SmartStart Hubs
connecting families with child development services
Policy and Practice Guidelines

Early Intervention and Special Needs Modernization

January 26, 2022

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A Note About the Development of These Guidelines, and Future Updates

The Ministry of Children, Community and Social Services (MCCSS) co-developed the design of the SmartStart Hubs and drafted these guidelines in partnership with a working group made up of service provider representatives, including Children's Treatment Centres (see Appendix A for definitions), Indigenous partners and SMILE Canada (an organization supporting newcomer children with disabilities), the CanChild Centre for Childhood Disability Research, and parents of children with disabilities/special needs[1]. The ministry also received input on the guidelines from the Ontario Federation of Indigenous Friendship Centres and the co-founder of Sawubona Africentric Circle of Support (a support group for Black parents of children with disabilities).

The ministry would like to acknowledge and thank members of the working group, and the partners who provided input, for their dedication and for the immense work that went into the development of these guidelines, which outline expectations for the delivery of SmartStart Hubs functions within Children's Treatment Centres and Surrey Place.

These guidelines are expected to be iterative in nature, meaning that the ministry may update the guidelines based on implementation learnings and best-practices that are developed by SmartStart Hubs over time.

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[1] See Appendix A for definitions.

Part 1: Context – Early Intervention and Special Needs Modernization

In the 2021 Budget, the Ontario government announced new investments to support children and youth with special needs to live happier and healthier lives.

The government committed an annual investment of $240M over four years, beginning in 2021-22, to increase access to services and assessments for community- and school-based rehabilitation services and the Preschool Speech and Language program.

This investment is part of MCCSS' vision for early intervention and special needs services:

> *"Children, youth and young adults with special needs are supported holistically through flexible, individualized and coordinated supports so they can participate meaningfully in school, community and work; can achieve their life course goals; and are set up for success in adulthood."*

To enable the above vision, the ministry has embarked upon several change initiatives under the Early Intervention and Special Needs (EISN) Modernization that will help achieve the following four objectives:

Children, youth and their families receive services as early as possible to support improved outcomes

Children, youth and their families receive services in an efficient and streamlined way

Children and youth will be connected to appropriate, available services through their lifecourse

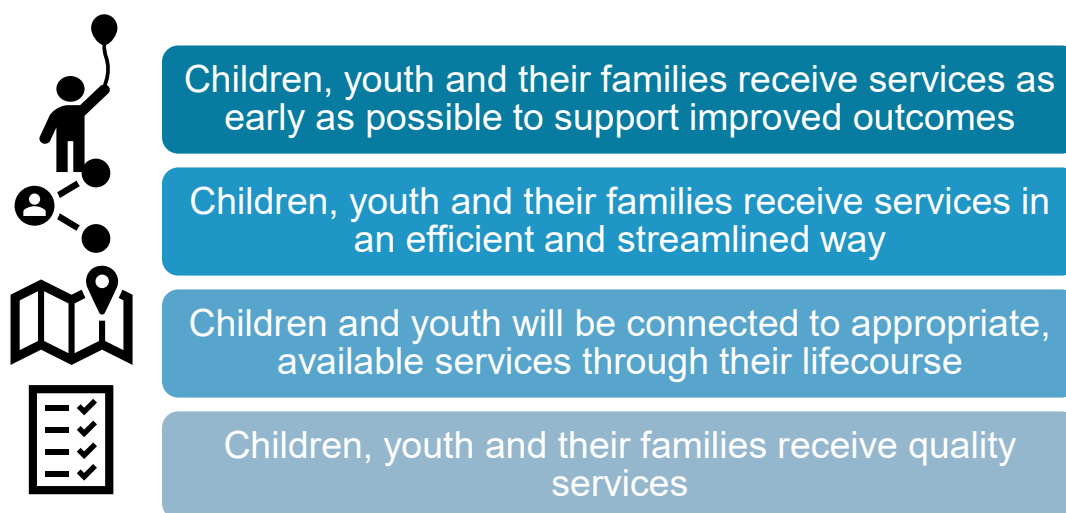Children, youth and their families receive quality services

Figure 1: objectives of the EISN Modernization

In alignment with the first objective above, SmartStart Hubs, as described in these guidelines, will enable children, youth and their families to receive services as early as possible.

Early intervention and children's special needs services include services to identify areas of concern or service needs in infants and young children, clinical interventions to support children's development, and family supports such as caregiver respite. These services are focused on supporting the healthy development and improved functioning of children with a range of special needs, as well as sustaining the capacity of families caring for children and youth with special needs. When children and families are able to access these services in timely, efficient and culturally-responsive ways, children's short and long-term outcomes improve, and there can be positive impacts on their parents' wellbeing and ability to participate in the workforce.

Decades of international evidence shows that identifying developmental risks early and providing services that support children's optimal development help produce the best outcomes and set the stage for greater community and workforce participation.

Research shows that early intervention during the critical window of children's development (birth to 6 years) supports improved outcomes for children with support needs. The right interventions at the right time can improve cognitive and language abilities and adaptive behaviours. If these developmental needs are not detected until school entry, crucial opportunities for early intervention will have been lost and secondary problems such as depression and behaviour problems are likely to emerge[2].

Supporting children to receive earlier interventions can contribute to more successful transitions into school and help children with special needs to participate in school and access the curriculum more successfully. Improved access to early intervention can also allow children and youth to be supported to live more independently in adulthood.

Early intervention and special needs services can help support the well-being of the whole family. The stress of providing the level of care many children require, can lead to poor outcomes for many parents and caregivers of children with special needs. Parents of children with special needs may be less likely to be employed, experience more stress, and have poor health[3]. Many parents may limit or stop working in order to care for their child with special needs[4].

[2] Shonkoff and Hauser-Cram 1987; Glascoe 2000
[3] Brehaut et. al, 2004; Hartley et al, 2010
[4] Parish, S.L. and Cloud, J.M., 2006

Providing adequate support to parents and supporting children with special needs to participate in school and community programs enables parents to work and supports their mental health and well-being, which may reduce the risk of family breakdown and lead to fewer children in long-term residential services.

One of the objectives of SmartStart Hubs is to ensure that children's needs are identified as early as possible, to ensure that children and families are connected to the appropriate services as early as possible in their service journey. The next section will describe the objectives of the Hubs in more detail.

Part 2: Current Challenges in the Children's Service System

Many families experience challenges understanding and navigating the children's service system. Families who have concerns about their child's development, and are not already connected with a service provider, can have a difficult time figuring out who to turn to or where to go for help.

Families do not always know how to find and interpret information about developmental concerns or to discern which information to trust.

Service providers from other sectors, including primary health care providers, child care providers, and teachers, may not be familiar with the children's service system and the full scope of services available to children and youth. As a result, they may not be able to point families in the right direction when they have a concern about their child's development.

Families may also face barriers to accessing services, such as lack of internet access, lack of transportation to get to services, language barriers and lack of trust in the service system. Some families experience services as patronizing and invalidating of their lived experience, expertise, and priorities, and can feel unwelcome or unsafe. These experiences are more common for families who are racialized or from equity-deserving/marginalized groups[5]. This may negatively impact families' ability to access services and engage in service delivery, which can have negative impacts on outcomes for children and youth.

Once children, youth and their families are connected with children's services, additional challenges may arise. Certain types of assessments may be conducted within a narrow view of particular interventions, treatments or services, and may not look at the whole child to identify strengths and other potential support needs. This can result in support needs not being identified as early as possible.

Some families find assessment processes intimidating, particularly when they are perceived to be tied to access or funding. Many families find that assessments and program eligibility criteria focus too heavily on their child's "deficits", rather than their child and family's strengths. This may encourage families and service providers to focus on what is "wrong" with the child and perpetuate an ableist view of disability.

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[5] See Appendix A for definitions of racialized, equity-deserving and marginalized.

Information is not always shared between service providers, requiring families to re-tell their stories to each new provider they connect with. This may also lead to interactions/assessments that feel repetitive and redundant to the family.

Families may experience services that are disconnected and fragmented, rather than seamless and coordinated. Families may feel they have to seek out services for their child, rather than being supported to connect with the appropriate services to support their child's needs. Some families are on multiple waitlists, often without a lot of information about what they may receive at the end of it.

See Appendix B for a chart that links the challenges identified in this section, with the functions of SmartStart Hubs that are attempting to address these challenges (see Part 8 for more information on the Hubs functions).
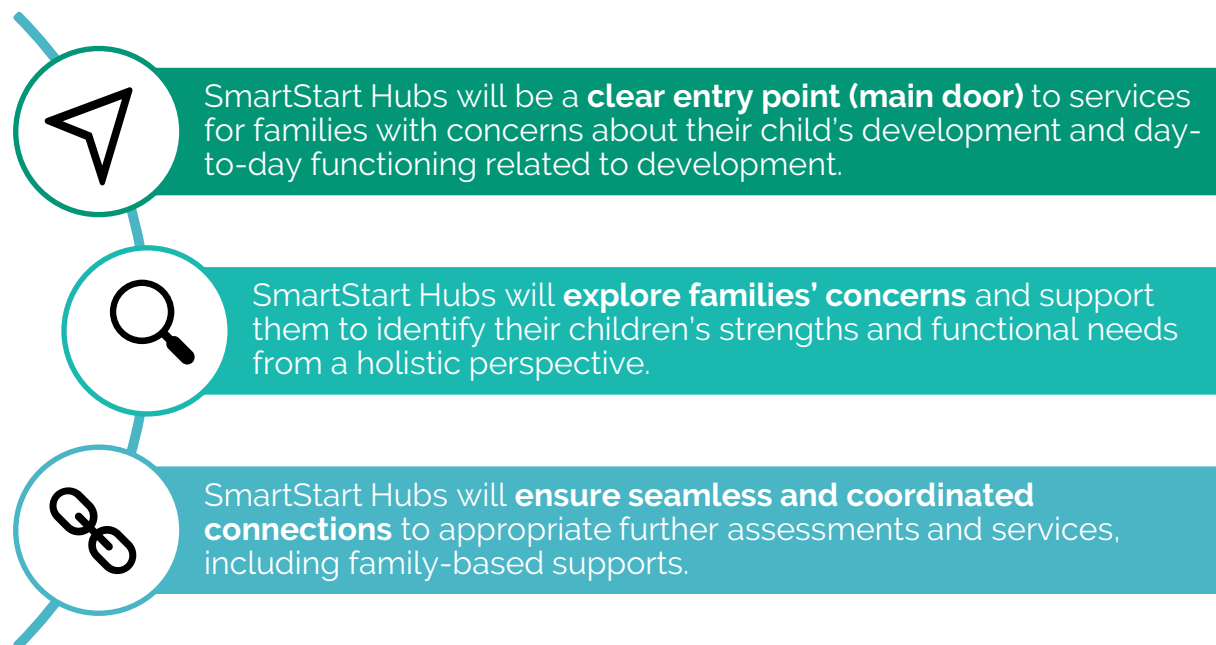
Part 3: What Are SmartStart Hubs?

SmartStart Hubs will be a **clear entry point (main door)** to services for families with concerns about their child's development and day-to-day functioning related to development.

