From Best Practices to Standards:
The Ontario Association for Infant and Child Development's Experience in the Pursuit of Excellence

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TABLE OF CONTENTS

Page

Introduction……………………………………………………………………………...5
Project Structure……………………………………………………………………….6
Standards Development Process………………………………………………………6
Standards
Definition…………………………………………………………………....8
Purpose………………………………………………………………………..8
Relationship to Other Standards and Legislation……………………………....9
Implementation……………………………………………………………………10
Quick Reference List of Standards………………………………………………....11
Detailed Description of Standards……………………………………………………13
Family-Centred Service
Standard #1……………………………………………………………..13
Standard #2……………………………………………………………..13
Standard #3……………………………………………………………..14
Standard #4……………………………………………………………..14
Access to Service
Standard #5……………………………………………………………..15
Standard #6……………………………………………………………..15
Standard #7……………………………………………………………..16
Standard #8……………………………………………………………..16
Standard #9……………………………………………………………..16
Orientation
Standard #10……………………………………………………………17
Screening and Assessment
Standard #11……………………………………………………………18
Standard #12……………………………………………………………18
Standard #13……………………………………………………………18
Service Coordination
Standard #14……………………………………………………………19
Standard #15……………………………………………………………19
Community Planning/Partnerships
Standard #16……………………………………………………………20
Standard #17……………………………………………………………20
Continuous Quality Improvement
Standard #18……………………………………………………………21
Standard #19……………………………………………………………21
Standard #20……………………………………………………………22
Human Resources
Standard #21……………………………………………………………23
Standard #22……………………………………………………………23
Standard #23……………………………………………………………23
Standard #24……………………………………………………………24
Glossary………………………………………………………………………………..25
Resource List…………………………………………………………………………27
Appendices
Appendix A: Ontario Program Standards Advisory Group
Membership List………………………………………………29
Appendix B: Standards Development Process……………………………….30
Appendix C: ICDS that Conducted Focus Groups…………………………..35

INTRODUCTION

Upon invitation by the Ministry of Children and Youth Services (MCYS), the Ontario Association for Infant and Child Development (OAICD) submitted a proposal to the Ministry of Finance Strengthening Our Partnerships (SOP) initiative and in 2006 received a grant to develop tools and training to promote excellence in the field of infant and child development. The project comprised three phases.

- *Phase 1 (2006-2007):* Revise the first edition of the Infant and Child Development Services (ICDS) Best Practices Guidelines and develop a second edition of the Best Practices manual to reflect latest research in the field of infant and child development (Note: MCYS funding was provided to OAICD to develop the first edition in 1999).
- *Phase 2 (2007):* Provide province-wide training for 456 ICDS staff on the implementation of best practices and introduce the Second Edition of *Best Practices.*
- *Phase 3 (2008-2009):* Develop standards for ICDS across the province and submit the Infant and Child Development Services Standards document to MCYS.

This document on standards for ICDS in Ontario is the outcome of the third phase of the three year project. It is the result of a collaborative effort between families/caregivers, the 49 ICDS across Ontario, the Ministry of Finance, the Ministry of Community and Social Services (MCSS) and MCYS.

The ICDS standards and quality indicators outlined in this document are based on over ten years of best practices development work undertaken by ICDS across the province in partnership with OAICD and MCYS and reflect current best practice knowledge and research findings. The standards are consistent with the core principles outlined in the Ministry of Children and Youth Services Strategic Framework, Realizing Potential: Our Children, Our Youth, Our Future (2008) and represent another avenue for MCYS to realize its vision "…of a province where every infant and child has the opportunity to achieve his or her full potential and contribute to and participate in a prosperous and healthy Ontario."[1]

These standards have been approved by the Board of Directors of the Ontario Association for Infant and Child Development and are presented to the Ministry of Children and Youth Services for implementation in the field of infant and child development across Ontario.

No other jurisdiction in Canada currently has infant and child development standards such as these – implementation of these standards by MCYS will keep Ontario on a course that will ensure that the most vulnerable infants and children in Ontario get the best possible start in life and maximize opportunities for healthy development during a child's first years, regardless of where they live in the province.

[1] Breaking the Cycle, Ontario's Poverty Reduction Strategy (2008)

PROJECT STRUCTURE

The Ministry of Finance Strengthening Our Partnerships team (formerly known as Fiscal Research and Development Unit), MCSS – (previously Corporate Policy and Intergovernmental Affairs Branch) and MCYS - Early Learning and Child Development Branch met regularly with OAICD through the Project Steering Committee. The Operational Support Branch (formerly Management Support Branch) of MCYS facilitated communication between the project and the nine Regional Offices of the Ministry.

