to present themselves altogether. Most times only the military person shows up and the info does not get circulated properly. We need them to be there together to get all relevant information. *[sic]*

CF Child Care Symposium Participant Responses

Consistency of Child Care Services

CF personnel and families have repeatedly discussed their frustrations with the lack of consistency of child care services across B/W/Us. At each different B/W/U, families experience varying space availability (or in some B/W/U complete unavailability), quality of child care provided, costs for child care, and administrative processes for accessing child care. Several factors cause these inconsistencies, including:

- Wide variations in licensing regulations and standards imposed by provincial/territorial governments;
- Different levels of operating subsidies and grants based on provincial/territorial financial priorities;
- Range of in-kind donations provided by B/W/U depending on support of CO;
- Varying number of spaces allowed per age group depending on physical building availability;
- Fluctuating staff qualifications and high turnover effecting quality of care due to varying provincial/territorial standards and overall inadequate compensation;
- Standard child care administrative processes (e.g. waiting list protocols) do not respond to the unique needs of families that are a direct consequence of CF requirements for operational readiness and conditions of service, with some staff unaware of how to provide care for children living these realities;
- Unclear guidelines for interpreting MFSP mandated child care services resulting in variable decisions made based on personal interpretation of policy.

We have no access to daycare at our MFRC. We need child care professionals who are educated in the unique nature of military families. Military children move often and have to deal with parents deploying and coming and going for training etc. There is limited access to any type of childcare here and even if you are lucky enough to find a spot in a decent child care facility (one that has not yet lost a child) they have no knowledge of the transient lifestyle of the family or the circumstances children are facing at home during a deployment.

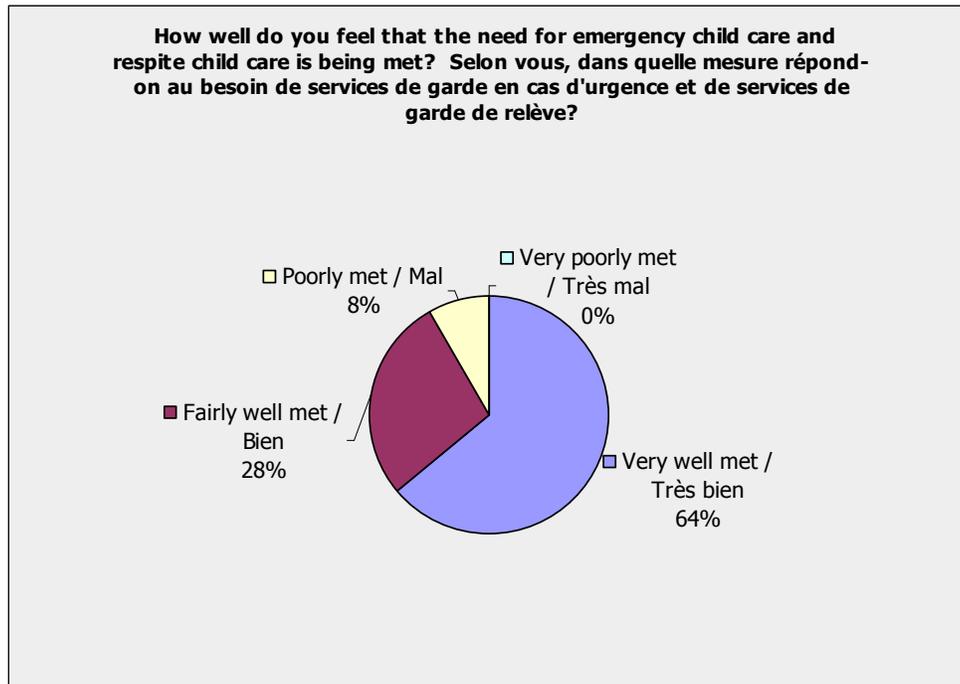
As a military family, I will probably never have the luxury of knowing a community well. As I start to get familiar with living in a particular place, I find out I have to leave the place I have just become used to and begin again. The child care issue alone has been a huge problem within my family, how can we make spousal employment a priority to DND when a lot of military spouses cannot begin to look for work because they are forced to be stay at home parents due to a lack of child care? My spouse has been considering early retirement and the only reason being our access to child care from posting to posting.