SmartStart Hubs will **explore families' concerns** and support them to identify their children's strengths and functional needs from a holistic perspective.

SmartStart Hubs will **ensure seamless and coordinated connections** to appropriate further assessments and services, including family-based supports.

Figure 2: CTCs will be accountable for the delivery of SmartStart Hubs functions

Children's Treatment Centres (CTCs)[6] are accountable for the delivery of SmartStart Hubs functions, as described in these guidelines (see Part 8: The SmartStart Hub Functions).

CTCs may deliver all of the Hub functions, or the functions of the Hubs may be delivered in conjunction with partner organizations.

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[6] In Toronto, the organization accountable for the SmartStart Hubs functions is Surrey Place. In this document, for the purposes of the Hubs, the term 'Children's Treatment Centres' will include Surrey Place.

The Objectives of the SmartStart Hubs

The SmartStart Hubs were designed to address the challenges and issues described in Part 2. The objectives of the Hubs are as follows:
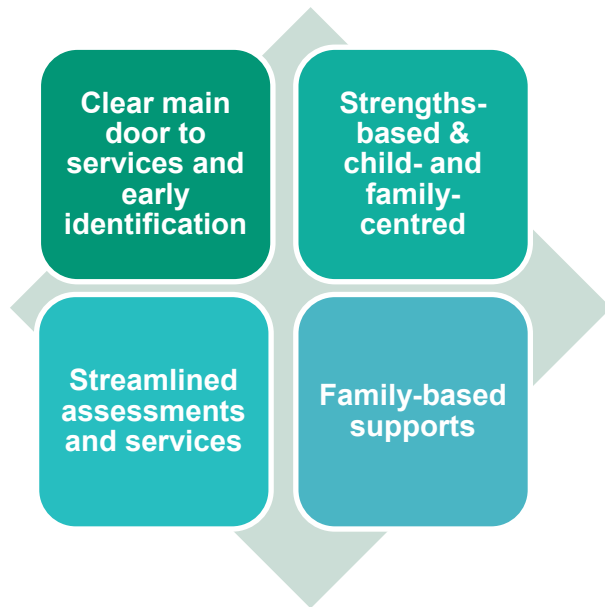

Figure 3: objectives of the Hubs

1. **Clear entry (main door) to service that supports early identification of strengths, goals and needs**

    In each community, the SmartStart Hub will be a clear place for families to go (or to be referred) when they have a concern(s) about their child's development or day-to-day functioning related to development and want to explore those concerns further and get support in determining next steps (see Part 4 for more information about who Hubs will serve). Families may have concerns about their child's development for various reasons. For instance, they may have observed challenges at home, or discussed their child's developmental milestones with a physician (e.g. well-baby visits) educator or childcare provider, or completed a parent self-report tool (e.g. Looksee Checklist or Early Years Check-In).

    SmartStart Hubs will not be the only way to access children's services, nor do families have to go through the Hub to access other programs and services.

    As a clear entry point to children's services, SmartStart Hubs will support the identification of children's and families' strengths, goals and needs early in their service journey, to help children and families get the help they need sooner,

including assessments and early intervention supports, as appropriate, and will provide linkages to other services and a clear plan for next steps.

2. **A consistent, strengths-based and child- and family-centred approach**

   The SmartStart Hubs will help to achieve greater consistency across the province by adopting common approaches and tools that are child- and family-centred and strengths-based (based on the *F-words for Child Development[7]). For more information see Part 5: Principles of the SmartStart Hubs.

   This will help families have a more consistent service experience, regardless of where they live in the province.

3. **Streamlined connections to assessments and services**

   The SmartStart Hubs will provide seamless and supported connections to appropriate assessments and services. Connections will be led and facilitated by the Hubs and supported by information sharing (with consent from the family)[8]. This type of supported connection differs from a referral that requires the family to take the lead in making contact with the new service provider, and where no information is shared with the provider to support the connection (for more information about supported connections, see page 34).

   SmartStart Hubs will develop streamlined service pathways with community partners to ensure that the family experience is seamless.

4. **Early access to family-based supports to leverage and build on families' existing capacity to support their children at home and in the community**

   SmartStart Hubs will provide and connect families with supports that build on their existing capacity, empowering them to support their children at home and in the community.

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[7] The "F-words for Child Development" were developed by CanChild at McMaster University in 2012 and are an internationally recognized and adopted approach that focuses on the whole child. An "F-words" approach to service delivery has been adopted by many CTCs and is widely recognized as evidence-based, strengths-based and family-centred approach. The six F-words, based on the World Health Organization's International Classification of Functioning framework for health, are Family, Friends, Fun, Function, Fitness, and Future.

[8] Collection, Use and Disclosure of Personal Information, Information and Privacy Commissioner of Ontario https://www.ipc.on.ca/part-x-cyfsa/collection-use-and-disclosure-of-personal-information/

Part 4: Who Do SmartStart Hubs Serve?

SmartStart Hubs are expected to serve children and youth from birth until the age of 19, or up to age 21 if they are in school, living in Ontario. Hubs will serve children and youth whose families have concerns about their development and/or day-to-day functioning related to development (for information about mental health concerns, please see below).

Families may be concerned about one or more areas of the child/youth's functioning in daily life as they grow and develop, such as:

- The child/youth's ability to move around
- The child/youth's ability to perform daily activities such as feeding/eating
- The child/youth's ability to understand other people or tell people what they want
- The ability of the child/youth to get along with others or the way their behaviour impacts their ability to participate in activities

SmartStart Hubs will serve families with concerns about their child's development who are not sure what their child's developmental support needs are, what services to seek, or how to access them, and would benefit from an exploratory discussion about their child's development, strengths and support needs.

The Hub is not intended to be an additional step for accessing services, or to be burdensome to families. If a family is already aware of a specific service need and connects with/is referred to the Hub for a particular service, they may not want or benefit from an exploratory discussion with the Hub before accessing that service. In such cases, they will be connected directly to the service or service provider they are seeking. The SmartStart Hub will not be a mandatory access point for child development and special needs services. For more information about identifying a single service need, see page 27.

A diagnosis is not required to access the SmartStart Hub. Hub services will be available to provide a further exploration of needs for children/youth showing signs of, or who have already been diagnosed with, conditions such as: Autism Spectrum Disorder, Fetal Alcohol Spectrum Disorder, Intellectual Disability, or other developmental/neurodevelopmental challenges and conditions (see Appendix C for sample client profiles).

Concerns with changes in a child/youth's mental health (for example, mood, anxiety, depression) would be best explored within the child and youth mental health system. If families have these concerns, they should seek child and youth

mental health services, in accordance with local service pathways for mental health services. For families who are connected with the SmartStart Hub who identify mental health concerns, the Hub will work with their local children's mental health lead agency to support warm connections and streamlined referral pathways to children's mental health services. The SmartStart Hub will collaborate with the mental health lead agency so children, youth and families receiving services from both the Hub and the lead agency have coordinated and streamlined service experiences.

Part 5: Principles of the Smart Start Hubs

This section describes the principles that form the foundation of the SmartStart Hubs and describe the approach the Hubs will take in serving families and working with partner service providers in the community.

Child- and family-centred

SmartStart Hubs will take a child- and family-centred approach to service, recognizing that each family is unique and is the constant in the child's life. Hubs will engage meaningfully with children and families by recognizing that families are the experts on their children's abilities and needs[9] and by working with families in active partnership to help them make informed decisions about the services and supports the child and family receive. In family-centred service, the strengths and needs of all family members are considered, and services are planned for and provided in a respectful, empathic and culturally-responsive manner.

Strengths-based and evidence-informed

SmartStart Hubs will focus on the child and family's strengths – and not on their "deficits" – and will use a holistic approach to promote the child's and family's well-being, based on the *F-words for Child Development* (see Part 6 for more information) . A holistic approach takes into consideration all aspects of the child and family's life and experiences.

SmartStart Hubs will make connections to appropriate services informed by evidence and best practices.

Coordinated and integrated

SmartStart Hubs will form and maintain partnerships with community service providers across sectors to provide supported connections to services for families, and to share information (with consent) between providers to support more coordinated and integrated service delivery for families.

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[9] Family-Centred Service, CanChild, McMaster University https://www.canchild.ca/en/research-in-practice/family-centred-service

SmartStart Hubs are a first step toward greater integration in the child development services system, and will provide families with a more seamless and coordinated service experience.

Seamless and streamlined

Families will experience seamless connections to assessments and services through the SmartStart Hub.

Hubs will provide supported connections between service providers, enabled through proactive information sharing – with consent – to reduce duplication and support the delivery of streamlined assessment and services.

Clear and consistent

Families will know where to go when they have a concern about their child's development through the SmartStart Hub as a clear 'main door' and will be equipped with the right information at the right times.

Through the implementation of common tools and service standards, families will have consistent service experiences across the province.

Equitable and culturally safe

SmartStart Hubs will support families in a way that is culturally safe, responsive and promotes equity, anti-racism and anti-oppression (see Part 7 for more information on these concepts).

To promote cultural safety and humility in the service system, Hubs will develop approaches to promote respectful engagement that recognizes and strives to address power imbalances between service providers and families[10].

Cultural responsiveness recognizes the importance of including families' cultural contexts in service provision.

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[10] Cultural Safety and Humility, First Nations Health Authority
https://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/cultural-safety-and-humility

Part 6: F-words for Child Development

The F-words for Child Development are a child and family friendly adaptation of the World Health Organization's International Classification of Functioning, Health and Disability (ICF). The ICF was developed in 2001 and provides a framework that integrates the biomedical, social and environmental components of people's health. In 2011, the CanChild research group embedded the words Function, Family, Fitness, Fun, Friends, and Future into the ICF framework to create what was originally called the *'F-words for Childhood Disability', and are now expanded as 'The F-words for Child Development'* (see Figure 4 below). Since its introduction in 2011, the F-words have been adopted or are in the process of being adopted in many communities internationally and there have been over 30 translations of the F-words concepts.

