



Quality of Life /  
Military Family Services

# CF Child Care Status Update 2013

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## Executive Summary

Across Canada there are increasing demands for limited child care spaces resulting in lengthy waiting lists, both in terms of time and numbers. Although this is a systemic shortage applicable to all Canadians, securing child care is further exacerbated for CF personnel because of increased operational tempo, frequent postings, deployments and absences for military taskings. Living at a distance from extended family often compounds the problem of child care, as familial child care is not an option as it is for many Canadians. And child care that is available is geared to the typical 8 hour work day, not responsive to immediate/ emergency taskings, relocations, and the non-traditional work day. The provision of military child care has been shown to assist in increasing operational readiness and productivity by reducing the incidence of child care related absences from work. Some military members have also indicated that child care issues may lead them to leave the military.

Currently, licensed child care is not a mandated service of the Military Family Services Program (MFSP); however, many Military Family Resource Centres (MFRC) provide licensed child care as a site-specific user-pay operation to better meet the need in their respective communities. However, in spite of these services, CF families and MFRC staff have identified that there is a significant gap between the need for and the availability of child care services in many locations. In order for licensed child care to become a mandated service, a formal proposal submission must be made to Treasury Board requesting that the federal government officially approve a significant increase in financial support and assume responsibilities that currently fall under provincial/territorial legislation.

By end 2013 there will be approximately 3,400 licensed child care spaces available on 26 military communities for children ages 0-12 (includes before/after school care). This is an increase of 15% over the past 3 years; and this number will continue to grow as many MFRCs are in the process of securing additional child care spaces and expanding infrastructure. And in 5 of the remaining 6 communities, MFRCs have assessed that there is no need for child care.

While there have been improvements in the status of child care options and support for CF families, significant challenges still remain. These include:

- **Lack of awareness.** Approximately 25% of CF families are unaware of available child care services. If all families were aware of available support services, it is possible that those families who are currently experiencing difficulties finding child care would secure care.
- **Not enough caregivers.** The child care workforce continues to be a challenge. By far the biggest challenge to providing licensed child care is related to staff recruitment and retention. The demand for Early Childhood Educators has grown **40%** over 7 years, as compared to a 15% demand growth for other occupations.
- **Postings.** CF families continue to experience frequent moves, and with each new posting face lengthy waitlists for regular child care services, especially for specialized care for high-demand populations such as infants and children with special needs.
- **On-call backup and afterhours care.** The working conditions of CF personnel continue to require immediate response taskings and non-traditional work hours. This creates significant pressure for afterhour child care (i.e. evenings and weekends), as well as emergency on-call child care. These challenges are magnified for single parents and married service couples.
- **Inconsistencies.** Child care options are inconsistent across military communities. On average, there are regular licensed spaces available for 20% of the total 0-5 year Canadian population. On CF communities, the number of regular spaces available for the total CF 0-5 year population ranges from 0% to 107%.

While the factors behind the need for child care in the CF are understood, it is difficult to estimate the scope of the need. We know that there are approximately 67,500 regular force members, of which approximately 70% of these have families. There are approximately 18,000 children between 0-5 years of age, and 21,700 children between the ages of 6-12 years of age living in military families (regular force). Using results from various studies, preliminary estimations can be made based on some large assumptions.

Approximately 40% of those military families with children rely on or need non-parental child care. In real numbers, this means that approximately 18,000 CF families rely on non-parental child care. And approximately 30% of those families relying on child care experience difficulties finding child care that adequately meet their needs. As a result, approximately 12% of all CF families with children (approximately 5,500 families) have difficulties finding child care that sufficiently meets their needs.

Quality of Life / Military Family Services (QOL/MFS) was tasked to develop a proposal for a pan-CF child care system that would ensure tailored availability of licensed services for 80% of CF families and include such things as infrastructure, management, services, standards and resources that are responsive to the operational requirements of the CF, the tactical needs of CF personnel, and the unique needs of CF families. The proposal was a result of an extensive options analysis where over thirty different strategies with several option variations were researched and analysed to determine potential effectiveness and feasibility within the CF context. The options varied widely from small to large scale, one-time to annually recurring, direct subsidized service provision to information and awareness. The cost for the resulting pan-CF child care system was estimated at \$43M with a recurring annual cost of \$4M. Due to the cost, approval to proceed was not received.

However, the results of the options analysis highlighted a number of potentially effective and cost-efficient strategies that may address the identified challenges. Given the numbers and the current economic and strategic reality, it is recommended that the best approach for addressing the child care needs of families is the development of a no-to-low cost multi-faceted CF child care awareness strategy vice a pan-CF child care system. The shortage of child care spaces is systemic across Canada. Therefore the CF child care focus should not be on establishing CF universal child care, but rather on ensuring CF families have equal access to the same child care options as all Canadians. This means that those uniquely challenging factors facing CF families as a result of the military lifestyle need to be addressed in order to ensure CF families can access child care as well as other Canadians. Low-cost enhancements can be implemented to improve supports for child care in high needs areas (on-call back-up, new postings, infant care, afterhours care single parent / dual service couples, special needs care), efficiently mitigating existing child care service gaps.

The major child care challenges are all related to currently mandated services and can also be addressed without significant resources. To mitigate these challenges, a CF child care strategy must incorporate two primary and interdependent components:

- An awareness strategy that informs CF families of available services and encourages more caregivers to serve military families; and
- Enhancements to existing MFSP mandated services to ensure child care is responsive to CF requirements.

Over the next years, QOL/MFS will be implementing several short-term strategies within both of these two component areas. Long-term potential strategies are also recommended should the financial resources become available.

## Background

### CHILD CARE IN CANADA

Over the past 30 years, families have been increasingly relying on the provision of care for their children outside the home. National data show that nearly 80% of preschool-age children with employed or studying mothers are regularly in some form of non-parental child care or early childhood program, with almost 50% in an organized early childhood education and care (ECEC) program.<sup>1</sup>

Unfortunately, in Canada there is not a comprehensive or adequately funded ECEC system that can meet the needs of the majority of families. The range and quality of ECEC services vary enormously. Organized ECEC services across Canada are in short supply, with licensed spaces available for only 20% of all children aged 0-5<sup>2</sup>; and the daily fees per licensed space are quite often more than many families can afford. This lack of an integrated system for the provision of quality, accessible and affordable child care has resulted in Canada being ranked far behind other countries by the Organization for Economic Cooperation and Development (OECD) and UNICEF:

*One of the most salient pieces of information about Canada's early childhood education and care situation is that, although participation in the paid labour force has become the norm for mothers of young children, and the evidence about the benefits of quality early childhood programs for young children has accumulated, the situation has failed to progress significantly. International comparative studies such as the OECD's Thematic Review of Early Childhood Education and Care<sup>1</sup> and UNICEF's 2008 report card on provision of early childhood education and care indicate that while — as the OECD has described it — “Policy makers have recognized that equitable access to quality early childhood education and care can strengthen the foundations of lifelong learning for all children and support the broad educational and social needs of families”(OECD, 2001, p.7), Canada has fallen farther and farther behind most other affluent countries, ranking — according to UNICEF's 10 benchmarks — at the very bottom (UNICEF, 2008).<sup>3</sup>*

### CHILD CARE IN THE CANADIAN FORCES

Across Canada there are increasing demands for limited child care spaces resulting in lengthy waiting lists, both in terms of time and numbers. Although this is a systemic shortage applicable to all Canadians, securing child care is further exacerbated for CF personnel because of increased operational tempo, frequent postings, deployments and absences for military taskings. On average, CF personnel report spending more than ¼ of their time away from home on military-related duties<sup>4</sup>. And with each posting, new child care arrangements must be made, usually resulting in a return to the bottom of a waitlist. Living at a distance from extended family often compounds the problem of child care, as familial child care is not an option as it is for many Canadians. Lastly child care that is available is geared to the typical 8 hour work day is not responsive to immediate/emergency taskings, relocations, and the non-traditional CF work day.

<sup>1</sup> Child care Research and Resource Unit (CRRU), University of Toronto, *Early Childhood Education and Care in Canada 2008*, 2009.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> National Defence. 2005. *Canadian Forces Health and Lifestyle Information Survey 2004 Regular Force Report*.

Quality of Life / Military Family Services (QOL/MFS), as corporate manager of the Military Family Services Program (MFSP), fulfils the role of public funder to Military Family Resource Centres (MFRC). Public funds allocated to MFRCs are used to deliver the centrally mandated elements of the MFSP.

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

- Activities and Initiatives for Children and Youth
- Parent/Caregiver Education and Support
- Emergency Child Care Services (ECS)
- Emergency Respite Child Care Services (EERCS)
- Casualty Support Child Care (CSCC)
- Casual Child Care

## **MFSP MANDATE ISSUES**

Currently, licensed child care is not a mandated service of the MFSP; however, many MFRCs provide licensed child care as a site-specific user-pay operation to better meet the need in their respective communities. However, in spite of these services, CF families and MFRC staff have identified that there is a significant gap between the need for, and the availability of, child care services in many locations.

In order for licensed child care to become a mandated service, a formal proposal submission must be made to Treasury Board requesting that the current federal government officially approve a mandate for the Department of National Defence to provide resourced licensed child care to their CF personnel. Not only must this submission include a request for a significant increase in financial support, but also requests the federal government assume legislative responsibilities that currently fall under provincial/territorial legislation.