We want options for families. Consistency of quality, availability and cost – we want similar program development, quality and programs for children to transition. But provinces are provincially regulated and all different. The qualifications are different, the programs are different and the quality of care cannot be guaranteed. From a family point of view, we want the consistency.

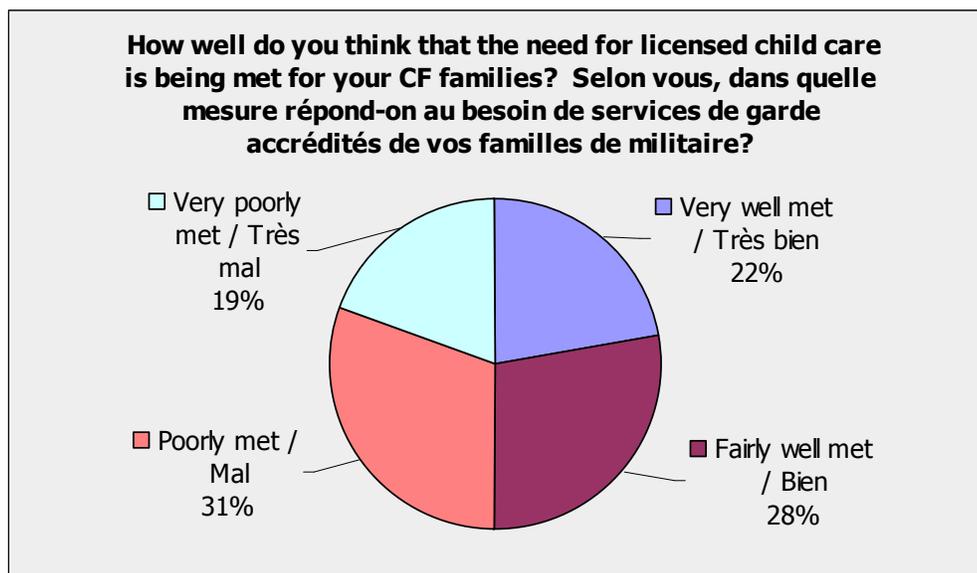
CF Family Responses

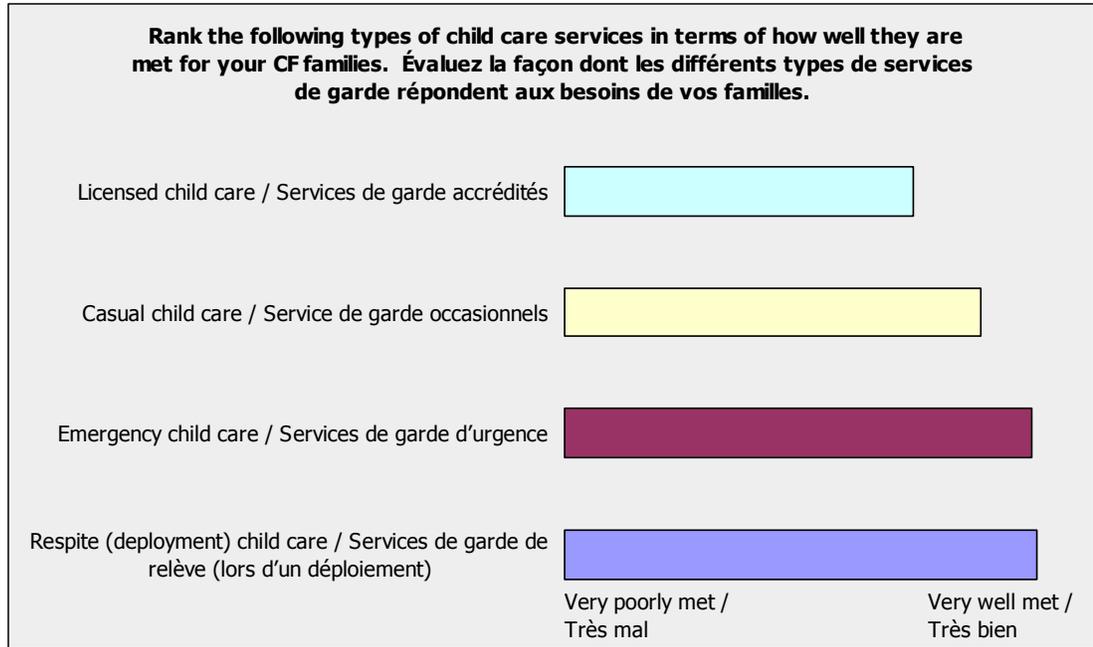
Stakeholder Assessment of Sufficiency of Child Care

The vast majority (92%) of MFRC respondents believe that the needs of CF families for ECC and ERCC are being met either fairly or very well.

