

**The Children's Aid Society of Brant**

**Brant County Best Start  
Aboriginal Needs Assessment**

**Final Report**

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**The Children's Aid Society of Brant**  
**BRANT COUNTY BEST START ABORIGINAL NEEDS ASSESSMENT**

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## 1.0 Introduction

### 1.1 Project Background

There are Aboriginal families who seek help but who consistently “fall through the cracks” of the system for a variety of reasons (negative past experiences, lack of awareness, lack of cultural sensitivity of mainstream service providers, difficulty in accessing services, discrimination, etc.). They frequently approach Aboriginal organizations for support and assistance, but due to a variety of circumstances, they find themselves on their own without the resources or supports they need for their pre-school children.

Aboriginal people in Brant/Brantford have a distinct culture and distinct needs from mainstream and other ethno-cultural groups. Existing mainstream facilities cannot address the cultural needs of Aboriginal clients. They need a more holistic approach based on traditional ways to address not only the physical, but also the emotional, spiritual and mental states. Potential clients would be more willing to enter Aboriginal culture-based Best Start programs and services if it was designed by and for Aboriginal people, whether it be Aboriginal specific facilities and programs or Aboriginal specific programs and services within mainstream programs.

“Experience has shown that Aboriginal people are more comfortable using services specifically designed for Aboriginal people and they tend not to use mainstream services. Aboriginal-led agencies are places where people can feel good about being Aboriginal and find support and acceptance...Mainstream agencies can be uncomfortable in dealing with Aboriginal people as a result of a lack of understanding of their historical and cultural context.”<sup>1</sup> Aboriginal specific services “can embrace the values of their own culture and as a result be more effective.”<sup>2</sup> Having support staff and fellow clients who speak the language and share the culture, offering

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<sup>1</sup> Report of the Mayor's Homelessness Action Task Force, (2000), Taking Responsibility for Homelessness: An Action Plan for Toronto, pg. 67

<sup>2</sup> From a speech by Mel H. Buffalo, President, National Aboriginal Housing Association (April 27, 2000), Symposium on Aboriginal Housing and Homelessness

culturally appropriate support services and programming, and providing traditional foods all would lend to an improved quality of life for young Aboriginal families in need of help.

The **purpose** of the Needs Assessment is to assess the need for Aboriginal specific Best Start programming in Brant/Brantford for Aboriginal families.

On August 3, 2006, Stevenato & Associates was retained by The Children's Aid Society of Brant to conduct the Brant County Aboriginal Best Start Needs Assessment. The City of Brantford provided funding for the study.

## 1.2 What is Best Start?

Best Start is a Provincial program aimed at providing children and their parents with a smooth transition from early childhood education to the school system. Best Start includes integration of pre-school programs, child care, parenting programs, and school programs. The intent is to provide access to a full continuum of services in locations convenient to the users to:

- help parents help their children to be successful in school,
- enhance existing services and introduce innovative approaches to help with child development, early learning and care,
- bring community services together in a comprehensive, flexible, integrated, seamless way so children and parents can access them at familiar neighbourhood locations.

## 1.3 Needs Assessment Methodology

A comprehensive methodology was designed for the Brant County Aboriginal Best Start Needs Assessment. The steps required to complete the project are outlined below:

- 1. Introductory Meeting:** Met with the client to review & approve the proposal, identify goals & objectives, identify key issues, establish timeframes, set meeting dates and sign a contract
- 2. Document Review:** Gathered, reviewed & analyzed relevant background material, including:
  - minutes of meetings,
  - Best Start background reports and guidelines,
  - Brant mainstream and Francophone Best Start community surveys,
  - Brant Best Start Implementation Plan,

- Brant Best Start Integration Plan,
- Brant Child Care Service Plan,
- Brant EDI Report,
- Ontario Early Years Centre: Brant studies,
- Brant County Health Unit reports,
- Social Planning Research Council reports,
- Federal & Provincial government reports,
- statistical & demographic health, social and economic data,
- information on relevant existing mainstream/Aboriginal facilities/programs/services,
- Information on best practices for Aboriginal Best Start.

The purpose of gathering and reviewing relevant background information was to gain an understanding of the issues.

### **3. Public Consultation: Community Survey**

There were several steps to the community survey process that were completed, including:

- Identified who to survey.
- Designed the survey and survey administration instructions/guidelines.
- Tested the survey.
- Identified how to administer the survey (mail, phone, in-person). Gathered and combined Aboriginal contact/ mailing lists from CAS, De dwa da dehs nye>s and Brant Native Homes Inc. to identify the potential survey recipients.
- Administered the survey.
- Designed a survey codebook.
- Coded the surveys.
- Analyzed the survey.

Assuming there are 7,000 Aboriginal people in Brant County, a random sample of about 100 households would provide a statistically valid sample with a margin of error of 5-7% using conventional parameters of 95% confidence. This target was met as 101 surveys were completed. The intent of the survey was to collect information on gaps, barriers, needs, type of facility, programs & services, location, market, etc. to help determine the Best Start needs in the Aboriginal community

### **4. Public Consultation: Key Informant Interviews and Small Focus Groups**

Key informants and potential focus groups were identified, including service providers and potential service users. Interview guidelines were prepared (list of key questions). Telephone interviews and/or in person meetings and/or focus groups were conducted with key informants from Aboriginal and mainstream organizations.

Key informants included:

- Brant Native Homes Inc.,
- former Pine Tree Centre of Brant staff,
- De dwa da dehs nye>s Aboriginal Health Centre,
- CAS of Brant

- Best Start Network,
- Best Start Aboriginal Sub-Committee,
- Ontario Early Years Centre: Brant (OEYC Brant),
- Brant County Health Unit,
- existing Best Start operators and related services,

The purpose of the interviews and focus groups was to augment the survey results and background data review to gather information on gaps, barriers, needs, type of facility, programs & services, location, market, etc.

#### **5. Assess the Need:**

Based on data & information gathered from the background research and public consultation process (except for Community Meeting, which occurred after this step), the need for Aboriginal Best Start programs, services and/or facilities in Brant County was assessed over the short & long term, taking into consideration culture & traditions. The need was assessed based on types of facilities, programs & services needed (expand/modify existing vs. develop new), size of target group(s), cultural requirements, capital & operating cost, partnerships, etc. The needs were prioritized. Options were identified and evaluated to address the highest priority needs. The options were reviewed with the client and community (via Community Meeting) and a preferred option was selected.

Several options were assessed, including:

- incorporating Aboriginal components into existing Best Start Child Care Centres, Best Start Hubs and/or Best Start Satellites
- creating an Aboriginal specific child care centre(s) and/or Best Start Centre(s) or satellite(s)

#### **6. Identify the Space Requirement:**

A space plan was developed for the facility/program (size, types of space, amenities, accessibility, parking, administration, space requirements for offices, programming, storage), taking into consideration short & long term needs.

#### **7. Identify the Program and Service Requirement:**

The program and service requirements were identified for the preferred option with respect to items such as: staffing (number, qualifications), organizational structure (partnership vs. separate entity), equipment, supplies and resources (culture based), types of programming and services and how best to deliver them, taking into consideration short & long term needs.

#### **8. Identify Preferred Location:**

The following criteria were used to evaluate location: size of space needed, cost, amenities, parking, accessibility (bus line, alter abled), central to target group, zoning.

#### **9. Estimate Capital & Operating Costs & Funding Sources:**

Capital (fixed equipment) & operating cost estimates were prepared based on the preferred option.

### **10. Prepare and Present a Draft and Final Report.**

A Draft Report was prepared and presented to the client for review. Based on feedback, the Draft Report was revised and a Final Report was prepared for the client.

The report identified the need for Aboriginal specific child care and/or supports for Aboriginal families with children 0-6 years, including:

- gaps and barriers in service,
- what that need is,
- who the target group is (demographics, socio-economic and health characteristics),
- where the target group is located,
- options for addressing the need (expanding/ modifying existing vs. developing new facilities, programs or services,
- programming and service types (i.e., cultural specific),
- what is required to deliver the programming with respect to staff, equipment, supplies and resources, and what it would cost to deliver

### **11. Formulate an Implementation Plan:**

An implementation plan was designed that identified the steps to take, the timeframe for completion and who is responsible for it.

## **1.4 Goals and Objectives of the Needs Assessment**

### **Goals**

- Identify the needs of the Aboriginal community in Brant County/Brantford with respect to Best Start child care and support services.
- Identify how to address the Best Start needs of the Aboriginal families with children 0-6 years of age in Brant/Brantford with respect to facilities, programs and services that are developed and operated by Aboriginal people for Aboriginal people.

### **Objectives**

- Identify funding to develop Aboriginal specific Best Start facilities, programming and services for Aboriginal people in Brant/Brantford
- Identify how to enhance existing mainstream and/or develop new Aboriginal Best Start facilities, programming and/or services for Aboriginal people in Brant/Brantford
- Identify ways to ensure Aboriginal families with children 0-6 years of age have equitable access to the Best Start programs, services and facilities they need
- Identify programs, services and facilities that optimize the health and well-being of Aboriginal families in Brant/Brantford with children 0-6 years of age
- Identify programs that provide culture-based programs, services and facilities
- Identify programs that help reduce the incidence of child neglect and abuse among Aboriginal children 0-6 years in Brant County.



- Identify programs that help reduce the incidence of developmental delays among Aboriginal children 0-6 years in Brant County
- Identify programs, services and facilities that can be provided to all Aboriginal people (status Indian, non-status Indian, Inuit, Métis)
- Offer flexibility to accommodate changing needs of Aboriginal families in Brant/Brantford with children 0-6 years of age with respect to policies and procedures, programs and services, spiritual, cultural and linguistic needs
- Identify ways to ensure Aboriginal with children 0-6 years of age in Brant County are not confronted with barriers to accessing the program.

## 2.0 Why Aboriginal Best Start is Needed for Aboriginal People in Brant / Brantford

### 2.1 Introduction

There are a number of issues that influence the ability of Aboriginal families with children 0-6 years of age to access the necessary facilities, programs and/or supports to ensure their children are well prepared to begin schooling and to learn. They are documented under the following headings:

- Aboriginal Best Start Community Survey
- Large Aboriginal population
- Demographics
- Existing Brant County Best Start Programs
- Health – Mental and Physical
- Housing
- Homelessness
- Involvement with corrections
- Cultural and social needs
- Summary

Each of these areas is discussed below. Each area helps to explain why it is necessary to provide Best Start for Aboriginal families with children 0-6 years of age in Brantford/Brant County.

### 2.2 Aboriginal Best Start Community Survey

A community survey was administered in the summer of, 2006 via the following means:

- mailing to Brant Native Homes Inc. clients,
- handed out survey at 2006 Easter egg hunt to Aboriginal families,
- phone interviews with De dwa da dehs nye>s clients with children 0-6 years of age,
- surveyed CAS of Brant Aboriginal clients

A total of 101 surveys were completed. Due to the delivery methods used to administer the survey, the number of families contacted could not be determined and therefore the response rate could not be identified. However, the goal was to complete 100 surveys and this goal was

reached. Of the 101 surveys completed, 91 respondents had children 0-6 years of age and answered all questions. Those respondents without children 0-6 years of age were not required to answer specific questions in the survey. The complete results of the survey are provided in Appendix A.

With respect to the demographics of the survey respondents, 83% were Status Indian, 10% were non-status and 6% were Métis. There were roughly an equal number of children 0-5 years of age (25-31%), with a significantly lower percentage of families with six year olds (11%). There was an equal distribution of male and female children.

Half of the respondents currently use child care, primarily in the form of home based child care. Approximately one third (36%) use child care centre services. The predominance of home child care use may be due to financial and convenience factors as daycare can be expensive and access may be difficult for low income families without vehicles. Most respondents (67%) require child care services for a full day, suggesting parents work, attend school or training, and approximately one third (36%) require half-day services, suggesting at least one parent is at home with the child or working/going to school part-time. Approximately one quarter of respondents each require full-time, part-time or occasional child care services. Most respondents can afford to pay very little for child care services due to their socio-economic status. In fact, close to one-third (29%) receive free child care, likely from an extended family member, and another third (35%) reported subsidized rates in some capacity.

Sixteen percent of respondents reported children with special needs, such as ADHD (38%), speech/sight/hearing disabilities (23%) and FASD (15%). Therefore, if Best Start programming was to address the needs of these families, staff would require specialized training to meet the needs, specialized equipment may be required and assessments and treatment plans would have to be in place.

Illustrating the support for a culture based program, almost all (91%) of respondents said they would use an Aboriginal Child Care Centre if it was located in Brant County. This would depend partly on cost (39% said they could afford less than \$25/day, 35% said they could afford

less than \$250/mo.) and location/accessibility. Most (62%) said they would use it full days. For those requiring part-time services, roughly an equal proportion said they would prefer mornings (19%), afternoons (24%) or evenings (19%). Close to one-third (28%) indicated they needed before and after school child care services, suggesting they have preschoolers and children in school. More than one third (35%) said they needed child care services during school breaks, suggesting parents work/go to school during school breaks and are not available during the day.

When asked where an Aboriginal Best Start child care centre should be located, more than half (53%) said it should be in the Brantford downtown core; a lesser proportion said it should be located in Eagle Place (20%) or the north end Brantford (15%). This is reflective of the perception of where Aboriginal families live in Brant County. The survey results suggest that a Best Start hub should be located in the core, with satellites in Eagle Place and possibly in the north part of the Brantford, if affordable.

Aboriginal families experience a range of barriers to accessing existing Ontario Early Years Centre: Brant/Best Start mainstream programs and services that reflect the low socio-economic status and the sensitivity to the culture of many Aboriginal families, including:

- Lack of money (72%),
- Lack of transportation (53%),
- Lack of awareness of existing services (46%),
- Lack of cultural sensitivity (37%).

The gaps they see in existing Ontario Early Years Centre: Brant/Best Start mainstream programs and services again reflect the importance of culture to the community and the frustration with finding services that meet their non-conventional (vs. 9-5) services, and include:

- No culture-based services (66%),
- Long waiting lists (63%),
- Lack of evening and weekend availability (54%),
- Lack of services (46%),
- Lack of facilities (45%).

Virtually all (96%) of respondents thought there should be Aboriginal specific, culture-based Early Years/Best Start services in Brant. Most (73%) said they are needed because it is important for children to learn about their culture.

When asked what types of Early Years/Best Start services they would use if they were available in Brant, respondents identified a wide range of services, as illustrated by Table 1 below:

Table 1: Types of Early Years Services Survey Respondents Would Use

13. What types of Early Years services would you use if made available in Brantford/Brant County? (n=102)	#	%	% respondents
Parent & child drop-in	68	67%	75%
Culturally relevant programs/services	63	62%	69%
Recreation programs	62	61%	68%
Growth & development checks	57	56%	63%
Parent Education Programs	55	54%	60%
Behaviour problems support	55	54%	60%
Library services	54	53%	59%
Vision and hearing checks	47	46%	52%
Speech and language screening	45	44%	49%
Dental screening	44	43%	48%
Public Health nurse	43	42%	47%
Child only drop-in	39	38%	43%

When asked to identify the top three services, the following were deemed to be the most urgent and important and need to be incorporated into an Aboriginal Best Start program:

- Culturally relevant programs and services (80% of responses)
- Parent education programs (38%)
- Recreation programs (30%)
- Behaviour problem support (25%)
- Parent and child drop-in (23%)

Respondents indicated that mornings, afternoons, evenings and weekends are equally important for programming. In order to access services, most would walk (58%) or take a bus (36%), indicating the lack of vehicles to drive to and from programs and the importance of location and accessibility. If potential clients cannot access the programs easily, they may not use them.

### **2.3 Cultural and Social Needs<sup>3</sup>**

Many recent Aboriginal parents in the Brantford area are second generation residential school survivors. Children were removed from their families, traditions, culture and language and as a result grew up without observing and inherently learning parenting techniques. As a result, many have difficulty with day-to-day parenting, disciplining, teaching and providing positive role models for their children. They have lost their culture and cannot impart important cultural imprinting on their children. They often have low education and income levels and as a result they are not very familiar with the importance of nutrition (high obesity rates for children and adults) and reading, playing and bonding with their children.

Cultural programs and services are available to the Brant/Brantford Aboriginal population via agencies such as the Woodland Cultural Centre, De dwa da dehs nye>s Aboriginal Health Centre and Brant Natives Homes Inc. There has been a big gap in addressing these needs since the Pine Tree Centre of Brant closed its doors. Many Aboriginal families do not/cannot access these services (i.e., lack of awareness, lack of transportation, services do not address their needs, etc.).

Historically, Aboriginal people have not accessed mainstream facilities, programs and services because they “lack cultural appropriateness, sensitivity and understanding of Aboriginal people’s distinct needs.” It has been demonstrated over and over again that Aboriginal people much prefer and feel more comfortable with using facilities and services designed, developed and delivered specifically for Aboriginal people by Aboriginal people. To encourage wellness and maintain a balance between body, mind and spirit, facilities and services must be designed based on the Aboriginal medicine wheel, with all of the elements of the life cycle considered – a holistic approach (physical, mental, emotional and spiritual). “The individual, family and community are inseparable and the development of an Aboriginal continuum of care incorporates community based approaches to providing culturally appropriate programs and services for Aboriginal people and their families.” The Medicine Wheel is based on a continuum of care, which encompasses “promotion, prevention, crisis intervention, curative (includes palliative

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<sup>3</sup> Aboriginal Off-Reserve Working Group (1997), Aboriginal Long Term Care “Off Reserve” Strategy: A Policy Framework for Planning, Managing and Delivering Long Term Care Services in the Aboriginal Off-Reserve Community

care, treatment), rehabilitation, promotion of stability, training and supportive resources.” It also recognizes the importance of “healthy Aboriginal men” to the strength of the family.

Such an approach will provide an improved quality of life for Aboriginal families with young children. It is non-judgmental and respects the needs of all individuals regardless of lifestyle, beliefs, language, gender, age, sexual orientation or disability. The model honors and respects a person's choice and encourages involvement of the individual and family members in the decision-making process.