## **FEDERAL / PROVINCIAL / TERRITORIAL JURISDICTIONAL ISSUES**

In Canada the issue of federal-provincial-territorial jurisdiction must be considered. As a federal system, Canada divides responsibilities for the country's ECEC between its provincial, territorial and federal governments. The division of powers originally defined in the Constitution Act of 1867 have evolved over the years, with social policies addressed as part of the Social Union Framework Agreement. According to these arrangements, ECEC services (i.e. child care, nursery schools, kindergartens) fall under provincial/territorial jurisdiction, like health, social services, and education.

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

In the case of military families, federal direction is limited and not clearly defined. Public federal spending has been provided to MFRCs through DND to provide military family support services, which has included casual, emergency and respite child care. But regulated full-time and/or part-time regular child care is not publicly funded through DND.

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

In every jurisdiction, child care providers in either home-based or centre-based settings can provide unregulated care without a license up to a maximum number of children, with the maximum ranges vary from as low as 2 children to as many as 8 children per caregiver. Above this, caregivers (non-profit, public and private for-profit) must apply for a license and abide by the regulations set out by the province/territory.

At this time, given the ambiguity of federal policies concerning responsibility for military family child care and in the absence of any overriding regulations or legislation, every child care provider offering care to more than the maximum number of children must be licensed and regulated by the province/territory, regardless of whether that child care home/centre is on DND-owned property or not.

In Canada, the bulk of regulated child care is initiated and managed by parent and/or volunteer boards of directors of non-profit child care centres (representing 75% of the total supply); and the bulk of child care services are paid for by parent fees (according to a 1998 national study, an average of 49% of revenue for full-day child care centres came from parent fees<sup>5</sup>). The Canada-wide mean of public spending on each regulated child care space is \$3,560<sup>6</sup>. The operational viability of the majority of child care centres depends on funding provided by provinces and territories. In order to be eligible to receive funding, child care providers must be licensed and comply with provincially mandated regulations.

Currently, approximately 78% of all MFRC-operated licensed child care spaces (for children 0-12 years) are filled by children of CF personnel only, whereas 22% of all spaces are filled by children of civilians. While data is not available to explicitly breakdown this 22% in terms of their relationship to the CF community, anecdotal feedback suggests that many are DND or MFRC employees working as part of the defence team to ensure operational effectiveness of the Base/Wing/Unit (B/W/U).

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

1. It allowed them to meet the provincial regulations for admittance, thereby maintaining financial viability through provincial grants;
2. It brought a level of stability to their program:
  - i. Financial stability - anecdotally they suggested that civilians are more likely to have children in full-time care and stay in one centre longer than CF, resulting in more consistent funding); and
  - ii. Relationship building for children and for families. When a CF child who is in part-time care knows that their friend will be at the daycare regardless of which day of the week they go, these children adapt more positively. When military and civilian children play together, CF families build relationships with the civilian parents outside the centre, forging strong and stable community support networks; and
3. CF families frequently relocate, leaving child care spaces vacant on short notice. As provincial funding is frequently tied to the number of full-time spaces occupied at the time the centre submits their reporting, it can be to their financial advantage to accept civilian children who can fill full-time spaces on short notice.

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<sup>5</sup> Child care Research and Resource Unit (CRRU), University of Toronto, *Early Childhood Education and Care in Canada 2008*, 2009.

<sup>6</sup> Ibid.

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

## IMPACT OF CHILD CARE ON MILITARY OPERATIONAL READINESS AND PERSONNEL RETENTION

The provision of military child care has been shown to assist in increasing operational readiness and productivity. The US Department of Defense (DoD) has stated that it “*considers care for young children of military members to be a workforce issue with direct impact on the effectiveness and readiness of the force*”<sup>7</sup>. It reduces the incidence of child care related absences from work and reduces interference with parental focus on the job because of worries about child care.

In a US 2006 study<sup>8</sup>, child care issues appeared to influence the readiness of military members, with the effect greater for female members than for males. Among families with a military father, 22% reported the father was late to work due to child care issues in the past month. This increased to 51% with a military mother. Work absences are also impacted by child care issues (when a child is sick and cannot attend care or when the provider is sick) – 7% of fathers and 37% of mothers missed work due to child care issues in the past month.

More than one-third (36%) of US military parents with preschool-aged children reported that it is likely or very likely that child care issues would lead them to leave the military.<sup>9</sup> Dual-military and single-parent families are much more likely to report that they plan to leave the military due to child care issues even though these families are less likely to report unmet need.

US researchers, Lakhani and Hoover showed that high satisfaction with child care was associated with high satisfaction with Army life. The authors suggest that providing child care services may be a cost-effective way to improve retention.<sup>10</sup>

In Canada, the 1998 Quality of Life Report prepared by the Standing Committee on National Defence and Veterans Affairs (SCONDVA) identified the link between military readiness and child care:

*Military readiness is usually associated with the level of training of personnel in combat units and the state of their equipment, but many other factors influence it, including the availability of child care services.*<sup>11</sup>

While there has not been a great deal of research on CF attrition and its relationship with child care, a 2007 report entitled *Future Sailor*<sup>12</sup> discussed navy personnel recruitment and retention. The report points to the declining trend of women applicants into naval occupations over the years. In 1998, female recruits accounted for 21% of all recruits, but by 2005 this number had dropped to 10%. Compared to 47% female representation in the civilian labour force, women are significantly

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<sup>7</sup> Department of Defense. 2007. *Department of Defense Military Child Development System*. p.1.

<sup>8</sup> Rand Corporation. 2006. *Examining Child Care Need Among Military Families*.

<sup>9</sup> Rand Corporation. 2006. *Examining Child Care Need Among Military Families*.

<sup>10</sup> Lakhani, H. & Hoover, E. 1994. *The Interrelationships of Child Care Use, Spousal Employment, Army Satisfaction, and Retention in the US Army*. US Army Research Institute for the Behavioural and Social Sciences.

<sup>11</sup> SCONDVA. (1999). *Interim Report on the Quality of Life in the Canadian Forces, Section 5*. Ottawa.

<sup>12</sup> Paterson, Capt(N) IA. 2007. *Future Sailor*.



underrepresented in the navy. Anecdotally, women are leaving the navy voluntarily due to work-life balance issues and concerns that they were away from home too much and lacking support to their families while deployed. Upwards of 25% of female naval officers or sailors are married to male naval officers or sailors, and when it comes time to have a family, inevitably it is the female that assumes the responsibility for the children. Quite often, these young females are “retiring” after the Navy has spent a great deal on their university educations and specialized training. According to their research, approximately 40 sailors of all ranks are releasing every month from MARLANT, and they postulate that if family/child care issues account for a minimum of 10%, then this means a minimum of 50 MARLANT sailors a year are leaving, not because the individual doesn’t enjoy the Navy life but because they cannot find adequate affordable care and support for their family.

Studies in the other environments across Canada would need to be conducted to make authoritative statements about the effects on attrition, but given both anecdotal and international research, it is a probable hypothesis that accessible child care positively impacts retention. Based on this, it is presumed that increased licensed child care options, tailored specifically to the CF lifestyle, should bolster individual readiness and support personnel in meeting CF operational requirements and support families in achieving balance between the competing demands of service and family obligation.

That said, the experiences of the DoD provide real life cautions when considering large scale child care strategies as tools for recruitment and retention<sup>13</sup>. Despite the goals of DoD’s military child care system (recruitment, readiness and retention), and significant financial and human resources devoted to the system, they have found that it is not currently organized to effectively promote the goals nor monitor the extent to which they are being addressed<sup>14</sup>. Despite its size, the military child care system serves only a small percentage of eligible families needing child care assistance, while many military parents get no help at all.

## HISTORICAL TIMELINE OF CHILD CARE IN THE CF

Child care within the CF community has been an identified issue of concern for several years. Below is a comprehensive chronological listing of CF child care developments:

### 1998 Quality of Life Report, SCONDVA

- Identification of the availability of child care services as a factor influencing military readiness.
- Recommendations related to child care included:
  - That all military personnel with children be required to prepare a Family Care Plan (FCP) according to the predetermined criteria to ensure that, whenever they deploy, their child care needs will be met. (#64)
  - That the Department develop a plan to ensure emergency child care when military members must deploy with less notice than provided for in their FCP submitted to their commanders. That the Department’s Plan take into account the need for access to services in both official languages for military personnel and their families. (#65)

### Deployment and Emergency Child Care Service, QOL/MFS

- Child care support (up to 24 hours) for military families when their FCP fails.

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<sup>13</sup> Rand Corporation. 2008. *Options for Improving the Military Child Care System.*

<sup>14</sup> Rand Corporation. 2008. *Options for Improving the Military Child Care System.*

- 2000** Family Care Assistance, CBI 209.335
- Non-taxable benefit for single parent military personnel or married service couples who are required to be absent from their home for 24 hours or more.
  - Provides financial assistance for additional child care.
- Quality of Life Report, SCNDVA
- Reinforced recommendations for a family care plan and an emergency child care program.
- 2002** Family Care Plan, CANFORGEN 014/02 ADMHRMIL 005251340ZFEB02
- Mandatory form completed by all personnel to identify the plan to care for their family in the event of either an emergency callout or planned deployment.
- 2003** Emergency Child Care Service, QOL/MFS
- Enhancements to child care support for military families when their FCP fails (up to 72 hours).
- Emergency Respite Child Care Service, QOL/MFS
- Enhancements to child care support for the spouse when the CF member is away on duty (up to 72 hours).
- 2004** An Assessment of the Need for Regulated Group Child Care for CF Families
- Environmental scan conducted for QOL/MFS by Centre for Research and Education in Human Services identified the following needs:
    - MFRC-provided child care services that are flexible in terms of evening, weekend and overnight care;
    - Higher quality care;
    - Bilingual or French-speaking providers and services;
    - Services that are accessible for low-income and single parent families; and
    - Direct surveying of CF families to confirm the findings of the scan.
- Continuous Attitudinal Survey, Director Human Resources Research and Evaluation
- 39.5% of parents with children living at home (n=645), and 51.7% of single parents agreed that making arrangements for children while the parent worked involves a lot of effort.
- 2006** Child Care Research Initiative and Advisory Committee, QOL/MFS
- Reviewed the current status and needs of child care for CF families and identified what research would be necessary to inform recommendations for a comprehensive strategy;
  - Determined that employer-supported child care is critical to the recruitment, retention and operational readiness of CF personnel; and
  - Envisioned a strategy that provides a full range of services for CF military families based on principles of quality, accessibility and consistency.
- 2008** CF Child Care Advisory Committee, QOL/MFS
- Examined other nations' policies and practices for addressing child care needs of military families and their applicability to Canadian context; and
  - Developed recommendations for a comprehensive child care strategy.

