

Military Family Resource Centres

**An Assessment of the Need
for Licensed Group Child Care for
Canadian Forces Families**

A Report

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*Centre for Research
and Education
in Human Services*

This research report was commissioned by:

Directorate Military Family Services
Canadian Forces Personnel Support Agency
1600 Star Top Road
Ottawa, ON
K1A 0K2

This research report was written by:



Centre for Research and Education in Human Services
73 King St. West Suite 202
Kitchener, Ontario N2G 1A7
Tel: (519) 741-1318
Fax: (519) 741-8262
www.crehs.on.ca

Child Care Steering Committee

The following individuals participated on the child care steering committee that advised and shaped this research. They provided feedback on the survey questions as well as the final report.

Sue Tom

Supervisor of the Children's Playgarden Child Care Centre
Toronto Military Family Resource Centre (MFRC)

Nathalie Boudreault

Coordinator of Children's Programs
Valcartier MFRC

Lesley Dunn

Atlantic Representative
Military Family National Advisory Board (MFNAB)

Manon Smith

Spousal Co-Chair
MFNAB

Virginia Savich

Military Family Parent Representative
Ottawa

Karen Ward

Military Family Parent Representative
Winnipeg

Alla Ivask

Senior Manager Policy & Program Development
Directorate Military Family Services (DMFS)

Linda Tyrrell

Policy Development and Research Manager
DMFS

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EXECUTIVE SUMMARY

The impetus to conduct an environmental scan of child care services for Canadian Forces (CF) families came from the Military Family National Advisory Board (MFNAB) to the Directorate Military Family Services (DMFS). The scan of child care services was required to build on the findings of a recent national consultation that highlighted the need for affordable and quality child care for Canadian Forces families as a priority.

The scan had three main purposes:

- 1) To gather information about the prevalence of licensed group child care that is being provided at the 34 Military Family Resource Centres (MFRCs) and in the surrounding community.
- 2) To determine the perceived need for licensed group child care at MFRCs that do not currently offer such services, and where these services, according to MFRC staff and volunteers at these Centres, are not readily available or easily accessible in the surrounding community; and,
- 3) To determine the perceived need for licensed group child care in CF communities, irrespective of whether or not a service currently exists.

Information was primarily gathered through a bilingual web-survey that was distributed to all 34 MFRCs. The questions were based on a document review of relevant DMFS and MFRC literature and were reviewed by a project steering committee that consisted of a wide cross-section of CF stakeholders. The information presented in this report is based on the 49 responses representing 29 CF bases and their respective MFRCs.

Current Status of Licensed Group Child Care

Survey findings are consistent with those from the previous national consultation with MFRCs. Overwhelmingly, staff believe that child care is a top priority for CF families and numerous survey respondents believe that it is the most critical issue facing these families. Specifically, the findings indicate that:

- Licensed group child care is being widely accessed by CF families both on and off base.
- Few families benefit from child care subsidies.
- The hours of service during which care is offered tends to be from 6:30am to 6pm.
- There is very little evening and weekend care available to families and virtually no overnight care.
- These restricted hours of care are not flexible enough to meet the unique needs of CF families in terms of shift work, non-traditional work hours, and deployment.
- While MFRCs do play a major role in providing child care services they also work in collaboration with other service providers in order to provide referrals and advertise other services.
- More than half of all MFRCs maintain a registry of either licensed and/or non-licensed child care agencies and individual home care providers in the community.

Key Issues and Areas of Need

Results of the environmental scan indicate a clear need for additional child care services that are responsive to the CF community context. In brief, child care for CF families needs to encompass the following:

- Flexible services, in terms of evening, weekend, and overnight care, that are provided by the MFRC
- Higher quality care (comparable to the standard of mandated services currently provided by MFRCs)
- Bilingual or French-speaking providers and services

- Services that are accessible to low income families and single parent families

Principles for Effective Licensed Group Child Care for CF Families

The research also suggest that to be effective, licensed group child care initiatives for CF families should incorporate the following principles:

- Child care must be affordable
- Newly-posted families need to be confident that child care spaces will be available
- Child care programs need to be treated as part of the whole picture of CF community life

Recommendations

Based on the research, the following recommendations are made to DMFS and MFNAB:

1. CF families should be given a survey similar to the one being reported on in order to confirm the findings from the current scan.
2. There is a demonstrated gap between need for and availability of child care services. Action must be taken quickly given the urgency surrounding the need for child care services expressed by survey respondents.
3. Results of this survey should be shared with respondents and their feedback gathered.
4. Government (provincial and federal levels) must participate in addressing the need to provide child care services to CF families.
5. Collaboration among a variety of child care service providers, users and other stakeholders is the preferred method for the delivery of child care services.

INTRODUCTION

In September 2004, the Directorate Military Family Services (DMFS) undertook a research project, at the request of the Military Family National Advisory Board, designed to gather information about licensed group child care at the 34 Military Family Resource Centres (MFRCs). This project had three main purposes:

- 1) To gather information about the **prevalence** of licensed group child care that is being provided at the 34 Canadian MFRCs.
- 2) To determine the **perceived need** for licensed group child care at MFRCs that do not currently offer such services, according to the MFRC staff and volunteers at these Centres.
- 3) The perceived need for licensed group child care in CF communities, irrespective of whether or not a service currently exists.