The mainstream facilities and services in Brant/Brantford provide services for the general population. However, they are not designed to address the cultural needs of Aboriginal people. Aboriginal people are often hesitant to access mainstream services because they have had previous bad experiences, they do not feel comfortable with mainstream services, they do not trust service providers and/or there is often lack of cultural sensitivity. There are definite gaps in service and barriers to accessing services for Aboriginal people.

Mainstream agencies cannot necessarily be blamed for not providing more appropriate services to Aboriginal people. The Aboriginal population in Brant/Brantford comprises a small proportion of the total population and, with limited resources to work with, mainstream agencies cannot justify offering specialized services for such a small minority.

## **2.4 Large Aboriginal Population**

The Statistics Canada “2001 Aboriginal Population Profile-Brant County”, provides Aboriginal population statistics for Brant County. There are a total of 116,755 people in Brant County, 73% (85,125) of who reside in the City of Brantford. This is an increase of 3.4% over the 1996 Census population (below the Province rate of 6.1%). The City of Brantford Planning Department (1999) estimates that the City of Brantford population will increase as follows:

- 2006: 125,288
- 2011: 131,165
- 2016: 136,770
- 2021: 142,102

Only 3% (3,300) of the Brant County population reportedly is of Aboriginal descent, according to the 2001 Census. This severely under-represents the Aboriginal population. Brant Native Homes Inc. (BNH) estimates that the Aboriginal population in Brant/Brantford is 5% of the total population, or 5,840 of the 2001 census population. BNH estimates are likely more accurate than 2001 Census data since the later significantly under-reports the actual Aboriginal populations, due to low participation of Aboriginal people in the Census and/or not identifying oneself as Aboriginal. This is documented by the reduction in the number of Aboriginal people reported in Brant/Brantford from 1996 to 2001 by the Census data, when it is clearly evident that the Aboriginal community is growing significantly.

Table 2 below provides a breakdown of the Aboriginal population by age group for Brant County, as per the 2001 Census, and estimated numbers based on an Aboriginal population of 5% of the total population.

**Table 2: Aboriginal Population, by Age Group, 2001 Census and Adjusted**

Age Group	2001 Canada Census Aboriginal Population Profile- Brant County	%	Estimated Aboriginal Population in Brant County based on 5% Total Population	%
0 to 4	295	8.9%	522	8.9%
5 to 14	675	20.5%	1,195	20.5%
15 to 19	320	9.7%	566	9.7%
20 to 24	260	7.9%	460	7.9%
25 to 44	1,055	32.0%	1,867	32.0%
45 to 54	350	10.6%	619	10.6%
55 to 64	215	6.5%	380	6.5%
65 to 74	95	2.9%	168	2.9%
75 to 84	35	1.1%	62	1.1%
85 and Over	0	0.0%	0	0.0%
<b>TOTAL</b>	<b>3,300</b>		<b>5,840</b>	

Assuming that the number of persons in the 5-14 age group is equal for each age (120 per age), the number of Aboriginal children 0-6 years of age is then estimated to be 760 (13% of the total Aboriginal population). The average annual growth for Aboriginal populations in Canada is approximately 4%/year, significantly higher than the total population. Therefore, if the Brant/Brantford Aboriginal population was estimated to be 5,840 in 2001, the present 2006 population is estimated to be 7,105 and is projected to be 8,300 in 2010 and more than 10,000 in 2015. *Similarly, if the 0-6 Aboriginal population was estimated to be 760 in 2001, the present 2006 population is estimated to be 923, and is projected to be 1,080 in 2010 and 1,300 in 2015 (based on a 4%/year increase).* Also noteworthy, there are more (53%) Aboriginal women than



men and compared to Brant/Brantford mainstream population trends, there is a larger proportion of Aboriginal people in the younger age groups (70.6% are 15 years and over), suggesting a high birth rate, early and frequent pregnancy at a young age.

## 2.5 Demographics

Demographic statistics from the Statistics Canada 2001 Aboriginal Population Profile (2001 Census of Population) defines demographic characteristics of the Aboriginal population in Brant/Brantford related to this project:

- Language characteristics: 3% have knowledge of Aboriginal language, 2.4% have learned and understand an Aboriginal language (vs. 11.7% in Ontario), 1.5% speaks an Aboriginal language at home (vs. 9.3% for Aboriginal people in Ontario). *This suggests that cultural programming in a Best Start program would be very important to help rekindle the culture in the community.*
- Educational attainment (25 years and over): 32% have less than a high school graduation certificate (vs. 38% for Aboriginal people in Ontario), 11% have a high school graduation certificate, 13% have some post secondary education, 41% have a trades, college or university certificate or diploma (below bachelor's degree) (vs. 34% for Aboriginal people in Ontario), 4% have a university degree at bachelor's level or higher (roughly equivalent to Aboriginal people in Ontario unless specified otherwise). *With lower education levels, it is possible that the Aboriginal community is less aware of Best Start services and how to access them. Similarly, with lower education levels, there would likely be greater interest to pursue high school graduation and higher levels of education to better themselves and they would require child care services to provide them with the opportunity to return to school, particularly the large proportion of single parents.*
- Earnings: average earnings (all persons with earnings): \$24,045 (under \$20,000 for women); average earnings (worked full year, full time): \$35,301; 47% of person's with earnings worked full year, full time; 17% of income from government transfer; median household income: \$17,994. *Low incomes would suggest an affordability issue for child care and child supports for Aboriginal families.*
- Labour force participation: 68% participation rate; 59% employment rate; 14% unemployment rate. *High unemployment rates suggest there would be a greater propensity for Aboriginal people to want to return to school for upgrading and/or attend training programs and they would need affordable child care.*
- Mode of transportation to work: 70% vehicle as driver, 12% vehicle as passenger, 14% walked/bicycled, 4% public transit. *A significant proportion of Aboriginal families do not have access to a vehicle, therefore it is important that any Aboriginal Best Start programs and services be easily accessible to the majority of families (i.e. walking distance, on bus route).*

- Family status: 9% are lone parents. *The high proportion of Aboriginal single parents is reflected partially by a seemingly cultural acceptance of having children out of wedlock. Single parents often do not have the same level of family and community supports and tend to need more help with parenting skills, child care, etc.*
- Occupied Private Dwelling: 52% rent, 46% own; 14% require major repairs. *These statistics again suggest an affordability issue for child support as well as household safety issues for children 0-6 years of age.*

The Brant/Brantford area is comprised predominantly of persons of Six Nations (Mohawk) ancestry as well as a significant Ojibway and Cree population. With respect to residential location, the Aboriginal population is quite dispersed throughout the City of Brantford, with concentrated pockets in areas served by Brant Native Homes Inc. Based on the Aboriginal Best Start Survey results, a large majority of Aboriginal families young children reside in the downtown core of Brantford (based on a desire to have Best Start facilities and programs in the core area).

## **2.6 Existing Brant County Best Start Programs**

While there is a wide range of Best Start hubs and satellites, as well as the Ontario Early Years Centre: Brant launch pads dispersed throughout Brantford/Brant, there are no Aboriginal specific culture based Best Start type programs and no Best Start programs in the downtown core where most Aboriginal families reside. Pine Tree Native Centre of Brant operated a CAP-C and CPNP program until the organization folded in 2005. Since that time, former and potential clients of these program types are contacting two remaining Aboriginal organizations, Brant Native Homes Inc. and De dwa da dehs nye>s, for services which these agencies are not equipped or capable of offering. A list of Aboriginal services in the community is provided in Appendix B.

Mainstream agencies recognize that they have difficulty serving the Aboriginal community due to cultural differences, and as a result, few Aboriginal people access mainstream services that they may need.<sup>4</sup> A culture-based program specific to Aboriginal people provides the best option for serving the Aboriginal community.

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<sup>4</sup> Aboriginal people tend not to access mainstream services for a number of reasons: negative experiences, discrimination, lack of trust, language barriers, literacy barriers, cultural insensitivity, intimidation, cost, apathy, low self esteem.

## 2.7 Health – Mental and Physical

Very little health-related data is available which is specific to Aboriginal people in Brant/Brantford. This is partly due to the fact that no such data is collected by mainstream agencies on Aboriginal people (i.e., for human rights reasons, persons are not asked about their Aboriginal ancestry). Provincial and national health data on Aboriginal people has been gathered and has been applied to the Brant/Brantford Aboriginal population to identify general trends that could be expected. While much of the provincial and national data is gathered from First Nations (urban and rural, on-Reserve), a report by the Canadian Nurses Association (1995) entitled “Health in Canada: Perspectives of Urban Aboriginal People” found that “although urban (i.e., off Reserve) Aboriginal people theoretically have better access to health services than those living on reserves, these advantages do not translate into better health. Therefore, statistical data gathered for on-Reserve communities should provide indicators for the Brant/Brantford urban off-Reserve Aboriginal population.

Physical health data on Aboriginal people has been gathered primarily from national and provincial sources and has been applied to the Aboriginal population in Brant/Brantford to generate expected trends. These sources are:

- "The Health of the Off-Reserve Aboriginal Population", based on data from the 2000/2001 Canadian Community Health Survey
- Statistics Canada (2003), “Aboriginal Peoples Survey 2001: Initial Release – Supporting Tables” Cat. No. 89-592-XIE

A summary of the key data from each of these sources is provided below.

### 2.4.1 “The Health of the Off-Reserve Aboriginal Population”, based on data from the 2000/2001 Canadian Community Health Survey

Compared to the provincial average, Aboriginal populations in general tend to experience higher levels of:

- Poor health (Off-Reserve Aboriginal people are 1.5 times more likely than non-Aboriginal people to report fair or poor health. The data also shows a correlation between poverty and poor health: 33% of off-Reserve Aboriginal people in low-income households reported fair to poor health vs. 26% for middle income vs. 13% for high income). *Poor health may reflect poor living conditions which creates health and safety*

*concerns for young children, as well as poor nutrition due to lack of affordability and lack of awareness of healthy food choices.*

- physical and sexual abuse (sexual abuse: 18%,<sup>5</sup> estimated 1,230 Aboriginal people in Brant): *safety concern for children 0-6 years, emotional impact*
- family violence (34%<sup>6</sup>, estimated 2,320 Aboriginal people in Brant): *safety concern for children 0-6 years, emotional impact*
- suicide (17%<sup>7</sup>, estimated 1,160 Aboriginal people in Brant): *mental illness, loss of a parent for a child*
- Rape (11%<sup>8</sup>, estimated 750 Aboriginal people in Brant)
- alcohol and drug abuse [51% smoke cigarettes, twice the rate; 23% are heavy drinkers; other studies indicate that more than 50% abuse alcohol (estimated 3,415 Aboriginal people in Brant) and 40% abuse drugs (estimated 2,736 Aboriginal people in Brant)]: *child neglect; health safety re. indoor smoking, lack of child monitoring.*
- Major depression (13% for males, 18% for females, more than twice the rate and an estimated 1,070 Aboriginal people in Brant. Ontario First Nations Regional Health Survey reported similar results): *lack of ability to care for a child*
- mental illness: *lack of ability to care for a child*
- homelessness: *child safety, nutrition, health*
- unemployment: *affordability of child care/services/supports*
- chronic illness [i.e., diabetes (8%, twice as high) (estimated 546 Aboriginal people in Brant), cardiovascular disease, high blood pressure (15%) (estimated 1,025 Aboriginal people in Brant), arthritis (26%) (estimated 1,775 Aboriginal people in Brant), HIV/AIDS, Hepatitis C]: *loss of parent at an early age; ability to care for a child*
- high risk behaviour (smoking, drug and alcohol abuse, promiscuity, unsafe sex, needle sharing, violent behaviour): *child safety; poor role model*
- Higher rates of FASD

and lower levels of

- income,
- education.

Other National Aboriginal statistics confirm the above data, indicating that Aboriginal people have a much higher incidence (often double or triple) of chronic disease, severe physical and mental disabilities, smoking, substance abuse, etc. Many of these health and social problems are inter-related and can be attributed to rapid social, dietary (high fat, high sugar) and lifestyle changes and the impact of residential schools. With anticipated high rates of smoking, drug and alcohol abuse and unsafe sex, and poor nutrition during pregnancy, there is increased risk of FASD, birth defects, low birth weight and unhealthy babies.

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<sup>5</sup> Statistics Canada (2003), "APS 2001"; First Nations and Inuit Regional Health Survey (1997)

<sup>6</sup> Statistics Canada (2003), "APS 2001"; First Nations and Inuit Regional Health Survey (1997)

<sup>7</sup> Statistics Canada (2003), "APS 2001"; First Nations and Inuit Regional Health Survey (1997)

<sup>8</sup> Statistics Canada (2003), "APS 2001"; First Nations and Inuit Regional Health Survey (1997)

#### 2.4.2 Aboriginal Peoples Survey 2001: Initial Release – Supporting Tables

The Statistics Canada document entitled: “Aboriginal Peoples Survey 2001: Initial Release – Supporting Tables”, provides statistics to confirm the severity of chronic illness, disability and social ills among the non-Reserve (largely urban) Aboriginal population in Ontario. Given that similar trends were reported across the Provinces, it is reasonable to assume that these statistics are representative of trends in Brant/Brantford, and are useful to help define the needs of Aboriginal people. The following highlights help to illustrate the health conditions of the Provincial Aboriginal population that reflects Brant/Brantford:

The following are statistics that the respondents aged 15+ reported about themselves (n=4,820):

- 20% of respondents reported their health status to be fair or poor (equivalent to approximately 965 Aboriginal people in Brant/Brantford). The proportion increased significantly as age increased (i.e., 45% for 55+ years). *Poor health may reflect poor living conditions which creates health and safety concerns for young children, as well as poor nutrition due to lack of affordability and lack of awareness of healthy food choices. Best Start programs can provide information about household safety and child nutrition.*
- 3% (estimated 145 Aboriginal people in Brant) attended residential schools. The proportion increased as age increased. This does not take into account the generational impact of residential schools and the impact on the loss of culture, traditions, *parenting skills*, etc.
- 58% (estimated 2,795 Aboriginal people in Brant) felt it was very or somewhat important to keep, learn or relearn an Aboriginal language. This proportion was consistent across all age groups. *This illustrates the importance of Aboriginal specific, culture based programming.*

Family violence, sexual abuse, mental illness, suicide and Fetal Alcohol Spectrum Disorder (FASD) are much more common among Aboriginal people in general compared to the mainstream population. This can be partially attributed to much higher rates of alcohol and drug abuse and severe depression. All of the above can be partly attributed to the impact of residential schools on the Aboriginal culture and traditions. Residential schools resulted in cultural genocide. The Schools prohibited the use of Aboriginal languages, cultures and traditions. The children experienced violence and abuse. Because they did not grow up in a traditional family setting, when they had their own children, they lacked the necessary parenting skills. Residential

schools is one of the primary causes of present problems and issues in the Aboriginal community, either directly or indirectly via multi-generational impacts.

## 2.8 Housing

While the Aboriginal population accounts for about 3-5% of the total Brantford/Brant population, it disproportionately accounts for a much higher proportion of the homeless, (26% as per statistics from the Street Outreach Program) and those seeking affordable housing (the Housing Resource Centre reports that Aboriginal families comprise as much as 25% of the caseload). Brant Native Homes Inc. (BNH) provides rent-g geared-to-income housing for the Aboriginal population. There is an average of 3.6 (December 2004: source: BNH) persons per household, which is much larger than the average household size in Brant/Brantford<sup>9</sup> (Brantford: 2.4 persons per household), suggesting overcrowding. Therefore, the 198 families on the Brant Native Homes Inc. waiting list are equivalent to approximately 713 persons (@ 3.6 persons per household). "Children make up more than one-half of the population among these applicants (as indicated by Table 3)...Most of these children belong to single parent applicants."<sup>10</sup>

The high proportion of Aboriginal families with children seeking affordable housing, the indication of overcrowding and the large proportion of single parents, suggests inadequate housing for many of the communities Aboriginal children which creates concerns for their health and safety. An Aboriginal Best Start program can offer education and information on various aspects of child-rearing while providing opportunities to ensure the children are healthy and safe via public health programming.

**Table 3: Number of Natives on BNH Waiting List, January 2003**

Children	Couples with/ without children	Single mothers	Single men	Single women	Single fathers
52%	26%	15%	4%	2%	2%

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<sup>9</sup> Social Housing Strategists (April 2003), Brant/Brantford Affordable Housing Strategy Demand and Supply Analysis Report, pg. 70.

## **2.9 Homelessness**

The shelters are at capacity, the food banks are restrictive in their frequency of access to those in need and there are limited Aboriginal-specific facilities, programs and services (BNH – assisted housing, transition housing; Aboriginal Health Centre – health services).

The City of Brantford Outreach Program has confirmed that 26% of the homeless population in the City is Aboriginal (vs. 20% in other major Ontario cities). Aboriginal people are therefore highly over-represented in the homeless population in Brantford, considering that only 5% of the total population in the City is Aboriginal. While there are no statistics, there is the perception that a significant proportion of the Aboriginal homeless are families with young children. An Aboriginal Best Start program can assist these families by providing an opportunity for child care to permit parents to attend educational and training courses, for example, and by providing advice and assistance.

## **2.10 Involvement with Corrections**

Aboriginal people have disproportionate representation in the Provincial and Federal government criminal justice system. In 2002/2003, Aboriginal people accounted for 21% of admissions to sentenced provincial or territorial custody, up from 15% in 1997/98 (but only represent 3% of the total population).<sup>11</sup> The Juristat indicates that they are younger, have less education, are more likely to be unemployed, and are at higher risk to re-offend compared to the non-Aboriginal population. “Increased risks of homelessness has been identified for those being discharged from the system, as people are often without a source of income, and with the regionalization of jails, people often find themselves in a different community and disconnected from any networks and supports.”<sup>12</sup> Young children of parents at risk of becoming incarcerated often become part of the Children's Aid Society system. Foster parents of Aboriginal children often seek culture-based programming and services and an Aboriginal Best Start program could address this need.