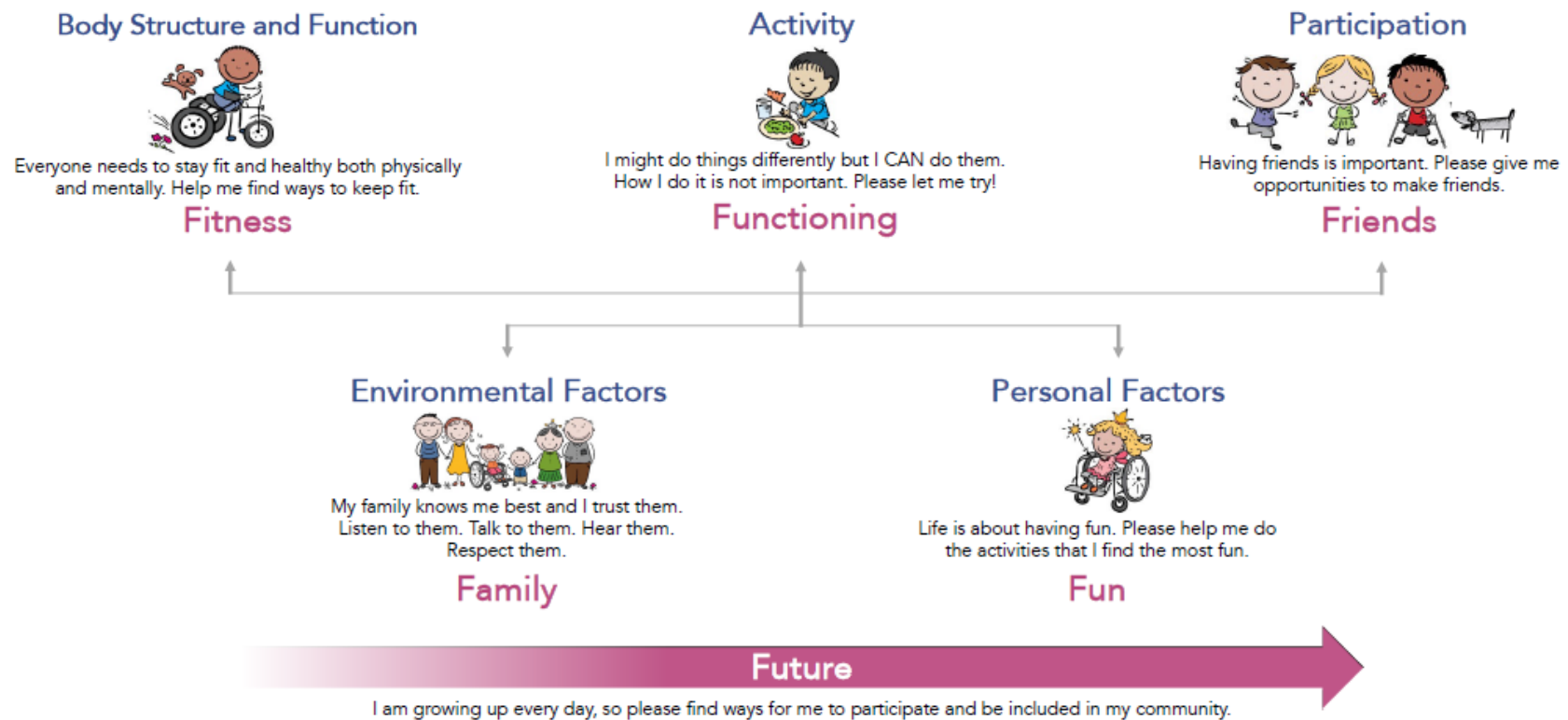The F-words promote strength-based, family-centred, and holistic concepts.

- A strength-based approach celebrates the 'can do' aspects of children's lives rather than the 'cannot'. Concerns and challenges are addressed, but children, youth, families, and service providers focus on positives and what is working well.
- A family-centred focus recognizes the needs and perspectives of families, who are the 'essential environment' of all children.
- A holistic approach to child development and wellbeing emphasizes the importance of looking at the full picture of a child and family. All areas of the ICF/F-words frameworks and the connections among them influence health and functioning.
- The F-words language and concepts can be applied across all stages in a child's/youth's development.

These concepts and the F-words can be applied across all services for children and youth, including programs within health, educational, recreational, and vocational services to promote child and youth development and family wellbeing. They can facilitate cross-program collaborations and transitions.

Further information about the F-words, including a link to the original F-words paper, can be accessed at the CanChild F-words Knowledge Hub: https://www.canchild.ca/en/research-in-practice/f-words-in-childhood-disability.

Figure 4. The ICF Framework and the F-words

Part 7: Cultural Change

CTCs will be expected to be leaders and drivers of change, both within the CTC and with service partners, toward a service culture that is,

- strengths-based and solution-focused
- child- and family-centred
- trauma-informed

and that promotes,

- equity,
- anti-oppression,
- anti-ableism and
- anti-racism[11].

Environmental, social and attitudinal barriers can result in challenges accessing supports for many people, particularly for those from marginalized groups, including people with disabilities; racialized people; women; LGBTQ+ people; people from non-Western/non-Christian religions/cultures; low-income people.

For many families, traditional models of service delivery, including some professional behaviours, can be experienced as patronizing and invalidating of their lived experience, expertise, and priorities, and can feel unwelcoming or unsafe.

These experiences are even more common for families who are racialized or from equity-deserving (marginalized) groups, and can be compounded by inherent bias, sexism, racism, xenophobia, Islamophobia, anti-Semitism, or anti-Blackness, and other modes of systemic oppression.[12]

When families have negative experiences interacting with the service system or with service providers, these may result in a lack of trust and engagement in the service system, and may negatively impact families' ability to access and participate in services, which can impact the effectiveness of those services.

Examples from families of bias/discrimination/patronizing interactions with care providers from the health and social sectors include:

- Using technical 'jargon' without explaining in plain language

- Feeling "rushed" through appointments or visits with clinicians

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[11] See Appendix A for definitions of the terms used in this section.
[12] See Appendix A for definitions of terms used in this section.

- Feeling that families with more privilege get access to more services more quickly than others

- Culturally insensitive questions that exhibit bias

- Feeling judged or blamed and worrying about being reported to child welfare services or more likely to have certain diagnoses suspected (e.g. Fetal Alcohol Spectrum Disorder)

CTCs will ensure that SmartStart Hubs services are culturally safe for families of all races and cultures, and to ensure that all people feel safe when receiving services and supports. Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in systems.[13] There is an inherent power imbalance between a service provider, clinician and/or professional working with a child and their family, and this power imbalance can be compounded by the intersection of additional factors such as race, religion, disability, sexual orientation, gender, etc.

It is important for service providers to adopt a curious and humble perspective when working with families. Just as family-centred service asserts that families are the authority on their children, cultural humility acknowledges oneself as a learner when it comes to understanding another's experience. Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.[14]

SmartStart Hubs will provide services that are trauma-informed, meaning that service providers will be continuously aware of the impact of trauma and endeavour to make people feel safe in their interactions with the Hub.

SmartStart Hubs will work to address concerns related to discrimination and bias, and will evolve over time to earn the trust of those they serve.

Requirements for CTCs[15]

Lasting cultural change will require a multi-pronged approach that is supported through formal and informal levers, including policies, processes, tools, training, performance measures/metrics, change agents, and communities of practice.

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[13] First Nations Health Authority, https://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/cultural-safety-and-humility
[14] First Nations Health Authority, https://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/cultural-safety-and-humility
[15] Requirements for the delivery of SmartStart Hubs functions will be laid out in Transfer Payment Ontario (TPON) Service Objectives

CTCs are required to put in place the following elements, to support the cultural safety of SmartStart Hubs services:

1. **Training**

CTCs will provide training for SmartStart Hubs staff on:

- Anti-racism and/or bias awareness training
    - **All SmartStart Hubs workers will engage in anti-racism and/or bias awareness training that includes examination of race-based discrimination/biases.**
    - Training can be general, as well as specific to the workplace setting to ensure that racialized families and families from diverse backgrounds, cultures and lived experience have interactions with the service system that are free from racism, prejudice and discrimination.
        - Training can highlight topics such as recognizing racial microaggressions (either intended or unintended), that may have a negative impact on racialized children, youth and families.
- Indigenous cultural competency
    - **CTCs will partner with local Indigenous communities and partners to offer training/learning experiences about cultural safety for the specific communities they serve.**
    - While general learning about Indigenous cultures and experiences (including experiences that are common to many Indigenous communities, such as residential schools) can be valuable, CTCs should also ensure that Hubs workers are provided with training or other learning opportunities to deepen their knowledge of the specific First Nations, Métis and Inuit communities they serve.
- Strengths-based and family-centred service
    - **All SmartStart Hubs workers will be trained on the F-words for Child Development.[16]**
    - Training on family-centred service delivery is also encouraged.
- Solution-focused coaching
    - **All SmartStart Hubs workers will be trained on solution-focused coaching.**
- Trauma-informed service delivery
    - **All SmartStart Hubs workers will be trained on trauma-informed service delivery approaches.**

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[16] The ministry has partnered with CanChild Centre for Childhood Disability Research to deliver training on the F-words in Child Development. This training will be available for all service provider staff and families, beginning in April 2022.

2. Work with Indigenous Partners

CTCs will work with Indigenous partners to deliver culturally-safe and responsive services to First Nations, Métis and Inuit children and youth (for the requirements for building respectful and meaningful relationships with Indigenous partners, see page 45).

3. Engagement with a diverse range of families

It is important for CTCs to engage with families to understand their service experiences and obtain advice and input on service delivery approaches related to the SmartStart Hub.

CTCs will ensure child and family engagement mechanism(s) are in place at the organizational level to enable children and families to provide ongoing guidance and advice in service planning and delivery. CTCs may leverage existing mechanisms to embed the voices of children and families with lived experience into all aspects of the Hub functions.

It is important that efforts are made to ensure that family engagement mechanisms reflect the diversity of the community. For many racialized and other equity-deserving groups, formal tables and committees have, historically, not always been welcoming, safe or inclusive for everyone. CTCs will work to seek input from the diverse communities they serve, using creative and flexible approaches that reduce barriers for people, such as opportunities to provide anonymous feedback, scheduling meetings on evenings/weekends, hosting virtual meetings, or focus groups without clinical staff involvement (for example, led by members of these communities) to increase safety. Families should be compensated for their time wherever possible. Consideration could also be given to paid positions, such as family engagement workers, if possible (see Family-Based Supports on page 36 for more information about family engagement workers).

4. Incorporate diversity, equity and anti-racism into organizational policies

CTCs will formally incorporate the principles of diversity, equity, anti-oppression and anti-racism into their organizational policies, including adopting diverse hiring practices and embedding approaches to equity and anti-racism in their service delivery, encouraging engagement and working with cultural service organizations.

Part 8: The SmartStart Hubs Functions

This section describes what functions the SmartStart Hubs will deliver, and the ministry's expectations around how the functions will be delivered, to enable CTCs to deliver a consistent and streamlined service experience for families.

The figure below outlines the Hubs functions, which will be described in further detail in this section. It should be noted that the functions are not necessarily linear. Some of the functions may overlap or occur simultaneously. The first four functions involve working primarily with children and families, while the 'streamline service pathways' function involves building partnerships with other service providers in the community, and is foundational to the success of the other functions.

Clear Entry
- Hubs are a clear entry/ access point to services for families, and collect base information from clients

Information Gathering
- Hubs work with families to gather information (with consent) about children's strengths, goals and needs

Connection to Service
- Hubs connect families to local services, sharing information (with consent) to ensure seamless, supported experiences

Family-Based Supports
- Hubs deliver and connect families to services and supports to strengthen families' capacity to support their children

Streamline Service Pathways
- Hubs build partnerships with service providers in the community to streamline service pathways

Supported by a culturally responsive approach to service delivery

Figure 5: The SmartStart Hubs Functions

Clear Entry

SmartStart Hubs will be a clear 'main door' for entry to children's services for families with concerns about their child's development and functioning related to development, who do not know where to go for support.

Families may be connected (referred) to the SmartStart Hubs in a variety of ways, including through self-referral (for example, through the Hubs' website or phone number) or through another service provider in the community, including another children's service provider, primary health care provider, child care provider and/or school.