CF Family Services Summit I and II, QOL/MFS

- Child care was identified as one of six main service gap areas requiring enhancement.

**2009** CF Child Care Symposium, QOL/MFS and Esquimalt MFRC

- Consultative symposium on child care in CF devoted to hearing from parents and MFRC child care staff, sharing personal experiences (with the unique challenges posed by frequent postings and deployments, especially with accessing quality child care on short notice), and providing suggestions for enhancing the mandated child care services.

Child Care Policy Enhancements Pilot Testing, QOL/MFS and MFRCs

- Testing of MFSP mandated child care service enhancements to emergency, respite and casualty support child care in Cold Lake, Edmonton, Halifax, Petawawa and Valcartier.

Child Care Information Portal Pilot Testing, QOL/MFS and Esquimalt MFRC

- Testing of a web-based child care information portal.

Enhanced Child Care Management Oversight Pilot Testing, QOL/MFS and Trenton MFRC

- Testing of enhanced management oversight of MFRC child care service delivery.

**2010** CF Child Care Stakeholder Assessment Research Report, QOL/MFS

- Determination of CF community assets and needs in relation to child care through comprehensive research with a wide variety of stakeholders, including CF leadership and personnel, military spouses, MFRC and child care centre staff from in-country Bases / Wings / Units (B/W/U).
- Specific CF capability deficiencies were identified:
  - Inconsistent availability of quality licensed child care on B/W/U due to a lack of spaces, shortage of workers and no national standards;
  - A widespread lack of awareness of available and accessible child care services and resources; and
  - Limited options for on-call back-up child care to accommodate CF requirements.

CF Child Care Options Analysis and Strategy Proposal

- Detailed analysis of options for CF child care, a TTCP child care strategy review; and an international environmental scan on child care issues, research and best practice models.
- Detailed proposed strategy incorporating three primary and interdependent components:
  - Physical infrastructure available for child care centres on B/W/U expanded and improved to accommodate more spaces;
  - Child care service coordination, management and operational support provided to assist CF personnel in accommodating operational requirements; and
  - The child care provider workforce
  - augmented, trained and retained in order to ensure additional spaces are available to meet CF Child Care Standards.

Casualty Support Child Care, QOL/MFS

- Child care support for families of CF personnel posted to Integrated Personnel Support Centres (up to 168 hours).

National Military Family Council, Quality of Life / Military Family Services

- Stand-up of an advisory council that provides a voice for military families to the senior leadership of the CF and DND. During an initial meeting with the Armed Forces Council (AFC), NMFC indicated that family support is Command's business, and child care is a key element of family support. NMFC emphasized the importance of increased access to a broad range of child care options to meet the unique needs of CF families. While access to quality child care is an area of concern for many Canadians, it is especially challenging for CF families as their frequent relocations can negatively impact child care waiting list placement.

**2011** National Virtual Referral and Information Service Pilot Testing

- Partnership with LifestageCare™ launched to provide CF families with access to the most complete and current inventory of personal and family care providers and resources across Canada, including care for children and teens, self care such as mental health and rehabilitation resources, and care for seniors, through [familyforce.ca](http://familyforce.ca).

Casualty Support Child Care, QOL/MFS

- Child care support for all families of CF personnel who are ill, injured or who have died while serving in any capacity (up to 168 hours).

## International Military Child Care Scan

### THE TECHNICAL COOPERATION PROGRAM NATIONS ENVIRONMENTAL SCANS

Many of the Technical Cooperation Program (TTCP) nations have adopted broad child care strategies. This allows the CF to easily extract lessons learned and build on best practices, bearing in mind different governance and legislative structures.

**Australia** has a universal Defence Child Care Program designed to aid mobility by facilitating priority of access to child care for Defence families where the local community is unable to meet the demand. Through the establishment of Defence Corporate Centres, Australian Defence Force (ADF) is increasing the number of priority child care places available to Defence families. In addition to this, Australia also provides an Extended Child Care Program (provision of funding to child care organizations that provide work-related child care to Defence families), Family Day Care Employment Opportunities for Defence Spouses, and Salary Packaging (an arrangement between ADF and a member where the member agrees to forego part of their future entitlement to salary or wages in return for a benefit in the form of child care at the same monetary value).

**New Zealand** Defence Force (NZDF) places the responsibility on commanders and managers to offer assistance to personnel to meet their child care needs, either by advice, referral to a child care service in the community, use of flexible working arrangements, or facilitation of child care near the workplace. In addition, some bases run child care facilities on a priority access basis using defence properties.

**The United Kingdom** Ministry of Defence (MOD) provides a child care voucher scheme for members of the Armed Forces to help manage the costs of raising a family. The scheme is based on a salary sacrifice mechanism, where Armed Forces personnel can elect to reduce their cash salary in favour of child care vouchers (which can be used to pay for registered child care from childminders and in crèches, nurseries and holiday clubs), with potential personal savings of up to £1,200 per year.

**The United States** has the most comprehensive and evaluated military child care strategy. The US DoD Military Child Development System (CDS) was designed to:

- a. Assist DoD military and civilian personnel in balancing the competing demands of family life and DoD mission; and
- b. To improve the economic viability of the family unit.

Through four program areas, the CDS serves over 200,000 children (ages six weeks to 12 years). Over 48% of all of the care provided is for infants and toddlers. The program areas include:

1. Child Development Centres (CDCs). DoD currently oversees 800 CDCs located on military installations worldwide. These centres offer a safe child care environment and meet professional standards for ECEC. The CDCs operate within the following policies:
  - a. The fees charged to parents and matched by DoD are based on total family income, not variable with age of child or location;
  - b. Child care employees are paid at rates equal to other DoD employees with similar training, seniority and experience;
  - c. ECEC training and curriculum specialists are hired for each child care centre;
  - d. Each centre has 4 unannounced inspections annually; and
  - e. Each centre is required to have a Parent Advisory Board and parent participation program.
2. Family Child Care (FCC)/Child Development Homes (CDH). FCC/CDH provide in-home care by certified providers. There are over 9,000 FCC/CDH providers, who deliver critical services to service members on shift work, working extended hours or weekends, and for those who prefer

- a home-based environment for their children. In addition, FCC/CDHs provide care for mildly ill children, something CDCs are not set up to do.
3. School-Age Care (SAC). SAC programs are offered for children (ages six to 12 years) before and after school, during holidays, and summer vacations.
  4. Resource and Referral Services. These services assist parents in finding child care when all available spaces on installations are full or a parent's preferred child care arrangement cannot be met.

The DoD has also implemented a military child care accreditation system. Accreditation standards, which are the result of years of study of best practices, are the highest and most comprehensive standards set for child care. Accreditation standards address both structural elements of care (e.g. staff/child ratios, caregiver training, available space and equipment) and interactive elements (e.g. staff/child and staff/parent interactions, developmental activities). While fewer than 10% of civilian child care centers are accredited, 95 percent of centers at military installations have earned that status. CDCs are currently accredited by the National Association for the Education of Young Children (NAEYC). SACs are accredited by the National Afterschool Association (NAA) and the Council on Accreditation (COA). FCCs and CDHs are accredited by the National Association for Family Child Care.

The accreditation process is lengthy. Providers first assess their own program in detail and then the accrediting organization observes, reviews documentation, and talks with people in the program. Recommended adjustments must be made before accreditation is awarded, and the accreditation must be renewed every three to five years. Studies have shown that accredited programs have more child-initiated activities, higher staff morale, better-defined goals, and a more culturally diverse curriculum than non-accredited care.

Despite the goals of DoD's military child care system on readiness and retention, and the significant financial and human resources devoted to the system, DoD has found that it is currently not organized to effectively promote the goals nor monitor the extent to which they are being addressed<sup>15</sup>. That is, the DoD child care system provides high-quality care to a small percentage of military members, with seemingly limited payoff in terms of readiness, retention and recruitment. Evaluation suggests that the system should change in a number of ways to better meet DoD and military family needs, including:

- Redistribution of resources from CDCs to FCC or different types of care, such as in local communities;
- Diverting resources from CDCs to a system of benefits, vouchers, and/or negotiated discounts with local providers, while continuing to provide some amount of FCC and CDC care.

Ultimately, it was determined that rethinking the current system, collecting important data on utilization, and examining the link between utilization and key employer outcomes are needed to address the child care needs of military families and DoD's requirements for a stable, ready force.

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<sup>15</sup> Rand Corporation. 2008. *Options for Improving the Military Child Care System*.

## CF Child Care Assets and Deficiencies

### QOL/MFS CF CHILD CARE STAKEHOLDER ASSESSMENT RESEARCH REPORT 2009

In 2009 QOL/MFS conducted research with a wide variety of stakeholders. Data was collected from CF leadership and personnel, military spouses, MFRC and child care centre staff from most in-country bases / wings / units (B/W/U), using a variety of methods, including focus groups, surveys and on-line discussion forums.