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<sup>10</sup> Social Housing Strategists (April 2003), Brant/Brantford Affordable Housing Strategy Demand and Supply Analysis Report, pg. 80.

<sup>11</sup> The Daily, Wednesday October 27, 2004. Adult Correctional Services

<sup>12</sup> Brantford Aboriginal Homelessness Alliance (March 2004), “Defining Homelessness From an Aboriginal Perspective”

## 2.11 Summary of Need

Aboriginal children ages 0-6 years are at risk in Brant/Brantford and an Aboriginal Best Start program is needed for the following reasons:

- a. Residential schools resulted in cultural genocide. The Schools prohibited the use of Aboriginal languages, cultures and traditions. The children experienced violence and abuse. Because they did not grow up in a traditional family setting, when they had their own children, they lacked the necessary parenting skills. Residential schools is one of the primary causes of present problems and issues in the Aboriginal community, either directly or indirectly via multi-generational impacts.
- b. There is a large Aboriginal population in Brant/Brantford, estimated to be 7,100 and expected to grow to about 10,000 by 2015, with an additional 11,000 Aboriginal people on Reserves adjacent to Brantford. Aboriginal children ages 0-6 account for approximately 923 people. There are much larger proportions of young Aboriginal vs. mainstream people, suggesting high birth rates and early and frequent pregnancy at a young age. There are also a large number of single parents with young children.
- c. There are a number of statistics and trends that were identified by the clinical staff for clients of the De dwa da dehs nye>s Aboriginal Health Centre. Ten percent (193) of the clients in Brantford are six years old or less, suggesting a large proportion of young people. An average of 1-2% of the clients are pregnant at any one time (15-30), 15% of whom are under 20 years of age, the remainder being 20-24 years old. Eighty-five percent of the pregnant women are single parents with only 15% in stable relationships (in a relationship greater than one year). The large number of single parents is explained partially by the culture, where children are highly valued and because of this, termination of pregnancy, even for an unwanted child, is very rare and Aboriginal women also tend to have many children as a result. Single parenting also seems to be quite acceptable in the Aboriginal culture, where the extended family plays a role in raising the child. Compared to the mainstream population in Brantford, Aboriginal women are having children at a younger age, they have more sexual partners, they are sexually active at a younger age (15 vs. 17) and are involved in drug and alcohol use/abuse at an earlier age which is directly related to the higher incidence of pregnancy (having unprotected sex while under the influence). The main issues and concerns that were raised by Health Centre clinical staff were:
  - Non-compliance with anti-natal care: Clients come late for diagnosis because they do not want to confirm their pregnancy. They frequently have their first clinic visit 4-5 months into their pregnancy, a time when they should have been taking folic acid and prenatal vitamins, thus there is a greater risk of health problems with their children.
  - Fear of CAS: many clients have had or know of people who have had their children taken away by CAS and thus try to avoid showing up in the system (i.e., avoiding medical care for their children) in order to avoid CAS conflicts.
  - Substance abuse during pregnancy: Many use alcohol and cocaine during and after pregnancy (breast feeding), increasing the risk of FASD and cocaine addicted children. Abusers often do not realize they are pregnant until well into the pregnancy.



Those with addictions do not have the necessary support in the community to help them kick their addictions (waiting lists). Also, often associated with alcohol abuse is domestic violence.

- d. The Aboriginal population in Brant-Brantford accounts for 26% of the homeless population (source: Street Outreach Program) and 25% on those on waiting lists for subsidized housing (source: Housing Resource Centre). Many of those at risk are single parent families with young children. There is a concern about lack of or inadequate housing available for young Aboriginal children.
- e. The Aboriginal community has lower educational levels, lower incomes and higher unemployment and poverty rates compared to the mainstream population in Brant/Brantford. Employed Aboriginal people tend to be in low wage professions, and/or have part-time or seasonal work, often unstable.<sup>13</sup> A large proportion lives below the poverty line and pay more than 50% of their income on rent, leaving little disposable income for other life necessities (food, clothing, medication, recreation, transportation). As a result, they have difficulty finding and maintaining affordable accommodation (frequent moving, less stability), often have to resort to housing overcrowding and often have difficulty affording nutritious food and adequate clothing for their children, not to mention developmental stimulation via educational toys and activities.
- f. Compared to the non-Aboriginal population, Aboriginal people have poorer health, and much higher levels of chronic illness based on national and provincial statistics<sup>14</sup>. Chronic illness and physical disabilities are often double or triple the rate, depending on illness or disability. Chronic illnesses and/or disabilities can limit a parent's ability to care for a child. Some health problems are directly related to poor diet and lack of exercise (34% are overweight, 25% are obese), which if imposed on children, can hinder healthy mental and physical development.
- g. Compared to the non-Aboriginal population, Aboriginal people have higher levels of many societal concerns, including<sup>15</sup>:
  - FASD
  - physical and sexual abuse (18%, equivalent to 1,230 Aboriginal people in Brant)
  - family violence (34%, equivalent to 2,320 Aboriginal people in Brant)
  - substance abuse [51% smoke cigarettes, twice the rate; 23% are heavy drinkers; other studies indicate that more than 50% abuse alcohol (estimated 3,415 Aboriginal people in Brant) and 40% abuse drugs (estimated 2,736 Aboriginal people in Brant)],
  - depression (13% for males, 18% for females; more than twice the mainstream rate - estimated 1,070 Aboriginal people in Brant) and mental illness
  - suicide (17%, equivalent to 1,160 Aboriginal people in Brant)

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<sup>13</sup> Statistics Canada 2001 Aboriginal Population Profile (2001 Census of Population)

<sup>14</sup> Statistics Canada (2003), "APS 2001"; Ng, Edward (1991), "Disability Among Canada's Aboriginal Peoples in 1991"; First Nations and Inuit Regional Health Survey (1997); "The Health of Off-Reserve Aboriginal Population (2000/2001), Canadian Community Health Survey.

<sup>15</sup> Statistics Canada (2003), "APS 2001"; Ng, Edward (1991), "Disability Among Canada's Aboriginal Peoples in 1991"; First Nations and Inuit Regional Health Survey (1997); "The Health of Off-Reserve Aboriginal Population (2000/2001), Canadian Community Health Survey.

- rape (11%, equivalent to 750 Aboriginal people in Brant)
- homelessness
- incarceration

Many of these are inter-related. For example, the impact of residential schools has resulted in poor parenting abilities, which can lead to alcohol abuse and then to family violence. Women and their young children are often forced to leave a violent or abusive family situation and have nowhere to go – and end up back in the situation if they do not receive help. Mental illness, depression and FASD impacts ones capacity to earn a living, maintain a stable lifestyle and provide a healthy living environment for their children.

- h. Based on an interview with the former Executive Director of Pine Tree Native Centre of Brant, 75% of the former CAP-C Program clients were low income, single parent Aboriginal families, many of whom had alcohol and substance abuse problems. A significant number of program participants were foster parents of Aboriginal children seeking cultural programming. There were approximately 30 participants regularly involved in the program. Since Pine Tree closed down, these 30 families have had no culture based support services.
- i. Homes of Aboriginal people are in greater disrepair compared to mainstream homes (Brant mainstream: 36% need repairs, 8% need major repairs vs. 14% of Aboriginal homes (2001 Census) needing major repairs.<sup>16</sup> This creates health and safety concerns for children. This is largely the result of not being able to afford to maintain the homes.
- j. There is a shortage of affordable housing in Brant/Brantford and long waiting lists. Aboriginal people account for 25% of the mainstream waiting list, with the most serious affordability difficulties found among lone-parent families with children<sup>17</sup>. Approximately 200 (2005) families are on the BNH waiting list (equivalent to over 700 persons), which has more than doubled since 2003. “Children make up more than one-half of the population among these applicants...Most of these children belong to single parent applicants.... There is a lot of overcrowding in units being rented at market cost to enable occupants to pay the rent.”<sup>18</sup> Many Aboriginal people are paying greater than 30% (often greater than 50%) of their income on accommodation (when 30% should be the maximum) and significantly less than half can afford market rents<sup>19</sup>. When they do find affordable housing, it is difficult for them to maintain it due to low income and unstable employment. Many end up staying with friends or family, resulting in overcrowding of households, or they end up on the streets.
- k. Except for subsidized housing provided by Brant Native Homes Inc. (which are at capacity with long waiting lists) and health care services provided by the De dwa da dehs nye>s Aboriginal Health Centre, there are no Aboriginal specific programs or services.

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<sup>16</sup> Social Housing Strategists (June 2003), Brant/Brantford Affordable Housing Strategy Executive Summary

<sup>17</sup> Social Housing Strategists (June 2003), Brant/Brantford Affordable Housing Strategy Executive Summary

<sup>18</sup> Social Housing Strategists (April 2003), Brant/Brantford Affordable Housing Strategy Demand and Supply Analysis Report.

<sup>19</sup> Social Housing Strategists (April 2003), Brant/Brantford Affordable Housing Strategy Demand and Supply Analysis Report.

Pine Tree Native Centre of Brant used to provide a wide range of support services until the organization closed. Aboriginal people tend not to access mainstream facilities and services due to a range of reasons (discrimination, racism and prejudice, lack of cultural sensitivity, lack of awareness, etc.).

- l. There is a shortage of emergency shelters and temporary housing in Brant/Brantford. Existing facilities are over-capacity, with waiting lists.<sup>20</sup>
  
- m. The Brantford Aboriginal Homelessness Alliance (BAHA) Community Survey (2004) results: 30% of Aboriginal people in Brantford had previously been homeless for reasons primarily related to a family conflict or spousal abuse (41%) or housing affordability (18%); 32% of those who had previously been homeless were concerned that they could become homeless again. When asked what support services they use/have used in the past, 75% used a food bank, 23% used a shelter and 18% used a clothing depot. 30% said they needed support right now. When asked what type of Aboriginal services are needed most, a wide range of services were identified:
  - Employment training (68%)
  - Budget counselling (68%)
  - Life skills development (51%)
  - Spirituality training (44%)
  - **Parenting skills (44%)**
  - Mental health counselling (42%)
  - Landlord/tenant advocacy (40%)
  - Addiction counselling (37%)
  - **Cultural awareness (37%)**

It is important to develop longer-term solutions that promote healthy childhoods and address the roots of the problems and issues facing Aboriginal families today. Existing Aboriginal agencies are “under-resourced and lack long-term core funding and sustainability”, making it difficult for them to take on new projects or address long term solutions. There needs to be a balance between short term reactive planning vs. long term proactive planning.

Table 4 summarizes the issues/needs and how an Aboriginal Best Start program could help address those needs.

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<sup>20</sup> Social Housing Strategists (June 2003), Brant/Brantford Affordable Housing Strategy Executive Summary.

Table 4: Summary of Issues/Needs for Aboriginal Best Start Program

	<b>Issue/Need</b>	<b>How Aboriginal Best Start Could Address Need</b>
1.	No culture based programming, do not access mainstream programming (i.e., lack of cultural sensitivity, discrimination, do not feel comfortable)	Aboriginal people prefer and need Aboriginal specific programming. Provide culture-based programming and services to rekindle culture. Provide opportunity for foster parents to provide cultural programming for their children.
2.	Impact of residential schools and ability to parent; loss of culture	Provide culture-based programming and services to rekindle culture.
3.	Large Brant County Aboriginal population with an estimated 923 children 0-6 years of age	Population large enough to justify Aboriginal specific Best Start program, particularly considered the significantly higher per capita need compared to the mainstream population.
4.	Large proportion of single parents, teen parents, multiple young children, unstable relationships	Single parents and teen parents need more supports and help with parenting usually. Those with multiple children will need child care for their 0-6 and older children to permit them to attend Best Start workshops. Provide advice, guidance, information, workshops on parenting, relationship issues. Provide child care support. Provide parenting advice to child caregivers (i.e., grandparents)
5.	Large proportion of Aboriginal children 0-6 with special needs (ADHD, sight/hearing/vision disability, FASD, cocaine addiction)	Public health checks and assessments. Provide supports and/or referrals to culturally sensitive experts.
6.	Large proportion of homeless families with children 0-6 years; waiting lists for affordable housing, overcrowding	Provide affordable supports and child care that are easy to access. Advocate on behalf of Aboriginal families. Outreach options. Monitor child's health and safety and nutrition. Provide child care to create opportunity to attend training/schooling.
7.	Low education levels and income levels and high levels of unemployment; little disposable income for necessities such as healthy food, medication, clothing, recreation	Provide parenting and lifeskills information and education at appropriate levels of understanding. Provide affordable services. Provide services and supports in a comfortable, non-threatening setting. Provide advice and direction on healthy eating and maintaining a safe household on a restricted budget. Provide public health checks and monitoring. Assist with transportation to programming (bus tickets, central location to target group). Provide child care to create opportunity to attend training/schooling.
8.	Poor health, high levels of chronic illness, physical disability	Provide supports to help with parenting issues and family health issues. Provide monitoring and assistance to ensure health, safety and nutrition of children in the home. Provide public health checks and monitoring.
9.	High levels of FASD, abuse, family violence, substance abuse, depression, suicide, rape, incarceration	Provide supports to help with parenting issues and family health issues. Provide assistance to ensure health, safety and nutrition of children in the home. Monitor child neglect and provide advice, direction and workshops accordingly.

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	<b>Issue/Need</b>	<b>How Aboriginal Best Start Could Address Need</b>
10.	No culture based programming, do not access mainstream programming (i.e., lack of cultural sensitivity, discrimination, do not feel comfortable)	Aboriginal people prefer Aboriginal specific programming. Provide culture-based programming and services to rekindle culture. Provide opportunity for foster parents to provide cultural programming for their children.
11.	Impact of residential schools and ability to parent; loss of culture	Provide culture-based programming and services to rekindle culture.

### 3.0 Obstacles/Barriers to Accessing Existing Best Start Programs, Services and Facilities

There are a number of obstacles for Aboriginal families with children 0-6 years in accessing mainstream programs, services and facilities in Brant/Brantford. The purpose of identifying barriers to existing services is to determine how culture-based Aboriginal Best Start programming may address these barriers. The obstacles include:

- Differing beliefs,
- Discrimination: Some Aboriginal people experience stereotyping and discrimination when accessing mainstream programs.
- Lack of cultural sensitivity and respect for Aboriginal traditions, ceremonies, language and culture. Existing facilities often report few Aboriginal clients and therefore see no need (and cannot justify) to offer specialized services for them. Staff often does not understand or accept traditional healing methods and/or traditional ceremonies and customs and disallow them when requests are made.
- Language barriers: Many older Aboriginal people in particular do not speak English as their first language and those that do, are often not familiar with technical jargon and need professionals to explain issues simply and clearly. When medical/technical jargon is used, Aboriginals are often too shy to ask questions to get clarification.
- Lack of accessibility to facilities, programs and services with respect to disabled accessibility.
- Transportation to facilities, programs and services: Many have difficulty accessing services because the facilities are isolated and/or not on a bus route, they cannot afford transportation and/or they cannot afford childcare in order to access programs. Most Aboriginal families are low income and many do not have a vehicle to travel to and from programs. They rely on access by foot or via public transit.
- Bureaucracy with trying to get approval for entry into appropriate programs, services and facilities, such as subsidized child care
- Lack of advocacy on behalf of Aboriginal people
- Lack of awareness of the services available in the community. Many Aboriginal people are hesitant to access mainstream services and as a result, are not aware of services available and are not assessed so they can access services. There may also be a lack of

culturally appropriate information and referral services. Reluctance to access mainstream services is due to many factors such as those described above, as well as things such as bad past experiences, lack of understanding of how the system works and lack of trust.

- Lack of communication and coordination between Aboriginal and mainstream agencies
- Conflicting service provision: When accessing services, it can conflict with other services already being accessed
- Long Waiting Lists: There are waiting lists for special needs cases and referrals to specialists (i.e., one year wait for specialist appointment at Lansdowne and Woodview). There are cancellation lists for Ontario Early Years Centre: Brant registered workshops (i.e., demand exceeds supply for registered parenting programs). While Aboriginal people are waiting, the original problem often recurs or worsens, or new issues arise that must be dealt with. They often need help immediately and cannot wait for the next session (i.e., returned to incarceration while waiting for support, or return to abusive situation because there is nowhere else to go or no immediate support in which to turn).
- Frequent migration: Many Aboriginal individuals and families move frequently in search of affordable housing and employment. This has a negative impact on children, with changing schools, no stability, no friends and lack of consistency.
- Lack of human resources to delivery programs and services. Staff at the few (2) Aboriginal organizations in Brantford tries to be everything to everyone, however they do not have the financial or human resources, or the expertise to help everyone.
- Negative perceptions: The Ontario Early Years Centre: Brant at 330 West St. in Brantford offers a wide range of programs and services to families with children 0-6 years of age. However, Aboriginal key informants perceive that Aboriginal families generally are not accessing it because they do not feel comfortable using the services. They often perceive that the facility is for people 'better off than themselves'.
- Financial: A large proportion of Aboriginal families are in low income brackets and often cannot afford day care services (unless they are subsidized), lending programs, or even bus transportation to and from programs<sup>21</sup>.
- Multiple young children: Mothers of multiple young children need child care to attend parenting classes (not just for 0-6 but for other children as well).
- Perceptions of Programs: Aboriginal parents think they are bad parents if they have to take parenting classes and therefore do not attend. There is a stigma about needing parenting help and they often do not want to admit it.

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<sup>21</sup> OEYC: Brant offers free library membership via gift certificates to community agencies to disperse to families in need and offers free bus tickets to and from OEYC: Brant.