Some families may be referred to or access the SmartStart Hubs as part of an ongoing process of early developmental surveillance for optimal growth and development. Partnerships with such child-serving sectors as primary care, e.g. physicians providing the Enhanced 18 Month Well-Baby Visit, early intervention services, e.g. Preschool Speech and Language and Infant and Child Development agencies, and community-based providers, e.g. EarlyON Child & Family Centres, will allow timely referrals to the SmartStart Hubs for families who may have concerns about their children's development.

For families whose first point of contact with the children's development services system is another children's service provider, other than the SmartStart Hub (for example, the Infant and Child Development Program or Preschool Speech and Language provider), that service provider will work to determine whether the child may have additional support needs that cannot be addressed by the services they provide. In such cases, these children/families will be offered a connection with the SmartStart Hub for further exploration. CTCs and other service providers that could be the first point of contact for families should work in partnership to establish protocols for determining when to connect a child/family with a SmartStart Hub. See the *Streamline Service Pathways* section on page 38 for more information on this function.

In their first connection with the SmartStart Hub, the family will be asked to provide information about their primary concern and should be provided with clear information about next steps. For example, if the first step in the point of entry is completing an online form, the form should allow the family to indicate their primary concern(s), and the family should be provided with information about what the next step will be (for example, an in-person meeting to explore their concerns further).

> Provide clear information about next steps:
>
> "We will contact you to schedule a meeting within the next two weeks"

This initial connection with the SmartStart Hub could involve parent/caregiver-completion of the *About My Child* tool (for example, online prior to meeting with the Hub). However, as some families may not feel comfortable completing the tool without support, this step should be optional. See the page 32 for more information about how the *About My Child* tool will be used.

If the family has a single concern/service need
At this time, if it is clear what kind of support is required to address the family's concern (for example, requiring a hearing screening), the **child/family will be connected directly with the relevant service or service provider (if not the CTC) to address their concern (e.g. Infant Hearing Program).** Prompt connection to

services is of particular importance where there are waiting periods for service, to ensure that the child can begin receiving services as soon as possible. No further exploration on the part of the SmartStart Hub may be necessary. Hubs and their partners will need to establish processes/protocols to determine upon intake whether or not a family would benefit from the support of the Hub or would be better served by being connected quickly to an available service for which their child is eligible, when they have a single or specific concern.

For families who may have additional concerns or who would benefit from additional exploration of their support needs

For families of children who would benefit from additional exploration of their support needs, the SmartStart Hub will continue the information gathering process with that family and will engage in an exploratory conversation with the child/family (with consent).

Hubs and partners should connect families to relevant services as early as possible in their service journey. If there is an evident service need or families are seeking a specific service, they should be connected as soon as possible to the appropriate services they may be eligible for, even as other assessments are ongoing, and even if they will also benefit from and receive the exploratory

> Describe the next steps:
>
> "This meeting will be with a Hub worker who will explore your concerns related to your child's development with you. Please bring any relevant information that you may wish to share with your Hub worker, including any previous developmental assessments or checklists you think are important."

conversation from the SmartStart Hub. Families should receive enough information about the Hub process upfront to help alleviate anxiety and uncertainty, and to prepare them for the next step(s).

Information Gathering

At the information gathering stage, SmartStart Hubs will engage families in an **exploratory conversation** using the *About My Child* tool (common across all SmartStart Hubs) to gather information about their child and family, their concerns related to their child's development, and work with them to develop a plan to address their child's functional and other needs, based on the child and family's priorities and goals.

Gathering Pre-existing Information

Prior to the engaging with the family in an exploratory conversation, the SmartStart Hub will seek consent from the family to collect existing information from other service providers the child and family are already connected with, to avoid the family having to "tell their story" again. With the family's consent, the Hub should identify what service providers the child and family are already connected with and obtain relevant information from the service provider(s) about the family's primary concern that led them to be connected with the SmartStart Hub. For instance, if a child care provider has conducted a developmental screening and identified an area of potential concern, the Hub should make all possible efforts to obtain the results of that screening and not repeat it.

The families' consent to collect information from service providers that the family is connected with could be collected as part of an initial "intake" form, or using another approach determined by the SmartStart Hub and its partners.

Exploratory Conversation

Once existing information has been gathered, the SmartStart Hub will engage the family in an exploratory conversation, using the *About My Child* tool, to gather current information about the child and family and explore their concerns further.

Modality of the conversation

The exploratory conversation may happen in a variety of ways, including in-person, virtually (online), or by phone. When considering the modality of the conversation, Hubs should ask the family what would help them feel comfortable speaking openly and freely.

SmartStart Hubs will use a variety of methods to communicate with families, including in-person, telephone, virtually (video), email, text message, etc. Wherever possible, Hubs will provide options for families to connect in ways that make the most sense for them.

Families who request an in-person conversation should be accommodated as much as possible. A decision on the modality of the conversation could also consider factors including reducing barriers for families to access services in a timely manner (e.g. reducing the necessity to travel, options for evening appointments); service provider availability or capacity; convenience and/or availability for families (e.g. some families may not have reliable access to high-speed internet to support virtual appointments, or be readily available during conventional working hours, Monday to Friday).

Supports for the Conversation

Prior to beginning the exploratory conversation, Hubs should ask the family whether they would like anyone else to be part of the conversation to provide support/translation. For example, a family may wish to invite a support person (e.g. trusted friend or family member) to help them tell their child's story.

If a family requires translation services, the Hubs should offer to provide a translator, or the family may prefer to bring a trusted friend, family member, or community member/service provider to provide translation support.

For Indigenous families, Hubs will partner with an Indigenous service provider in the community to ensure that the conversation is culturally safe and responsive, which could include the offer of an Indigenous liaison (or similar resource) to support the family during the conversation with the Hub worker, or to conduct the conversation on behalf of the Hub.

Skillset Required to Conduct the Conversation

The SmartStart Hub worker conducting the exploratory conversation with the child/family should have expertise in child development and familiarity with common pediatric conditions, as well as knowledge of the local service system to support service navigation.

They should exhibit sensitivity to family situations and demonstrate an ability to take a family-centred, strengths-based approach. They should be able to recognize their own biases and be equipped to take an anti-racist, anti-ableist and anti-oppressive approach to service delivery.[17]

The organization in which the Hub worker is located should have the ability to consult with regulated health professionals from the child development sector as needed (from speech and language pathologists, occupational therapists, and physiotherapists at minimum), to provide advice about the most appropriate clinical pathway and next steps for the child, based on the information gathered through the conversation.

Elements of the Exploratory Conversation

The conversation with families will encompass the following elements, which will be described in this section in further detail.

The SmartStart Hubs worker will:

1. Provide a warm and inviting welcome, and explain the purpose of the conversation and what the family can expect
2. Get to know the family and build trust

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[17] For specific training requirements, see page 22.

3. Work with the family to explore the child and family's strengths, needs and goals, guided by the *About My Child* tool
4. Provide supported connections to clinical services and Hubs-specific family-based supports
5. Provide information to the family about other services that may be available in the community

1. A warm and inviting welcome

The SmartStart Hub will provide a warm and inviting welcome to the child and family. This step sets the tone for the interaction, and is an important step to providing a sense of safety and comfort, and a positive foundation on which to build a relationship.

The Hub worker will introduce themselves and their job title, and will invite the family to introduce themselves, their child, and any support persons in the room.

The Hub worker will explain the purpose of the conversation   If the Hub worker will be taking notes during the conversation, they should let the family know.

Explain the purpose of the conversation:

"We are meeting today to explore your child's strengths and needs, and to discuss how we might support your child and family"

2. Getting to know the family and building trust

The intent of the conversation is to help the SmartStart Hub worker understand the child and family, who they are, and what is important to them, as well as what their concerns are related to their child's development. It is important to set aside biases and assumptions, and to listen with openness and curiosity about the individuality of the child and family.

The Hub worker will start by asking the family what has brought them to the Hub, and about their primary concern related to their child's development.

After listening to the family's concern(s), the Hub worker will explain that the conversation will explore their concerns further to help determine next steps.

The Hub worker will invite the family to begin the conversation by asking them to share more about the child so that the worker can get to know the child. The worker will ask questions based on the first few questions in the *About My Child* tool, for example: "What does your child enjoy doing? What makes them happy?"

The tool can be used in a free-form way, with the worker asking questions in a way that feels natural and flows from the conversation.

The Hub worker will use active listening techniques such as using verbal and non-verbal cues to indicate listening (e.g. smiling, making eye contact, nodding or verbal affirmations), asking thoughtful questions, reflecting back what is said, and withholding judgment and advice.

The conversation will be relaxed and should not make the family feel rushed. If the Hub worker chooses to take notes, they should take breaks in note-taking to show active listening.

3. **Exploring the child's and family's strengths, needs and priorities, guided by the *About My Child* tool**

The SmartStart Hub worker will ask the family the questions as laid out in the *About My Child* tool in a *conversational manner*.

The Hub worker should use the questions in the *About My Child* tool as a starting point and ask probing questions to elicit further information from the family about areas of concern. For instance, if the family indicates that they are concerned about their child's behaviour, the Hub worker may ask them to elaborate on what their concerns related to behaviour are.

> For example, "Tell me about your concerns related to your child's ability to understand other people. Does this affect their ability to participate in everyday activities? What impact would you say this has on your child? A lot? A little?"

> Ask the family to elaborate:
>
> "You mentioned that you your child often lashes out, physically, when they are upset. Can you tell me more about that?

Youth Voice

If the child/youth is older, in keeping with the principles of child-centred service delivery, the Hub worker should also engage with the child/youth to hear directly from them. The Hub worker will use their knowledge of child development to gauge what kinds of questions would be developmentally-appropriate. For instance, a child of seven (or even younger) could be asked, "What do you do for fun?" A child of 12 could be engaged in questions such as, "Of all the things we've discussed today, what is most important to you right now?"

Access and Equity

Following the inquiry into the child's strengths and needs, the Hub worker will ask the family about ways they can support the family to access and participate in services. The purpose of the discussion is to probe whether there might be pragmatic factors (e.g. transportation barriers, language barriers, lack of access to technology) or family factors (e.g. access to child care, family members' health, employment, housing or food insecurity) that would impact the family's ability to access and engage with services/supports.

It is important that the Hub worker explain the reason for these questions and take the lead from the family on whether or not they feel comfortable answering.

Explain why you are asking the questions:

"I am asking these questions to better understand your family and how we can best support your child and family"

For example, you could ask the family:

"Are there things I should know about your family, that would help me to support you? Is there anything that would make it harder for you to connect with services or follow up on next steps, such as getting time off work, or access to child care, or with how you will get there?"

Connection to Service

4. Provide supported connections to clinical services and Hubs-specific family-based supports

Once the SmartStart Hub worker has obtained sufficient information about the child and family's strengths and needs, they will provide the family with information about the services and supports they would recommend to support their child's development. These supports may be provided by the CTC or by other children's service agencies in the community. They will also provide information about the Hubs-specific family-based supports they think the family would benefit from and provide choice when available.