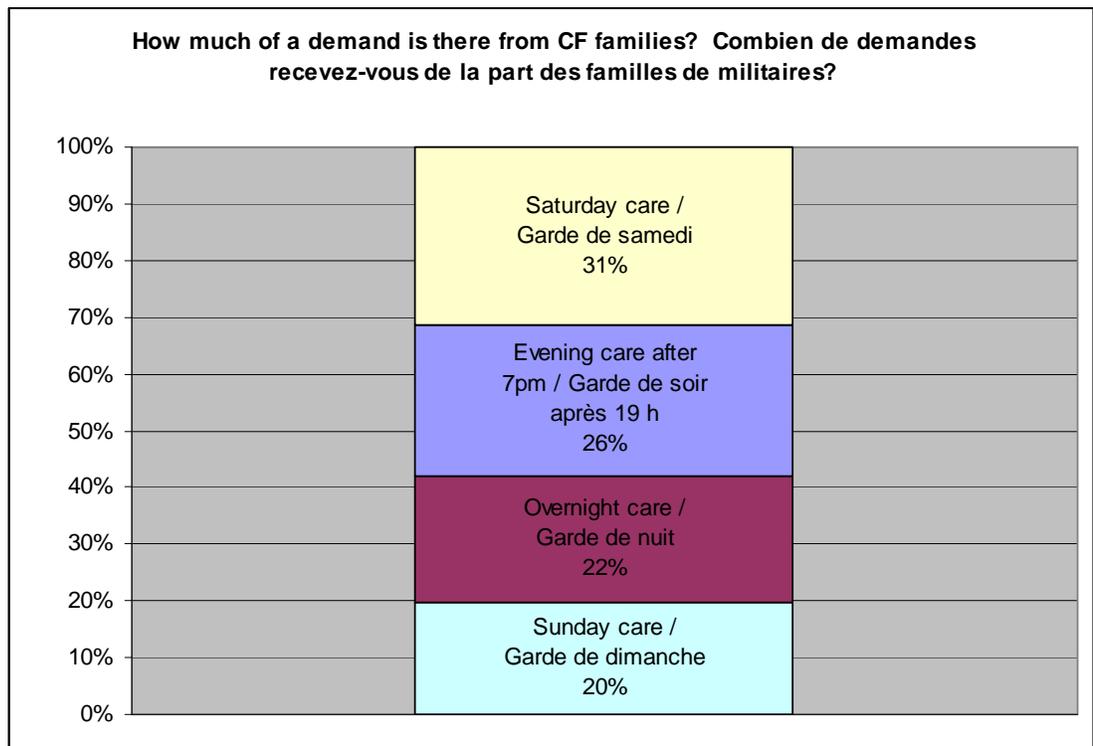


MFRC respondents were more mixed in their interpretation of how well the need for licensed child care was being met. There was an **equal split** between those who felt the need for licensed child care was being met fairly or very well, and those who felt it was being met poorly or very poorly.