A culture-based Aboriginal Best Start program can address the obstacles that Aboriginal people experience in accessing various types of facilities, programs and services via the following:

- Provide culture-based programming and services that address the traditional needs of clients (i.e., traditional ceremonies, story-telling, traditional language use, traditional healing methods, traditional dancing, drumming and singing)
- Hire Aboriginal staff that understand the cultural needs of residents
- Improved communication so staff take time to ensure that clients understand issues
- Attractive, comfortable surroundings that do not look institutional
- Location easily accessible to Aboriginal people (parking, on a bus route)
- Offering a wholistic approach that takes into consideration physical, emotional, mental and spiritual health





## 4.0 Target Group to be Served

The target group that will be served by an Aboriginal Best Start program will be:

- All Aboriginal families with children 0-6 years of age, including all Indian, Inuit and Métis in Brant County that need help with ensuring their children are safe, healthy and develop at the expected rate, and that need culture-based programming for their children.
- Aboriginal families from all socio-economic backgrounds. The program will provide culture-based programming and services from which all can benefit.
- Aboriginal families that are enduring inter-generational impacts of residential schools by offering parenting programs and cultural programming.
- Aboriginal single parent families
- foster parents of Aboriginal children (to expose the children to Aboriginal culture and introduce them to other Aboriginal children)
- Aboriginal teen parents
- Aboriginal families with children 0-6 years living in high risk situations,
- Aboriginal families with children 0-6 years with special needs.
- Under-privileged Aboriginal families to help ensure they raise healthy children in a safe environment.
- Aboriginal adults with children 0-6 years old that wish to take educational and training programs to better themselves (provide child care services).

In addition to serving the Aboriginal community, the Aboriginal Best Start program will welcome non-Native people to participate, with priority given to Aboriginal families. There is an increasing interest of Native culture in the non-Native community and those that are interested should be encouraged to learn about it and gain a better understanding of Aboriginal people.

The target group will be reached via the following means:

- Identification of De dwa da dehs nye>s Aboriginal Health Centre clients that might benefit from the project
- Presentations at conferences, workshops, health fairs, etc. in Brant County where there are a significant number of Aboriginal families to inform them of the program
- Coordination with Brant Native Homes Inc. to identify clients in subsidized housing that may be in need of Best Start support services
- Partnership with the Children's Aid Society of Brant to identify non-Native foster parents with Aboriginal children that may need assistance and/or may need cultural support
- Coordination with CHC's and clinics to help identify potential Aboriginal families in need
- Coordination with mainstream health and social service agencies, hospitals and daycare/Best Start programs that serve Aboriginal clients to inform them of the services offered by the program, to help identify Aboriginal families in need and to seek referrals



## 5.0 Options for Aboriginal Best Start Program

There are limited options for providing an Aboriginal Best Start program to address the needs of Aboriginal families with children 0-6 years in Brant/Brantford. The options, with the pros and cons of each, are outlined in Tables 5 and 6.

**Table 5: Options – Aboriginal Component**

	<b>Options</b>	<b>Pros</b>	<b>Cons/Barriers</b>	<b>Comments</b>
1.	Aboriginal specific Best Start facilities (new construction vs. renovate existing), programs and services	Autonomous with Aboriginal identity Community statement Flexible Complete Aboriginal control New Construction: purpose built and get exactly what you need with respect to space and design. Renovate an existing building: Less expensive vs. build new. Possibly locate in better area of City. Expand/modify existing building: less expensive. Expansion permits purpose-built design.	Expensive re. construction and operation. Potential municipal zoning restrictions. New Construction: Costly. May not find best location unless tear down and build. Renovate an existing building: more costly than expansion of existing building but less costly vs. new construction. Potential restrictions re. design. Expand/modify existing building: Potentially cheaper to build and operate vs. above. Need to identify operator.	First choice, however may not be affordable with \$275,132 (depending on size/cost of facility, number of daycare subsidies to assist with operating costs, additional funding to augment operating costs). Consider adding hub addition to existing school in the core because there is no existing Best Start program/facility in the core.
2.	Aboriginal specific Best Start programs and services in existing mainstream facilities	Facility and equipment already in place if use existing Best Start facility No facility cost if in a Best Start school Opportunity for Aboriginal and mainstream community to work together. Programs have Aboriginal identify and control (but not facility).	Shared space with mainstream (usually schools) – some restrictions (i.e., days/times available, schedules, unionized), less flexibility (in schools and limited to school/Board rules), stigma of residential schools No Best Start locations in downtown core	Affordable option if can find a suitable cost-effective location in the downtown core for the hub. Can set up Aboriginal specific satellite at Bellview and Ryerson Heights schools where there are existing Best Start programs (can designate Aboriginal specific times and programming).

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	<b>Options</b>	<b>Pros</b>	<b>Cons/Barriers</b>	<b>Comments</b>
3.	Aboriginal families integrated into mainstream Best Start programs	Low cost Facilities and equipment in place	Assimilates Aboriginal community into mainstream vs. recognizing a distinct society. No culture based, Aboriginal specific programs No control No autonomy or identity No flexibility to meet community needs	Not recommended

The needs assessment has demonstrated the need for Aboriginal specific, culture based Best Start programming, including child care and programming/support services. *Option 1 is the preferred option because it addresses all of the Aboriginal Best Start needs, while creating autonomous, self sustained facilities, programs and services with complete Aboriginal control.* However, the \$275,132 Best Start budget is likely to be inadequate to cover capital and operating costs, especially considering the demand for subsidized daycare spaces will increase once subsidy qualifications are based on income testing vs. needs testing in January 2007,<sup>22</sup> waiting lists will result, and there will be fewer subsidies available to an Aboriginal daycare for Native families to assist with operating funding. The \$275,132 budget will likely be consumed by capital, with no funding available to assist with operations of daycare spaces or programming.

*Given the present funding restrictions, option 2 would be the next best option to Option 1 (unless additional funding sources are secured). While there is some loss of control and flexibility, all of the programming will be Aboriginal specific and culturally appropriate.*

**Table 6: Options – Child Care, Hubs, Satellites**

	<b>Options</b>	<b>Pros</b>	<b>Cons/Barriers</b>	<b>Comments</b>
1.	Child care + hub + satellite(s) (assumes child care and hub in core)	Addresses all Best Start needs of Aboriginal community. Satellites decentralize/expand services to less populated areas.	Costly. Limited downtown locations. More difficult to manage several sites.	Preferred option, meets all needs, but costly – could use \$275,132 for facility but would require additional ongoing operating funding.

<sup>22</sup> Families with net income less than \$20,000/year will automatically qualify for daycare subsidy. The subsidy is graduated as net income increases above \$20,000/year.

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	<b>Options</b>	<b>Pros</b>	<b>Cons/Barriers</b>	<b>Comments</b>
2.	Child care + hub (assumes child care and hub in core)	Addresses main Best Start needs of Aboriginal community in downtown core and those outside core that can easily access services. Centralized services can be more efficient and potentially less costly to deliver programs because everything is in one location vs. multiple or rural locations. Visiting professionals can assess and treat several clients in one visit. Fewer staff required vs. multiple locations.	Costly. Lower level of service for families outside the core without satellites. Limited downtown locations.	Good option for serving primarily residents in downtown core; still costly and would require additional funding
3.	Hub only (assumes hub in core)	Addresses program needs of Aboriginal community in downtown core and those outside core that can easily access services. Centralized services can be more efficient and potentially less costly to deliver programs because everything is in one location vs. multiple or rural locations. Visiting professionals can assess and treat several clients in one visit. Fewer staff required vs. multiple locations.	Lower level of service for families outside the core without satellites No child care services to assist those who work or want to attend training/education. Limited downtown locations.	Affordable option for serving primarily residents in downtown core with Best Start programming.
4.	Child care only (assumes child care in core)	Addresses child care needs of Aboriginal community in downtown core and those outside core that can easily access services. Centralized services can be more efficient and potentially less costly to deliver programs because everything is in one location vs. multiple or rural locations. Visiting professionals can assess and treat several clients in one visit. Fewer staff required vs. multiple locations.	Lower level of service for families outside the core. No support programs to assist with parenting, socialization, early identification of health and nutrition concerns, etc. Limited downtown locations.	Affordable option for serving primarily residents in downtown core with Best Start child care.
5.	Hub + satellite(s) (assumes hub in core)	Addresses program needs of Aboriginal community in all of Brantford. Satellite locations available at Bellview and Ryerson Heights. Satellites decentralize/expand services to less populated areas.	No child care services to assist those who work or want to attend training/education. Limited downtown locations. More difficult to manage several sites.	A hub with a satellite in Eagle Place and possibly the north end of the City would provide a more comprehensive and easily accessible Best Start service

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	Options	Pros	Cons/Barriers	Comments
	Aboriginal licensed private home-based daycares (with or without hub and/or satellites).	Aboriginal specific day care spaces. Can develop training package and deliver training to interested parties to deliver cultural component. Can assist with the set-up and operation for licensed Aboriginal home-based daycares (advice, guidance, training re. operating a home business, self employment). Can be located to meet needs in high demand areas. Provides income for Aboriginals. Arrangement with City of Brantford or Wee Watch for purchase of services. City/Wee Watch would conduct monthly visits.	No control over the delivery of cultural programming. Limitations (up to 5 children per home; up to 2 children under 2 years old). Affordability issue for families if cannot get subsidized space from City. No control over quality of daycare services. Subsidies cannot be designated to Aboriginal families or cannot necessarily designate subsidized space for Aboriginal family to Aboriginal daycare (depends on what is available). Also, non-Native families may be designated to Aboriginal daycare, depending on availability of spaces.	Affordable option to Aboriginal specific daycare facility. It would be a good option in combination with Best Start programming at a hub and/or satellite(s).

***With respect to child care, hub and satellite services, in order to meet all of the needs identified in the needs assessment, all of the child care, hub and satellite components identified above would be required. Option 1 is therefore the preferred option, however, the \$275,132 Best Start budget is likely inadequate to cover capital and operating costs for all components.*** Eliminating the satellite site(s) is not a huge cost saving measure compared to the option of eliminating the child care centre or hub. Any option involving an Aboriginal specific child care facility will likely require significant additional funding sources as the Best Start funding will likely be required for capital. ***The Aboriginal licensed private home-based daycare offers a viable, affordable option to the Aboriginal specific daycare facility and can be combined with the hub and satellites to provide comprehensive Aboriginal Best Start services.*** Affordability of licensed in-home daycare services will still be an issue in the Aboriginal community, particularly with an expected increase in demand for subsidized spaces in January 2007 when qualification criteria change. Most Aboriginal families would likely only be able to afford subsidized child care.

To summarize, if money is not an issue, it is recommended that an Aboriginal specific daycare centre be developed in the downtown core, with a Best Start programming hub in the core and a

program satellite in Eagle Place (Bellview school has an existing Best Start program where the Aboriginal program could be implemented). There is available satellite space at Ryerson Heights School, however the location is less than ideal to the targeted clientele. Given the financial restrictions for the project at this time (\$275,132), it is recommended that licensed private in-home culture-based daycare services be developed for Aboriginal families, combined with a hub in the core (if a suitable site can be found) and satellites in Eagle Place and possible north Brantford (no suitable site identified at this time).





## 6.0 Program Design

When survey respondents were asked about days and times for Aboriginal Best Start childcare and programs, most indicated they would require full day weekday child care services and about one-third need half-day services. For those that need part-time services, an equal proportion indicated they would prefer mornings, afternoons or evenings and close to one third need before and after school services for their older children. There were similar results for other Best Start services. Given the usual schedules for programming, programs would normally operate from 9-12am, 1-4pm or 5-8pm. Mornings are normally preferred to afternoons because children often nap in the afternoon. Evening programs would meet the needs of parents that work or attend training/school during the day. Therefore, it is suggested that full day, weekday child care is provided with evening child care offered during evening Best Start programming to permit interested parties to attend. With respect to support services at the hub, it is suggested that morning weekday programs such as parent and child drop-in be established and expand to afternoon, evening and/or weekend programming as the demand warrants (or offer afternoon/evening/weekend programming at satellites to maximize the opportunities to potential users). Regarding satellites, parent and tot drop-in programs could be offered on a less frequent basis (i.e. two to three days per week). Parent workshops could be half day sessions paralleling the morning, afternoon or evening programs and could be offered once per week. Another half day per month could be allocated for health screening. While there is some demand for before/after school, evening and weekend services, these needs are more difficult to meet because the number of participants would likely be significantly less and therefore it would be harder to justify the services. Moving a couple of morning sessions to the evening would work if the demand warranted. Compressed weekend workshops could also be an option if facility and staff were available. Consideration may also be given to addressing families with children with special needs. Staff may need specialized training to address some of these needs and a minimum threshold is likely required to justify programming specific to children with ADHD, FASD, etc., or at the very least they need to know when to make referrals to specialists.

When asked what types of Early Years/Best Start services they would use if they were available in Brant, respondents to the Aboriginal Best Start Community Survey identified a wide range of services, as illustrated by Table 7 below:

Table 7: Types of Early Years Services Survey Respondents Would Use

13. What types of Early Years services would you use if made available in Brantford/Brant County? (n=102)	#	%	% respondents
Parent & child drop-in	68	67%	75%
Culturally relevant programs/services	63	62%	69%
Recreation programs	62	61%	68%
Growth & development checks	57	56%	63%
Parent Education Programs	55	54%	60%
Behaviour problems support	55	54%	60%
Library services	54	53%	59%
Vision and hearing checks	47	46%	52%
Speech and language screening	45	44%	49%
Dental screening	44	43%	48%
Public Health nurse	43	42%	47%
Child only drop-in	39	38%	43%

When asked to identify the top three services, the following were deemed to be the most urgent and important and need to be incorporated into an Aboriginal Best Start program:

- Culturally relevant programs and services (80% of responses)
- Parent education programs (38%)
- Recreation programs (30%)
- Behaviour problem support (25%)
- Parent and child drop-in (23%)

Various components of the project will be offered at times that are convenient to the clients. Barriers to accessing the program will be eliminated as much as possible (i.e., bus tickets to assist with travel costs, no cost programming, central location, convenient dates and times, outreach services). The project will require several components to meet the needs of the community, including:

Cultural Programs and Services

The cultural component should compliment and mesh with other programming, or if the demand warrants, separate programs could be implemented. It should include traditional dancing, drumming and singing geared to moms and tots and to adults to provide an exercise component

to the program and to re-introduce the Aboriginal culture to the participants. It should also include healing circles and traditional teachings by Elders and Healers on parenting and child rearing. Traditional drummers/dancers/singers could be contracted out. Activities may include:

- history of traditional dance/drum/singing,
- types of traditional dance/drum/singing,
- meaning of traditional dance/drum/singing,
- demonstrations / teaching of traditional dance/drum/singing
- performing traditional dance/drum/singing
- regalia,
- traditional crafts,
- traditional foods and nutrition,
- traditional teachings, stories and ceremonies and how they relate to parenting, caregiving, traditional family roles, how to avoid repeating the cycle of poor parenting, matriarchal society, etc. Often women are not ready to heal until their 40's and 50's and they went through destructive periods when they had children; therefore grandparents may also be involved
- history of residential schools
- healing circles facilitated by an Elder. Topics may be identified and related resources may be prepared for each circle; however the Circles should be flexible so that clients can discuss topics that are crucial to them at the time. A traditional opening and closing may be conducted for each circle.
- advice, help and guidance counseling from Elders and Healers
- language classes

Circles may be conducted weekly. Traditional teachings and stories can be done bi-weekly. Traditional dancing, drumming and singing can be done monthly. The frequency will depend on the level of demand for each type of cultural programming.

Traditional healing, teachings, dancing, drumming and singing have potential physical, mental, emotional and spiritual health benefits. They will expose preschoolers to the sounds, the beats, the traditions and ceremonies and help the caregivers to rekindle their culture.

#### Parent and Caregiver Education Programs/Workshops

Weekly or monthly half day workshops may be implemented, depending on demand. The Workshops may be facilitated by Project staff. A traditional opening and closing may be conducted for each workshop. Topics may be identified and related resources may be prepared for each workshop (PowerPoint presentations, hand-outs, inter-active display boards, recipes).

Topics may include:

- parenting tips and strategies for different types of situations (tantrums, anti-social behaviour),
- parental stress, anger management, post natal depression and how to deal with it,
- how to identify health concerns/illness/developmental delays/SIDS, etc. and what to do,
- how to child proof ones home,
- safety in the home,
- how to bond with ones child,
- importance of breast-feeding, how to breast feed, where to get help
- child clothing choices,
- child toy choices,
- how to address social issues in the home (substance abuse, addictions (pain killers), family violence, sexual abuse, depression, suicide, etc.)
- where and how to seek help in an emergency
- relationship tips,
- family planning, birth control, sex education (too many 14 year old pregnancies)
- Nutrition and Healthy Cooking (traditional foods, the 3 white gifts, meal planning, healthy cooking, grocery store trips, fast food trips, cooking from scratch vs. processed/prepared foods, nutritious meal preparation on a budget, how to identify food allergies and what to do, what foods to prepare for different stages in a child's life, how to deal with a child's refusal to eat some foods and demand unhealthy foods)

CHOICES, a popular OEYC parenting program, is available in partnership with the CAS Aboriginal Services Unit at the CAS offices at 20 Darling St. CAS staff have reviewed and modified this mainstream program to make it culturally sensitive to Aboriginal people and ensure it corresponds to traditional teachings. Progress in the area is important since an estimated 70% of CHOICES clients are Aboriginal.

Teen moms are usually too young and immature to be parents. Many live at home with their parents and the child's grandparents are the caregivers. Therefore the grandparents need to be encouraged to participate and to learn parenting skills, as they are more likely to have experienced the negative impact of residential schools.

Small groups tend to be effective with the Aboriginal community (i.e. ADHD group). With peer groups, there is often the feeling of acceptance and that they are not alone with their issues. They help one another. For small groups like circles to work, participants need to feel safe and need to feel that discussions will remain confidential.