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

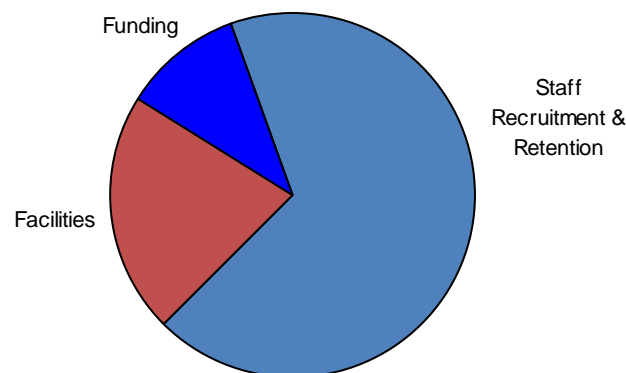
Findings<sup>16</sup> include:

- At the time of the research there were **22** MFRCs operating licensed child care centres / family day home agencies, and an additional **10** licensed child care centres on B/W/U operated by other organizations. Out of a total of 32 in-country MFRCs, **7** reported no licensed child care spaces on B/W/U.
- In total, there were approximately **1,950** licensed spaces for children between the ages of 0-5 years available on B/W/U. However, including before and after school licensed child care spaces for children between the ages of 6-12, this number jumps to a combined total of 2,300 licensed spaces available to CF families.
- In addition to these spaces are an undetermined number of unlicensed home-based child care givers and additional civilian licensed child care centres within a 50km radius available to CF families. However, the vast majority of this child care is only available during regular working hours.
- CF families also have access to additional child care support for challenging situations – emergency child care, respite child care during deployments, casualty support child care, and family care assistance during military-related absences for single and married service couples.
- More than half (**57%**) of CF families participating in the 2009 CF Child Care Symposium were unable to obtain child care services from their MFRC, due to spaces already filled. The average number of children aged 0-5 on waiting lists at MFRC-operated licensed child care was 85 with the median being **27** (ranged between 0 and 291).
- The age group that had the highest number of children on waiting lists for MFRC-operated licensed child care was infants, ranging from 0 to 130, with a mean of 40 and median of 13 across all 22 MFRCs operating child care centres. The preschool age group followed closely, ranging at different centres from 0 to 186, with a mean of 31 and median of 9 across all 22 MFRCs operating child care centres. The toddler age group ranged from 0 to 78, and the school-aged group ranged from 0 to 82.
- On average, CF families with infants under 2 years of age can expect to be on a waiting list **1 year**. Those with toddlers wait an average of **7 months**, and those with preschoolers wait an average of **6 months**.
- CF personnel who experience the greatest difficulties securing child care are shift workers who require child care during evenings and weekends, those with infants and children less than 2 years of age, and those who have children with special needs. The significant child care challenges facing single parents and married service couples are of particular consequence to CF

<sup>16</sup> Military Family Services. 2009. *CF Child Care Stakeholder Assessment Report*.

operational readiness and effectiveness. Posting-in families also experience additional challenges in accessing child care services in a timely fashion due to waitlists, which can have consequences on operational readiness and effectiveness.

- By far the biggest challenge to providing licensed child care was staff-related, with over **83%** of MFRCs reporting staff recruitment and retention difficulties. The Child Care Human Resources Sector Council (CCHRSC) has studied the child care worker shortage in Canada extensively<sup>17</sup>. They have determined that between 2001 and 2007, there was a cumulative shortage of 24,766 ECEC workers. As of 2007 over 4,800 workers were still needed to fill available ECEC positions. This demand has grown **40%** over 7 years, as compared to a 15% demand growth for other occupations. The shortage of 4,800 workers in 2007 represents 33,636 child care spaces and 3,700 mothers who could not look for full-time work. The cumulative shortage from 2001 to 2007 represents 19,100 lost full-time work years for mothers.
- The second most significant barrier to providing licensed child care reported by MFRCs was lack of physical space / facilities (reported by **26%** of MFRCs). Many MFRCs are at physical capacity in their existing buildings and cannot adapt any of their own space to accommodate child care. And many MFRCs described a significant shortage of unused available space on B/W/U in general, meaning there are not other buildings that could be allocated to the provision of child care. Given the very specific provincial regulations regarding the physical environment, those MFRCs who believed there may be space available on B/W/U, stated that the responsibility/costs required to reallocate and retrofit the space in order to meet the provincial child care licensing regulations are prohibitive. Upon auxiliary investigation, **9** communities are in need of physical infrastructure improvements and/or expansion in order to increase the number of child care spaces. For the other 16 communities, either the costs associated with infrastructure expansion outweighed the need/potential benefits or the HR capacity could not match the increase in spaces.
- The third most significant barrier to providing licensed child care reported by MFRCs was the inadequacy of the number of licensed child care spaces to meet the needs for spaces in the community was cited by **13%** of MFRCs, due to limited availability of operational funding to adequately offset the costs of providing licensed care. While some provinces provide funding to support child care operations, MFRCs stated frequently that they do not receive enough funding, and in some cases none at all, to be able to accommodate more spaces. Infant care and care for special needs children were cited frequently as specific areas where the need far exceeded the number of spaces available. Both of these types of child care require higher expenditures (additional staff, more space, more specialized equipment) and if operational funding is available, it is rarely enough for centres to be able to offer care to these groups without running a deficit.



*Figure: Barriers to Increasing the Number of Child Care Spaces*

<sup>17</sup> Child Care Human Resources Sector Council. 2009. *Estimates of Workforce Shortages*.



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

In summary, several capability deficiencies were identified in the CF community child care including:

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

Several of these capability deficiencies reinforce the results and assumptions of previous work, including the 2004 Assessment of the Need for Regulated Group Child Care for CF Families and the 2006 CF Child Care Research Initiative.

## IMPROVEMENTS

Since the CF Child Care Stakeholder Assessment Report in 2009, many MFRCs have increased the number of child care spaces available to military families. By 2013 it is expected that there will be approximately 3,400 licensed child care spaces available on 26 military communities for children ages 0-12 (includes before/after school care), an increase of 15% (or 435 spaces) since 2009. This number is expected to continue to increase as many MFRCs are in the process of securing additional child

care spaces and expanding infrastructure. And in 5 of the remaining communities, MFRCs have assessed that there is no need for child care.

## INCONSISTENCIES

Unfortunately, child care options are still inconsistent across military communities. In some communities, there are no child care spaces, although it should be noted that at least 5 of these communities have determined there is no community need for child care. In other communities, there are more spaces than military children. On average, there are regular licensed spaces available for 20% of the total 0-5 year Canadian population. In CF communities, the number of regular spaces available for the total CF 0-5 year population ranges from 0% to 107%. Eleven communities have a higher percentage than the national average and 21 have less than the national average. This inconsistency, while problematic for families moving from base to base, is due to the fact that licensed child care is not a mandated service of the MFSP. Many MFRCs have chosen to provide it as a site-specific user-pay operation to better meet the need in their respective communities, however, not all are in the position to be able to do so without dedicated financial support.

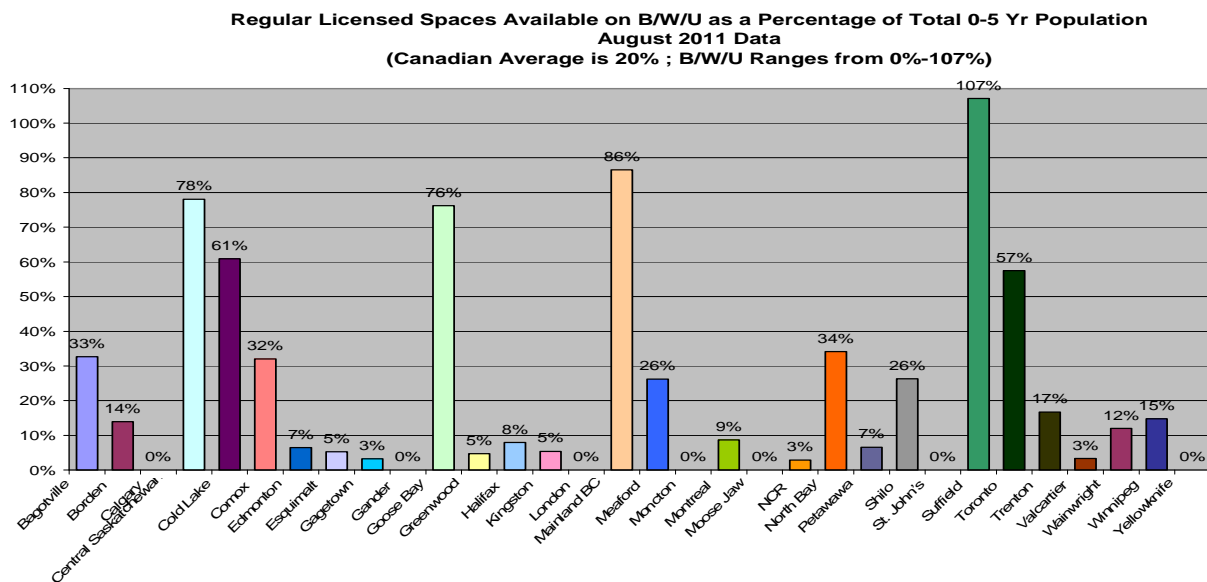


Figure: Spaces Available on B/W/U as a Percentage of Total 0-5 Yr Population

## REMAINING UNKNOWN VARIABLES

While the 2009 QOL/MFS CF Child Care Stakeholder Assessment Report was able to document the current capacity for licensed child care at B/W/U, the actual child care capacity available to the entire CF community is still unknown. The number of spaces currently available within licensed child care centres on B/W/U is known. But how many licensed spaces available within a 50 km radius outside the B/W/U, or the number of unlicensed family home caregiver spaces available within the same area, is not known.