This report presents the findings of this research.

In 1998, the Standing Committee on National Defence and Veterans Affairs (SCONDVA) observed that although military families are not the only families in Canada who need child care services either regularly or on occasion, they have to deal with some unique situations that could intensify and complicate the child care situation for these families. More recently, during a national consultation in the spring of 2003, the Director Military Family Services (DMFS) heard from many stakeholders that access to affordable day care was of great concern and was considered to be a priority issue for Canadian military families.

The Military Family National Advisory Board (MFNAB), is an advisory board to the Assistant Deputy Minister (Human Resources -Military) {(ADM(HR-Mil))}, composed of spouses of Canadian Forces (CF) members, CF members and representatives from other Department of National Defence (DND) organizations that support military families. The impetus for this child care environmental scan came from this board as it reinforced the requirement to determine what services are available to CF families currently and if the child care needs of these families are being met.

While licensed group child care is currently not one of the mandated services provided in the five mandated areas (i.e., information and referral, children and youth, education and quality of life, volunteer development and involvement, and prevention/intervention) it is emerging as an important service that is being offered by some MFRCs to fulfill a need in their community.

Such a finding is not surprising. Increasingly, researchers and policy makers are acknowledging that licensed group child care is an essential component in any comprehensive strategy to support healthy development among young children. The multilateral agreement on Early Learning and Child Care, and, more recently, the priorities identified by the new Minister of Social Development are evidence of growing commitment to increase the size and quality of Canada's child care system (Sandra Griffin, 2004).¹

At the same time, the way we understand child care is changing. Leaders in the field are acknowledging that Canada's families need access to a range of child care choices. Nowhere is this more evident than among military families, who face unique and complex child care challenges

¹ Press release from the Canadian Child Care Federation dated May 2004: http://www.cccf-fcsge.ca/pressroom/NPA_launch_May10_2004.htm

that are not easily met by traditional child care centres, including non-traditional work schedules, the need for emergency care or respite and supporting parents who are posted to active duty.² Providing child care in alternate settings, such as family resource centres, has the potential to help increase the options available to families.

Furthermore, quality child care is increasingly seen as serving several distinct functions.³ Not only does it support the participation of parents in the workforce, it also stimulates early learning, laying the foundations for literacy, teaching important social skills, and smoothing the transition to elementary school.⁴ To achieve these objectives, child care centres are increasingly conscious of their interdependence with other kinds of family support services, including home child care providers, parent education programs, employment supports, child protection services, and services for different cultural groups. Family resource centres have a history of running multiple services in an interconnected way, and so are uniquely positioned to offer families child care as one component within a range of interconnected supports.⁵

Methodology

The research team conducted a **document review** of relevant DMFS and MFRC literature to ground the research in the Canadian Forces context and more specifically in that of the Military Family Resource Centres. The information and insights gathered from this document review, together with the preliminary questions listed in Section 2.3 Scope and Goals of the RFP were used to develop draft questions for the major data collection method (web-based survey) described below.

Phase two of the project involved a **web-based survey**. This survey included questions about child care services offered directly by the MFRCs, as well as questions about other kinds of child care services available to military families. The survey also asked respondents for their perceptions about the need for various types of child care in their communities, and the most appropriate ways to meet this need.

After our stakeholder steering committee reviewed the survey, it was translated into French. Links to the French and English versions of the survey were emailed to each of the 34 MFRCs along with an introductory letter explaining the project and the purpose of the survey. Clear instructions for completing the survey were also included. Care was taken to ensure that each respondent acknowledged receipt of information about informed consent. The survey was open for a ten day period in October. Follow-up phone calls to MFRCs were made after five days to remind all centres to complete the survey, and if needed, to support centres in completing the survey.

² Quality of Life Survey: Emergency Childcare Service. Director of Military Family Services, 2002

³ Doherty, G., Lero, D., Goelman, H., LaGrange, A. (2000) *You Bet I Care! Caring and Learning Environment: Quality in Regulated Child Care Across Canada* Centre for Families, Work and Well-being, University of Guelph, Ontario.

⁴ Tout, Zaslow, Romano & Vandivere, (2001). Early care and education: Work support for families and developmental opportunity for young children. Toronto: Child Care Research Unit.

⁵ Malcolmson, J. (2002). Putting the Pieces Together: A Conceptual Framework for Family Support Practice. Ottawa: FRP Canada.

RESULTS:

Demographics

Forty-nine persons responded to the survey. They were predominantly MFRC staff (45%), followed closely by MFRC executive directors (35%), and two MFRC board members. The remaining 20% of respondents were daycare directors and supervisors, and one volunteer. It is unclear whether any respondents are also parents of children who use MFRC or other daycare services; but very likely.

Respondents represent 29 CF bases, with most bases (22) having one respondent. Some bases did have multiple respondents, ranging up to 5 respondents. One respondent failed to list her/his base.