While the intent of Best Start is to address the needs of children 0-6 years, there is also a need to address root causes of issues in young families, such as low self esteem, depression, anger, lack of respect for oneself, lack of positive role models, seeking continual attention from males and losing ones guard with alcohol and drug use leading to unprotected and unwanted sex, unhealthy bonding with males, etc. The parenting program/workshops provide a good avenue to address these issues. Male and female parents need to be involved to build healthy family relationships.

#### Recreation Programs

In addition to drumming, dancing and singing programs discussed under the cultural component, recreational needs may be addressed via organized games (i.e., scavenger hunts, gymnastics, parachute activities, as well as traditional activities) for moms and tots, traditional crafts and physical activities for caregivers only (i.e. yoga, pilates, fitness classes). Staff will seek out low cost recreational opportunities in which groups or individual families can partake.

#### Behaviour Problem Support

Nurse Practitioners from the De dwa da dehs nye>s Aboriginal Health Centre will conduct regular (monthly) health checks and either conduct tests or make referrals for sight, hearing, dental, speech, language, FASD, abuse, neglect, malnutrition, breast feeding (lactation consultant) and motor development testing of participants to identify health problems and developmental delays early and to design a program to assist with development/health. Staff will follow up with families where a concern is identified and assist them as required with keeping specialist appointments, taking medications, accessing medications, etc. (advocacy role) Nurse Practitioners will also be available to provide advice and direction on health topics such as: breastfeeding, parenting, family planning, health and nutrition, developmental stages, etc.

#### Parent and Child Drop-in

Parent and child drop-in programs will be similar to the Ontario Early Years Centre: Brant "Together Time" and "Just Baby and Me" (for babies under 12 months) programs, but with a culture-based theme. There will be interactive age-appropriate activities to promote child development and good health via nutritious snacks. The program will be designed to promote bonding between child and parent. They are good programs for networking, socializing,

gathering information, sourcing resources, etc. Drop-in programs may be offered primarily during weekday mornings and less frequently during afternoons (2-3x), evenings (2-3x) and weekends (1x on Sat.). They will occur primarily at the hub, with less frequent programming at satellites. The program will be facilitated by Project staff and volunteers. Topics may be identified and related resources may be prepared for each class (hand-outs). Topics may include the following that will improve physical, mental and social development:

- parent/child bonding,
- progressive exercise programs incorporating traditional dancing,
- reading time,
- playtime,
- incorporating healthy activity and interaction daily in the home
- car and home safety
- food and nutrition
- developmental milestones
- age appropriate and safe toys

Other programming that would be important, as identified by key informants include:

- Cooking program where participants prepare and eat meal before program. This promotes socializing, encourages participation, highlights good nutrition and is an important part of the culture (need access to kitchen and eating area).
- Parenting videos: 20 minute culture-based parenting videos on various topics – traditional teachings on parenting
- Advocacy to help participants find appropriate day care spaces, housing, developmental diagnosis for things such as FASD (need diagnosis before needs of FASD child will be accommodated). There is a need to be able to access help when needed/immediately.
- Parent relief – tots only program;
- Portable culture lessons/modules/materials/supplies for licensed private home-based daycares and for hub and satellite programs.
- Cultural training program for Aboriginal licensed private home-based daycares to assist with the delivery of cultural programming.
- Programming for special needs children. Arrange for City specialists to do outreach testing (vs. appointments at Lansdowne and Woodview – to remove barriers).

Programming will address the physical, mental, emotional and spiritual needs of the participants as per the Medicine Wheel. Staff and volunteers will preferably be of Aboriginal descent with an understanding of the culture and traditions, and have a range of expertise to provide the necessary supports (i.e., Counsellors will have an ECE degree; preferably with expertise and experience with addictions, homelessness, crisis intervention, mental illness). Services will be designed to offer an opportunity for participants to be good parents, to take care of themselves and their children, to promote independence, and engage in social interaction. It will be

important to develop programming and services that are culture-based and unique to the target population, incorporating things such as Aboriginal language, ceremonies and traditions and arts, crafts, games, dance, drumming and singing.

In addition to the programming described above, it is recommended that project staff develop a culture-based home daycare training model, identify Aboriginal persons that are interested in developing a licensed private home-based daycare, provide training for these persons and assist them with setting up and operating their licensed private home-based daycare business. Identify locations in the City/County where there is the greatest need for daycare services in general so as not to appear competing for spaces in an already saturated market. Project staff will coordinate with the City of Brantford/Wee Watch to match Aboriginal persons needing daycare to Aboriginal licensed private in-home daycare providers. Related to this, project staff can use the cultural materials as a basis to provide cultural sensitivity training to the Supervisors Network to increase awareness of Aboriginal issues related to childcare. It is estimated that there may be a demand for about 25 licensed private Aboriginal in-home daycare spaces, equivalent to one half of the demand for Head Start spaces in Hamilton where there is twice Brantford's Aboriginal population.

*To summarize, childcare and programming services are required primarily during weekdays (preferably mornings for programs), with some demand for evening and weekend services (i.e. during parenting classes). Workshops should be half-day sessions on a weekly or monthly basis, depending on the type of program. Another half day per month should be allocated for health screening. The types of programs needed include:*

- *cultural programming and services*
- *Parent and Caregiver Education Programs/Workshops*
- *Recreation Programs*
- *Behaviour problem support*
- *Parent and child drop-in*

*With respect to private cultural home-based childcare, cultural program training is required for potential private home based childcare entrepreneurs, along with business advice and direction regarding setting up a home based business. Cultural sensitivity training could also be conducted with the Supervisors Network.*





## 7.0 Space Recommendations

The following is proposed for the interior spaces of the Brant/Brantford Aboriginal Best Start program. It includes suggested spaces for:

- Aboriginal licensed private home-based daycares
- Best Start Hub in the core (satellite spaces have already been identified at Bellview and possibly Ryerson Heights schools)

The Tables 8 and 9 below outlines the space recommendations.

Table 8: Space Suggestions for Licensed Private Home-Based Day Care  
(assumes 1 operator with 5 children under 6 years old)<sup>23</sup>

Space	Sq. Ft./Child	Size Est. (sf)
Programming spaces (quiet and active play, creative play, resting, eating)	2.8m <sup>2</sup> (30sf)	150sf
Office (inc. isolation area, space for meeting with parents)	Can be room/ secure office space in house that oversees program space.	75sf (optional)
Washrooms: should be adjacent to programming space – full 3 piece bath.	Included in house	
Storage (toys, indoor play material, equipment, food, records, medical supplies, cleaning materials equipment, beds and linens)	.55m <sup>2</sup> (6 sf)/child	30sf
Food prep area (preferably overseeing programming space)	Kitchen in house	
Staff room	Not required	
Sleep area (if separate area for infants)	.93m <sup>2</sup> (10 sf) /child	50sf
Eating area & prep	Kitchen in house	
M&E	M&E in house	
Circulation (entry, halls)	Included in house – separate entrance to day care preferred	
Parking	Street/driveway parking for drop off/pick-up	
Greenspace	Secure backyard; nearby age appropriate park	
Diapering change areas	In washroom	
Laundry	In house	
kitchen	In house	
<b>TOTAL – No Infants, with Office</b>		<b>255sf</b>
<b>TOTAL – With Infants, with Office</b>		<b>305sf</b>
<b>TOTAL – No Infants, no Office</b>		<b>180sf</b>
<b>TOTAL – With Infants, no Office</b>		<b>230sf</b>

<sup>23</sup> Private home-based daycares must comply with the Ontarians with Disabilities Act, 2001 and the Day Nurseries Act.

The size requirements of a licensed private home-based daycare will depend on the number and ages (preschool, toddler, infant) of children and whether any children have disabilities, as per the Day Nurseries Act. The above table has been used as an example.

Table 9: Space Suggestions for Best Start Hub  
(assumes capacity of 50: 25 children and 25 parents/caregivers)<sup>24</sup>

Space	Sq. Ft./Child	Size Est. (sf)
Programming spaces (quiet and active play, creative play, resting, eating). Prefer to have two separate rooms to accommodate two age groups simultaneously.	2.8m2 (30sf)	750
Office (inc. isolation area, space for meeting with parents)		100
Adult Workshop Space / Healing Room		500
Storage (toys, indoor play material, equipment, food, records, medical supplies, cleaning materials equipment)	.55m2 (6 sf)/child	150
Reception/Administration area		100
Staff/Volunteer room		100
Kitchen & Food prep area		200
Eating area (casual eating/snacking)		300
Washrooms (50sf/fully accessible washroom; male and female)		100
Mechanical/Electrical		75
Diapering change areas with access to counter and sink		50
Laundry		50
<b>TOTAL – Net</b>		<b>2,475</b>
<b>TOTAL – Gross</b> (includes 25% for circulation: corridors, halls, walls)	<b>620sf</b>	<b>3,095</b>
Outdoor Playground (5.6m2/child)		1,500

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<sup>24</sup> It is estimated that a capacity of 25 Aboriginal children at any one time would address the Best Start needs of the Aboriginal community, based on a demand for 50 Head Start spaces for the Hamilton Aboriginal community that is approximately double the size of the Brantford Aboriginal community.

## 8.0 Location Analysis

The Aboriginal Best Start community survey results clearly suggest that the best location for an Aboriginal Best Start program is in the downtown core of Brantford to meet the needs of the community. This would be the ideal location for a hub. If a satellite site was to be selected, Eagle Place would be the preferred community, followed by the north end of the City if more than one satellite was selected. The core is preferred for the hub because all Brantford transit routes radiate in/out of the core, because many program participants will be relying on bus transportation and because the largest proportion of Aboriginal families resides in the core.

Through discussions with key informants, the following possible locations for an Aboriginal Best Start program have been identified. No sites were visited as it was not a component of the project. Pros and cons are listed only where information was provided by key informants. No potential sites were identified in North Brantford, however an opportunity for a satellite is available at Ryerson Heights in Southwest Brantford. Additional potential sites should be identified and reviewed to determine their suitability for the Aboriginal Best Start program. While the OEYC is not located in one of the target areas, it is accessible by public transit and there may be time available for the meeting room and/or playroom.

### Downtown Core

	<b>Location</b>	<b>Pros</b>	<b>Cons</b>
1.	Brantford Library second floor program room	Operating hours are conducive to a Best Start program. Central; close to the bus depot. Plenty of space for a moms and tots program plus additional space for parent workshops. Programs would take place in new addition. Provides access to a large library of books and other media types, offers access to computers/internet. Likely be free of charge. (Best Start is planning a hub with a minimum of 3 days per week once renovations are completed in Spring 2007.)	Not owned and operated by Aboriginal community Some restrictions to use (days, times). Needs to be negotiated, but likely limited opportunity (i.e. one morning per week). May not have secure storage available for equipment and supplies. No outdoor greenspace. Parking available but not free.

Other potential downtown sites that were identified included:

- The Scene (former bar for sale at Market & Nelson)
- Eaton Centre (with OW)
- Union Gas building
- Icom Brantford Labour, Icom Dr.
- Salvation Army (empty, former daycare)
- Victoria school (has adult education)
- Wilfred Laurier University - has a lot of land in the core
- Alexandra School: adult learning centre
- CAS Family Resource Centre, 14 Henry St.: has a kitchen, large room, used during day for parenting programs but might be available evenings, but there is a the stigma of CAS

Eagle Place

	<b>Location</b>	<b>Pros</b>	<b>Cons</b>
2.	Kanata Village	Cultural facility with lots of land Accessible if City can arrange bus route extension – or Best Start buys a van to help with transportation (costly given limited budget). Plenty of parking.	Not easily accessible Not central to Aboriginal community. Have to purchase.
3.	Bellview school	Parenting centre/hub and daycare now with 52 child care spaces (6 infants, 10 toddlers, 16+20 pre-school). New addition to existing school. Approximately 35% of students are Aboriginal in school. Available January 2008. Good option for satellite (or hub if no downtown location can be secured). <u>Cost</u> : no cost <u>Size</u> : adequate; can accommodate 30 comfortably. <u>Spaces</u> : a large classroom accessed through the school, with activity centres, toys, books for ages 0-6. Adequate parking in lot or on street. <u>Days/Times available</u> : Tuesday all day, Wednesday afternoon, Thursday afternoon, Friday all day. <u>Parent Workshops/Clinic</u> : classroom available but cannot run workshops and moms and tots, for example, at the same time.	Not Aboriginal specific facility Restricted availability. No kitchen. No vacant locked storage available. Need to investigate opportunity for space for a locked cabinet for cultural resources. Evenings, weekend and summer use would have to be negotiated with the school via Best Start committee (may require permitting at a cost). Lacks equipment for parent workshops (tables, chairs, AV equipment).
4.	Doug Snooks/Eagle Place Community Centre	have preschool program now (Mon.-Fri. for 2.5 – 5 year olds). Daycare room available on main floor and meeting room available on second floor for parent	Requires a permit at a cost. (amount unknown) Not Aboriginal specific facility Restricted availability. Limited outdoor greenspace.

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	Location	Pros	Cons
		programming. Could negotiate use of daycare equipment in daycare room and could negotiate some storage space or install large locked cupboard. Daycare capacity 15; 1:6 ratio. Gymnasium also available. Building in good condition. Space is adequate size. Plenty of parking.	
5.	Slovak Village: low rental housing unit may be available		

Southwest Brantford (Shellard Lane)

	Location	Pros	Cons
	Ryerson Heights	New school, new subdivision. Parenting centre/hub and daycare planned with an opportunity for an Aboriginal satellite. <u>Cost:</u> No cost. <u>Size:</u> Classroom size space that has accommodated 40 parents and children in the past. <u>Spaces:</u> Spaces include a playroom (classroom), small office used for one-on-one assessments or adult meetings, large storage room and lockable cupboards available to store cultural resources. A large community room can be booked. The space can accommodate 0-6 and 6-12 year olds, with equipment for each age group for all users. <u>Days/Times available:</u> Monday afternoon, Wednesday afternoon, Friday all day. Available when school is closed for summer and holidays. <u>Parent Workshops/Health Clinics:</u> playroom is adequate size but cannot run workshops and moms and tots, for example, at the same time; has a counter, sink, bar fridge to hold snacks, immunization; has a washroom with a change table across the hall from the space.	Not Aboriginal specific facility Restricted availability (three afternoons, one morning). Lacks equipment for parent workshops (has 2 tables, needs chairs, AV equipment). Evening, weekend playroom use would have to be negotiated with school (may require permitting at a cost). Kitchen use (staff kitchen) would have to be negotiated with school (may require permitting at a cost). Transportation for clients could be a problem as the site is not as easily accessible via public transit vs. other options.

When making the final site selection(s), consider the following criteria:

1. School used as facility (if not, need to provide rationale to Best Start)
2. Size of land/building/space

3. Condition of land/building
4. Cost/value
5. Greenspace on site or nearby for children's play area with outdoor equipment, with possibly enough space for outdoor ceremonies, with shade trees.
6. Accessible by public transit
7. Parking for staff and participants
8. Barrier-free / wheelchair accessible building and parking
9. Expansion opportunity
10. Access to amenities such as social services, medical services, Aboriginal services, and family recreational facilities/parks
11. Compatible with adjacent land uses (i.e., noise levels, scale of surrounding buildings, blockage of natural light)
12. proximity to similar land uses/similar service providers
13. Suitable zoning
14. safety
15. eligibility for City development grant (i.e., core redevelopment)

While the Brantford Library provides an intriguing option for a core site, there will likely be limited opportunities to use the space for Aboriginal Best Start once the renovation is complete as the demand for the space will likely be high for library and external agency use. The remaining downtown core options will have to be investigated further by the Committee to assess their suitability.

With respect to Eagle Place, Bellview School is a viable option as an Aboriginal Best Start satellite as it is already designated as a parenting centre/hub and designed as such. The space will have to be shared with mainstream Best Start. There is some limitation on time available and secure storage space will have to be identified to store cultural equipment and materials.

With regards to North Brantford, no potential site was identified, however Ryerson Heights School in southwest Brantford will be available and offers similar attributes under similar conditions to the Bellview School option in Eagle Place, however it is not easily accessible, nor is it near the target population. It is recommended that the Bellview School be secured for a satellite and that options for a hub in the core and for a satellite in North Brantford be further investigated.

## 9.0 Capital and Operating Cost Estimates

Capital and operating costs have been based on the following assumptions:

- \$275,132 unconditional one time Best Start funding is available 2006-2010 to fund the project for capital and/or operating costs
- Aboriginal licensed private home-based daycares will be established by individual Aboriginal entrepreneurs to address the need for culture-based daycare spaces. The only related cost for this would be the cultural training and new business start-up training that will be provided by the Aboriginal Best Start Coordinator hired in Year One.
- Aboriginal Best Start satellite will be established at the existing mainstream Best Start location at Bellview School where equipment and supplies are already in place, except for cultural equipment and supplies. A second satellite to be established in North Brantford where a suitable site is identified.
- An Aboriginal hub will be located in downtown Brantford when a suitable site can be secured. It is assumed that there will be no charge for the use of this site, as is the case for Bellview School.
- Staff will include an Aboriginal Best Start Coordinator (with options provided for full time vs. part time) to develop and implement the programming. Aboriginal Best Start programming will be provided by a combination of the Coordinator, Aboriginal CAP-C and CPNP staff, Aboriginal CAS staff, OEYC staff and representatives from other agencies as required and available. A Nurse Practitioner from the De dwa da dehs nye>s Aboriginal Health Centre will provide health related supports such as testing at no additional cost to the program. Elders, Healers, drummers, dancers and singers will be contracted out at a cost to the program.
- Because the funding available for this project is a fixed amount, the operation of the program will progress to a volunteer/agency donated based operation so that it can be sustained over the long term. Part of the role of the Coordinator will be to solicit and train community volunteers to assist with the delivery of the program and give them increased responsibility as the funding for the project nears its end. Nipissing College has an ECE concurrent education program and arrangements should be made for students to volunteer during their work terms.