Explicit need can not be accurately determined. While it would appear that there is a significant need based on the size and time of the waitlists, waitlists are not suitable indicators as families tend to put their children on several waitlists at the same time and do not always remove their names from waitlists when child care is found, thereby inaccurately inflating the waitlist numbers. Additionally,

the extent of the CF child care “need” has been identified for the most part anecdotally. Most data has been provided by a small number of CF families who participated in surveys motivated by their concerns with child care, and/or by MFRC service providers, both of which may have contributed a bias to the data.

Finally, it cannot be automatically inferred that the child care rates/needs are the same for CF families as for civilian families. Just as there are unique challenges facing CF families with respect to child care, other differences may also exist that impact the rates of child care need. For example, one factor affecting child care need is the maternal labour force rate – research has shown that the female spousal labour force rates are lower within the CF than within civilian populations<sup>18</sup>, potentially affecting the need for child care.

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<sup>18</sup> DGMPPRA, *Spousal/Partner Employment and Income Project: How Do Canadian Forces Spouses Compare?* (DGMPPRA TR 2010-028). November 2010.

## Current Knowledge of Child Care Usage within CF

Since the 2009 QOL/MFS CF Child Care Stakeholder Assessment Report was published, additional research has been released.

### CHILD CARE AND THE CF: TOP LINE FINDINGS

**Child Care and the CF: Top Line Findings from the Quality of Life among Military Families Survey (2008) and the Your Say Survey (Spring 2009). DGMPPRA. 23 June 2010. Excerpts.**

Director General Military Personnel Research and Analysis (DGMPPRA) summarized the top line findings related to child care in the CF from the Quality of Life (QoL) among Military Families survey (2008) and the Your Say survey (2009) and found that the majority of CF personnel have children: 62.7% of respondents of the Your Say survey and 68.2% of the respondents of the QoL survey have children living with them either part-time or full-time. One third of households with children have at least one child under the age of five, while 36.9% have a child between six and eleven years of age. Despite the fact that many CF families have children who are not old enough to be left unsupervised, CF personnel with children do not always need external child care. More than half (**58.6%**) of the CF members with children who responded to the QoL survey indicated they did not require child care. However, when child care was needed, more than half of CF members indicated they experienced difficulties finding suitable care. Respondents of the QoL survey who needed child care were relatively evenly divided between those who utilized MFRC or civilian daycares (51.1%) and those who relied upon unlicensed home-based child care provided by either relatives or non-relatives (48.9%). QoL survey respondents were closely divided between those who never experienced conflicts between child care and finding/maintaining employment (50.4%) and those who experienced difficulties in this regard at least some of the time (49.6%).

### IMPACTS OF MILITARY LIFE ON FAMILIES

**Impacts of Military Life on Families: Results from the Perstempo Survey of Canadian Forces Spouses. DGMPPRA. (DGMPPRA TR 2009-001). November 2009. Excerpts.**

DGMPPRA analysed survey responses from 1,661 randomly selected spouses/partners of CF members and found that 69.7% of respondents had one or more children living in their home full time and 7.3% had children in their home part time. Of all the families with children, 8.2% had one or more with special needs.

Of those respondents with children at home full or part time, **over 60%** do not use child care (not required or children too old). Of those who use child care, the child care used most often was in someone else's home by a non-relative, or in a civilian daycare centre, as indicated in the figure below. A smaller number used an MFRC daycare or had someone come into their own home to care for their children.

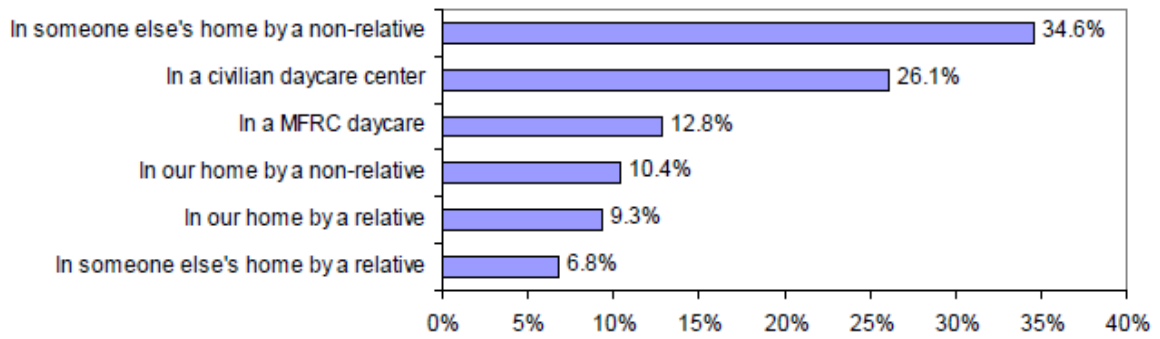


Figure: Child care Services Used

During deployments, 23.8% of respondents stated they needed to make additional child care arrangements. While 16.7% of respondents used the child care services at MFRCs during deployments, only 1.3% of respondents had used Emergency Child Care. Over 23% of respondents were not aware that support services were available to them.

When asked how much they agreed or disagreed with statement “I have no difficulty with making child care arrangements”, respondents were fairly split among the scale:

<i>I have no difficulty with making child care arrangements.</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>	<i>N/A</i>
	7.4%	14.7%	15.0%	16.5%	6.4%	40.0%

Table: Difficulties Making Child Care Arrangements

## QUALITY OF LIFE AMONG MILITARY FAMILIES

**Quality of Life among Military Families: Results from the 2008/2009 Survey of Canadian Forces Spouses. DGMPRA. (DGMPRA TR 2010-017). August 2010. Excerpts.**

DGMPRA analysed survey responses from 2,084 randomly selected spouses/partners of CF members and found that most respondents (68.2%) had children living in their home, and the majority of these were living in the home on a full-time basis.

Upon relocation, 21.3% of respondents found re-establishing child care “extremely difficult”, the fifth most difficult factor (following re-establishing medical services – 38.9%, seniority at work – 28.7%, support network - 27.6%, and employment – 25.5%).

During deployments, 8.7% of respondents used the child care services at MFRCs and 1.6% of respondents had used Emergency Child Care.

## FOCUS ON FAMILIES

**Focus on Families. Directorate Air Personnel Strategy. 2011. Excerpts.**

In 2010 the Air Force conducted a survey to ensure that initiatives in the areas of family access to medical care, child care, and housing were addressing the needs and requirements of families. Of the

1,978 respondents 33% were two-person households, 23% were 3 person households, and 30% were 4 person households. Approximately 26% of the respondents had 1 or more children 0-5 years old living with them; 27% have 1 or more children 6-12 years; and 22% had 1 or more children between the ages of 13-18.

Of the total respondents, **27.4%** identified that they use child care services. Of those, 10% require full day care for infants and 21% require full day care for toddlers and 29% required before and after school care. Child care for shift work hours was required by 9% of respondents. And casual child care was required by 12% of families. 19% of respondents utilized the MFRC child care, 28% utilized a local daycare provider, 17% used a family member or friend, 19% used a babysitter, and 17% used a combination or other form of child care.

Of the 27.4% of the respondents who require child care services, **35%** indicated that child care services do not meet their needs. Open-ended comments specified the following child care needs were not being met: lack of places, long waiting lists, hours that do not match the working hours or shift work hours of military; and respite/casual care that are insufficient to meet deployment needs.

## CF to Civilian Child Care Comparisons

The shortage of child care spaces is not unique to CF families, but systemic across Canada. As it is important to ensure CF families have equal access to the same child care options as all Canadians, it is necessary to assess CF family realities in relation to the general Canadian population.

### EARLY CHILDHOOD EDUCATION AND CARE IN CANADA 2008

**Early Childhood Education and Care in Canada 2008. 8th edition. Jane Beach, Martha Friendly, Carolyn Ferns, Nina Prabhu, Barry Forer. June 2009. Excerpts.**

The total number of children in Canada in 2007 was 4.7 million 0-12 year olds (1.0 million 0-2 year olds, 1.0 million 3-5 year olds, and 2.6 million 6-12 year olds).

The mother's labour force participation rate in 2007 was 69% with youngest child 0-2 years, 77% with youngest child 3-5 years, and 84% with youngest child 6-15 years. The number of children with mothers in the paid labour force in 2007 was 3.1 million 0-12 year olds (623,000 0-2 year olds; 651,000 3-5 year olds; 1.8 million 6-12 year olds).

The total number of regulated child care spaces in 2008 was 867,194. This total includes 415,674 centre-based child care spaces for 0-5 year olds, 312,657 school-aged spaces, and 142,327 regulated family child care spaces (specific age breakdowns not available). The total does not equal the sum of the age groups shown due to various provincial/territorial reporting on total occupied versus total regulated spaces. The total represents the estimated licensed capacity in centres and enrolment in family child care.

There were regulated child care spaces for 18.6% of all children 0-12 year olds and 20.3% of all children 0-5 year olds (ranged by province/territory from 9.1% in to 41%). Of those children with mothers in the paid labour force, there were regulated child care spaces available for 23%.