To help guide the development process, OAICD established two committees: the Best Practices Project Management Office that included the two OAICD project leads, the OAICD president, a board member from the North, and the Project Manager; and the Ontario Program Standards Advisory Group (OPSAG). OPSAG membership included MCYS representatives from five Regional Offices, the Operational Support Branch and the Early Learning and Child Development Branch. The group also consisted of the Best Practices Project Management Office, Best Practices Committee members and six ICDS representatives *(see Appendix A for OPSAG membership list)*. The role of OPSAG was to:

- Provide support and advice to the Project Manager and Best Practices Project Management Office on issues which may arise during the course of Phase 3 of the project
- Provide technical advice and feedback on proposed standards
- Provide advice on the consultation process
- Review information and reports provided by the Project Manager and Collis & Reed Research in relation to the development of standards
- Provide guidance and advice on the standards document.

STANDARDS DEVELOPMENT PROCESS

To support the development of the standards, OAICD commissioned Collis & Reed Research to develop the tools (surveys and focus group methodology) that would gather input and feedback from staff at ICDS and other stakeholders (Ministry representatives, families and caregivers). The following is a summary of the different surveys and focus groups conducted *(For more detailed description of the standards development process, please refer to Appendix B)*.

Survey #1

PURPOSE OF SURVEY	RESPONSE RATE	RESULTS
Survey ICDS across the province to identify which existing best practices indicators staff thought should become a standard for a high quality infant and child development service.	92%	24 best practices were identified as potential standards.

Survey #2

PURPOSE OF SURVEY	RESPONSE RATE	RESULTS

Proposed Standards Feedback Survey where ICDS were asked to meet with their staff and provide feedback specifically on the twenty-four proposed standards and accompanying indicators. The objective was to ascertain whether the ICDS agree with the proposed standards. Furthermore, ICDS were asked to provide feedback on the indicators that comprise each of the standards and also supplied suggestions for ways of measuring compliance with the standards and indicators.	74% *	Over 90% of respondents agreed with the standards and indicators presented in the survey. In total, over 1,500 comments were received (an average of forty-three comments per respondent). Ratings and comments provided excellent guidance to make changes either to the wording of standards or indicators, identify words and concepts that should be defined in a glossary that accompanies the standards as well as highlight areas that might require further professional development training.

*Note: Excellent level of participation especially considering the length of the survey, the complexity of the topics that were reviewed and the timing of the survey – survey was conducted during the summer.

Focus Group #1 - ICDS Program Managers

PURPOSE OF FOCUS GROUP	PARTICIPATION	RESULTS
Obtain managers' feedback on each standard, the accompanying indicators and sources of measurement.	80% of programs participated.	Obtained detailed and valuable feedback; overall, positive support for proposed standards.

Focus Group #2 – Ontario Program Standards Advisory Group

PURPOSE OF FOCUS GROUP	PARTICIPATION	RESULTS
Review each of the 24 proposed standards and accompanying indicators to ensure each statement was specific, measurable, achievable, realistic and described using time limits wherever possible.	88% of members participated.	Overall, positive support for the program standards. The information gathered from this focus group further refined the standards.

Focus Group #3 – Families/Caregivers

PURPOSE OF FOCUS GROUP	RESPONSE	RESULTS
Gathered input from families and caregivers concerning standards that were identified as having a direct impact on families. Of the twenty-four proposed standards developed, ten standards were identified as having a direct impact on families. The purpose of the focus group was to establish whether or not parents/caregivers agreed with the ten proposed	18 Infant and Child Development Services* volunteered to participate in this part of the study. 21 focus groups were conducted (three programs conducted two sessions). 118 families/caregivers	Families/caregivers clearly supported the ten proposed standards. Seven of the ten standards received importance ratings of over 85%. Three standards – community involvement, cultural diversity and transition strategies, although deemed important by participants, focused on areas not applicable to everyone that

standards that directly affect them, whether or not these standards encompassed all of the significant aspects of service they receive, and to gain insight into how these standards impacted families' experience with ICDS.	participated in the focus group sessions.	participated in the focus group.