A sample of four survey questions from four bases having multiple respondents was taken to check for consistency among respondents. The four survey items selected all required numerical responses. It can generally be said that there was fair to moderate consistency among different respondents from the same bases, with the greatest variability from the base that had five respondents as well as from one base with two respondents. It should also be noted that for one survey item, the responses given by the executive director and three staff, were remarkably different from each other. For another base, where the executive director, a staff member and a board member were the respondents, there was high consistency on 3 of the 4 items reviewed. These results present a mixed picture. There seems to be some evidence to suggest that responses become more varied as the number of respondents per base increases, though this is not always true. Also, respondents holding different positions within MFRC seem to be as equally likely to respond similarly, as not. It is difficult to know how much significance to place on these findings. While it is certainly not suggested that all items from bases with multiple respondents be disregarded, it is advisable to keep these findings in mind when making recommendations or decisions for a base that did have multiple respondents.

Current Status Of Licensed Group Child Care

Current Use and Location of Services

Seventy-two percent (72%) (21/29) of the total MFRCs who responded to the survey were directly involved in delivery of **licensed** group child care. Of these 21, 17 offered child care at their own location, 7 at other locations on the base, and 5 at locations off the base. Seven offered child care at multiple locations. The exception to this finding was in Quebec, where child care services were provided solely via government-regulated and subsidized agencies.

Prevalence and Use of Child Care Spaces

Table 1A
Full-Time Child Care Spaces at MFRCs by Age

	<u>Range</u> <u>of the number of</u> <u>spaces available</u>	<u>Average number</u> <u>of spaces</u> <u>(among those offering</u> <u>care to this age group)</u>	<u>N</u> <u>(number of locations that</u> <u>offer care to this age</u> <u>group)</u>
Infant	0-50	10.7	20
Toddler	0-100	15.25	16
Pre-School	0-150	32.5	18
School Aged	0-75	20.97	20

Table 1B
Part-Time Child Care Spaces at MFRCs by Age

	<u>Range</u> <u>of the number of</u> <u>spaces available</u>	<u>Average number</u> <u>of spaces</u> <u>(among those offering</u> <u>care to this age group)</u>	<u>N</u> <u>(number of locations that</u> <u>offer care to this age</u> <u>group)</u>
Infant	0-50	17	4
Toddler	0-100	16.8	8
Pre-School	0-150	36	12
School Aged	0-75	34	7

Many centres have spaces that can be used for either full or part-time children depending on need, and so these two tables may overestimate the total number of spaces.

In addition, the range of child care spaces reported is quite variable. For example, for infants the range is from 0 – 50 spaces, for toddlers from 0 – 100 spaces, for pre-school from 0 – 150 spaces, and for school-aged from 0 – 75 spaces. Such a variety of ranges might well be related to the size of the CF base and/or the MFRC.

When asked what proportion of existing licensed group child care spaces are currently filled, 72% (15/21 sites who replied to the question) told us that they think more than three-quarters of all spaces are filled, and 9.5% (2/21 sites who replied to the question) state that there is 100% usage.

When asked what proportion of child care spaces at their MFRC are occupied by children of CF families, 57% (12/21 sites who replied to the question) said that from 76 – 99% of spaces are so occupied, and 14% (3/21 sites who replied to the question) state that all of the spaces at their MFRC child care are occupied by children of CF families. These respondents have a clear impression that MFRC child care spaces are highly-utilized, and predominantly by children of CF families.

Spaces Currently Filled

Table 2
Percent of Child Care Spaces Currently Filled

% of spaces filled (n=22)		% of spaces filled by CF Families (n=22)	
0-25%	1 (4.5%)	0-25%	0
26-50%	2 (9%)	26-50%	3 (13.5%)
51-75%	2 (9%)	51-75%	4 (18%)
76-90%	11 (50%)	76-99%	12 (55%)
91-100%	5 (22%)	100%	3 (13.5%)

Wait Lists

Table 3
Number of Children Currently on a Wait List for Licensed Group Child Care

	<u>Range of the number of children on a wait list</u>	<u>n (number of respondents who chose the answer range specified)</u>	<u>N (number of respondents to the question)</u>
Children of CF families	0 to 5	11/22	22
	6 to 10	3/22	22
	11 to 15	1/22	22
	16 to 20	1/22	22
	21 to 30	2/22	22
	31 to 40	1/22	22
	41 to 50	0/22	22
	over 50	3/22	22

Seven sites (32%) reported no wait time for children of CF families. The others reported wait times for accessing a child care space, varying from a few weeks to as much as a year. Five sites reported no wait times for children of civilian families.

Licensed Child Care Costs and Funding

Respondents were asked to enumerate the full-time daily fees charged at their MFRC child care, for both children of CF and civilian families, by age categories. Responses were grouped into categories, with each category representing a range of fees charged. The most frequent range of responses is also presented in the tables. Table 4 presents the data for children of CF families and Table 5 presents the data for children of civilian families.