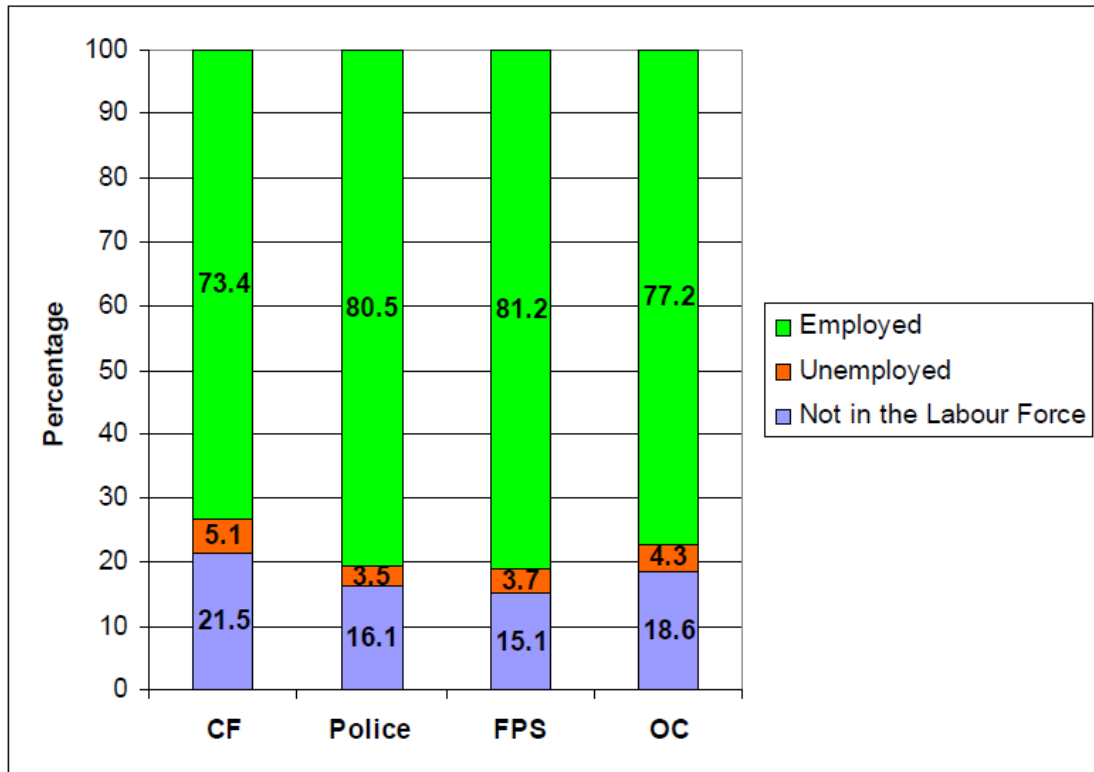
Of the more than 70% of children with both parents or a single parent in the paid labour force, many or most were presumed to be in family child care provided by an unregulated family child care provider, an in-home caregiver or a relative for at least part of their parents' working hours.

### HOW DO CANADIAN FORCES SPOUSES COMPARE?

**Spousal/Partner Employment and Income Project: How Do Canadian Forces Spouses Compare? DGMPRA. (DGMPRA TR 2010-028). November 2010. Excerpts.**

Utilizing data from the 2006 long-form Census, DGMPRA compared female spouses of CF, Police, Federal Public Servants (FPS) and Other Civilians (OC) groups. They found that the largest group of female spouses with two or more children at home is Police (52.1%), followed by OC (47.7%), FPS (45.2%) and CF (44.8%). In addition, female spouses of CF have the highest percentages of "no children" (31%) and "one child" (24.2%) at home, while female spouses of Police and OC have the highest percentages in the "three or more children" category (15.2% and 14.9% respectively). There is little difference in the percentages of the presence of at least one young child (5 years old or under) at home, between CF (27.9%), Police (27.5%), OC (26.2%) and FPS (23.1%).

Phase 2 analysis found that female spouses of CF members (whether NCM or Officer) are less likely to be employed compared to female spouses of Police, FPS and OC. The largest percentage of female spouses that are “not in the labour force” corresponds to CF (21.5%), followed by OC (18.6%), Police (16.1%), and FPS (15.1%). Further, the percentage of those who are “unemployed” is highest for CF (5.1%) and lowest for Police (3.5%). Lastly, female spouses of CF have the lowest percentage of those “employed” at 73.4%.



*Figure: Employment Status of Female Spouses by Group*

When examining employment income, it was found that CF spouses earn \$5,063 less than OC, \$10,349 less than Police and \$13,757 less than FPS spouses.

DGMPRA also examined the probabilities of various employment statuses based on the presence of young children at home. If all of the female spouses of CF NCMs, CF Officers and Police kept all of their socio-demographic characteristics but hypothetically had the presence of at least one young child at home, the probability that they would be “not in the labour force” would be much higher than the probability for the female spouses who hypothetically had no young child at home. The female spouses were more likely to be “not in the labour force”, “unemployed”, and “working < 30 hours” with the presence of young children at home.

As interesting as some of these findings are, they raise further research questions that will need to be explored in Phase Three of this project. For example, while it was found that the female spouses of CF Officers (in general) have higher levels of education, they are less likely to be in the labour force. Is this the result of CF Officers having higher salaries? Are these spouses choosing not to work? The objective of Phase Three is to attempt to deepen our understanding of how aspects of military life impact the employment status and income of CF spouses.



## Research Implications

### ESTIMATING NEED

While the factors behind the need for child care in the CF are understood, it is very difficult to estimate the scope of the need. We know that there are approximately 67,500 regular force members, of which approximately **70%** of these have families. There are approximately **18,000** children between 0-5 years of age, and **21,700** children between the ages of 6-12 years of age living in military families (regular force).

According to the “How Do CF Spouses Compare” research, the female labour force participation rate for CF families is **78.5%** (combined employed and unemployed percentages), lower than the 81.5% in the OC sample group, which could suggest that more CF mothers may be staying home to care for children themselves either by choice, by lack of employment opportunities, by lack of available child care, or by economic necessity.

Using the results from the “Child Care and the CF: Top Line Findings”, “Impacts of Military Life on Families” and “Focus on Families” research, we can make some preliminary estimations based on some large assumptions. While not technically precise, these estimations can point us in a clearer direction, as the results across these studies were quite consistent, in spite of different samples, methodologies and timeframes. Approximately **40%** of those military families with children rely on or need non-parental child care, which means approximately 27% of all CF members require/use child care services. In real numbers, this means that approximately **18,000** CF families rely on non-parental child care. Approximately **30%** of those 40% of families relying on child care experience difficulties finding child care that adequately meets their needs. As a result, approximately 12% of all CF families with children (approximately **5,500** families) have difficulties finding child care that sufficiently meets their needs.

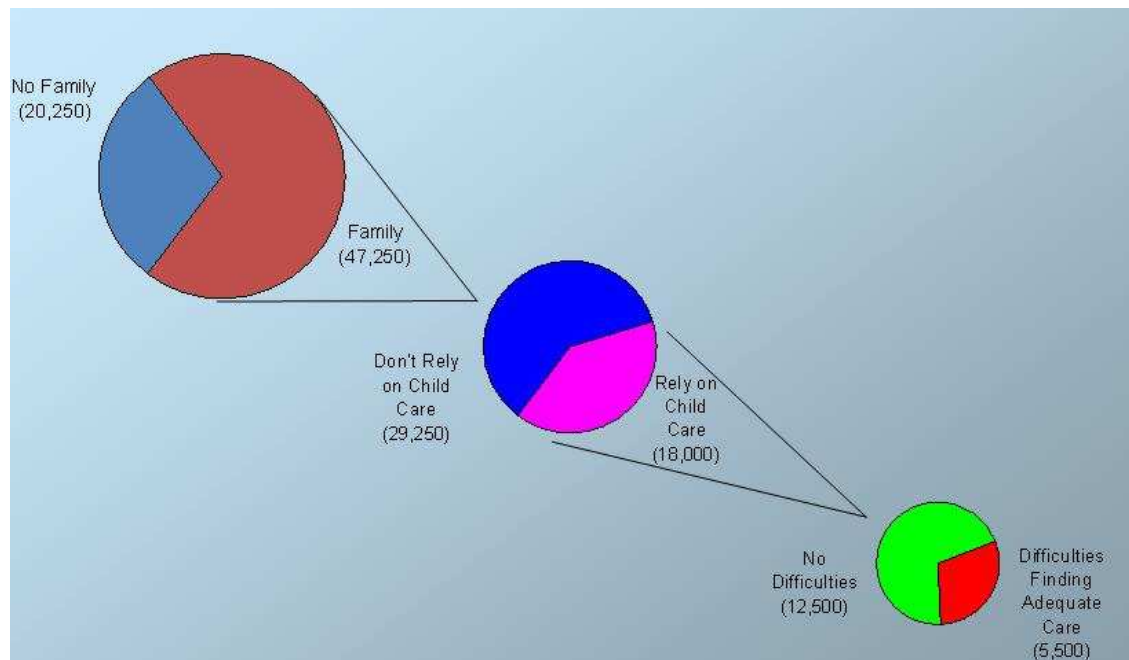
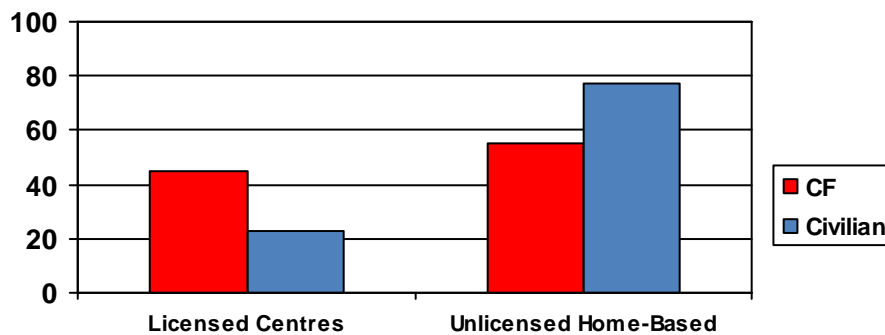


Figure: Estimating CF Child Care Needs

Of those 40% of families who rely on child care, approximately 45% use licensed child care centres, and 55% use unlicensed home-based child care. It appears that CF families access licensed child care centres at a higher rate than civilian populations (45% CF versus approximately 19% of 0-12 year spaces available to the civilian population). This could potentially be a reflection of transition-related factors. Unlicensed home-based child care is frequently accessed by word-of-mouth or friends/relatives. For CF families, home-based child care is likely more difficult to access due to frequent moves, and therefore, CF families may rely more heavily on publicly advertised child care centres.