(See Appendix C for a listing of participating services)

In summary, the Project Management Office and Project Steering Committee are very satisfied with the ongoing support and commitment demonstrated by the many ICDS staff, families and Ministry staff that assisted with the surveys and focus group process. Clearly, because there was a significant response rate and diversity of respondents in all aspects of the project, the Project Management Office, OPSAG and the Project Steering Committee are confident that the importance of the standards and accompanying performance indicators has been validated.

Standards

Definition

For the purposes of this project, a standard is defined as a generally accepted written expectation which can be judged against established criteria or indicators. Standards are defined as the ***minimum requirements*** a high quality service must meet in their delivery of service versus a best practice which is a technique or methodology that, through experience and research, has proven to lead reliably to a desired result. Best Practices are ***practices services aspire to reach***, and which continue to "raise the bar" in terms of continuous quality improvement in service delivery. "Standards are tangible tools for organizations to use in the development and delivery of quality programs and services."[2]

In other words, ICDS standards represent the core service components a family would expect to receive from an infant and child development service whether in Kenora, Toronto, Chatham or Prescott-Russell. When implemented, it is envisioned that the standards will be mandatory for all ICDS in Ontario.

Purpose of Standards

The ICDS standards, together with the Ministry of Children and Youth Services Guidelines for Ontario's Enhanced/Expanded Infant Development Programs (2001); the revised Screening and Assessment Guidelines 2007, released by the Ministry of Children and Youth Services (May 2007); and the Ministry of Children and Youth Services Strategic Framework, Realizing Potential: Our Children, Our Youth, Our Future (2008); provide an overall framework for ICDS in Ontario. They are intended to provide guidance for quality service delivery, and to reduce service variations across Ontario, while maintaining flexibility by adapting approaches

[2] CARF 2008 Child and Youth Services Standards Manual

unique to regions and communities. It is hoped that these standards are used by MCYS and by ICDS to monitor, evaluate and improve services and practice in Ontario. It is envisioned that these standards together with MCYS Guidelines for Ontario's Enhanced/Expanded Infant Development Programs (2001) and ICDS Best Practices Manual will continue to promote commitment to the pursuit of excellence in ICDS by encouraging the continuation of education, self-reflection and critical thinking.

More specifically, the purposes of the ICDS standards are to:

- Provide uniformity in the type of services offered and the quality of services offered to residents of Ontario;
- Increase the consistency, predictability of and accountability for services offered to families across the province;
- Set the minimum level of service expectations;
- Provide a set of expectations that Infant and Child Development Services and MCYS can use to monitor, evaluate and continually improve the quality of ICDS;
- Increase accountability by providing a set of standards that are measurable and linked with specific performance indicators;
- Better define the important role ICDS play in the continuum of prevention, early identification, and early intervention services for children and their families;
- Support ICDS with their role in the Best Start plan for healthy development, early learning and child care during a child's first years;
- Serve as a base and provide direction for training and professional development.

Relationship to Other Standards and Legislation

The ICDS standards are seen as separate from but related to other types of standards in other services or professions, such as: professional practice standards, procedural standards, organizational or departmental standards. These other types of standards compliment and augment ICDS standards and vice versa.

It is recognized that there are a number of legislative and regulatory requirements which govern the conduct of all health care and social service providers such as Freedom of Information and Protection of Privacy Act, Child and Family Services Act, Ontario Hospitals Act, Health Care Consent Act, Regulated Health Professions Act, French Language Services Act, Personal Health Information Protection Act, etc. While it is expected that all ICDS will meet the expectations of the ICDS standards and be able to articulate how they demonstrate these standards in their services, if a staff member belongs to another regulatory body whose standards are higher, they must be in compliance with that regulatory body's standards. In the event of any inconsistency between ICDS standards and any legislation that governs the practice of professions, the legislation governs. It is incumbent upon Infant and Child Development Services to be knowledgeable about all relevant legislation and the requirements imposed on staff.

Implementation

The following standards include twenty-four broad standard statements, a description of the statement and indicators that illustrate how the standard may be demonstrated. The twenty-four standards have equal importance and are inter-related. In other words, an indicator used to illustrate one standard may also demonstrate the application of other standards.

When implemented, it is expected that all Infant and Child Development Services will meet the expectations of these standards and be able to articulate how they demonstrate the standards in their services.

Successful implementation of the standards will depend on many factors including building upon the collaborative process undertaken to date and using the valuable information (training feedback, survey and focus group data) that has been gathered throughout the three project phases.