### 9.1 Capital Cost Estimates

The main capital cost that would be incurred for the Aboriginal Best Start program would be for construction of a new Best Start hub in downtown Brantford if a suitable existing building/property could not be found. A 3,095 sf structure would cost approximately \$367,800-



\$464,250 at \$120-\$150/sf, not including land purchase, real estate fees, legal fees, land transfer tax, permits and any site work (i.e., parking lot, landscaping, utility connections such as water, sewer, hydro, phone, data) that may be required. Given the \$275,132 funding available, this is not an affordable option unless additional funding sources are secured, unless the size of the space is downscaled significantly or unless the cost per square foot is reduced significantly.

Other capital costs that may be incurred would be for one-time expenses such as office equipment and furnishings for the Coordinator, kitchen and laundry appliances, audiovisual equipment and tables and chairs for an eating area. These one-time expenses are included in the operating cost table below.

Capital costs may be reduced via the following:

- Renovate an existing building vs. purchase property and new construction. Even better, find a suitable existing site that does not need renovation, or consider renting a property.
- Purchase used capital items.
- Arrange for volunteer labour.
- Arrange for donated building supplies.
- Apply to the City for a development grant.
- Apply to/lobby the City to waive or reduce building permit fees and/or property taxes for a non-profit organization.
- Tender contracts and require competitive bids from suppliers.
- Bulk purchases of equipment via established Aboriginal/mainstream partner organization.
- Apply to various funding agencies and philanthropic sources that support capital expenditures.

## **9.2 Operating Cost Estimates**

Several options for the five-year pro forma operating cost estimates are provided in the Table 10 below, including:

- 1/2 Aboriginal Best Start Coordinator
- 1/2 Aboriginal Best Start Coordinator in Year 1-3, none in Year 4-5 (volunteers)
- full time Aboriginal Best Start Coordinator
- full time Aboriginal Best Start Coordinator in Year 1, and ½ time in years 2-5

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TABLE 10: OPERATING COST ESTIMATES - Best Start Coordinator 1/2 time each year						
Budget	Description	Year 1	Year 2 (with 2% inflation)	Year 3 (with 2% inflation)	Year 4 (with 2% inflation)	Year 5 (with 2% inflation)
<b>Personnel</b>						
Aboriginal Best Start Project Coordinator (FTE \$50,000/year; position is 1/2 time)	Duties: conduct inventory of existing resources, identify and apply for funding, research best practices, marketing & promotion, resource development, program planning, workshop/circle planning & logistics, community liaison. Job Requirements: Aboriginal	\$25,000	\$25,500	\$26,010	\$26,530	\$27,061
Benefits	16% of wages	\$4,000	\$4,080	\$4,162	\$4,245	\$4,330
<b>Honoraria</b>						
Elder Honorariums (\$100/workshop/1 workshop/week)	Duties: assist with developing resources to ensure all materials are culturally sensitive. Provide traditional teachings in Workshops once per week.	\$5,000	\$5,100	\$5,202	\$5,306	\$5,412
Traditional dancer/drummer/ singer group	\$300/ demonstration/ bi-monthly	\$1,800	\$1,836	\$1,873	\$1,910	\$1,948
<b>Accommodation</b>						
Travel and accommodation	Travel to Best Start satellites, meetings with community organizations, conferences and training centres for professional development. Travel vouchers (bus tickets) to assist low income clients with transportation to programs.	\$3,000	\$2,000	\$2,040	\$2,081	\$2,122
<b>Materials and Supplies</b>						
Purchase/develop cultural resource materials	Purchase culturally sensitive best practice resources. The types of resources may include: demonstration models, posters, pamphlets, hand-outs, information binders, displays, games and other visual aids, craft supplies toys, books, videos/DVD's.	\$5,000	\$1,000	\$500	\$510	\$520
Traditional Food/snacks for Workshops	\$30/workshop; 150 workshops & drop-ins/year.	\$4,500	\$4,590	\$4,682	\$4,775	\$4,871
<b>Rent &amp; Utilities</b>						
Office and programming space rental and utilities	Two offices available at CAS of Brant Native Services, 20 Darling to be shared among Best Start, CAP-C, CPNP and visiting NP. Cost included in 10% administration fee.	\$0	\$0	\$0	\$0	\$0
Meeting room rental space for adult workshops/circles	School permits required evenings/weekends at cost. Program space available at CAS of Brant Native Services, 20 Darling with cost included in 10% administration fee. Assumed Best Start Committee will find additional free space.	\$0	\$0	\$0	\$0	\$0

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TABLE 10: OPERATING COST ESTIMATES - CONTINUED						
Budget	Description	Year 1	Year 2 (with 2% inflation)	Year 3 (with 2% inflation)	Year 4 (with 2% inflation)	Year 5 (with 2% inflation)
<b>Other</b>						
Advertising and Promotion	displays for presentations, distribution of flyers/posters/brochures, purchasing ad space in Aboriginal media.	\$750	\$300	\$306	\$312	\$318
Liability insurance for staff	\$5 million coverage required for school programming	\$0	\$0	\$0	\$0	\$0
<b>Professional Fees</b>						
External Auditor	Not required by funder. Committee may request host agency to provide if required.	\$0	\$0	\$0	\$0	\$0
External Evaluation & dissemination(10%)	Not required by funder. Staff will provide if required by Committee.	\$0	\$0	\$0	\$0	\$0
<b>Administration</b>						
10% of operating costs	Includes office services, including: use of office equipment and supplies; telephone service @ \$50/mo.; telephone long distance @ \$45/mo.; postage/courier @ \$45/mo.; internet ISP service @ \$45/mo.; printing/ photocopying @ \$500-\$1,000/yr.; office supplies	\$4,905	\$4,441	\$4,477	\$4,567	\$4,658
<b>Contingency</b>						
10% of operating costs		\$4,905	\$4,441	\$4,477	\$4,567	\$4,658
<b>TOTAL OPERATING COSTS</b>		<b>\$58,860</b>	<b>\$53,287</b>	<b>\$53,729</b>	<b>\$54,804</b>	<b>\$55,900</b>
<b>Start-Up one-time Costs</b>						
Material & Supplies	Purchase/develop resource materials@ \$1,000 Telephone @ \$350 Postage/courier (mail-out) @ \$100]	\$1,450				
Locked Cupboard for Bellview School	Cupboard to store cultural equipment & supplies.	\$1,000				
Coordinator Office Equipment & Furnishings	Laptop computer @ \$1,500; printer/fax/copier @ \$500; modem @ \$100; bookcase @ \$200; portable TV/VCR/DVD and stand @ \$1,000. Office furnishings (desk, chair, filing cabinet, bulletin board) provided in kind by CAS of Brant.	\$3,300				
Kitchen Appliances	Fridge, stove, microwave, dishwasher available at 20 Darling in kind. If required at hub and/or satellites, would have to be purchased. Assumes \$2,000 for fridge, stove, microwave to be purchased at one location.	\$2,000				
Dining space tables and chairs	Foldable/storable tables (4 @ \$500 ea.) and chairs (24 @ \$150 ea.). Provided in kind at 20 Darling. If required at hub and/or satellites, would have to be purchased. \$0 budgeted at this time.	\$0				
Parenting Videos	as funding available. \$0 budgeted.	\$0				
Feasibility Study		\$24,868				
<b>TOTAL START-UP COSTS</b>		<b>\$32,618</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL COSTS</b>		<b>\$91,478</b>	<b>\$53,287</b>	<b>\$53,729</b>	<b>\$54,804</b>	<b>\$55,900</b>
<b>ACCUMULATED TOTAL</b>		<b>\$91,478</b>	<b>\$144,765</b>	<b>\$198,494</b>	<b>\$253,298</b>	<b>\$309,197</b>

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**TABLE 10: OPERATING COST ESTIMATES - Best Start Coordinator 1/2 time Year 1-3, volunteer thereafter**

Budget	Year 1	Year 2 (with 2% inflation)	Year 3 (with 2% inflation)	Year 4 (with 2% inflation)	Year 5 (with 2% inflation)
Aboriginal Best Start Project Coordinator (FTE \$50,000/year)	\$25,000	\$25,500	\$26,010	\$0	\$0
Benefits (16% of wages)	\$4,000	\$4,080	\$4,162	\$0	\$0
Elder Honorariums	\$5,000	\$5,100	\$5,202	\$5,306	\$5,412
Traditional dancer/ drummer/ singer group honorarium	\$1,800	\$1,836	\$1,873	\$1,910	\$1,948
Travel and accommodation	\$3,000	\$2,000	\$2,000	\$1,500	\$1,530
Purchase/develop cultural resource materials	\$5,000	\$1,000	\$500	\$510	\$520
Traditional Food/snacks for Workshops/programs	\$4,500	\$4,590	\$4,682	\$4,775	\$4,871
Office and programming space rental and utilities	\$0	\$0	\$0	\$0	\$0
Meeting room rental space for adult workshops/circles	\$0	\$0	\$0	\$0	\$0
Advertising and Promotion	\$750	\$300	\$306	\$312	\$318
<b>Liability insurance for staff</b>	\$0	\$0	\$0	\$0	\$0
Administration (10% of operating costs)	\$4,905	\$4,441	\$4,473	\$1,431	\$1,460
Contingency (10% of operating costs)	\$4,905	\$4,441	\$4,473	\$1,431	\$1,460
<b>TOTAL OPERATING COSTS</b>	<b>\$58,860</b>	<b>\$53,287</b>	<b>\$53,681</b>	<b>\$17,177</b>	<b>\$17,520</b>
<b>Start-Up one-time Costs</b>					
Material & Supplies	\$1,450				
Locked Cupboard for Bellview School	\$1,000				
Coordinator Office Equipment & Furnishings	\$3,300				
Kitchen Appliances	\$2,000				
Feasibility Study	\$24,868				
<b>TOTAL START-UP COSTS</b>	<b>\$32,618</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL COSTS</b>	<b>\$91,478</b>	<b>\$53,287</b>	<b>\$53,681</b>	<b>\$17,177</b>	<b>\$17,520</b>
<b>ACCUMULATED TOTAL</b>	<b>\$91,478</b>	<b>\$144,765</b>	<b>\$198,446</b>	<b>\$215,623</b>	<b>\$233,143</b>

**TABLE 10: OPERATING COST ESTIMATES - Best Start Coordinator Full Time**

Budget	Year 1	Year 2 (with 2% inflation)	Year 3 (with 2% inflation)	Year 4 (with 2% inflation)	Year 5 (with 2% inflation)
Aboriginal Best Start Project Coordinator (FTE \$50,000/year)	\$50,000	\$51,000	\$52,020	\$53,060	\$54,122
Benefits (16% of wages)	\$8,000	\$8,160	\$8,323	\$8,490	\$8,659
Elder Honorariums	\$5,000	\$5,100	\$5,202	\$5,306	\$5,412
Traditional dancer/ drummer/ singer group honorarium	\$1,800	\$1,836	\$1,873	\$1,910	\$1,948
Travel and accommodation	\$3,000	\$3,060	\$3,121	\$3,184	\$3,247
Purchase/develop cultural resource materials	\$5,000	\$1,000	\$500	\$510	\$520
Traditional Food/snacks for Workshops/programs	\$4,500	\$4,590	\$4,682	\$4,775	\$4,871
Office and programming space rental and utilities	\$0	\$0	\$0	\$0	\$0
Meeting room rental space for adult workshops/circles	\$0	\$0	\$0	\$0	\$0
Advertising and Promotion	\$750	\$300	\$306	\$312	\$318
<b>Liability insurance for staff</b>	\$0	\$0	\$0	\$0	\$0
Administration (10% of operating costs)	\$7,805	\$7,505	\$7,603	\$7,755	\$7,910
Contingency (10% of operating costs)	\$7,805	\$7,505	\$7,603	\$7,755	\$7,910
<b>TOTAL OPERATING COSTS</b>	<b>\$93,660</b>	<b>\$90,055</b>	<b>\$91,232</b>	<b>\$93,057</b>	<b>\$94,918</b>
<b>Start-Up one-time Costs</b>					
Material & Supplies	\$1,450				
Locked Cupboard for Bellview School	\$1,000				
Coordinator Office Equipment & Furnishings	\$3,300				
Kitchen Appliances	\$2,000				
Feasibility Study	\$24,868				
<b>TOTAL START-UP COSTS</b>	<b>\$32,618</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL COSTS</b>	<b>\$126,278</b>	<b>\$90,055</b>	<b>\$91,232</b>	<b>\$93,057</b>	<b>\$94,918</b>
<b>ACCUMULATED TOTAL</b>	<b>\$126,278</b>	<b>\$216,333</b>	<b>\$307,566</b>	<b>\$400,622</b>	<b>\$495,541</b>

<b>Budget</b>	<b>Year 1</b>	<b>Year 2 (with 2% inflation)</b>	<b>Year 3 (with 2% inflation)</b>	<b>Year 4 (with 2% inflation)</b>	<b>Year 5 (with 2% inflation)</b>
Aboriginal Best Start Project Coordinator (FTE \$50,000/year)	\$50,000	\$25,000	\$25,500	\$26,010	\$26,530
Benefits (16% of wages)	\$8,000	\$4,000	\$4,080	\$4,162	\$4,245
Elder Honorariums	\$5,000	\$5,100	\$5,202	\$5,306	\$5,412
Traditional dancer/ drummer/ singer group honorarium	\$1,800	\$1,836	\$1,873	\$1,910	\$1,948
Travel and accommodation	\$3,000	\$2,000	\$2,040	\$2,081	\$2,122
Purchase/develop cultural resource materials	\$5,000	\$1,000	\$500	\$510	\$520
Traditional Food/snacks for Workshops/programs	\$4,500	\$4,590	\$4,682	\$4,775	\$4,871
Office and programming space rental and utilities	\$0	\$0	\$0	\$0	\$0
Meeting room rental space for adult workshops/circles	\$0	\$0	\$0	\$0	\$0
Advertising and Promotion	\$750	\$300	\$306	\$312	\$318
Liability insurance for staff	\$0	\$0	\$0	\$0	\$0
Administration (10% of operating costs)	\$7,805	\$4,383	\$4,418	\$4,507	\$4,597
Contingency (10% of operating costs)	\$7,805	\$4,383	\$4,418	\$4,507	\$4,597
<b>TOTAL OPERATING COSTS</b>	<b>\$93,660</b>	<b>\$52,591</b>	<b>\$53,019</b>	<b>\$54,079</b>	<b>\$55,161</b>
<b>Start-Up one-time Costs</b>					
Material & Supplies	\$1,450				
Locked Cupboard for Bellview School	\$1,000				
Coordinator Office Equipment & Furnishings	\$3,300				
Kitchen Appliances	\$2,000				
Feasibility Study	\$24,868				
<b>TOTAL START-UP COSTS</b>	<b>\$32,618</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL COSTS</b>	<b>\$126,278</b>	<b>\$52,591</b>	<b>\$53,019</b>	<b>\$54,079</b>	<b>\$55,161</b>
<b>ACCUMULATED TOTAL</b>	<b>\$126,278</b>	<b>\$178,869</b>	<b>\$231,888</b>	<b>\$285,968</b>	<b>\$341,129</b>

Based on an available budget of \$300,000, the following demonstrates how the available money can be used for the various budget options presented above:

- half time coordinator option is affordable for five years,
- half time coordinator for year 1-3, with no paid staff thereafter is affordable for nine years
- full time coordinator option is affordable for three years
- the full time coordinator in year 1, plus a half time coordinator thereafter is affordable for 4.3 years

Operating costs may be reduced by:

- further adjustments to staff time (FT vs. PT) and staff number of years
- Reducing staff salary
- Organize volunteers to assist with service delivery to reduce staff costs
- Fundraising and donations. Registered charitable status should be secured to assist with fundraising.
- Bulk purchases of supplies via established Aboriginal/mainstream partnership
- Apply to funding sources

### **9.3 Revenue and Funding Opportunities**

#### Capital

- Ontario Trillium Foundation and other philanthropic organizations (i.e., Civitan, Canadian Tire Foundation for Families, Royal LePage Shelter Foundation, Lions Club, Rotary Club) where funding is available usually for capital costs or special equipment (vs. ongoing operating costs such as salaries)

#### Operating

- City of Brantford/Brant Best Start funding
- Brantford Community Foundation
- Ontario Trillium Foundation (can apply for operating funding for new programs)
- United Way,
- Casino Rama
- Aboriginal Business Canada (ABC)
- Canadian Heritage – Aboriginal Women's Program
- Canadian Tire Foundation for Families
- Canadian Women's Foundation
- CESO Aboriginal Services
- Ontario Ministry of Health and Long Term Care
- Ontario Women's Directorate
- Community Development Corporation
- Human Resources Development Canada
- Service Clubs: Lions Club, Rotary Club, Civitan



## 10.0 Implementation Plan

The project will follow the following steps to completion:

	<b>Tasks/Strategies/Activities</b>	<b>Who Responsible</b>	<b>Timeframe</b>
1.	Continue the site search as required to identify Aboriginal Best Start hub in downtown Brantford and select a preferred site.	Aboriginal Best Start Committee	Month 1
2.	Arrange for any construction/renovations for hub as required.	Aboriginal Best Start Committee	Month 2-4
3.	Negotiate and finalize days and times at satellites. Sign individual contracts for each hub and satellite site.	Aboriginal Best Start Committee, City of Brantford, Schools	Month 1
4.	Arrange for a Brant representative on the Provincial Aboriginal Best Start Working Group. Seek positions on other relevant committees to lobby for the Aboriginal community, share information, coordinate initiatives.	Aboriginal Best Start Committee	Month 1 (ongoing)
5.	Identify host agency for project, plus any partners (maybe CAS or OEYC could be broker and purchase services, however a host agency is required).	Aboriginal Best Start Committee	Month 2
6.	Identify organizational structure.	Aboriginal Best Start Committee, host agency	Month 2
7.	Hire and train staff: Strike a Hiring Committee, prepare selection and hiring procedures, prepare staff job description, prepare ad, advertise position in Aboriginal and mainstream media, review applications, select potential candidates, prepare interview format, conduct interviews, prepare job offer, hire Coordinator. Provide staff orientation and training as required.	Aboriginal Best Start Committee	Month 3
8.	Create Workspace: Purchase furnishings and equipment for Coordinator office (computers, office equipment, phones) and hubs/satellites (kitchen appliances).	Best Start Coordinator	Month 4