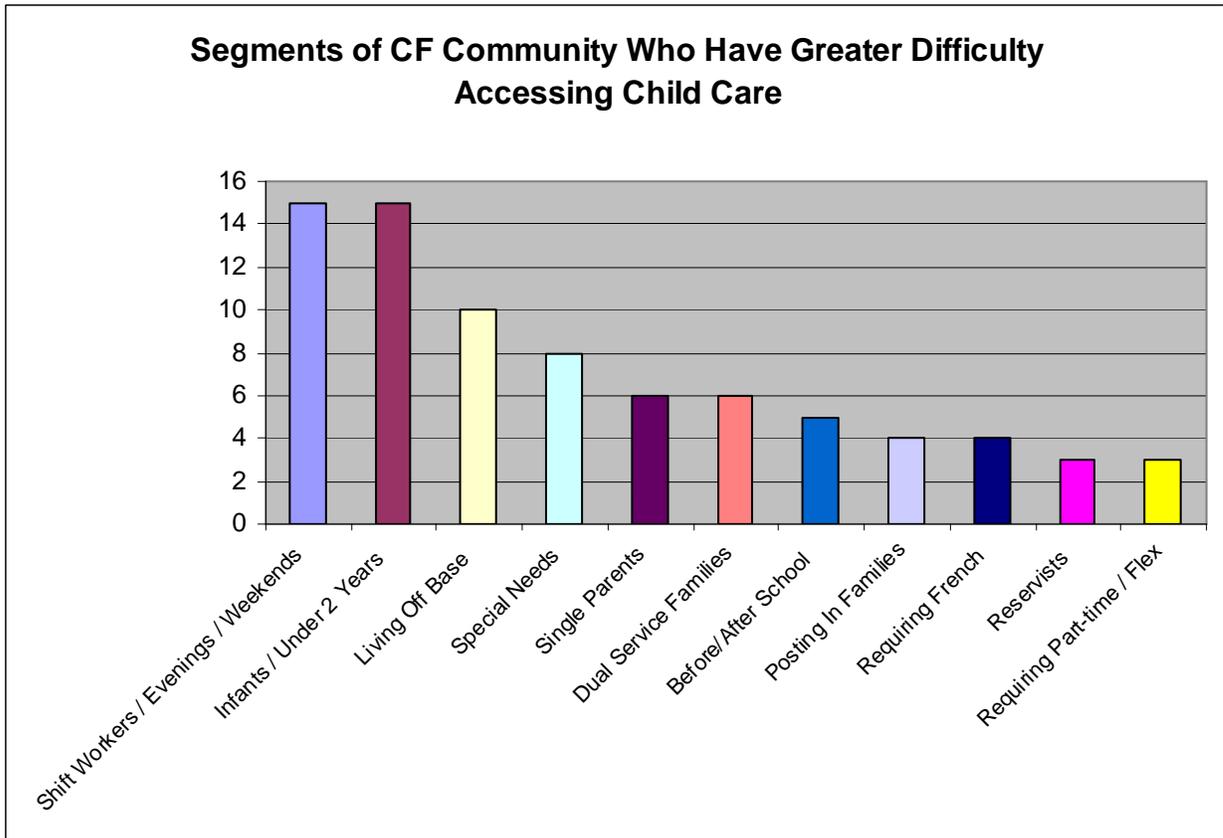


In terms of specific times for child care provision outside normal business hours, MFRC respondents believe Saturday care and evening care after 7pm are required slightly more than overnight or Sunday care.



Stakeholder-Identified Populations of Highest Need

The following chart shows the general consensus that those CF personnel who experience the greatest difficulties securing child care are shift workers who require child care during evenings and weekends, and those with infants under 2 years of age. Additional high-need areas are also identified.

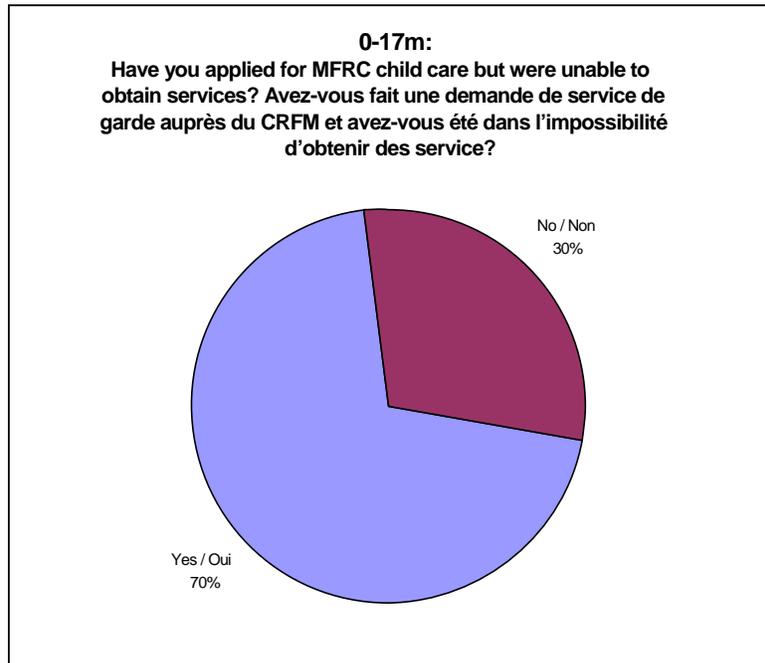


With the nature of our work, we need a very flexible and responsive child care system in place for CF members' families. So many of us work shift work, or our spouses work shift work and can't find child care while we are deployed.