Table 4
Daily Fees Charged to a CF Family for MFRC-Provided Licensed Group Child Care by Age

	<u>Range of daily fees charged</u>	<u>Mode (most common response)</u>	<u>N (number of respondents to the question)</u>
Infant	\$20 – 55	\$21 – 22	21
Toddler	\$14.29 - 45	\$20 – 26	22
Pre-School	\$15.43 - 35	\$15.43 - 22	21
School Aged	\$5.85 – 26	\$8 – 13	20

Table 5
Daily Fees Charged to a Civilian Family for MFRC-Provided Licensed Group Child Care by Age

	<u>Range of daily fees charged</u>	<u>Mode (most common response)</u>	<u>N (number of respondents to the question)</u>
Infant	\$20 – 55	\$20 – 30	25
Toddler	\$17.90 – 45	\$20 – 30	26
Pre-School	\$17.90 – 37.55	\$20 – 30	25
School Aged	\$5.85 – 27	\$9.10 – 17.99 (8) \$18 –27 (6)	18

Looking at the data presented for children of civilian families as compared to the data for children of CF families, there does not appear to be an appreciable difference. It is important to explain that some respondents stated \$0 in the range of fees charged to families. This most likely reflects the fact that there are likely no child care spaces available for that age range or civilian vs. CF families and not that the child care was free. Differences in the range of fees most likely reflect the differences in the child care fees charged across the country and not to differences in fees inherent to MFRCs.

Respondents were queried regarding subsidies for child care. 77% (16/21) of those responding said that from 0-10% of children currently in MFRC child care benefit from a subsidy, with another 19% (4/21) of respondents stating that from 11-25% of children currently in MFRC child care benefit from a subsidy. Thus, almost the entire group of respondents (96%) believe that a maximum of ¼ of the children benefit from subsidies.

The next question asked what proportion of the overall cost of providing licensed group child care is recovered through fees charged to parents.

Fifty-two percent (52%, 11/21) of respondents to the question indicated that between 76%-99% of costs are recovered via parent fees, with another 33% (7/21) of respondents to the question saying that 100% of costs are recovered via parent fees. Respondents are saying that 85% of them believe that parents absorb most of the costs of providing MFRC child care. It is important to note that it is not clear whether or not respondents took into account the hidden administrative costs of operating a child care facility such as rent for

office space, facilities, cost of utilities, office equipment, daycare equipment, etc. that are currently provided to the MFRC by the CF base. Therefore, the cost recovery rates may not be accurate reflections of the true cost of operating a child care centre.

A final question regarding the cost of providing licensed group child care was asked: “What other sources of funding do you access for child care services?” Respondents were prompted to check all response options that were applicable. 52% (11/21) respondents to this question cited the provincial government as a funding source, 29% (6/21) respondents to this question listed the municipal government as a funding source, and 19% (4/21) respondents to this question stated there was no other source of funding. In addition, 15 respondents wrote in additional funding sources, the most frequent of which were fund-raising (7), the federal government (3), grants (3) and United Way (2)

Hours of Service

In an attempt to uncover as many details as possible, respondents were given the opportunity to write in responses to indicate the weekly hours of service for licensed group child care provided by MFRC, for each age category. Results are summarized in Table 6.

Table 6
Hours of Service of MFRC-Provided Licensed Group
Child Care by Age
(22 total respondents to the question)

	<u>Infant</u>	<u>Toddler</u>	<u>Pre-School</u>	<u>School Aged</u>
24 hours *	1	1	1	1
Regular Business Hours	14	19	18	13
Half Day	2	3	4	
Before and after school only				2

* - It is not clear whether this response reflects 24 hour full-time child care or includes the option of emergency care that is available at any point during the day.

Additional Child Care Services

Ninety-eight percent (98%) of respondents reported that the MFRC provides casual child care services. The array of arrangements was quite extensive, with 16 different ones enumerated by 48 respondents. Among those listed were: mornings, afternoons, lunch-time, drop-in, respite/emergency, full day, Saturdays, half day, combination and occasional. A few people also provided the number of weekly hours of casual care provided, and these included: 3, 9, 15, 27 and as needed. The most frequently-mentioned of this smorgasbord of casual arrangements were full days, drop-in and occasional, each mentioned by 7, 13 and 7 respondents respectively. Three respondents indicated that the

casual services were being run completely separately from the child care centres, which may indicate that the casual care is offered in a different physical space, away from the MFRC child care centre. Highly noteworthy is the fact that numerous people stated that casual child care is generally not licensed and that this is of great concern.

Questions about registries were then posed.

Twenty-two of 29 organizations (76%) indicated that their MFRCs maintains registries of child care providers. Specifically, 18 said that licensed child care agencies are listed, and 9 said that non-licensed child care agencies are listed (3 did not specify which types of providers were listed). Most of these registries are available in binders at the reception counter in the MFRC. Some MFRCs collaborate with community agencies in maintaining the registry. One MFRC is on the brink of putting up its own website, which will provide registry information.

Seventy-six percent (76%, 22/29) of respondents said that their MFRCs maintain registries of individual child care providers. Once again, people specifically noted that licensed individual child care providers are listed; 10 said that both licensed and non-licensed individual child care providers are listed, and 6 said that non-licensed individual child care providers are listed. There seems to be a fairly prevalent practice of MFRCs and local agencies collaborating in order to create and share information about individual child care providers. Referring to the fact that many individual child care providers tend to be non-licensed, one respondent related that her/his MFRC provides information to help equip parents to make their best, informed choices regarding individual child care providers.