Hubs will support families to make decisions about the services they would like to be connected with, in support of their and their child's priorities and goals. The Hub worker will confirm with the family that the services and supports that the Hub is recommending are appropriate, from the family's perspective. The Hub worker will be sensitive to the wishes and capacity of the family to take the lead and will work

to empower families to make decisions about the services and supports that would benefit their child.

The SmartStart Hub will provide **supported connections** for families with the appropriate clinical services and family-based supports in the CTC and in the community to meet their needs and the needs of their child.

To provide supported, or warm, connections, the Hub will work 'behind the scenes' to provide the family's contact information to the service provider to initiate the next steps, as well as share any relevant information gathered by the Hub to help the service provider understand the child, family and their needs, including the results of the common tool. **These connections should require no action on the part of the family.** The next steps should be handled by the Hub in partnership with the service provider.

It should be clear to the family what the next step is, and when they should expect to be contacted. While SmartStart Hubs are not responsible for wait times for clinical assessments or services, SmartStart Hubs will communicate with the family about next

> Explain the next steps and when the family will be contacted:
>
> "Based on the information you have provided to me today, I will connect you with our Occupational Therapy team. They will contact you this month to schedule an appointment for a more in-depth assessment."

steps, expected wait times, and connect them with family-based supports (see page 36) and/or other available services while they wait.

SmartStart Hubs should also consider connecting families of children with multiple and/or complex special needs, who would benefit from the support of a Service Planning Coordinator, with Coordinated Service Planning. Coordinated Service planning serves children and youth with multiple and/or complex special needs whose need for service coordination goes beyond the scope of inter-professional collaboration to address and who would benefit from the added support provided by Coordinated Service Planning, due to the breadth and cross-sectoral nature of a child/youth's service needs and/or potential challenges in coordinating services because of factors affecting the whole family.

5. Provide information to the family about available services in the community

The SmartStart Hub should provide families with information about other services and supports that are available in the community, that may address other needs, aside from the clinical needs of the child that the family has identified. This may include contact information for the local Indigenous Friendship Centre, EarlyON centre, or other community support to address needs that have surfaced during the

conversation (for example, newcomer supports for those who are new to Canada). For these services, a supported connection is not required.

The Hub should provide enough information to equip the family with information about the services in the community that may be helpful to them, but not too much information so as to overwhelm the family. This will require a sensitive assessment of the family's capacity, and how much stress they seem to be under, to make a judgement call about how much information is enough.

Family-Based Supports

SmartStart Hubs will connect families with family-based supports early, once a family has connected to a Hub (for example, before further assessments or while waiting for assessments/service).

These supports seek to empower families with information and resources to enhance their resilience and strengthen their capacity to support their children throughout their service journey and in planning for their future. For instance, they may provide strategies and resources for families to try at home.

Family-based supports will be offered using a strengths-based approach, recognizing and building on families' existing capacities. Like Hubs services, these supports will not be diagnosis-specific and will take a good-for-all approach, meaning that they will be relevant to the majority of children and families, regardless of the child's diagnosis.

SmartStart Hubs will deliver and connect families to supports as appropriate, based on their interest and level of need, assessed based on the information gathered at entry and/or during the exploratory conversation.

CTCs will leverage the existing family-based supports that they deliver to ensure families have access to:

- **Information and resources** to support parents' understanding of the role of the Hub and what to expect as part of their service journey as well as information about funding and supports available to complete forms; and information about CTC, school-based and broader community supports and resources.

- **Connections with other families**, which may include supporting access to, individual and/or group peer mentoring or peer support, and/or parenting support groups (electronic and in-person) to promote family engagement, network and relationship-building and information-sharing to empower and enhance families' resilience with a focus on safe, constructive and culturally relevant connections.

SmartStart Hubs will engage with families in the design, planning and implementation of these supports to ensure they are responsive to families' needs and aligned to the child and family-centred, strength-based and evidence informed and equitable and culturally-safe approaches that form the foundation of the Hubs.

Examples of emerging evidence-based practices to support families that have been implemented in some communities are:

- A trained Family Engagement Coordinator who is a staff member and parent of a child with special needs who can offer a range of supports, including helping families connect with school, funding and community resources; facilitating parent groups; and managing a closed online group for families, so they are able share information and experiences; or
- A structured Family Engagement Program through which caregivers can have access to a wide range of supports including online parent support group(s); one-on-one and group peer support; workshops to help families with funding applications and processes; and family networking events.

SmartStart Hubs will also connect families to other local and/or provincial resources and supports:

A. **F-words for Child Development training delivered by CanChild** – available to all families, as a foundation to enable families to support and participate as partners in their children's service journeys including in the context of goal setting, service planning and therapeutic interventions.

B. **Partners for Planning (P4P)* information, resources and tools** – P4P provides resources and tools for families that aim to empower people with disabilities and their families to plan for, and create a full life and, secure futures (e.g., Early-Years Toolkit, Planning Tip Sheets, Introduction to Registered Disabilities Savings Plan). Hubs will connect families of children with disabilities with the P4P Planning Network. they can access information, tools and resources, as early as possible in their service journey.

C. **Other existing family-based supports** (e.g., supports, training and educational workshops that may be available through the CTC or through other partner providers across sectors.)

Streamline Service Pathways

To ensure clear and streamlined pathways to SmartStart Hubs and seamless and supported connections from Hubs to services in the community, CTCs will partner with local service provider partners. CTCs and their partners will define and clarify service pathways and establish protocols and processes to share information (with consent), including information from assessments, between service providers. This will help to ensure – as much as possible – that families do not have to share the same information again with each new service provider or unnecessarily repeat assessments.

CTCs will lead community engagement efforts to build and/or leverage partnerships and share information with partners about Hubs functions.

CTCs will work with partner organizations to build capacity toward a common service experience across providers (based on the *F-words for Child Development*) and will work behind-the-scenes to streamline service pathways and related processes for families. For example, where possible, CTCs will work with other children's service providers in the community to begin collecting information using the common tool.

CTCs will establish formal mechanisms for partnering with other organizations for streamlined and supported connections to and from the Hubs, as well as for the delivery of Hubs functions, where applicable (see Part 9 for more information about partnership requirements and roles and responsibilities).

Part 9: Partnership Requirements and Roles and Responsibilities

CTCs will be accountable for the delivery of SmartStart Hubs functions, and will build on and leverage local strengths, existing structures and/or partnerships in communities, including access mechanisms or other entry-points (e.g. PSL providers, ICDP providers), to deliver the Hubs functions.

CTCs may leverage and build on existing partnerships to deliver Hubs functions; for example, incorporating existing community access mechanisms into the entry function of the Hubs, and/or partnering with other children's service providers to administer the *About My Child* tool in alignment with the Hubs guidelines.

For example, if an established access mechanism exists in a community, the CTC may choose to partner with the access mechanism to ensure that the 'clear entry' functions outlined in these guidelines are delivered by the access mechanism, to avoid disruption to locally-established processes, and confusion for families. The other functions of the Hub (information gathering, connection to services) may still be delivered by the CTC).

If the CTC agrees to have a partner agency delivering any of the functions of the SmartStart Hub, they must have formal partnership agreements in place to ensure accountability for the delivery of the functions. The CTC will be accountable to ensure that:

- There is a clear 'main door' for families, and processes are consistent with the SmartStart Hubs policy and practice guidelines

- There is a clear, seamless pathway to the CTC for further clinical assessment and service where necessary

- Information is shared, with consent, so families don't have to repeat their stories

Organizations that could provide a first point of contact for a family in the children's services system (e.g. PSL providers, ICDP providers) will be expected to work with CTCs to establish a consistent process/protocol to help determine when a child/youth and family would benefit from the holistic exploration of developmental concerns that SmartStart Hubs will offer, and a protocol for a supported connection to the Hub.

This section lists categories of service providers across a variety of sectors, with specific requirements for communicating, working and/or partnering with organizations.

The purpose of partnerships and the expectations for the roles and responsibilities of service providers/partners will depend on what program or service the partner organization delivers, and whether the partner service provider is funded by MCCSS.

Partnerships may be:

- **Formal,** requiring formal agreement such as memoranda of understanding (MOUs) and information-sharing agreements that formalize roles and responsibilities of each organization, and

- **Informal,** where ongoing engagement between partners will support sharing information about service offerings and best practices and ensure that appropriate connections can be made for families.

Partnerships should exist at all levels of the organization, both at the leadership and staff level, to ensure that expectations are clear at the 'front-lines' and to streamline service pathways for families.

Formal partners will fall into two categories:

1) service providers/organizations that may be a **first point of contact** for families accessing children's services, and will provide supported connections to the Hubs, and
2) those who the Hubs will be required to **connect families with**, based on an understanding of their needs.

Informal partnerships will involve either engagement with service providers to ensure they send families to the Hub when appropriate, or to develop an understanding of locally-available services in the community that Hubs may want to provide families with information about.

Per the Connections to Services function of the Hubs (see page 34), a supported connection requires that the organization making the connection contacts the service provider, rather than the family, and shares relevant information with the service provider to support the streamlined connection.
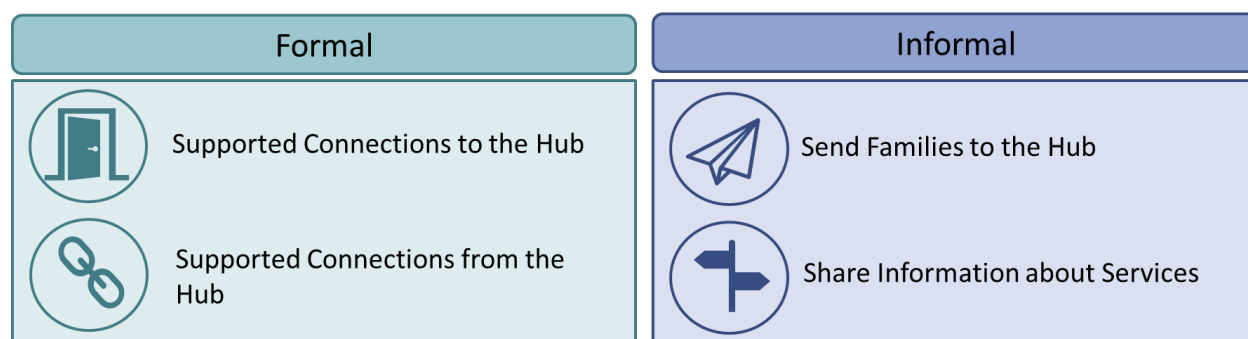
Formal	Informal
Supported Connections to the Hub	Send Families to the Hub
Supported Connections from the Hub	Share Information about Services

Figure 6: Partnership Types

Formal: Supported Connections to the SmartStart Hub

This category includes partners who may act as the first point of contact with the children's service sector for many families and have already collected information from the child/family.

These partners will seamlessly connect families to the SmartStart Hubs when appropriate, in a timely manner, and will provide relevant information (with consent) that prevents families from having to retell their story.