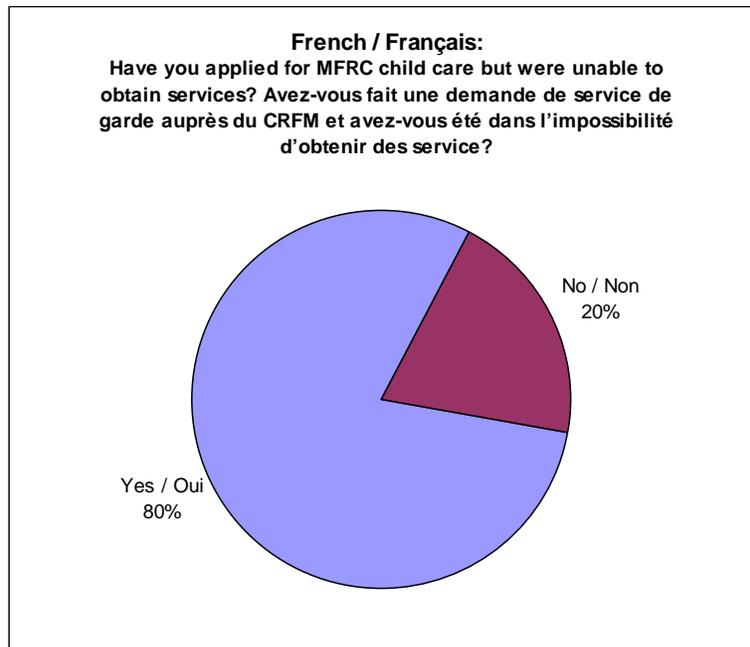
CF Personnel Response

While the CF personnel and families who completed the symposium application form were not specifically asked about all of the categories above, or their perspectives on which segments of the CF population have greater difficulty accessing child care, they did self-identify if they had children less than 18 months, children requiring service in a minority language or children who had special needs.

Of the 47 symposium applications, 27 families had children under the age of 18 months. Of those 27 families, **70%** were unable to obtain child care services from MFRCs. This percentage is much higher than the 57% of the overall sample.



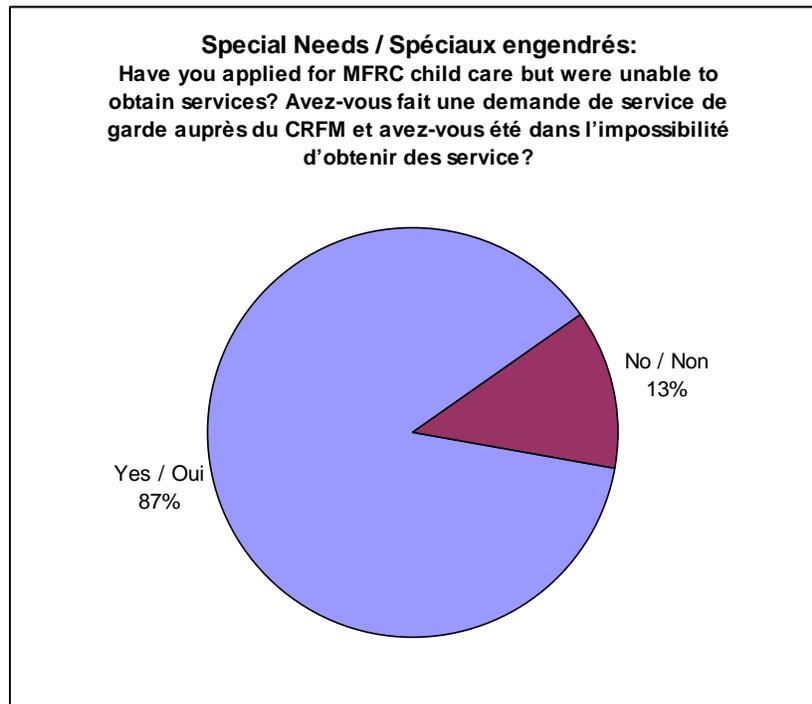
Of the 47 symposium applications, 15 families had children who were most comfortable speaking French. Of those 15 families, **80%** were unable to obtain Francophone child care services from MFRCs. This percentage is significantly higher than the 57% of the overall sample.