*Figure: Types of Child Care Used (%)*

When parents consider child care options, their decision involves several complex variables: affordability, location, pedagogy, convenience, child’s comfort, quality, availability, etc. There is no clear formula for predicting how many parents will choose home-based care over centre-based care.

Whether the choice of care type is the ideal or a compromise based on availability, we know that on average 77% of Canadian children are in unlicensed home-based child care and 23% are in licensed child care (including before/after school care). Of those 23% in licensed child care, 16% were regulated family child care spaces, 36% were school-aged spaces, and 48% were centre-based spaces for 0-5 year olds.

If we apply these same ratios, of the 18,000 CF families relying on non-parental care, approximately 14,000 would use unlicensed home-based care; 600 would use regulated (licensed) family child care; 2,000 would use centre-based spaces for 0-5 year olds; and 1,500 would use school-aged licensed care. But it would appear from “Child Care and the CF: Top Line Findings”, “Impacts of Military Life on Families” and “Focus on Families” research, that closer to 8,000 CF families are accessing centre-based spaces for 0-12 year olds. Again, this may be related to the fact that CF families may have more difficulty finding unlicensed home-based child care. More research is needed to fully understand what types of regular child care spaces are actually most required by CF families.

## REMAINING CHALLENGES

Since the CF Child Care Stakeholder Assessment Report in 2009, many MFRCs have increased the number of child care spaces available to military families. By 2013 there will be approximately 3,400 licensed child care spaces available on 26 military communities for children ages 0-12 (includes before/after school care), an increase of 15% (or 435 spaces) since 2009. This number is expected to continue to increase as many MFRCs are in the process of securing additional child care spaces and expanding infrastructure.

While there have been improvements in the status of child care options and support for CF families, significant challenges still remain. These include:

**Lack of awareness.** Approximately 25% of CF families are unaware of available child care services. If all families were aware of available support services, it is possible that those 5,500 families who are currently experiencing difficulties finding child care would secure care.

**Not enough caregivers.** The child care workforce continues to be a challenge. As identified by MFRCs, by far the biggest challenge to providing licensed child care is staff-related, with over 83% reporting staff recruitment and retention difficulties<sup>19</sup>. The Child Care Human Resources Sector Council (CCHRSC), in their studies of the child care worker shortage in Canada<sup>20</sup>, have determined as of 2007 over 4,800 workers were needed to fill available ECEC positions. This demand has grown 40% over 7 years, as compared to a 15% demand growth for other occupations.

**Postings.** CF families continue to experience frequent moves, and with each new posting face lengthy waitlists for regular child care services, especially for specialized care for high-demand populations such as infants and children with special needs. Due to provincial funding regulations, the majority of licensed child care centres do not have the capacity to be flexible in their scheduling to allow for temporary/new postings. Unlicensed home child care is not a highly visible market, relying predominantly on word-or-mouth, which is difficult for families just moving in to a new community.

**On-call backup and afterhours care.** The working conditions of CF personnel continue to require immediate response taskings and non-traditional work hours. This creates significant pressure for afterhour child care (i.e. evenings and weekends), as well as emergency on-call child care. These challenges are magnified for single parents and married service couples.

**Inconsistencies.** Child care options are inconsistent across military communities. On average, there are regular licensed spaces available for 20% of the total 0-5 year Canadian population. On CF communities, the number of regular spaces available for the total CF 0-5 year population ranges from 0% to 107%.

In summary, the most significant unique challenges facing CF families include:

- Frequent moves and new postings;
- Need for quick response support and emergency on-call child care;
- Additional support for single parents and married service couples;
- After-hours child care to accommodate military working conditions; and
- Specific high-demand populations (i.e. infants, special needs) that involve lengthy waitlists which are compounded by the military lifestyle.

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<sup>19</sup> Military Family Services. 2009. *CF Child Care Stakeholder Assessment Report*.

<sup>20</sup> Child Care Human Resources Sector Council. 2009. *Estimates of Workforce Shortages*.

## Options Analysis and Strategic Testing

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### PILOT TESTING

Three MFSP pilot projects were undertaken in the area of child care throughout 2009-2010. The pilot projects were meant to be trials to determine the validity of taking an idea from a local or regional project into a national forum. In all cases, they provided recommendations on the relevance of select programs for potential use within the MFSP as part of a recommended CF child care strategy.

#### MFSP Mandated Child Care Service Policy Enhancements

To mitigate the gap between the existing MFSP mandated child care services and the needs of CF families seeking unforeseen child care, child care policy enhancements and additions were pilot tested in 5 CF communities: Cold Lake, Edmonton, Petawawa, Valcartier and Halifax.

By both offering more hours of child care and opening up the eligibility conditions, CF families benefited from enhanced Emergency Child Care (ECS) and Respite Child Care (ERCS) services. A newly proposed mandated service, Casualty Support Child Care (CSCC), was also tested and provided additional child care support to families of CF personnel who are ill, injured or who have died while serving.

Policies were drafted for ECS, ERCS and CSCC and tested over the course of 7 months. Extensive data was collected. An overall assessment and recommendations for the provision of these services were gathered from each location. User satisfaction was estimated based on service provider perception. Challenges faced, and suggestions for implementation guidelines, were collected. Email and teleconference communications with all locations was established to allow for greater comparison of experiences and discussions regarding assessments and recommendations. Based on these, changes were recommended to all three draft policies as well as to the subsidization scale.

Responses to the enhanced policies were positive and MFRCs reported benefits to CF families accessing these services.

As a result, CSCC was recommended as the immediate priority for national implementation. Funding was secured, and as of 1 April 2011, CSCC is available to all families of CF who are ill, injured or deceased.

Enhancements to ECS and ERCS have also been recommended for national implementation. However, additional research and development will continue to ensure the policies and resources are most responsive to the needs of CF families.

#### Enhanced Management Oversight of Child Care Services

Through a pilot project with Trenton MFRC, the effectiveness of enhancing the child care centre's management oversight capacity to improve the quality of child care service delivery was tested. Trenton MFRC documented the type of business model required by CF child care centres to meet the unique demands of CF personnel and their children. Professional development tools that train staff to better support CF families were also researched and evaluated.

While no two communities are the same, there are commonalities among CF communities which require service delivery that is distinct from the general population. This pilot attempted to uncover an effective CF-tailored business model and professional development tools to improve the quality of child care service for CF families.

Regrettably, the outcomes of this pilot were not able to meet the replicable standard required for national use, and significant supplementary resources will need to be invested to refine the model for national implementation. Based on this review, the pilot was terminated. The model remains a promising best practice, and as such, additional refinement and nationalization was recommended as part of the enhancement suite proposed to Armed Force Council.

### **Child Care Information Portal**

Drawing on the success of the familynavigator.ca web portal for families with special needs, Esquimalt MFRC piloted an online Child Care Information Portal. The pilot expanded the capacity of the Family Navigator platform to include a child care section, featuring comprehensive, community-specific information and resources about casual, emergency and respite child care.

The outcomes of the Child Care Information Portal pilot were achieved, providing information on the MFSP mandated child care services available to CF families and information and tips on child care, such as how to choose a care provider or how to plan for an emergency. However, upon review, QOL/MFS identified that the priority need still remained unaddressed – that is, the need for CF families to be able to access specific local child care service provider information (e.g. cost, availability, qualifications, child/staff ratio, language, daily schedule, waitlist process/time, babysitter listings, etc.) across all CF communities within a criteria-based search engine.

Since the start date of this pilot, [familyforce.ca](http://familyforce.ca) was developed and launched, now becoming the single access point for families searching CF-specific information online. Housing the child care information portal within the Family Navigator website was no longer the logical point of entry for CF parents looking for child care unless they have special needs. As such, it was determined that this manifestation of the child care information portal was not the most effective at providing a centralized source of community-specific information for CF families accessing child care. Significant restructuring, ongoing extensive research and significant financial resources would be required to refine the Child Care Information Portal for national use. Based on this review, the pilot was terminated.

The lessons learned from this pilot were significant. The specific needs of CF families accessing community service providers were clearly articulated, resulting in the refinement to a more targeted strategy. As a result, QOL/MFS implemented a criteria-based search engine, accessed through [familyforce.ca](http://familyforce.ca), called LifestageCare. Using LifestageCare, families are able to generate customized referral requests for any service relating to children and teens, self-care including mental health and rehabilitation resources and care for seniors anywhere in Canada.

## TRAINING

The MFRC child care workforce had access to additional training to enhance their capacity to provide consistent quality child care services for CF families.