Once the MCYS internal review and approval process has been completed, it is recommended that MCYS work with OAICD to:

- Review the information (training feedback, survey and focus group data) gathered during the project.
- Develop a set of tools (standardized forms, checklists, etc.) for ICDS based on the information provided by staff, managers and families/caregivers.
- Host a Program Manager's meeting to facilitate implementation of ICDS standards.
- Develop a process to review the standards on a regular basis within an identified time period to ensure the standards remain consistent with best practices and developments in the field.
- Provide training to the ICDS staff across the province on the implementation of ICDS standards.

Implementing these standards and indicators across Ontario will continue to build on a continuum of early years prevention and early intervention services in Ontario that enhances the growth and development of infants and young children with developmental disabilities or who are at risk for developmental delay. This action will promote the quality of life of the most vulnerable infants and young children in our province.

QUICK REFERENCE LIST OF STANDARDS

STANDARD #	INFANT AND CHILD DEVELOPMENT SERVICES STANDARD
1	Family-centred approach to service is reflected in the philosophy, values and service delivery model.
2	An Individualized Family Service Plan (IFSP), as specified in the Ministry of Children and Youth Services Infant and Child Development Guidelines, is developed with each family.
3	ICDS provide staff with access to up-to-date information on community resources and services and the location of that information is available to staff.
4	Information is provided to families about formal and informal community services and supports (e.g., community and educational opportunities, health resources, and other service providers).
5	Written policies and procedures defining how a family can access ICDS are developed and communicated to staff, community partners and families. Referrals are accepted from parents and from other sources with parental consent and these referrals are documented.
6	In French language designated communities, families are provided the choice to receive service in French or English in accordance with the French Language Services Act.
7	Recognition of the diversity (cultural, language, literacy, disability, economic circumstances, and sexual orientation) of families is reflected in the policies, procedures, service delivery and materials of ICDS.
8	ICDS collect data that tracks the amount of time elapsed from receipt of referral to admission to service.
9	Wait list management strategies are developed, documented and implemented.
10	Families are oriented to ICDS at the beginning of service.
11	ICDS document and implement screening and assessment policies and procedures.
12	A measure of a child's functioning, using a variety of methods (e.g. clinical observations, checklists, a screen or more in depth norm referenced instrument) is obtained for all children upon entry (within 90 days of first visit). Exceptions must be documented.
13	Assessment results and recommendations are used when developing goals, plans and interventions.
14	If the family is receiving more than one service, service providers and families work together to coordinate services.
15	ICDS have written policies and procedures for transition/discharge planning and have implemented these procedures when transitioning/discharging children from ICDS to other services.
16	The ICDS is involved with and supports collaborative activities undertaken by community-based groups involved in the planning for and delivery of

	services for families and children 0-6 including children with special needs.
17	ICDS participate in community education and promotional activities with regard to infant and child development (e.g., information fairs or workshops, presentations).
18	Using a process of continuous quality improvement, ICDS regularly review and evaluate their services, policies, practices, processes and outcomes and establish a cycle of review.
19	When an ICDS undertakes or participates in a research project, there is an ethics review (e.g., using a recognized ethics committee or office of human research) to review research proposals.
20	Access to current knowledge, best practices and research literature relevant to ICDS is available to staff.
21	All ICDS have written human resource policies and procedures (e.g., health and safety such as infection control, staff recruitment, minimum staff qualifications, job responsibilities, caseloads and assignments, staff development, volunteer and student participation, and performance evaluations) which are reviewed and revised at a minimum of every three years or as stipulated by the sponsoring agency.
22	The ICDS provide opportunities for professional development such as training, support and supervision for direct service staff, contract staff positions, volunteers and students. Opportunities may include presenting a poster, attending conferences, on-line training, reading journals, being mentored or mentoring another individual, belonging to a study group (in person or on-line).
23	Staff are supported in their development of competencies through formal caseload supervision and ICDS track the frequency of formal caseload supervision.
24	The ICDS has a process to determine, monitor and evaluate workload.

STANDARDS FOR INFANT AND CHILD DEVELOPMENT SERVICES IN ONTARIO

FAMILY-CENTRED SERVICE
Family-centred service is the philosophy, values and approach to service that grounds Infant and Child Development Services. The Infant and Child Development Services approach to service is centred on the child within the family context, and recognizes that each family is unique and empowers the family to make informed decisions regarding services, goals, priorities and their level of involvement. Note: The family-centred philosophy and service delivery approach is translated in many of the other standards listed throughout this document.