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	<b>Tasks/Strategies/Activities</b>	<b>Who Responsible</b>	<b>Timeframe</b>
9.	Network with Aboriginal and mainstream health and social service agencies to inform them of the project and its status.	Best Start Coordinator	Month 4, Ongoing
10.	Partner with Aboriginal and mainstream agencies to provide the necessary and culturally appropriate programming, as required.	Best Start Coordinator, partners	Month 4
11.	Develop and implement administrative functions, including policies and procedures, rules and regulations, accounting practices, user rules and regulations, registration procedures, etc. Establish filing and data collection and storage system.	Best Start Coordinator, host agency	Month 5
12.	Conduct research on best practices for Aboriginal Best Start programming. Research best practice mainstream programs and modify it as required to make it culturally appropriate. Identify gaps in information and develop new resources to fill gaps.	Best Start Coordinator	Month 5-6
13.	Create workplan for the various aspects of the project, identifying what is to be done, by whom, by when and the expected outcome. For parent workshops and licensed private home-based daycare training, prepare lesson plans to define what is to be done for each session and what resources are needed. Seek input from Elders and Healers on the cultural content of the materials.	Best Start Coordinator	Month 6
14.	Purchase cultural resources needed to implement the programs (i.e., books, videos, DVD's, manuals, posters, etc.)	Best Start Coordinator	Month 6
15.	Advertise and promote the program. Design, print and distribute promotional material (posters, flyers, brochures). Place media ads. Conduct presentations and set-up displays at community events. Inform Aboriginal and mainstream agencies that deal with potential clients about the program (seek referrals).	Best Start Coordinator, volunteers	Month 6, ongoing

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	<b>Tasks/Strategies/Activities</b>	<b>Who Responsible</b>	<b>Timeframe</b>
16.	Solicit volunteers. Contact Nipissing College about placement of students in the program as volunteers as part of a course credit. Encourage program participants to give back to the community and volunteer their time.	Best Start Coordinator	Month 7, ongoing
17.	Strike a Parent Advisory Committee. This will help to sustain the program when funding is consumed.	Best Start Coordinator, volunteers, parents	Month 7
18.	Plan logistics for programming (scheduling staff, volunteers, contacted staff, dates, times, locations, resources needed, snacks).	Best Start Coordinator, volunteers	Month 6, ongoing
19.	Implement programs and services, including parenting workshops, moms and tots, licensed private home-based daycare training, etc.	Best Start Coordinator, volunteers	Month 7, ongoing
20.	Design and implement a monitoring system and collect statistical data. Conduct an evaluation at the end of year one to assess the progress and identify ways and means to improve the program.	Best Start Coordinator, volunteers, consultant as required	Month 8, ongoing
21.	Develop and implement fundraising strategies and solicit donations.	Best Start Coordinator, volunteers	Month 9, ongoing
22.	Identify potential funding opportunities and submit applications for funding part way through Year 2 as the Coordinator position nears expiration.	Best Start Coordinator	Month 18



**Appendix A: Aboriginal Best Start Community Survey Results**

	<b>Aboriginal Ancestry</b>	<b>#</b>	<b>%</b>	<b>% respondents</b>
H1	Status	77	75%	83%
H2	Non-Status	9	9%	10%
H3	Métis	6	6%	6%
H4	Inuit	1	1%	1%
H10	No Answer	9	9%	
<b>H</b>	<b>Sum</b>	<b>102</b>	<b>100%</b>	
	<b>Children 0-6 years of age?</b>	<b>#</b>	<b>%</b>	<b>% respondents</b>
H1	Yes	91	89%	89%
H2	No	11	11%	11%
H10	No Answer	0	0%	
<b>H</b>	<b>Sum</b>	<b>102</b>	<b>100%</b>	
	<b>Ages of Children (n=91)</b>	<b>#</b>	<b>%</b>	<b>% respondents</b>
H1	less than 1	24	26%	28%
H2	2	21	23%	25%
H3	3	24	26%	28%
H4	4	21	23%	25%
H5	5	27	30%	32%
H6	6	9	10%	11%
H10	No Answer	6	7%	
<b>H</b>	<b>Sum</b>	<b>132</b>		
	<b>Sex of children (n=91)</b>	<b>#</b>	<b>%</b>	<b>% respondents</b>
H1	male	61	67%	76%
H2	female	60	66%	75%
H10	No Answer	11	12%	
<b>H</b>	<b>Sum</b>	<b>132</b>		
	<b>1. Do you currently use Child Care? (n=91)</b>	<b>#</b>	<b>%</b>	<b>% respondents</b>
H1	Yes	45	49%	49%
H2	No	46	51%	51%
H10	No Answer	0	0%	
<b>H</b>	<b>Sum</b>	<b>91</b>	<b>100%</b>	
	<b>2a. Where does your child typically receive Child Care? (n=45)</b>	<b>#</b>	<b>%</b>	<b>% respondents</b>
H1	Child's home	27	60%	60%
H2	Others home	26	58%	58%
H3	Child Care Centre	16	36%	36%
H9	Other	7	16%	16%
H10	No Answer	0	0%	
<b>H</b>	<b>Sum</b>	<b>76</b>		

H

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	<b>2b. When does your child typically receive Child Care? (n=45)</b>	<b>#</b>	<b>%</b>	<b>% respondents</b>
H1	1/2 day	16	36%	36%
H2	Full Day	30	67%	67%
H3	Before & After School	4	9%	9%
H4	Evening	2	4%	4%
H5	Nights	2	4%	4%
H6	Full-time Mon.-Fri.	12	27%	27%
H7	Part Time	9	20%	20%
H8	Occasionally	13	29%	29%
H10	No Answer	0	0%	
<b>H</b>	<b>Sum</b>	<b>88</b>		
	<b>3. How much do you pay for Child Care? (n=45)</b>	<b>#</b>	<b>%</b>	<b>% respondents</b>
H13	\$0 or Free	13	29%	29%
H1	\$0-\$25/Day	6	13%	13%
H2	\$26-\$50/Day	8	18%	18%
H3	\$51-\$75/Day	0	0%	0%
H4	\$76-\$100/Day	0	0%	0%
H5	>\$100/Day	0	0%	0%
H12	<\$250/Month	11	24%	24%
H6	\$251-\$500/Month	1	2%	2%
H7	\$500-\$750/Momth	4	9%	9%
H8	\$751-\$1000/Month	1	2%	2%
H10	No Answer	1	2%	
<b>H</b>	<b>Sum</b>	<b>45</b>	<b>100%</b>	
	<b>4a. Do you receive a subsidized rate for child care? (n=45)</b>	<b>#</b>	<b>%</b>	<b>% respondents</b>
H1	Yes	15	33%	35%
H2	No	28	62%	65%
H10	No Answer	2	4%	
<b>H</b>	<b>Sum</b>	<b>45</b>	<b>100%</b>	
	<b>4b. If yes, how much? (n=15)</b>	<b>#</b>	<b>%</b>	<b>% respondents</b>
H13	all	5	33%	50%
H1	\$0-\$25/Day	2	13%	20%
H2	\$26-\$50/Day	2	13%	20%
H3	\$51-\$75/Day	0	0%	0%
H4	\$76-\$100/Day	0	0%	0%
H5	>\$100/Day	0	0%	0%
H12	<\$250/Month	0	0%	0%
H6	\$251-\$500/Month	0	0%	0%
H7	\$500-\$750/Momth	0	0%	0%
H8	\$751-\$1000/Month	0	0%	0%
H9	Other	1	7%	10%
H10	No Answer	5	33%	
<b>H</b>	<b>Sum</b>	<b>15</b>	<b>100%</b>	

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<u>H</u>	<u>5a. Does your child have any special needs that would require special child care services? (n=91)</u>	<u>#</u>	<u>%</u>	<u>% respondents</u>
<u>H1</u>	<u>Yes</u>	<u>14</u>	<u>15%</u>	<u>16%</u>
<u>H2</u>	<u>No</u>	<u>76</u>	<u>84%</u>	<u>84%</u>
<u>H10</u>	<u>No Answer</u>	<u>1</u>	<u>1%</u>	
<u>H</u>	<u>Sum</u>	<u>91</u>	<u>100%</u>	
<u>H</u>	<u>5b. If yes, what special needs? (n=14)</u>	<u>#</u>	<u>%</u>	<u>% respondents</u>
<u>H1</u>	<u>ADHD</u>	<u>5</u>	<u>36%</u>	<u>38%</u>
<u>H4</u>	<u>Speech, sight &amp; hearing</u>	<u>3</u>	<u>21%</u>	<u>23%</u>
<u>H6</u>	<u>FASD</u>	<u>2</u>	<u>14%</u>	<u>15%</u>
<u>H</u>	<u>Other (Asthma, allergies, eating disorder, developmental delay)</u>	<u>3</u>	<u>21%</u>	<u>23%</u>
<u>H10</u>	<u>No Answer</u>	<u>1</u>	<u>7%</u>	
<u>H</u>	<u>Sum</u>	<u>14</u>	<u>100%</u>	
<u>H</u>	<u>6. If an Aboriginal Child Care Centre was located in Brantford/Brant County, would you use it? (n=91)</u>	<u>#</u>	<u>%</u>	<u>% respondents</u>
<u>H1</u>	<u>Yes</u>	<u>83</u>	<u>91%</u>	<u>91%</u>
<u>H2</u>	<u>No</u>	<u>8</u>	<u>9%</u>	<u>9%</u>
<u>H10</u>	<u>No Answer</u>	<u>0</u>	<u>0%</u>	
<u>H</u>	<u>Sum</u>	<u>91</u>	<u>100%</u>	
<u>H</u>	<u>7. If yes, when would you use it? (n=83)</u>	<u>#</u>	<u>%</u>	<u>% respondents</u>
<u>H3</u>	<u>Full Day</u>	<u>48</u>	<u>58%</u>	<u>62%</u>
<u>H6</u>	<u>School breaks (summer vacation, March Break)</u>	<u>27</u>	<u>33%</u>	<u>35%</u>
<u>H5</u>	<u>Before and after school</u>	<u>22</u>	<u>27%</u>	<u>28%</u>
<u>H2</u>	<u>Afternoon</u>	<u>19</u>	<u>23%</u>	<u>24%</u>
<u>H1</u>	<u>Morning</u>	<u>15</u>	<u>18%</u>	<u>19%</u>
<u>H4</u>	<u>Evenings</u>	<u>15</u>	<u>18%</u>	<u>19%</u>
<u>H10</u>	<u>No Answer</u>	<u>5</u>	<u>6%</u>	
<u>H</u>	<u>Sum</u>	<u>151</u>		
<u>H</u>	<u>8. If yes, how much could you afford to pay? (n=83)</u>	<u>#</u>	<u>%</u>	<u>% respondents</u>
<u>H13</u>	<u>\$0 or Free</u>	<u>6</u>	<u>7%</u>	<u>10%</u>
<u>H1</u>	<u>\$0-\$25/Day</u>	<u>18</u>	<u>22%</u>	<u>29%</u>
<u>H2</u>	<u>\$26-\$50/Day</u>	<u>7</u>	<u>8%</u>	<u>11%</u>
<u>H3</u>	<u>\$51-\$75/Day</u>	<u>0</u>	<u>0%</u>	<u>0%</u>
<u>H4</u>	<u>\$76-\$100/Day</u>	<u>2</u>	<u>2%</u>	<u>3%</u>
<u>H5</u>	<u>&gt;\$100/Day</u>	<u>0</u>	<u>0%</u>	<u>0%</u>
<u>H12</u>	<u>&lt;\$250/Month</u>	<u>22</u>	<u>27%</u>	<u>35%</u>
<u>H6</u>	<u>\$251-\$500/Month</u>	<u>5</u>	<u>6%</u>	<u>8%</u>
<u>H7</u>	<u>\$500-\$750/Momth</u>	<u>2</u>	<u>2%</u>	<u>3%</u>
<u>H8</u>	<u>\$751-\$1000/Month</u>	<u>2</u>	<u>2%</u>	<u>3%</u>
<u>H</u>	<u>Don't Know</u>	<u>5</u>	<u>6%</u>	<u>8%</u>
<u>H10</u>	<u>No Answer</u>	<u>20</u>	<u>24%</u>	
<u>H</u>	<u>Sum</u>	<u>83</u>	<u>100%</u>	

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<b>9. If an Aboriginal Best Start Child Care centre was started in Brantford/Brant County, where do you think it should be located? (n=102)</b>			
<b>H</b>		<b>#</b>	<b>% respondents</b>
H1	The Core / Central Downtown	52	51%
H4	Eagle Place	20	20%
H2	North End Brantford	15	15%
H3	West Brantford	8	8%
H6	Rural (outside City of Brantford)	8	8%
H5	Homedale	1	1%
H9	Other	3	3%
H10	No Answer	4	4%
<b>H</b>	<b>Sum</b>	<b>111</b>	
<b>10. What types of Early Years (0-6 years) services do you currently use? (n=91)</b>			
<b>H</b>		<b>#</b>	<b>% respondents</b>
H5	Growth & development checks	26	29%
H6	Library services	25	27%
H12	Public Health nurse	24	26%
H7	Parent & child drop-in	22	24%
H2	Speech and language screening	20	22%
H1	Parent Education Programs	19	21%
H14	Recreation programs	17	19%
H4	Behaviour problems support	16	18%
H13	Dental screening	16	18%
H3	Vision and hearing checks	13	14%
H8	Child only drop-in	6	7%
H11	Breast feeding support	3	3%
H	None	13	14%
H9	Other	3	3%
H10	No Answer	21	23%
<b>H</b>	<b>Sum</b>	<b>244</b>	
<b>11. What barriers are there to accessing existing Early Years services? (n=102)</b>			
<b>H</b>		<b>#</b>	<b>% respondents</b>
H3	Lack of money	64	63%
H1	Lack of transportation	47	46%
H4	Lack of awareness of existing services	41	40%
H6	Lack of cultural sensitivity	33	32%
H2	Lack of time	24	24%
H7	Discrimination	17	17%
H8	Do not qualify for services	15	15%
H12	Lack of advocacy	12	12%
H5	Facilities not accessible (disability)	7	7%
H11	Language barriers	7	7%
H9	Other	7	7%
H10	No Answer	13	13%
<b>H</b>	<b>Sum</b>	<b>287</b>	

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	<b>12. What gaps are there with existing Early Years services? (n=102)</b>	<b>#</b>	<b>%</b>	<b>% respondents</b>
H6	No Aboriginal, culture-based services	55	54%	66%
H4	Waiting list too long	52	51%	63%
H3	Need evening & weekend hours	45	44%	54%
H1	Lack of services	38	37%	46%
H2	Lack of facilities	37	36%	45%
H5	Lack of qualified staff	19	19%	23%
H9	Other	1	1%	1%
H10	No Answer	19	19%	
<b>H</b>	<b>Sum</b>	<b>266</b>		
	<b>13. What types of Early Years services would you use if made available in Brantford/Brant County? (n=102)</b>	<b>#</b>	<b>%</b>	<b>% respondents</b>
H7	Parent & child drop-in	68	67%	75%
H15	Culturally relevant programs/services	63	62%	69%
H14	Recreation programs	62	61%	68%
H5	Growth & development checks	57	56%	63%
H1	Parent Education Programs	55	54%	60%
H4	Behaviour problems support	55	54%	60%
H6	Library services	54	53%	59%
H3	Vision and hearing checks	47	46%	52%
H2	Speech and language screening	45	44%	49%
H13	Dental screening	44	43%	48%
H12	Public Health nurse	43	42%	47%
H8	Child only drop-in	39	38%	43%
H11	Breast feeding support	14	14%	15%
H9	Other	1	1%	1%
H10	No Answer	11	11%	
<b>H</b>	<b>Sum</b>	<b>658</b>		
	<b>14a. Do you think there should be Aboriginal specific, culture-based Early Years services in Brantford/Brant County? (n=102)</b>	<b>#</b>	<b>%</b>	<b>% respondents</b>
H1	Yes	89	87%	96%
H2	No	4	4%	4%
H10	No Answer	9	9%	
<b>H</b>	<b>Sum</b>	<b>102</b>	<b>100%</b>	
	<b>14b. If yes, why? (n=89)</b>	<b>#</b>	<b>%</b>	<b>% respondents</b>
H2	Important for children to learn about culture	56	63%	74%
H1	Large Aboriginal population	9	10%	12%
H3	Culture based advice/support	6	7%	8%
H4	Good foundation for children	6	7%	8%
H5	Interaction with other Native children / socializing	6	7%	8%
H6	No Aboriginal services now	4	4%	5%
H8	Sensitive to Native needs	2	2%	3%
H11	Waiting lists	2	2%	3%
H12	Need supports	2	2%	3%