Of the 47 symposium applications, 8 families identified that they had a child with special needs.

When the responses from these families are examined, it is clear that there are significantly more challenges accessing child care than other families.

Of these 8 families, 7 applied for MFRC child care but were unable to obtain services, representing **87%**, as compared to 57% of the overall sample.



Those families with special needs children used either ECC or ERCC through MFRCs at a significantly higher rate than the overall sample. **75%** of families with special needs children used MFRC emergency or respite child care, compared to one-third of the overall sample.

Enhancing CF Families Child Care Options – Stakeholder Assessment

Summary and Next Steps

Issue Identification and Analysis

The stakeholder assessment illustrates that access to consistent quality child care is an issue of concern within the CF.

Capability deficiencies have been identified that negatively impact operational effectiveness and military family resilience. These include:

1. A widespread **lack of awareness** of:
 - o Available child care services and resources (especially upon new postings);
 - o Accessible mandated child care services for times of emergency; need for respite and CF personnel casualty support (both by CF personnel and B/W/U CoC and padres); and
 - o The importance of premeditated and regularly updated Family Care Plans (both by CF personnel and B/W/U CoC);
2. Limited options available to CF personnel requiring **on-call back-up** child care in times of emergency and/or new postings, to accommodate immediate CF taskings and/or during evenings/weekends for required shift work;
3. Inconsistent availability of quality licensed child care on B/W/U which is compounded by the following factors:
 - o A CF-wide deficiency in the **number** of licensed child care spaces available on B/W/U, especially for **infants, special needs, and minority language** children;
 - o A **shortage of child care providers**, with no strategy for training, recruitment, professional development and/or retention; and
 - o **No national standard of care**, resulting in widely varying service delivery and costs.