Respondents were then requested to estimate how many home child care providers exist for their CF families. The answers to this question were extremely varied, with a range from 0 – 200 home estimated child care providers. Nine of 41 respondents said that it was impossible to even estimate a response, numerous people commented that a few individual home child care providers are licensed but that the majority are not, and the following comment was offered by one respondent: “There is always more demand for service than available homes.” Judging from the fact that 48 people answered this question when the response rate for many other questions was much smaller, this might be an indication of the importance that home child care provision holds.

Finally, a request for respondents to attempt to enumerate additional child care services available to the CF community, was made. Once again, all 49 people answered this question. Eighty-two percent (82%, 40/49) cited nursery schools as available, 71% (35/49) said that casual care is available, 53% (26/49) stated that special needs care is available, and 51% (25/49) listed home care services as available. An additional 45% (22/49) of respondents gave examples of other types of available child care services. These include: emergency services, respite services, summer programs, after-school programs, and several programs for parents and children together. Special needs care elicited special comment from several people. Those commenting noted that sometimes the provincial or municipal government will provide help if regular child care programs are not appropriate, and indicated that home care for special needs children is very expensive. One person described an arrangement that exists wherein a provider goes to the MFRC and uses the facility to provide care, but operates independently, and is paid directly by the parents at a

fee negotiated between them. Yet another respondent noted that a full day care exists in the area, but that its rates are double those of the MFRC. One respondent's final comment sums up these significant findings: "Little extra services are available, high demand and low availability are the norm here."

Child Care Services Provided by Other Agencies

A series of questions were put forth in order to get an image of child care services being provided by other agencies. The first item simply asked respondents to identify what agencies are currently providing licensed group child care for their CF communities. Forty-one people responded with a rich amount of detail. Table 7 summarizes what the respondents said in regard to the number of services provided. It is apparent that there is a wide range, from no services at all to 5 or more, to "several/many/numerous."

Table 7
Licensed Group Child Care Services Provided by Other Agencies to the CF Community

Number of Services Identified	Number of Respondents Providing the Answer
0	3
1	9
2 – 4	8
5 +	8
several/many/numerous	11

A great deal of concern was expressed about the quality of child care offered at other agencies, even when those services are licensed. For example, one person commented that "The 'quality' of these Centres is not comparable to what military families have come to expect from our Centre and reputation." Another major concern expressed regards the proximity of child care provided by other agencies, to the base. One respondent noted: "We have approximately 11 child care centres in town, none are close to the base." Another stated: "Closest agency would be approximately 16-30 kilometres away." A concern was raised repeatedly regarding the lack of child care facilities for French-speaking children. A lack of extended hours offered by non-MFRC child care centres is also a huge concern, as is the fact that demand for child care spaces far surpasses the supply.

It is clear that the number of non-MFRC child care centres is insufficient in the opinions of the respondents. It is also apparent that even when such services are available, there are numerous problems associated with them and limitations inherent in them.

Next, respondents were asked how many full-time (24+ hours/week) and part-time (23-hours/week) spaces for licensed group child care across four age groups are provided by non-MFRC agencies. Giving much attention to the responses for these two items is of questionable value, given that the number of usable responses was very small, i.e., in most instances only about one-third to one-quarter of the total possible respondents

answered these questions in ways that directly answered the questions. However, two comments are illustrative. First, it should be noted that there was a wide range of full-time spaces identified, from 0-155. Second, there were a significant number of “don’t know” responses for the question about full-time spaces. When reviewing the same responses to the question for part-time child care spaces, the results are similar. One notable difference is that for 3 age categories the range of part-time spaces cited is much smaller than the range for full-time spaces, from 0-35, as compared to from 0-155. Only for school-aged children does the range increase to from 0-100 part-time spaces available. The relatively low response rate to these questions may reflect the difficulty experienced by MFRCs in estimating the child care services available to families in the broader community. In fact, several respondents did comment on the difficulty of making a reasonable estimate given the size of their community.

Another question asked about what role the MFRC plays with respect to licensed child care services provided by other agencies. Respondents were encouraged to select all applicable responses. Making referrals was cited by 72% (21/29) of respondents to the question, advertising/promoting the services was listed by 31% (9/29) of respondents, and 14% (4/29) of respondents commented that their MFRC plays no role with respect to other licensed child care providers. Of the 7 respondents who enumerated additional roles, some of the activities noted were: networking, partnerships and advocacy, and helping organize new centres and invite other agency staff to workshops and courses provided by the MFRC.

Respondents were asked what hours of service are available for group child care services offered by other agencies. Approximately half of the responses were either “don’t know” or were unusable. Of the remaining usable responses, the majority (70%) indicated that the hours of service were a full day, from approximately 6:30-18:00 hours. A small number of people said that no spaces were available, and this was true for each age category. These results are analogous to those given for the same question for MFRC-provided day care services.