Required Partners:

- Public Health Units delivering the Healthy Babies Healthy Children Program
- Infant and Child Development Program Providers
- Infant Hearing Program Providers
- Blind Low Vision Providers
- Preschool Speech and Language Providers
- Coordinating Agencies
- Local Access Mechanisms (where applicable)

Roles and Responsibilities of CTCs	Roles and Responsibilities of the Partner

• Lead the drafting of partnership agreements with providers, that include:
   • Clear roles and responsibilities
   • How service pathways between the organizations will be streamlined
   • Information-sharing agreements
	• Participate in the drafting of partnership agreements (memoranda of understanding (MOUs)) with the relevant Hub(s)
	• Work with the Hub to develop processes to:
	   • Identify children/youth who may have additional service needs (beyond the partners' scope) to connect with the Hub
	   • Support a seamless connection to the Hub, including information sharing and collection of consent from families (to avoid families re-telling their story)

Formal: Supported Connections from the SmartStart Hub

Hubs will make a supported connections to these service providers, as appropriate, based on the needs of the child and family.

CTCs will seamlessly connect families to these service providers, and will provide relevant information (with consent) to prevent families having to retell their story.

Required Partners:

- Preschool Speech and Language providers
- OAP Independent Intake Organization – once implemented (responsible for connecting families to all OAP services)
- Coordinating Agencies
- FASD Diagnostic Clinics
- ASD Diagnostic Hubs
- Mental Health Lead Agencies

Roles and Responsibilities of CTCs/Surrey Place	Roles and Responsibilities of the Partner

• Lead the development of information-sharing agreements to support seamless connections to partners (and avoid repeated information collection)
• (Optional) lead the drafting of partnership agreements (memoranda of understanding (MOUs)) with providers, that include:
    • Clear roles and responsibilities
    • How service pathways between the organizations will be streamlined
	• Participate in the drafting of information-sharing agreements, and – if appropriate – partnerships agreements with the relevant Hub(s)

Informal: Send Families to the SmartStart Hub

Partners who are well-positioned to notice a potential issue with a child's development (e.g. a teacher or Early Childhood Educator), or whom a family may approach with concerns about their child's development (e.g. a family doctor).

These partners will have awareness and knowledge of SmartStart Hubs to provide a family with information about the SmartStart Hub, and ways of contacting the Hub.

Required Partners:

- Home and Community Care Support Services (HCCSS)
- Public Health Units
- Mental Health Lead Agencies
- Hospitals
- Child Care Settings and EarlyON Centres
- Schools and School Boards
- Children's Aid Societies
- Indigenous Service Providers and Friendship Centres[18]

Roles and Responsibilities of CTCs/Surrey Place
- Engage with partners to ensure that they are aware of Hubs functions and when to refer a family with concerns about their child/youth's development or functioning to the Hubs for further exploration.

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[18] See page 40 for more information about partnerships with Indigenous service providers.

Informal: Share Information About Services

These are services that are outside of the scope of Hubs functions, but may help to support a family with a specific need (e.g. newcomers to Canada)

CTCs will provide a family with general information about the service, and a way of contacting the service (for example, a website or phone number)

CTCs will not provide a supported connection to these services, nor assist families to access the services.

Not all of these support services may be applicable in all communities, and there may be other services in specific communities that should be added to the list below

Required Partners:

- Housing and Settlement Supports
- Newcomer Support Services
- Municipalities
- OAP Entry to School providers
- OAP Foundational Family Services
- OAP Caregiver-Mediated Early Years Program Providers
- Indigenous Service Providers and Friendship Centres
- EarlyON Centres
- Partners for Planning (P4P)

Roles and Responsibilities of CTCs/Surrey Place
• Hubs to ensure they have up-to-date information about relevant services available in the local community, to provide information to the child/youth and family about services that may be available.

Partnerships with Indigenous Service Providers

Building relationships with Indigenous partners will be critical to providing culturally-relevant services to Indigenous children and youth.

Hubs will be required to provide a culturally-safe, trauma-informed service experience for urban Indigenous children and youth, as well as connections to Indigenous-specific services in the community for Indigenous children and youth.

CTCs will be expected to work with local urban Indigenous service providers and First Nations, Inuit and Métis Partners to review the structures and expectations for service delivery for Indigenous children and families within their service areas and discuss partnerships and protocols for delivering Hubs functions to Indigenous, Métis and Inuit children and families.

For example, if an urban Indigenous service provider has a role in supporting Indigenous families to access culturally relevant services, a formalized agreement or protocol with the Indigenous service provider will need to be established.

Partnerships must respect, and be responsive to, Indigenous jurisdiction and be grounded in the Ontario Indigenous Child and Youth Strategy (see Appendix D) and the Urban Indigenous Action Plan.

Roles and Responsibilities of CTCs/Surrey Place	Roles and Responsibilities of Indigenous Service Providers

• Engage with local First Nations, Inuit, Métis (FNIM) and urban Indigenous partners
• Establish protocols and partnership agreements that meet the expectations of FNIM and urban Indigenous partners, that include:
  • Clear roles and responsibilities
  • Information-sharing agreements
	• Work with the Hub to, if appropriate, develop processes to:
	  • Identify First Nations, Inuit, Métis and urban Indigenous children and youth to connect with relevant Indigenous-specific services in the community
	  • Develop information-sharing agreements, where appropriate
	• Participate in the setting of expectations for local protocols and partnership agreements with the relevant Hub(s)
	• Provide a list of service offerings to Hubs, to facilitate Hubs making the appropriate connection to Indigenous-specific services

Partnerships with Political Territorial Organizations (PTOs)

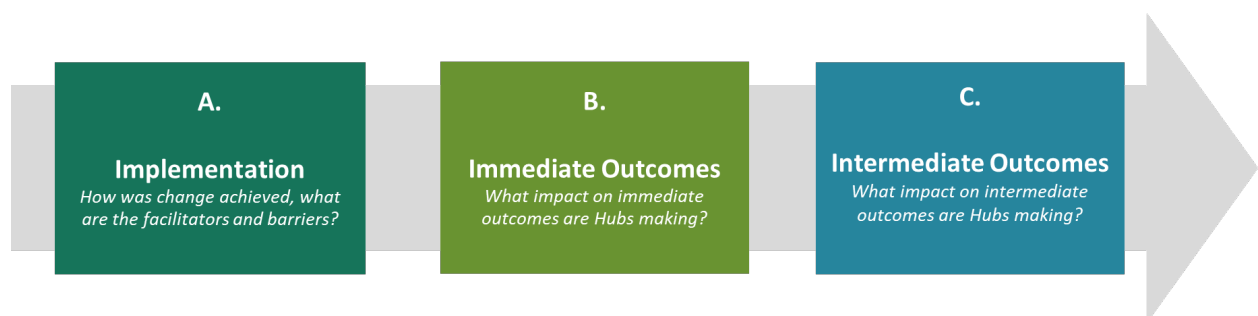| Roles and Responsibilities of CTCs/Surrey Place |
| --- |
| • Develop relationships with Political Territorial Organizations and First Nations communities that allow for respectful and responsive partnerships
• Draft formal partnership agreements, where desired by the Political Territorial Organization(s) and First Nations communities |

Part 10: Performance Measurement

This section will outline the Ministry's framework to monitor performance of the SmartStart Hubs functions, expectations, and reporting requirements.

> The performance monitoring approach described in this section, together with the performance monitoring approach described in the *Rehabilitation Guidelines* **(2022), will enable the ministry to monitor performance of Children's Rehabilitation Services, including the functions of the Hubs, in Ontario in an integrated way.**

Overall Approach

Performance measurement will help CTCs and the ministry determine whether the objectives of the SmartStart Hubs (see page 10 for the objectives of the SmartStart Hubs) are being met. Measuring the progress, outcomes and impact of Hubs is an iterative, multi-year process.

A.	B.	C.
Implementation	**Immediate Outcomes**	**Intermediate Outcomes**
How was change achieved, what are the facilitators and barriers?	*What impact on immediate outcomes are Hubs making?*	*What impact on intermediate outcomes are Hubs making?*

The performance measurement framework that MCCSS will use to monitor performance of the SmartStart Hubs will address the following key questions:

A. How are CTCs progressing on implementing the functions outlined by the ministry? What are the enablers and barriers to implementation?

B. What impact are SmartStart Hubs having on family and community service provider awareness about access to services, as well as on timely delivery of appropriate services for families?

C. What impact are SmartStart Hubs making on early identification of needs, family-centred service delivery and on cultural competency?

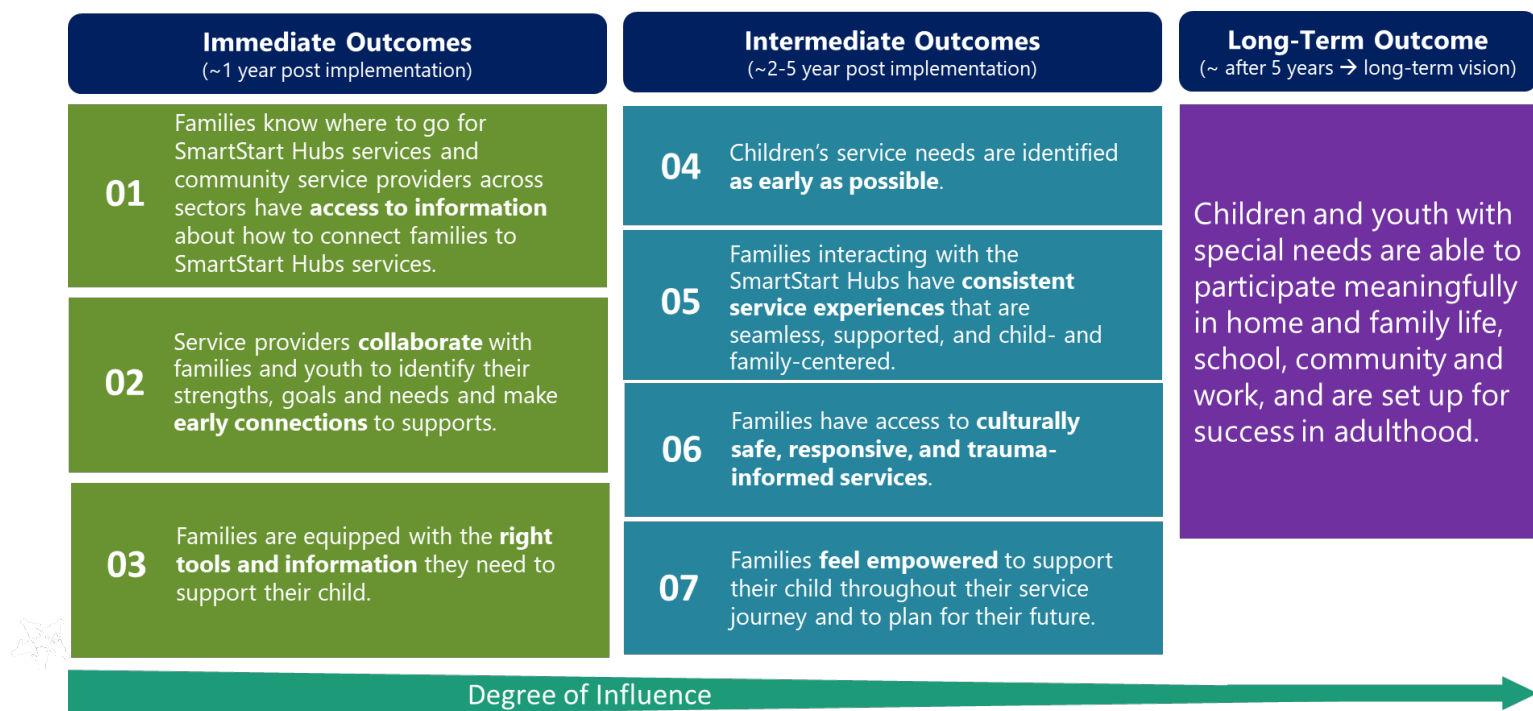These questions align with the following outcome statements for SmartStart Hubs:

Immediate Outcomes (~1 year post implementation)	Intermediate Outcomes (~2-5 year post implementation)	Long-Term Outcome (~ after 5 years → long-term vision)
01 Families know where to go for SmartStart Hubs services and community service providers across sectors have **access to information** about how to connect families to SmartStart Hubs services.	**04** Children's service needs are identified **as early as possible**.	Children and youth with special needs are able to participate meaningfully in home and family life, school, community and work, and are set up for success in adulthood.
02 Service providers **collaborate** with families and youth to identify their strengths, goals and needs and make **early connections** to supports.	**05** Families interacting with the SmartStart Hubs have **consistent service experiences** that are seamless, supported, and child- and family-centered.	
	06 Families have access to **culturally safe, responsive, and trauma-informed services**.	
03 Families are equipped with the **right tools and information** they need to support their child.	**07** Families **feel empowered** to support their child throughout their service journey and to plan for their future.	