"If this standard was not in place, I would have been reluctant to seek service."
--Focus group participant--

STANDARD #1: Family-centred approach to service is reflected in the philosophy, values and service delivery model.

Indicators:
1. Family-centred approach to service is evident in informational and promotional materials.
2. ICDS convey to families that they are equal partners in the process.
3. Partnership between the family and ICDS is reflected in the Individual Family Service Plan (IFSP).
4. Throughout service, family's input as to who participates (e.g., relatives, caregivers) in all aspects of service is documented in the IFSP.
5. Staff are family-centred in their approach to service delivery.

Sources of Measurement: Audit of IFSP; statement regarding family-centred service can be found in ICDS informational or promotional materials generated by the ICDS; staff orientation and training materials reflect the family-centred approach to service; client feedback and surveys.

STANDARD #2:
An Individualized Family Service Plan (IFSP) is developed with each family. *(See Ministry of Children and Youth Services Guidelines for Ontario's Enhanced/Expanded Infant Development Programs, 2001, Section V, page 20).*

Indicators:
1. Each family has an IFSP on file within the first 3 months of completion of intake. Exceptions are documented.
2. Goals and plans are developed collaboratively and consider a family's choices, needs, priorities, and resources as indicated in the IFSP.
3. IFSPs are reviewed and revised at least every six months as specified in Infant and Child Development Guidelines *(See Ministry of Children and Youth Services Guidelines for Ontario's Enhanced/Expanded Infant Development Programs, 2001, Section V, page 22).*
4. ICDS evaluates change in a child's development as identified and agreed upon in the IFSP. This process may include screening and assessment.
5. Signature of both family and ICDS staff member is on file.

Sources of Measurement: Check list confirming the development of IFSP and its review e.g., audit

of IFSPs, staff interviews, review of assessment reports and developmental checklists noting changes in the client's file, and client documentation such as case notes.

STANDARD #3: ICDS provide staff with access to up-to-date information on community resources and services and the location of that information is available to staff.

Indicator:
1. Staff have knowledge of the location of information and the tools to access the information.

Sources of Measurement: Staff have access to/knowledge of current/relevant information and resources (websites, Community Services Inventory, Making Services Work for People (MSWFP) Coordinated Information); referral patterns (e.g., use of other community services); demonstrated knowledge of services, feedback from partner agencies.

STANDARD #4:
Information is provided to families about formal and informal community services and supports. (e.g., community and educational opportunities, health resources, and other service providers).

Indicators:
1. Families are informed about the range of services and supports available in the community and these are documented in a format that is easily audited (e.g., IFSP, service coordination record).
2. Staff refer families to community resources as indicated in intake form and/or IFSP.

Sources of Measurement: Service checklist, family survey, case notes, IFSP.

ACCESS TO SERVICE

A reciprocal flow of information exists in which the community stakeholders are aware of the presence and purpose of Infant and Child Development Services and staff of the Infant and Child Development Services are informed about other resources that the community has to offer.

STANDARD #5: Written policies and procedures defining how a family can access ICDS are developed and communicated to staff, community partners and families. Referrals are accepted from parents and from other sources with parental consent and these referrals are documented.

Indicators:

1. Written policies and procedures outline method of access.
2. There is a clearly documented description of the access or intake process (through ICDS' own intake or through a community centralized access mechanism).
3. There is a written strategy to communicate clearly the method of access to external community stakeholders/partners.
4. Communication strategies (e.g., letters of intent, memorandum of understanding, protocols, letters of agreement, coordinated information lines, brochures) about access have been implemented.

Sources of Measurement: Written policies and procedures describing access mechanism and process; communication strategies such as the use of promotional material, websites; service description information and intake processes documented and listed in local Ontario Early Years Centres (OEYCs) community services inventories, Best Start Community Services Inventory, MSWFP Coordinated Information; sources of referral; documented intake/referral policy.

STANDARD #6: In a French language designated community, families are provided the choice to receive service in French or English in accordance with the French Language Services Act.

Indicators:

1. ICDS produce documented proof of providing services in French in compliance with the French Language Services Act and the provisions within agency service contracts between ICDS and MCYS.
2. ICDS demonstrate that services were offered in French.
3. Offer is documented at point of referral.

Sources of Measurement: Intake/referral form or checklist, bilingual staff, translated documents, use of translator.