Access to Child Care Services

The survey also asked whether some segments of CF communities are being better served than others. Just over half the people answered this question “yes” and somewhat less than half answered it “no.” A further query probed respondents regarding the factors that they believe contribute to these disparities in service. A number of factors were identified, among the most frequent were:

- French-speaking people (noted by more than 1/3 of 29 respondents), and
- those working shifts and weekends (cited by approximately 1/3 of 29 respondents).

Other factors stated were: lower-income families and those who don’t qualify for subsidies, those from rural and small communities, and single parents.

Respondents were additionally asked what would be needed to make child care services more accessible to those who are under-served. Better hours of service (more total hours,

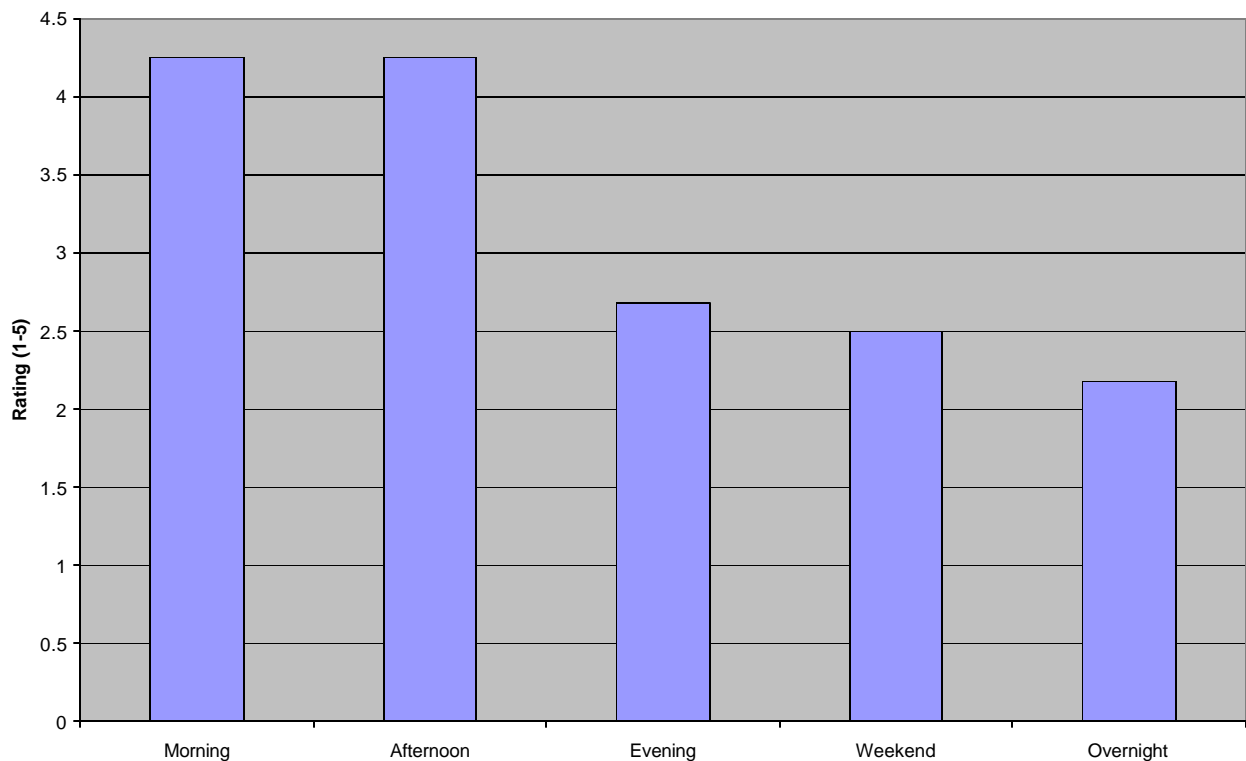
evenings, weekends) were stated by more than 1/2 of the 35 respondents as being of great importance. Thirteen people said that greater funding would help in a variety of ways, including the provision of more facilities and child care spaces; encouragement of day home providers; and the ability to retain quality, trained staff, especially bilingual. Seven respondents made a special point of stating the case for having French-speaking providers. More infant and toddler care was identified as needed, and one person stated emphatically that MFRC should be **the** provider in small communities.

Demand For Licensed Group Child Care

Another set of questions was designed to ascertain the demand for licensed group child care. Respondents were first asked about the demand for increased licensed group child care in their CF community. Nearly 72%, 35 of the 49 respondents believe that the demand is high or very high, thus identifying clearly their perception of the need for additional spaces.

Table 8

How well are Child Care Needs being met?



n=29 MFRCs

Table 8 presents satisfaction with child care services with the ratings ranging from 1 = not met at all, 2=very poorly met, 3=poorly met, 4=somewhat well met, to 5=very well met. Respondents were asked to rate how well child care needs are being met at five different

time slots. Satisfaction with how child care demands are met, are highest for the morning and afternoon, diminished somewhat for evening, reduced considerably for weekend, and further reduced for overnight.