Degree of Influence →

Figure 8: Outcomes for the SmartStart Hubs

Roles and Responsibilities

Performance measurement is a shared responsibility of both CTCs and MCCSS.

CTCs are responsible for collecting data in accordance with provincial expectations, considering local practices and processes. All CTCs are also expected to use the data reported to the ministry to inform improvements to internal processes and policies, in keeping with the parameters of these guidelines, contractual requirements, and other ministry guidance.

The ministry is committed to fostering a culture of continuous quality improvement where performance is assessed using a range of qualitative and quantitative measures, and effective and efficient use of resources can be demonstrated. The ministry will play a primary role in developing the performance measurement framework(s) and monitoring the performance of the Hubs within the broader early intervention and special needs service system. Where possible, provincial data will be shared with CTCs to demonstrate collective achievements of Hubs' services.

Provincial Performance Monitoring: Beginning 2022-23 Fiscal Year

Performance measures are being further developed based on consultation with identified performance measurement experts, representatives, and partners.

Reporting requirements will consist of three approaches that address the key performance questions identified above.

1. Service Data
2. Standardized Family Experience Questions
3. Supplementary Narrative Reporting

Reporting requirements that align with this approach will be included in the 2022-23 Service Agreement with the Ministry of Children, Community and Social Services as part of the Services Objectives Document.

Additional details for each approach are described below:

Service Data

Quantitative service data will be collected by CTCs beginning in 2022-23. These foundational measures will enable the ministry to quantify outputs of the Hubs, identify trends related to referrals, timely service provision and information about the ages of children served.

The following quantitative information will be collected through Transfer Payment Ontario (TPON) **at Q3 (Interim)** and **year-end (Final)** reporting periods, as part of Community-Based Rehabilitation Services "Services Delivered" funding line.

Service Data Element	What it Tells Us
# of individuals referred to the CTC	Awareness of CTC services in the community
# of intake assessments completed (refers to the occurrence of an exploratory conversation with the family)	Number of children and/or youth being served
Average age at intake assessment - in months (intake refers to the occurrence of an exploratory conversation)	Client profile information
# of individuals at intake assessment (broken down by cohort of age groups)	Client profile information

Service Data Element	What it Tells Us
# of individuals waiting for intake assessment (refers to individuals who have not yet had an exploratory conversation)	Demand for SmartStart Hubs services and impact on family experience.
Average wait times from referral to intake assessment - # of days (refers to referral date to the completion of the exploratory conversation)	Timely access to SmartStart Hubs services and impact on family experience.

Targets

Standardized targets across all CTCs will support consistent service delivery experience for families and enable performance measurement and continuous quality improvement. These targets will be informed by service data reported in the first year of implementation.

Targets will be established for the number of days from referral to intake assessment to support consistent timely access to services, and other areas that support Continuous Quality Improvement beginning in 2023-24.

Standardized Family Experience Questions

Standardized family experience questions will be administered through survey and/or interviews with families who received SmartStart Hubs services. Questions will reflect all or some of the following themes:

- **Access and awareness**, including equity of access to and cultural responsiveness of SmartStart Hubs services
- **Family-centredness of services**, including families' perceived experience with SmartStart Hubs services
- **Family capacity,** including families' perceived knowledge, skills, and capacity to care for their child after interacting with SmartStart Hubs and supporting family connections to other services

The ministry will be working with CTCs over the 2022-23 fiscal year to develop the questions and the approach for reporting. Summary data from these standardized family experience questions will be reported to the ministry through TPON service data.

Supplementary Narrative Reporting

Additional narrative reporting will help provide the ministry with contextual information, and other important details that cannot easily be quantified through service data.

CTCs will submit one supplementary narrative report at year-end for Children's Rehabilitation Services, which will include additional details about the SmartStart Hubs. The following key themes will be reflected in the questions in the supplementary narrative report about the SmartStart Hubs:

- Underserved areas and/or communities and proposed mitigation strategies
- Proportion of referrals into Hub services, by referral source, and associated mitigation strategies for low referral sources
- Local strategies that support cultural responsiveness of services

Appendix A: Definitions

Children's Treatment Centres (CTCs) – provide multidisciplinary assessment and rehabilitation services (physiotherapy, occupational therapy, and speech-language therapy) to children and youth with physical disabilities, developmental disabilities or communication disorders[19]. CTCs will be accountable for all SmartStart Hubs functions.

Children with special needs – is a broad term used to refer to children and youth with identified service needs, which includes children with disabilities as well as children who may not identify as disabled.

Solution-focused practice – provides a humanistic approach to service provision by recognizing the child/youth (and their family) as the expert[20], and by focusing on setting of goals and finding solutions that build upon the client/family's current capacity[21].

Strengths-based approach – moves beyond a deficit lens to recognize the resilience, strengths and capabilities of a child/youth and their family. This approach builds upon these attributes to empower the child/youth and their family[22].

Culturally-safe services – service provision that acknowledges the power dynamics that exist between provider and the person receiving the service and works to dismantle this imbalance. Cultural safety recognizes that providers may not know the norms and customs of every culture they may encounter, and instead asks providers to provide an environment that is free of racism, discrimination and oppression. Culturally-safe service provision relies on respectful engagement by the provider, to support all children, youth and families to feel safe receiving services[23].

Anti-racism – requires people to acknowledge the ways in which racist systems show up in thinking, action and practices, and to actively dismantle this racism as it appears[24].

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[19] Government of Ontario. *Children's Rehab.* https://www.ontario.ca/page/childrens-rehabilitation-services

[20] Holland Bloorview Kids Rehabilitation Hospital. *Humanistic and Solution-Focused Programs and Services.* https://hollandbloorview.ca/research-education/humanistic-solution-focused-program

[21] Social Work Network. *Solution Focused Practice.* https://www.socialworkers.net/post/what-is-solution-focused-practice

[22] Social Care Institute for Excellence. *Strengths-based approaches.* Strengths-based approaches | SCIE

[23] Wabano Centre for Aboriginal Health. *Creating Cultural Safety.* Creating Cultural Safety (ontariomidwives.ca)

[24] Racial Equity Tools. *Definitions: Anti-Racist. https://www.racialequitytools.org/glossary*

Anti-oppression - Oppression is the use of power or privilege by a socially, politically, economically, culturally dominant group (or groups) to disempower (take away or reduce power), marginalize, silence or otherwise subordinate one social group or category[25]. Anti-oppression requires people to acknowledge the ways in which oppressive systems show up in thinking, action and practices, and to actively dismantle this oppression as it appears[26].

Trauma-informed – trauma-informed care seeks to recognize that children and families are impacted by a variety of experiences and situations – both past and present – which may affect their health or ability to seek care. Trauma informed care acknowledges that trauma is prevalent and seeks to integrate knowledge about trauma into all practices, and to actively avoid re-traumatization.

Ableism - discrimination towards someone based on their abilities, often favouring those who do not have a disability and seeing less value in those that do. Ableism can be reflected in actions, words, behaviours, and access issues.[27]

Equity-deserving or marginalized groups - those groups and communities that experience discrimination and exclusion (social, political and economic) because of unequal power relationships across economic, political, social and cultural dimensions.[28]

Racialized - Recognizing that race is a social construct, we can describe people as "racialized person" or "racialized group" instead of the more outdated and inaccurate terms "racial minority". "visible minority", "person of colour" or "non-White".[29]

Xenophobia – a fear or hatred of strangers or foreigners, including immigrants and migrants, or those who are perceived to have migrated[30].

Islamophobia – a prejudice towards, and hatred of, Muslim peoples that can lead to hate, threats and abuse of Muslim people, or those assumed to be Muslim. Islamophobia is entrenched in many systems and institutions[31].

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[25] Canadian Council for Refugees, https://ccrweb.ca/en/ccr-anti-oppression-policy
[26] Anti-Violence Project. *What is anti-oppression?* Anti-Oppressive Practices | The Anti-Violence Project (antiviolenceproject.org)
[27] Dear Everybody, Holland-Bloorview, https://deareverybody.hollandbloorview.ca/
[28] National Collaborating Centre for Determinants of Health, https://nccdh.ca/glossary/entry/marginalized-populations
[29] Ontario Human Rights Commission, http://www.ohrc.on.ca/en/racial-discrimination-race-and-racism-fact-sheet
[30] Merriam-Webster. *Xenophobia.* https://www.merriam-webster.com/words-at-play/xenophobia-and-racism-difference
[31] Dr. Imran Awan & Dr Irene Zempi, *A Working Definition of Islamophobia.* https://www.ohchr.org/Documents/Issues/Religion/Islamophobia-AntiMuslim/Civil%20Society%20or%20Individuals/ProfAwan-2.pdf

Anti-Semitism – a perception of Jewish people that is often expressed as hatred towards Jews[32].

Anti-Blackness – the unique form of racism that impacts Black people, due to the unique histories of slavery and colonization as well as the current nature of systemic racism[33].

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[32] International Holocaust Remembrance Alliance. *What is antisemitism?*
https://www.holocaustremembrance.com/resources/working-definitions-charters/working-definition-antisemitism
[33] Black Health Alliance. *Anti-Black Racism. https://blackhealthalliance.ca/home/antiblack-racism/*

Appendix B: Mapping Problem Statements to Hubs Functions

The table below intends to map the problem statements identified in Part 2 of these guidelines against the SmartStart Hubs functions, to connect the functions to the issues/problems it is attempting to address.