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H9	<a href="#">Other (miss Pine Tree, pride, sense of belonging, self esteem, Native staff)</a>	3	3%	4%
H10	<a href="#">No Answer</a>	13	15%	
<b>H</b>	<b>Sum</b>	<b>313</b>		
<b>H</b>	<b>14c If yes, what top three services (from Qu. 13) are most needed? (n=89)</b>	<b>#</b>	<b>%</b>	<b>% respondents</b>
H15	<a href="#">Culturally relevant programs/services</a>	55	62%	80%
H1	<a href="#">Parent Education Programs</a>	26	29%	38%
H14	<a href="#">Recreation programs</a>	21	24%	30%
H4	<a href="#">Behaviour problems support</a>	17	19%	25%
H7	<a href="#">Parent &amp; child drop-in</a>	16	18%	23%
H5	<a href="#">Growth &amp; development checks</a>	8	9%	12%
H12	<a href="#">Public Health nurse</a>	8	9%	12%
H2	<a href="#">Speech and language screening</a>	5	6%	7%
H3	<a href="#">Vision and hearing checks</a>	5	6%	7%
H8	<a href="#">Child only drop-in</a>	3	3%	4%
H6	<a href="#">Library services</a>	2	2%	3%
H13	<a href="#">Dental screening</a>	2	2%	3%
H11	<a href="#">Breast feeding support</a>	1	1%	1%
H9	<a href="#">Other</a>	6	7%	9%
H10	<a href="#">No Answer</a>	20	22%	
<b>H</b>	<b>Sum</b>	<b>195</b>		
<b>H</b>	<b>14d. If no, why not? (n=4)</b>	<b>#</b>	<b>%</b>	<b>% respondents</b>
H1	<a href="#">Integrated vs. separated</a>	3	75%	75%
H2	<a href="#">Same rules for everyone; no special treatment</a>	1	25%	25%
H3	<a href="#">Don't Know</a>	0	0%	0%
H4	<a href="#">Other</a>	0	0%	0%
H10	<a href="#">No Answer</a>	1	25%	
<b>H</b>	<b>Sum</b>	<b>5</b>		
<b>H</b>	<b>15. What time of day would you most likely use the Early Years Services listed above in Qu. 13? (n=91)</b>	<b>#</b>	<b>%</b>	<b>% respondents</b>
H1	<a href="#">Morning</a>	46	51%	56%
H2	<a href="#">Afternoon</a>	51	56%	62%
H3	<a href="#">Evenings</a>	44	48%	54%
H4	<a href="#">Weekends</a>	41	45%	50%
H10	<a href="#">No Answer</a>	9	10%	
<b>H</b>	<b>Sum</b>	<b>191</b>		
<b>H</b>	<b>16. If Aboriginal Early Years services were located in Brantford/Brant County, how would you most likely get there? (n=91)</b>	<b>#</b>	<b>%</b>	<b>% respondents</b>
H1	<a href="#">Walk</a>	48	53%	58%
H3	<a href="#">Drive</a>	37	41%	45%
H2	<a href="#">Take a city bus</a>	30	33%	36%
H5	<a href="#">Use transportation provided</a>	29	32%	35%
H10	<a href="#">No Answer</a>	8	9%	
<b>H</b>	<b>Sum</b>	<b>152</b>		

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<u>H</u>	<u>17. Comments (n=102)</u>	<u>#</u>	<u>%</u>	<u>% respondents</u>
<u>H</u>	<b>PRO</b>	-	-	-
<u>H1</u>	<u>Need culture based Best Start</u>	<u>15</u>	<u>15%</u>	<u>63%</u>
<u>H2</u>	<u>Help families learn about culture &amp; embrace it</u>	<u>8</u>	<u>8%</u>	<u>33%</u>
<u>H4</u>	<u>Long waiting lists</u>	<u>3</u>	<u>3%</u>	<u>13%</u>
<u>H5</u>	<u>Very costly; affordability for low income families</u>	<u>2</u>	<u>2%</u>	<u>8%</u>
<u>H7</u>	<u>Reduce discrimination</u>	<u>2</u>	<u>2%</u>	<u>8%</u>
<u>H8</u>	<u>Need to help non-Aboriginal understand</u>	<u>2</u>	<u>2%</u>	<u>8%</u>
<u>H</u>	<u>Pro -Other (Good quality day care hard to find, Special needs/FASD children needs, need Pine Tree, confidentiality, weekend services)</u>	<u>5</u>	<u>5%</u>	<u>21%</u>
<u>H</u>	<b>CON</b>	-	-	-
<u>H11</u>	<u>Children should experience all cultures &amp; races</u>	<u>1</u>	<u>1%</u>	<u>4%</u>
<u>H12</u>	<u>All persons are equal; do not encourage racism</u>	<u>1</u>	<u>1%</u>	<u>4%</u>
<u>H9</u>	<u>Con- Other</u>	<u>0</u>	<u>0%</u>	<u>0%</u>
<u>H10</u>	<u>No Answer</u>	<u>78</u>	<u>76%</u>	
<u>H</u>	<b>Sum</b>	<u>277</u>		

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**Appendix B: List of Aboriginal Agencies and Services in Brant/Brantford**

Agency	Contact Information	Programs / Services / Resources
<b>HBrantford</b>		
HBrant Native Homes Inc.	318 ½ Colborne St. East, Brantford, Ont., N3S 3N9 Phone: 519 756-2205 Fax: 519-756-1764 Website: www.brantfordnativehousing.com	<ul style="list-style-type: none"> <li>• 129 subsidized rental housing</li> <li>• transition housing for women</li> </ul>
HCAS of Brant – Aboriginal Services Unit	20 Darling St., Brantford, Ont. Phone: 519-753-8681 Fax: 519-753-6090 Website: www.casbrant.ca	<ul style="list-style-type: none"> <li>• child welfare and protection</li> <li>• Aboriginal parenting (in partnership with OEYC)</li> <li>• Adolescent youth group</li> <li>• Community kitchen</li> <li>• Healthy Children's Clinic (vision, hearing, immunization, growth development services, in partnership with De dwa da dehs nye&gt;s)</li> </ul>
HDe dwa da dehs nye>s Aboriginal Health Centre	28 King St., Brantford, Ont., N3T 3C5 Phone: 519-752-4340 Fax: 519-752-6096 Website: www.aboriginalhealthcentre.com	<ul style="list-style-type: none"> <li>• Primary care (including treatment, prevention, screening, health promotion, mental health support, chiropractic and naturopathy)</li> <li>• Advocacy</li> <li>• Outreach</li> <li>• Health promotion &amp; education services (health fairs, diabetes support groups, FASD Child Nutrition Program, nutrition)</li> <li>• Elders (circles, teachings)</li> <li>• traditional healing (counseling, seers, teachings, medicines, circles, referrals re. ceremonies)</li> <li>• grief recovery &amp; attitudinal healing</li> <li>• cultural sensitivity training</li> <li>• health fairs</li> <li>• needle exchanges</li> <li>• foot care</li> </ul>
HGood Minds Bookstore (6 Nations)	188 Mohawk St., Brantford, Ont. N3S 2X2 Phone: 519 753-1185 Fax: 519 751-3136 Website: GoodMinds.com	<ul style="list-style-type: none"> <li>• Aboriginal educational resources (books, video, audio, CD, DVD)</li> </ul>
HWoodland Cultural Centre	184 Mohawk St., Brantford, Ont., N3T 5V6 Phone: 519 759-2650	<ul style="list-style-type: none"> <li>• Iroquoian and Algonkian education and cultural centre</li> <li>• Museum (artifacts, documents,</li> </ul>

Agency	Contact Information	Programs / Services / Resources
	Fax: 519 759-8912 Website: www.woodland-centre.on.ca	<p>painting, photos, crafts, archeological and ethnographic collections)</p> <ul style="list-style-type: none"> <li>• Language program (advisory, research, audio/CD, ceremonials, funeral rituals, Moral Code of Handsome Lake, annual Raising Our Voice Language Conference)</li> <li>• Library</li> <li>• Hosts lectures, demonstrations, workshops, artist residence, performances, festivals</li> </ul>
<b>HSix Nations of the Grand River First Nation</b>		
HAboriginal education & employment	Phone: 519-445-0023 Phone: 519-445-2222	<ul style="list-style-type: none"> <li>• Six Nations Polytechnic: post secondary education</li> <li>• Grand River Employment and Training</li> </ul>
HAboriginal newspapers	519-753-0077 519-445-0868	<ul style="list-style-type: none"> <li>• Tekawennake</li> <li>• Turtle Island News</li> </ul>
HJake Thomas Learning Centre	7575 Townline Rd., RR#1, Wilsonville, Ont. N0E 1Z0 Phone: 519-445-0779	<ul style="list-style-type: none"> <li>• learning centre for the conservation of traditional Iroquoian culture (oral cultural traditions, arts, and narratives, including sacred Hatówi medicine masks and the condolence canes used in the rising of Hotinonshón:ni chiefs</li> <li>• historical and current Iroquoian Library Resource Centre</li> <li>• educational programs to promote Iroquoian culture and language through research, education, and publications</li> <li>• Iroquoian language development program</li> <li>• language, arts, and traditional knowledge classes,</li> <li>• field trips</li> </ul>
HOHwejagehka: Ha`degaenage	R.R. #1; 3134 Fourth Line Ohsweken, Ontario, N0A 1M0 phone: 519-445-0887 fax: 519-445-0590 email: <a href="mailto:info@ohwejagehka.com">info@ohwejagehka.com</a>	<ul style="list-style-type: none"> <li>• nonprofit organization established to help preserve and nurture the Iroquoian languages and songs</li> </ul>
HSix Nations of the Grand R. First Nation –	Ohsweken Public Health Office & Gane Yohs Health Centre	<ul style="list-style-type: none"> <li>• Healthy Babies/Healthy Children (phone: 519 445-1346; fax: 519 445-1338)</li> </ul>

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BRANT COUNTY BEST START ABORIGINAL NEEDS ASSESSMENT

Agency	Contact Information	Programs / Services / Resources
<p>Health Services Dept. Programs</p>	<p>P.O. Box 5000 1721 &amp; 1769 Chiefswood Rd. Ohsweken, Ont., N0A 1M0 Administration Phone: 519-445-2418 Website: <a href="http://www.snhs.ca">www.snhs.ca</a></p>	<ul style="list-style-type: none"> <li>• Maternal Child Centre (see separate listing) <ul style="list-style-type: none"> <li>• Mental Health services: P.O. Box 609, 50 Generations Drive, Ohsweken, ON, N0A 1M0 Phone: (905) 765-7840 Fax: (905) 765-2829 Crisis Service:1-866-445-2204</li> </ul> </li> <li>• New Directions: addiction counseling</li> <li>• Health Promotion and Nutrition (nutrition counseling, dietitian, nutrition classes, diabetes education and support groups, baby food making classes, breastfeeding support group, prenatal classes, active lifestyle program) (phone: 519 445-4384; fax: 519 445-0441)</li> <li>• Gane Yohs Dental Office</li> <li>• School nurse program</li> <li>• Sexual Health program (Phone:519-445-2672; Fax: 519-445-4525 HIV/AIDS Hotline: 519-445-4433)</li> <li>• Social development program</li> </ul>
<p>HSix Nations of the Grand R. First Nation – Social Services Dept.</p>	<p>Administration Phone: 519-445-2071</p>	<ul style="list-style-type: none"> <li>• Six Nations Child Care Services: culture enriched, special needs programs, student training centre, childcare via private home daycare, resource program</li> <li>• Child &amp; Family Services Unit</li> <li>• Family Support Unit</li> <li>• Children's Mental Health</li> </ul>
<p>HSix Nations Maternal and Child Centre (also called "birthing centre") (Aboriginal name: Tsi Non:we Ionnakeratstha Ona:grahsta')</p>	<p>1350 Sour Springs Rd. R.R. #6, Hagarville, Ont. N0A 1H0 Phone: 519-445-4922 Fax: 519 445-4032</p>	<ul style="list-style-type: none"> <li>• Natural child birth</li> <li>• Midwifery</li> <li>• Degowadihsyne Program (FASD and Child Nutrition)</li> <li>• prenatal classes &amp; exercises,</li> <li>• moms and tots,</li> <li>• women in all her seasons program (Adolescent Rites of Passage teachings, Childbearing, Menopausal, Grandmother),</li> <li>• traditional parenting workshops,</li> </ul>

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		<ul style="list-style-type: none"> <li>• women's traditional wellness day,</li> <li>• traditional food gathering</li> <li>• Male Self Care Workshops</li> <li>• Female Self Care Workshops</li> <li>• Traditional Medicines Sessions</li> <li>• Gardening Program</li> <li>• Family/Maternal Resource Library</li> </ul>
HSix Nations Public Library	P.O. Box 149 1679 Chiefswood Rd. Ohsweken, Ont. N0A 1M0 Phone: 519-445-2954 Fax: 519 445-4208	<ul style="list-style-type: none"> <li>• Local history and local author collection</li> </ul>
HSix Nations Writers	Six Nations Writers P.O. Box 617, Ohsweken, ON, N0A 1M0 E-mail: sixnationswriters@rogers.com	<ul style="list-style-type: none"> <li>• story telling</li> <li>• radio show: 100.3 FM, Sundays 5:30-6:30pm ("In the Literary Spirit")</li> </ul>
HSweet Grass Gardens	470 Sour Springs Rd, RR6 Hagarville, Ontario, N0A 1H0 Phone: (519) 445-4828 Fax: (519) 445-4826 info@sweetgrassgardens.com	<ul style="list-style-type: none"> <li>• Native plant nursery (rock, wildlife, prairie, butterfly, Aboriginal and wetland gardens)</li> <li>• Guided garden tours</li> <li>• Lectures/workshops</li> <li>• Custom seed mixes</li> </ul>
<b>HMississaugas of New Credit First Nation</b>		
HMississaugas of New Credit First Nation	2789 Mississauga Road, R.R. #6, Hagarville, Ontario, N0A 1H0 Phone (905) 768-1133 Fax: (905) 768-1225 email: <a href="mailto:mncfn@hotmail.com">mncfn@hotmail.com</a>	<ul style="list-style-type: none"> <li>• public health nurse</li> <li>• social services (905 768-1181)</li> </ul>
<b>HCity of Hamilton</b>		
HDe dwa da dehs nye>s Aboriginal Health Centre	678 Main St. Hamilton, Ont., L8M 1K2 Phone: 905 544-4320 Fax: 905 544-4247 Website: <a href="http://www.aboriginalhealthcentre.com">www.aboriginalhealthcentre.com</a>	<ul style="list-style-type: none"> <li>• Primary care (including treatment, prevention, screening, health promotion, mental health support, chiropractic and naturopathy)</li> <li>• Advocacy</li> <li>• Outreach</li> <li>• Health promotion &amp; education services (health fairs, diabetes support groups, FASD Child Nutrition Program, nutrition)</li> <li>• Elders (circles, teachings)</li> <li>• traditional healing (counseling, seers, teachings, medicines, circles,</li> </ul>

Agency	Contact Information	Programs / Services / Resources
		referrals re. ceremonies) <ul style="list-style-type: none"> <li>• grief recovery &amp; attitudinal healing</li> <li>• cultural sensitivity training</li> <li>• health fairs</li> <li>• needle exchanges</li> <li>• foot care</li> </ul>
HMcMaster University Indigenous Studies Program	Hamilton Hall, Room 103 1280 Main St. West, Hamilton, Ont., L8S 4K1 Phone: 905 525-9140 x 27426 Fax: 905-540-8443 Email: <a href="mailto:indig@mcmaster.ca">indig@mcmaster.ca</a>	<ul style="list-style-type: none"> <li>• research</li> <li>• educational programs</li> <li>• student placements</li> </ul>
HNiwasa Head Start Preschool	Contact: Monique Lavallee, Aboriginal Early Years Program Manager 1869 Main St E Hamilton, ON L8H 1G2 Phone: 905-549-4884 Fax: 905-549-7337 Email: <a href="mailto:mlavalle@on.aibn.com">mlavalle@on.aibn.com</a>	<ul style="list-style-type: none"> <li>• Drop-in Program for Parents/Caregivers and children 6 years and under (interactive play, exploration with toys, music, art. Visits with Public Health Nurse. Parent workshops.</li> <li>• Aboriginal Toy Lending Library - Aboriginal books, CD's, toys, DVD's, parent resources- for loan</li> <li>• Native Family Gathering Time at the Ontario Early Years (story telling, singing and crafts)</li> <li>• Aboriginal Education Outreach - cultural facilitator visit other sites to provide age appropriate, hands-on educational experiences through drumming, dancing and singing</li> </ul>
HSir John A. MacDonald High School – Nwa: Weh Program	Contact: Brandon Hill 130 York Blvd., Hamilton Ont. L8R 1Y5 Phone: 905-528-8363	<ul style="list-style-type: none"> <li>• Aboriginal Young Men's Drum Group</li> <li>• Sweetgrass Sisters Hand Drum</li> <li>• Young Spirit Drum Group</li> </ul>
<b>HAboriginal/Cultural Resource Listings - Southern Ontario Region</b>		
HDancers/ Drummers/ Singers	Rod Nettagog Apt. 205 - 403 Hunter Street West, Hamilton, ON L8P 1R8 Phone: (905)531 – 1443 Kevin Lamarr 105 Ferrie St. East, Hamilton, ON L8L 3T1 Phone: (905)528-2437	<ul style="list-style-type: none"> <li>• Blue Cloud Stone Drummers</li> <li>• Steel Town Dance &amp; Drum Troupe</li> </ul>
HElders	Contact Jan Longboat for referral:	<ul style="list-style-type: none"> <li>• Jan Longboat (Earth Healing, Herb</li> </ul>



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	519 445-0486	Garden & Retreat Centre) • Cleveland General • Norma General • Elize Hartley (Métis) • Jacqueline House • Marge Henry
HTraditional Healers	Contact Jan Longboat for referral: 519 445-0486	• Jan Longboat (also herbalist) • Diane Hill • Diane Longboat

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### **Appendix C: Aboriginal Advisory Committee Mandate**

The Aboriginal Advisory Committee will be responsible for monitoring and planning for recommendations to the larger Network in matters relating to Aboriginal services as they pertain to the Best Start initiative. This will be achieved through:

- Recommending how best to organize and integrate services to meet its population's needs.
- Recommend a system of services that supports Aboriginal children and their parents from prenatal through to the transition into school
- Recommendations for the early learning and care hubs taking into consideration the needs as expressed by the Aboriginal community and any gaps in existing programs
- Monitor the funding allocated for services and make recommendations for its expenditures to the larger Network
- Following target dates and tasks as outlined in the current Best Start workplan
- Recommendations of the Aboriginal parents of the community will be formed through the survey, focus groups, individual parent interviews, and participation of the parent liaison on the Advisory Committee