Next, respondents were given the opportunity to state where they would prefer new child care spaces to be located, who should run them, and why. As for location, there is no doubt as to what the majority desires – child care spaces should be offered at the MFRCs or somewhere on base (23 of 46 respondents). An additional 5 people said that “close to the base” would be preferred. In regard to who should run the child care programs, the answer is fairly strong – 20 of 44 respondents want MFRCs to be in charge. Another 15 people are content to have existing independent day care organizations provide the services.

The reasons that were given for these choices are quite telling. Numerous people stated their satisfaction with the current job that is being done by MFRCs in providing child care services. Stability is another frequently-cited rationale for the choice of MFRCs. For example, one person commented:

“There would be a consistent standard across Canada for CF families and perhaps a consistent cost. Quebec is a lot cheaper than other provinces.”

Others are convinced that quality of care can be best ensured via MFRC-run centres. Further evidence of such trust is the belief stated repeatedly that MFRC staff are the best suited to “. . . know the needs and uniqueness of the military family best.” A couple of respondents believe that the child care could be well-delivered by other licensed day care centres. For example:

“Licensed centres under the auspices of the MFRC [would] ensure regulation of quality programs and a board that can help to administrate the program. This qualifies the centre as non-profit so that additional funding can be obtained from other sources.”

Another respondent noted:

“We are hoping to get a new community centre which would be the ideal place as it is centrally located close to the work environment. We find the relationship between the child care centre and the MFRC mutually beneficial. It has its own supervisor. However, we have strong ties with a common board of directors who presents us with one organizational goal. Builds cohesive family programs that network well together and plan together with families.”

Respondents were then polled regarding their opinions about the level of interest for creating additional child care spaces in their CF communities. They were requested to rate five different groups on their level of interest. Table 9 provides the results.

Table 9
Level of Interest and Motivation for Creating Additional Group
Child Care Spaces in CF Communities

	Highly Motivated	Moderately Motivated	Mildly Motivated	Indifferent	Completely Disinterested	Don't Know
MFRC Staff	51% (22)	21% (9)	7% (3)	7% (3)	2% (1)	12% (5)
MFRC Board	48% (21)	20% (9)	7% (3)	7% (3)	2% (1)	16% (7)
MFRC Volunteers	36% (16)	23% (10)	0% (0)	7% (3)	2% (1)	32% (14)
Military Families	67% (30)	11% (5)	4% (2)	2% (1)	2% (1)	13% (6)
Provincial Government	11% (5)	18% (8)	11% (5)	32% (14)	5% (2)	23% (10)

(N= total of 46 respondents to the question)

Respondents predominantly believe that their MFRC staff and board members, and the military families themselves, are either highly or moderately interested in creating additional group child care spaces in the CF communities. By contrast, the most frequent opinion regarding the provincial government is that it is indifferent. It is noteworthy that the most frequently-selected category to describe the view of the provincial government, is “indifferent,” and not “completely uninterested/resistant.” This may reflect the assumption that child care is on the federal government’s agenda, as a national issue at this time.

At the end of the survey, many respondents chose to respond to one or two more open-ended items. They were first requested to provide any additional opinions or observations regarding the need for licensed group child care in their CF communities. Thirty-nine (39) people provided a range of interesting comments, with several themes emerging. Some of the most prevalent themes, along with the numbers commenting, are presented in Table 10.

Table 10
Summary of Opinions/Observations re: Need for Licensed Group Child Care
In CF Communities

<u>Theme</u>	<u># of Respondents</u>
▪ Licensed child care is a critical need, in high demand	12
▪ Definite need for increased infant & toddler spaces	9
▪ Evening shift and flexible hours needed	7
▪ Need for more before- and after-school programs	3
▪ Child care must be affordable	3
▪ C/MFRCs should offer child care because they understand military families and can better provide quality control & consistency	3
▪ Newly-posted families need to be confident that spaces will be available	3

A few of the actual comments provide an enriched understanding:

“This [child care] is one of the most demanded services that we offer.” “Child care is a requirement.”

“[There is a] rising demand for child care in the next two years with doubling of base population and new children mainly in 0-5 year range.”

“Families express strong frustration about the fact that they are not advised of the necessity to put their name on a waiting list prior to their posting.”

“CF families have expressed the desire for MFRC-run child care services as opposed to civilian.”

“It is important to do something quickly as this is an important stress experienced by families upon their arrival and it becomes a constraint for spouses who want to find work. There is a common will within the CF community to develop methods to respond to the needs.”

And finally, one very telling comment: “I believe that the programs need to be treated as part of the whole picture. Staff in the programs feel like they are considered lower than the regular MFRC staff.”

When given a final opportunity to make any desired comments, 23 respondents did so, and several wrote extensively, suggesting their strongly-held feelings and beliefs. Several people noted that they are pleased that this survey is being done and hope for action based upon its results. Others offered feedback that the survey took too long to complete, that the turn-around time was unrealistic, and that several items asked for information that is not available to them, making it very difficult and frustrating to respond. Indeed, the diminishing number of responses for items toward the end of the survey, with the notable exception of open-ended questions, could easily be interpreted as some respondents “giving up” and skipping items for which they did not have reliable answers. Once again, the fact that many respondents, even those skipping other items, diligently provided information in the open-ended items, underscores their need and desire to express themselves, and their hopes of being heard. Many people emphasized that child care is the top priority for military families, that it must be affordable, and that DMFS needs to seriously address this issue. While the greater number of people stated their firm belief that MFRC is best-equipped to provide caring, quality child care for military children, there exist some opinions that other options should also be seriously reviewed and considered.