Problem Statement	Function
Access to Information and Supports	
Some families don't know where to go when they have a concern about their child's development	Clear Entry
Primary care providers (e.g., pediatricians, family doctors) aren't always aware of the full scope of disability and special needs supports that are available to families	
Families don't always know how to find and interpret information about developmental concerns and what information to trust	
Some families face barriers to access such as lack of internet access, lack of transportation and language barriers	
Programs and services are difficult to navigate; forms can be inaccessible (difficult to complete, not in plain language, may not feel relevant) and information provided can be overwhelming and/or difficult to process (e.g., when provided orally, particularly if English is not first language)	Connection to Service
Some families feel a lack of safety or cultural relevance when accessing services that may not be reflective of their culture, or may not consider the trauma experienced by the child/family or situations of displacement	All functions
Assessments	
Assessments can be conducted within a narrow view of particular interventions, treatments or services, and may not look at the whole child	Information Gathering
Assessments can be conducted based on a deficit model, and encourage families and service providers to think about what is "wrong" with the child	

Problem Statement	Function
Assessment processes can be intimidating for families, especially when they are perceived to be tied to access or funding. Multiple assessments can be done that feel duplicative to families and require them to tell their story repeatedly	Information Gathering
Lack of access to assessments in Northern communities	Clear Entry Connection to Service
Coordinated and Seamless Services	
Services are not always coordinated; for example, goals can be set by clinicians based on the focus of their discipline, rather than based on holistic goals that are meaningful to the child and family. Service providers do not always share information to enable integrated supports	Connection to Service Streamline Service Pathways
Services are not seamless – families have to transition between services providers and re-share the same information, conduct new assessments that aren't informed by previous ones and wait on multiple service registries	
Lack of follow-up or continuity in service delivery (e.g., more support needed during the waiting period for service), particularly for families in remote First Nations communities	

Appendix C: Example Client Profiles

Kobi

Kobi is 4 years old. He lives in Toronto, Ontario, with his mother, father, and two older siblings. Kobi's family emigrated from Ghana when Kobi was 2 ½ years old and speak English and Akan at home. His father and mother work full-time shift work. They live in an apartment building in the Jane and Finch neighbourhood, in a three-bedroom unit. Kobi loves watching YouTube videos about science experiments and playing basketball.

Kobi's parents have noticed him stuttering when speaking English but he does not have a problem understanding his family in English or Akan and is sociable with his siblings and cousins. Kobi attends kindergarten during the day. His teacher has expressed to Kobi's parents that Kobi does not tend to engage with the other children and gets very frustrated when trying to communicate.

Kobi's parents are concerned that his frustration and difficulty interacting with kids at school are related to his stutter. Kobi's parents brought their concerns up to their family doctor who suggested that Kobi's challenges might be due to a 'lack of a parental presence at home'. Kobi's parents left the appointment feeling confused and worried that they might be flagged to the Children's Aid Society, like what happened to one of their neighbours.

Kobi's parents are afraid to seek help from a professional but want to ensure that their son is provided with the proper care.

Mohammad

Mohammad is a 13-month old infant who immigrated to Canada from Jordan with his 19-year old mother and 23-year old father from Jordan, approximately 6 months ago. MA has a 1-month old sister. Parents speak Arabic and all appointments require Interpreters. Paternal extended family members also live in Canada. Mother is the primary caregiver and relies on her for all aspects of his care. Father is currently enrolled in English as a Second Language class and looking for work. Referring Physician describes the family as highly stressed.

Mohammad was referred to CTC for a Developmental Paediatric consultation, he was born with microcephaly at 36 weeks gestation by emergency C- section.

Parents report that he suffered from seizures in his first few days of life. Notes indicate he was given phenobarbital for 4 days. Since his discharge from the NICU

his parents indicate he has been quite healthy. They have not seen any other seizures.

Parent's main concern is that Mohammad can't stand/walk or sit up on his own yet.

Mohammad's parent's report he sleeps through the night and still has 2 naps per day, he does not follow or focus on objects held directly in front of him. He does respond to his parents voices by smiling. He makes sounds such as "ah" or "ag" and his parents feel he makes these noises to draw their attention. He likes to be held and when not sleeping he will cry if he is put down. His parents note that he responds differently to them than strangers – he seems calmer around them. He also likes the bath and music and will turn towards parents when they call his name. They report he also likes the car but will cry when mother says bye.

Parents indicate he is able to lift his head in a little bit, but does not like being on his stomach. When held in a seated position he does not have good head control. He is not reaching for items and will only hold items for a few seconds when items are placed in his hands. He does not feed himself and likes mixture of fruits and thick creamy textures and drinks only from a bottle. He occasionally will cough or choke when being fed and sometimes food falls out of his mouth.

Sorin

Sorin is a 5-year-old Indigenous child who lives in Timmins Ontario. Sorin currently lives with his grandparents who offer ample knowledge and support in form of connection to culture, traditions and ceremonies. Sorin's parents are unable to care for him at this time and, prior to living with his grandparents, was placed in care of the children's aid society at the age of 4. There are currently supervised access visits between Sorin and his parents for 3 hours, twice a week at the local children's aid society.

As an infant, caregivers found it difficult to soothe Sorin when he was upset. His behavioural needs continued to progress and become more apparent as he got older. During school he would become aggressive with teachers and students. Sorin has kicked, punched, and slapped teachers when he gets upset. Sorin often becomes overstimulated and acts impulsively to get what he needs, e.g. a child was turning the lights on and off and Sorin pushed the child to the ground and yelled at them to stop. Due to his aggressive behaviour, Sorin has been removed from the school multiple times. Sorin is currently only attending school 2 half-days a week because of his behaviours.

Sorin has difficulty regulating his emotions when he reaches a heightened state. He often responds with fighting or shutting completely down and disengaging. In the

home, his grandparents struggle to make it a few days without a major outburst. When he is angry in the home, he has broken items in the home and become physical. When Soring is calm, he is able to express his emotions verbally and explain what made him upset. The structure and routine in the home is helpful for Sorin, as he knows what to expect during his day. If something changes quickly it can trigger an outburst. When Sorin has positive days, he enjoys riding his bike, scootering, listening to music and playing video games. Sorin is apprehensive when he is trying a new task and often needs someone to encourage and show him how to do it before trying it himself.

Troy

Troy is 4.7 years old lives with his mother, Sara and 3-year old sister, Lily. The family is in the process of moving from Hamilton back to Toronto. Sara is a single parent and though she is in contact with Troy's father, they disagree about the developmental concerns Troy is presenting. Sara is 22-years old and receives support from her mother and her mother's partner who both work full time. Sara and her two children have been spending most of their time at Sara's mother's home during the moving process. This has been a big help for Sara, as her mother has a great relationship with both Troy and Lily.

Troy has never attended a child care or school setting. Sara is in the process of finding a residence in Toronto and has not yet registered the children for school. Sara and Troy participated in Early Abilities (Toronto Speech and Language Program) when Troy was 2-years old; however, the service discontinued when the family moved to Hamilton. Currently, Sara and Troy engage in social opportunities by attending an Early ON program in her Scarborough community.

Troy was born full-term at 40 weeks, there were no complications during labor or post birth. Troy has an allergy to peanuts and carries an epi-pen. Presently there are no know medical conditions. His last hearing test was at birth, which he passed. Troy has never been seen by a dentist, nor had a vision assessment. Sara has eliminated dairy from Troy's diet as it seems that it causes stomach issues such as gas and diarrhea. Mom has been unable to follow up with the family doctor to further investigate this issue.

Sara's current concerns for Troy focus around his communication skills, behaviour at home and in the community, and his independence with toileting skills. Troy currently will communicate using a combination or single words, scripted phrases, hand guiding and gestures. It can be difficult to understand his articulation at times when he attempts 3- or 4-word scripted phrases.

At home, Sara is continuously managing conflicts between Troy and his sister. Sara believes it is mostly centred around getting her attention. Typically, Troy will attempt to disrupt his sister's play, usually by removing her toys while she is playing. This will generally get Sara's attention and she will attempt to resolve the issue and/or separate the children. Sara's attempt to resolve the conflicts have ended up with Troy having a "tantrum" that can last anywhere from 5 minutes to 1 hour. The tantrum can involve screaming and crying, hitting Sara, or attempting to hit his sister. These challenges happen at home, mostly, but can also happen in the community. Sara also has difficulty transitioning Troy when he is together with his sister; however, when it is just mom and Troy, he seems to follow her direction better. When these challenging transitions occur, Sara is unable to give verbal instructions alone. Troy requires more direct support such as physical help dressing to leave the home.

Sara is also concerned with Troy's independence with toileting routines. Troy can void in the toilet during the daytime; however, he does have a few accidents throughout the week. It has been difficult for Sara to teach toileting routines, as Troy's focus when in the washroom is typically around playing with the toilet paper, water, or removing the back of the toilet.

Sara is concerned about the supports Troy may need and is unsure of where to start or who to connect with. She wants to schedule an appointment with her family doctor to further explore her concerns. However, as a single mother she has found it difficult to navigate the system and make appointments with both children in her care during the day.

Appendix D: Background on the Ontario Indigenous Child and Youth Strategy

The Ontario Indigenous Children and Youth Strategy (OICYS) was fully co-developed with First Nations, Inuit, Métis and urban Indigenous partners across Ontario.

Between 2013 and early 2015, MCYS engaged extensively with partners through:

- **Leadership roundtables (LRTs)** (First Nations LRT; Inuit LRT; Métis and urban Indigenous LRT)

- **Bilateral meeting processes**

- **Technical tables** (First Nations technical table; Métis, Inuit, and urban Indigenous technical table)

- **Agency and association engagements** (25 sessions, including representatives from over 150 agencies)

- **Youth engagements** (engagements led by MCYS and partners with 500+ total youth)

In winter 2015, the resulting policy framework was endorsed by First Nations, Inuit, Métis, and urban Indigenous leaders across the province.

The OICYS is the long-term strategic framework for fundamentally transforming the system of services for Indigenous children and youth.

The Ontario Indigenous Children and Youth Strategy

VISION

First Nations, Métis, Inuit and urban Indigenous children and youth are healthy, happy, resilient, grounded in their cultures and languages and thriving as individuals and as members of their families and Nations/communities

GUIDING PRINCIPLES

▸ Children and youth centred
▸ Culture and identity as foundational
▸ Respect rights and jurisdictional aspirations
▸ Co-development and partnership
▸ Outcomes focus
▸ Responsive to youth voice

▸ Flexibility
▸ Shared accountability
▸ Reconciliation (acknowledge the past, act now, and look to the future)

PILLARS

First Nations Jurisdiction and Control / Métis, Inuit and Urban Indigenous Control	**Prevention, Culture and Opportunities**	**Coordinated and Responsive Circle of Care**	**Monitoring, Evaluation and Shared Accountability**	**Transformed Relationships and Collaborative, Holistic Action**
First Nations, Métis, Inuit and urban Indigenous communities/ organizations have authority to care for their children and youth.	First Nations, Métis, Inuit and urban Indigenous children and youth have access to preventive services focused on well-being, culture and opportunities	The child and youth service workforce is equipped to provide high quality, integrated and culturally appropriate services	Progress is tracked through culturally and contextually appropriate monitoring and evaluation approaches	Systemic change through collaborative action and transformed relationships with First Nations, Métis, Inuit and urban Indigenous partners