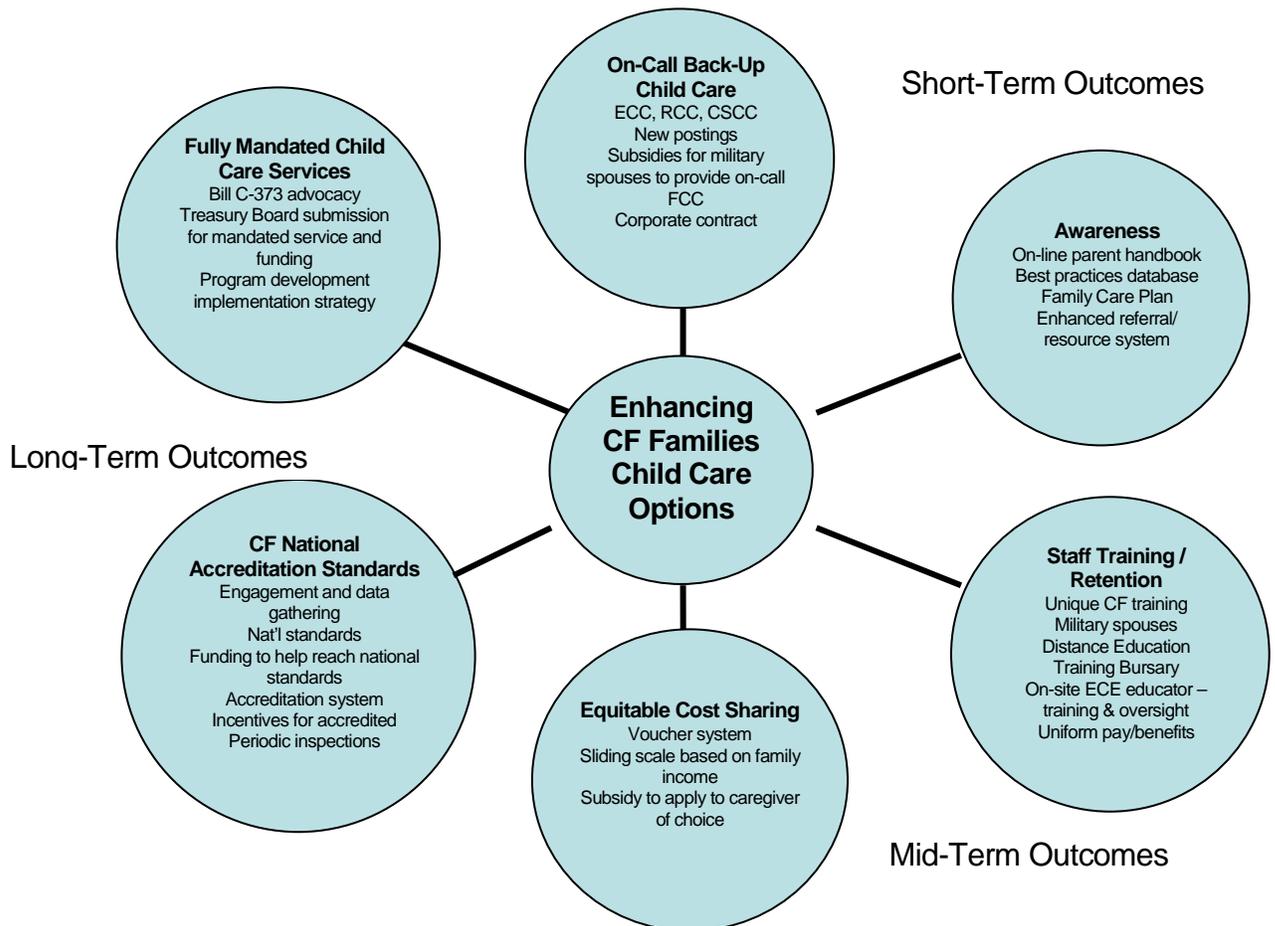
Next Steps: Options Analysis

The goal of the DMFS Child Care Portfolio is to conduct research and analysis that will, by 2010, determine the most efficient strategies to enhance the child care options for CF families.

At the conclusion of the stakeholder assessment, the issues and capability deficiencies have been identified. The next step is to determine how best to address these gaps by conducting options analysis within the following strategies:

1. Short-term strategies that will address CF personnel's urgent need for on-call back-up child care and ensure CF families are aware of available child care options.
2. Mid-term strategies that will address the child care staffing challenges of recruitment, training and retention.
3. Long-term strategies that will work towards achieving the CF Child Care Advisory Committee's vision of the "provision of a full range of child care services based on the principles of quality, accessibility and consistency that is able to meet 80% of the need identified by CF families". These strategies will address the need for affordable and equitable child care cost sharing, CF-wide national standards and accountability through accreditation.

The following chart identifies some of the options that may be included in the options analysis.



In order to complete a comprehensive options analysis, some more detailed specific data may need to be collected, such as:

- The actual number of CF families with special needs;

- Child care centre staffing-specific information including number of FT and PT staff and salary by level of training, number of staff who left in previous 12 months, reason cited for leaving, length of time required to fill the most recent vacant position, difficulties hiring trained substitute / regular staff and availability of funds for staff professional development;
- CF families' preferred child care arrangement and why (outside home by a relative, inside home by a relative, outside home by a non-relative, inside home by a non-relative, a licensed child care centre on B/W/U, a licensed child care centre off B/W/U or a live-in caregiver, nanny/au pair);
- Actual incidence of CF-required evening, overnight and weekend work;
- Number of families living on /off B/W/U and how distance from B/W/U affects ability to access child care;
- Actual value of each local commander's funding and in-kind contributions; and
- Extent to which lack of child care is cited as CF personnel absenteeism and/or reason for inability to accept short notice or deployment, seeking permission to return to B/W/U during training or deployment, seeking permission to remain at posting or be exempt from training, seeking posting to another B/W/U or imposed restrictions.

The purpose of the stakeholder assessment was to assess the child care options currently available to CF families; the challenges families face in accessing child care; the challenges MFRCs face in meeting parents' child care needs; the identification of creative solutions to mitigate these challenges; and the status of MFRC operated child care available to CF families. This purpose has been achieved, resulting in clear issue and capability deficiencies. Research and analysis continues in options, factors, and delivery mechanisms for the ultimate outcome of enhancing child care options for CF in order to improve conditions of service, operational effectiveness and military family resilience.