In March 2011, 34 MFRC staff were trained in the *FRIENDS* program - an internationally-recognized evidence-based program which teaches young people (8 – 12 years) cognitive and emotional skills to prevent, cope with and manage feelings of fear, worry, anxiety and depression. Its spinoff, *FUN FRIENDS* was adapted and tailored to a younger audience (4 – 7 years) and to youth ages 12 – 16 years (*FRIENDS FOR YOUTH*). A fixture in schools, hospitals and community centres around the world, *FRIENDS* is the only childhood anxiety prevention program acknowledged by the World Health Organization (WHO). *FRIENDS* has also proven effective for up to 6 years after taking the course – giving young people the skills to manage depression and anxiety. In addition to the *FRIENDS* program, a *FRIENDS Supplemental Booklet for Children in Military Families*, developed to address some of the challenges facing children in CF families and is available to MFRCs free of charge.

In February 2012, QOL/MFS coordinated a “Strengthening Resilience: Training for Mental Health Providers” for MFRC staff. While many MFRC staff were trained in a wide range of programs, staff who work directly with children including child care workers constituted a large proportion of participants. During this event, 11 MFRC staff became certified in the Rainbows Grief Support Registered Director Training. An additional 39 MFRC staff became certified at the Kids Have Stress Too! Parent Facilitator session, with another 41 certified in Kids Have Stress Too! Preschool Program. Thirty-six MFRC staff received certification in Friends for Children and Friends for Youth; and 36 MFRC staff were certified to facilitate E=MC3, a program for children of parents with an OSI. Many MFRC staff also participated in program sharing sessions related to children, including “Children with Parents Experiencing Trauma”, “Youth with Parents Experiencing Trauma”, and a Deployment Support Workshop/Video Series.

The responses to the trainings were resoundingly positive, and QOL/MFS continues to research the longer-term outcomes and effectiveness to inform similar training initiatives.

## OPTIONS ANALYSIS RESULTS

An extensive options analysis was also conducted by QOL/MFS in 2010-2011. Over thirty different strategies with several option variations were researched and analysed to determine potential effectiveness and feasibility within the CF context. The options varied widely from small to large scale, one-time to annually recurring, direct service provision to information and awareness. The cost projections of these strategies were also analysed, ranging from \$10,000 to \$45,000,000.

QOL/MFS was tasked to develop a proposal for a pan-CF child care system that would ensure tailored availability of licensed services for 80% of CF families and include such things as infrastructure, management, services, standards and resources that are responsive to the operational requirements of the CF, the tactical needs of CF personnel, and the unique needs of CF families. The cost for this pan-CF child care system was estimated at \$43M with a recurring annual cost of \$4M. Based on the cost, approval to proceed was not received.

The results of the options analysis highlighted a number of potentially effective and cost-efficient strategies that may address the identified child care challenges. Approximately 40% of military families with children rely on or need non-parental child care, or in real numbers 18,000 CF families, and approximately 30% of those families (5,500) experience difficulties finding child care that

adequately meets their needs, but almost 25% of all families (12,000) are not aware of available child care supports.

Given these numbers and the current Government of Canada economic and strategic reality, it is recommended that the best approach for addressing the child care needs of families is the development of a no-to-low cost multi-faceted CF Child Care Awareness Strategy vice a pan-CF child care system. The shortage of child care spaces is systemic, due to inadequate funding and a limited workforce, and is applicable to all Canadians (CF and civilians alike). Therefore the CF child care focus should not be on establishing CF universal child care, but rather on ensuring CF families have equal access to the same child care options as all Canadians. This means that those uniquely challenging factors facing CF families as a result of the military lifestyle need to be addressed in order to ensure CF families can access child care as well as other Canadians. Low-cost enhancements can be implemented to improve supports for child care in high needs areas (on-call back-up, new postings, infant care, afterhours care single parent / dual service couples, special needs care), efficiently mitigating existing child care service gaps.

## Future of Child Care within MFSP

It is not likely that licensed child care will become a mandated MFSP service in the near future. However, supporting family's access to services is a mandated service, as is the provision of children care in uniquely challenging situations brought on by CF requirements. Therefore, MFRCs must ensure these mandated services (such as Information and Referral or Emergency Child Care Services) effectively mitigate the challenges facing families due to the military lifestyle.

As the majority of child care challenges are related to currently mandated services, most can be addressed without significant resources. These include:

1. Lack of awareness of existing supports and services;
2. Not enough caregivers;
3. New postings (especially for infants and special needs);
4. On-call backup and afterhours care (especially for single parents and married service couples); and
5. Inconsistency across military communities.

To mitigate these challenges, a CF child care strategy must incorporate two primary and interdependent components:

1. An awareness strategy that informs CF families of available services and encourages more caregivers to serve military families; and
2. Enhancements to existing MFSP mandated services to ensure child care is responsive to CF requirements.

### CHILD CARE AWARENESS STRATEGY & AUGMENTED CHILD CARE WORKFORCE

To ensure families have access to child care services that better meet their needs, a multi-faceted approach is required targeting different audiences (CF families and CF service providers) as well as different child care challenges (awareness of available services, enhancement of support options for challenging CF situations, and augmentation of the workforce). The strategy will increase CF families' awareness of, and access to, existing services and supports.

Information, referrals, resources and services that are currently available to military families across Canada will be disseminated on-line via the [familyforce.ca](http://familyforce.ca) website and advertised through various mechanisms to reach those using MFRCs and those who are not, and sections will be tailored to parents and to caregivers. Components will include:

- A **virtual info and referral service** that individually assists military families (through toll-free phone and internet) to find a full range of personal and family care resources and services, and is searchable by user-defined criteria such as geographical location, ages and numbers of children, and the specific needs of the family;
- An **on-line interactive family resource guide** with tactical tools, information and resources to support families seeking child care, and to include topics such as dealing with the unique child care needs of the military family, understanding and finding child care options, choosing a child care provider, managing the costs of child care, child care in challenging situations, and MFSP mandated support services;
- A **service provider toolkit** for caregivers detailing a variety of resources and tools that can be used to promote and enhance child care services in their location, and include topics such as supporting the unique needs of the military family and child, MFSP policy and



guidelines for delivery of mandated services, child care management tools, best practice models and resources, and professional development resources for quality child care service improvement;

- An **on-line caregiver recruitment guide** that provides promotional materials that MFRCs can use to recruit caregivers and also “how-to” information for potential caregivers such as why to become a military caregiver, getting started, training, developing business plans, licensing requirements and regulations, financing, marketing, etc.

Longer term strategies are recommended for implementation if financial resources become available, such as **family day home supports** and **CF child caregiver training**. Non-traditional or afterhours emergency child care requests prove to be one of the most expensive services delivered due to the lack of local on-call caregivers and the necessity to procure professional emergency provider services through organizations such as Paramed. To ensure on-call afterhours child care availability, financial retainers could be provided for home-based family daycare providers. To promote the establishment of home-based daycare businesses, a one-time fund could be made available to military spouses for offsetting the costs associated with satisfying legislative, regulatory or licensing requirements associated with the provision of family day care, such as first aid certificates, insurance, minor building upgrades and buying equipment. Additionally, to counteract the paucity of ECE workers as well as enhance the educational and employment opportunities for military spouses, bursaries could be made available to military spouses, offsetting child care provider educational costs. Training for daycare providers could be provided on the unique needs and challenges facing military families, covering issues such as how to support children dealing with relocation effects, separation from extended family, deployment and reunion, and understanding the requirements for on-call emergency child care outside normal business hours. CF child care standards could also be detailed. CF-specialized training could be offered through self-guided on-line modules, and could become mandatory for all MFRC-screened child care staff and caregivers.

While there is still significant child care option disparity across MFRCs, child care will remain a site-specific non-mandated service in the foreseeable future and therefore this disparity is unlikely to disappear. However, QOL/MFS can provide MFRCs with tools and resources that will help assess whether they are adequately meeting the child care needs of their community, including community child care needs assessment tools, physical infrastructure expansion analysis, etc.

## CF RESPONSIVE CHILD CARE ENHANCEMENTS

Enhancements to the existing MFSP child care supports can be made with minimal financial commitment to ensure mandated services most effectively mitigate the challenges facing families. These include:

- A comprehensive universal **emergency child care plan** form and process to be completed voluntarily by new families to ensure MFRCs have adequate information to provide immediate child care in emergency situations;
- **Revision of the current MFSP child care service policies** (ECS, ERCS and CSCC) to provide support in a broader range of challenging situations;
- Continued research and testing on developing **best practices** for highest need areas (i.e. new postings, on-call afterhours backup child care, increasing the number of child care givers).

## Next Steps Summary

SHORT-TERM STRATEGIES 2013-2014	Barrier / Challenge / Gap Addressed:				
	Lack of Awareness of Options	Workforce Recruitment / Retention	New Postings (esp. infant special needs)	On-Call Afterhours Backup (esp. single parent, dual service)	Inconsistency Across MFRCs
Virtual Info and Referral Service	✓		✓	✓	✓
On-line Family Resource Guide	✓			✓	
Service Provider Toolkit	✓	✓	✓	✓	✓
On-line Caregiver Recruitment Guide		✓	✓	✓	✓
Universal ECS Plan	✓			✓	✓
MFSP Child Care Policy Revision	✓		✓	✓	✓
Best Practices Testing and Library		✓	✓	✓	✓

LONG-TERM POTENTIAL STRATEGIES 2014+	Barrier / Challenge / Gap Addressed:				
	Lack of Awareness of Options	Workforce Recruitment / Retention	New Postings (esp. infant special needs)	On-Call Afterhours Backup (esp. single parent, dual service)	Inconsistency Across MFRCs
Emergency Care Agency Sponsorships				✓	✓
New Postings Model Testing			✓		
Family Day Home Supports		✓	✓	✓	✓
CF Child Caregiver Training		✓	✓	✓	✓
Community Child Care Needs Assessment, Physical Expansion Analysis					✓