SUMMARY OF RESULTS

The Current Situation

Child care is a top priority for military families. Numerous respondents believe that it is the most critical issue facing military families. Lack of child care is viewed by many respondents as the single greatest stress for military families, one that undermines their well-being and quality of life.

Licensed group child care is being widely accessed by CF community members, both on and off base. According to survey respondents, C/MFRCs tend to be highly involved in playing a role in the delivery of licensed child care services in general. Survey respondents provide a clear impression that MFRC child care spaces are highly-utilized, and predominantly by CF children.

Financially, child care offered through MFRCs has similar rates to civilian care, and few people use subsidies. Most of the cost is borne by users, although provincial governments do help.

MFRC child care centres tend to offer services during the hours of a slightly-extended work day (6:30-18:00). Very few evening or weekend hours are offered, and overnight care is virtually non-existent. Respondents told us that hours of operation for child care services need to be greatly extended and need to be flexible in order to meet the needs of military families, where shift work, unusual hours and deployment are often the norm.

More than half of the MFRCs try to support families seeking child care by maintaining a registry of local child care services. Some include unregulated settings, while others do not. This difference may be due to the determination of the level of risk associated with maintaining such registries. Many of the centres who do maintain registries provide a disclaimer that explicitly states that they are not responsible for the quality of the services nor are they endorsing these services.

MFRCs are far from the only “players” in the child care situation on base. They work closely with others in a variety of ways. There seems to be a fairly prevalent practice of MFRCs and local agencies collaborating in order to create and share information about individual child care providers.

Key Issues and Areas of Need

Key issues for the future include evening and weekend care, higher quality care, and access for French-speaking families. Low income families and single-parent families are also hard to reach. Home child care seems to be an important topic, particularly the perception that need far surpasses availability, and that most home care providers are not licensed. Non-MFRC child care services tend to have similar problems to those run by MFRCs, namely: lack of available spaces and limited hours of service. In addition, there is a noted lack of such facilities for French-speaking children.

There is a clear consensus among respondents that more child care is needed, and that MFRCs are poised to play a leadership role. At the same time, new initiatives should follow the approach taken by many current programs: collaboration between partners leads to the creation of locally relevant solutions. Interest in these kinds of partnership is strong among all key stakeholder groups, with the possible exception of governments.

According to survey respondents, military families clearly prefer and have more trust in child care services provided by MFRCs than in those provided by other agencies. Quality of staff is of great concern to parents.

Those who indicated that some segments of CF communities are being better served than others, identified several possible contributing factors, the most prevalent of which were being French-speaking, and working shifts and/or weekends. Though offered in response to a different question, several respondents from the province of Quebec stated their strong belief that families with one as opposed to both parents in the military are discriminated against in regard to child care services.

Numerous respondents believe that increased funding, especially as it relates to the ability to offer more spaces, greater range of hours, and the retention of staff, particularly bilingual, would help to alleviate the phenomenon of certain CF segments being underserved.

MFRC staff and board members, and military families themselves are perceived by respondents as being highly or moderately interested or motivated in creating additional group child care spaces in CF communities.

Principles for effective delivery include:

- Child care must be affordable.
- Newly-posted families need to be confident that child care spaces will be available.
- Child care programs need to be treated as part of the whole picture of CF community life.

Conclusions

Child care is a critical concern for military families and it should be treated as an integral part of CF community life. The demand for child care is high. Wait list times for child care spaces need to be reduced, and steps ought to be taken to ensure that child care is accessible and affordable for all military families.

Child care centres must find ways to extend their hours of operation. Flexible hours need to be the rule rather than the exception. Access to family child care is also a priority for many communities.

As efforts are made to make more child care available, it is equally important that this care is high in quality. There should be consistent availability of child care services across CF bases, including but not limited to areas such as fees, hours of service, and quality of staff and programming.

Recommendations

1. Military parents of children using child care services, whether provided by MFRCs or other agencies, should be given a survey similar to this one being currently reported. While the opinions elicited from respondents completing this survey are certainly important, it is essential that the views of parents (as direct consumers) are also polled.
2. These survey results clearly demonstrate gaps between needs and services. It is strongly advised that some action begin immediately, as the urgency expressed by survey respondents is quite palpable.
3. Results of this survey should be shared with respondents and ideally their feedback sought. This would ensure an opportunity for checking perceptions and reactions, while simultaneously demonstrating a commitment to dealing with identified issues.
4. Ways to engage representatives of provincial and federal governments in participating in addressing the need to provide child care services to CF families must be designed.
5. Collaboration among a variety of child care service providers and agencies, users and stakeholders is the preferred way to optimize the delivery of child care services.