STANDARD #7: Recognition of the diversity (cultural, language, literacy, disability, economic circumstances, and sexual orientation) of families is reflected in the policies, procedures, service delivery and materials of ICDS.

Indicators:

1. Policies and procedures are written and implemented.
2. Staff receive training and/or have had the opportunity to gain understanding of diversity.
3. ICDS demonstrate approaches to make services inclusive and accessible to their diverse community (e.g., written materials where appropriate, audio-visual materials access to interpreters,

sign language).
4. Work with broader community to source and make available resources, materials and service delivery reflective of the diversity of the community.

Sources of Measurement: Family survey, review of ICDS materials, documented policies and procedures, professional development plans, review of minutes of community committees.

"Has not pertained to us, although our worker has always asked if it is okay to include anything of Christmas before giving it to my son" –Focus group participant--

STANDARD #8: ICDS collect data that tracks the amount of time elapsed from receipt of referral to admission to service.

Indicators:
1. Reporting mechanisms are developed that track the amount of time elapsed from receipt of referral to admission to service.
2. Data reports are made available to key stakeholders (e.g., local planning groups) as required.

Sources of Measurement: Reporting mechanism, referral documentation, electronic file tracking.

STANDARD #9: Wait list management strategies are developed, documented and implemented.

Indicators:
1. At point of referral, parents are provided information about the wait list (e.g., what is a 'waiting list', how does it work, how is it managed).
2. Strategies for interim/alternative services have been developed, documented and implemented.

Sources of Measurement: Description of wait list management strategies and utilization are tracked formally and informally, intake checklist at point of referral, policies and procedures, orientation materials.

"All the months we waited…we received phone calls from someone inquiring about our son's health. We felt more at ease…not thinking that we have fallen through the cracks." –Focus group participant--

ORIENTATION
During orientation, families are provided a description of the service and its objectives, an explanation of a client's rights, and information about any relevant policies and procedures. As Infant and Child Development Services is a voluntary service, families have the right to refuse participation in the service even in the case when participation is mandated by the court.

STANDARD #10: Families are oriented to the ICDS at the beginning of service.

Indicators:
Families are informed of the following points:
1) the service approach and it's objectives, the service delivery process and the benefits/potential risks;
2) that family participation is voluntary and documented by the signatures of the legally designated caregiver and staff on the IFSP or a consent form;
3) that the family may withdraw from service at any time;
4) that ICDS may decide to end service under certain conditions (e.g., no further objective need for service, a certain number of "no shows", harassment of staff, etc.);
5) that ICDS staff practice within a scope of professional practice (e.g., ICDS are not allowed to make/communicate a diagnosis, cannot refer to a specialist, cannot do infant massage);
6) that written informed consent is obtained when gathering and sharing information and that the sharing of reports with other agencies and professionals must adhere to current legislation;
7) that staff will obtain informed consent from the family before involving a volunteer or student directly in delivering service;
8) that there are policies regarding client records (i.e., that records, both paper and electronic, are being kept, how long those records are kept, family's right of access to those records according to the legislation pertaining to the sponsoring agency);
9) that confidentiality and consent provisions are articulated in legislation, regulation, policy and legal agreements specific to particular services and agencies. Compliance with the appropriate legislation and regulation is a requirement under the law;
10) that individuals working with children and families have a legal responsibility to report suspected child abuse or neglect under the Child and Family Services Act (CFSA). In cases of suspected abuse or neglect, the duty to report over-rides other responsibilities to the family;
11) that there is a process through which families can express concerns or complaints.

Sources of Measurement: Signed checklist/consent form, family survey, audit.

SCREENING AND ASSESSMENT
Professionals and families collaborate in planning and implementing the assessment process. Screening is used to determine eligibility, strengths, service needs and the requirement for further evaluation. The assessment process includes the use of screening tools and clinical observations for the purpose of identifying goals, interventions and measuring change. Diagnosis is obtained through formal assessment.

"We find assessments really beneficial in benchmarking where we are, where we want to go, and planned activities to get there…has helped us not feel so overwhelmed."
--Focus group participant--

STANDARD #11: ICDS document and implement screening and assessment policies and procedures.

Indicators:
1. When conducting assessments, ICDS staff inform parents/caregivers about the purpose of the assessment and the benefits and risks of doing or not doing an assessment.
2. Screening and assessment tools are administered and interpreted by appropriately trained and qualified staff. (Note: When resources are not available within the Infant and Child Development Service, a referral is made for an external consultation or assessment).
3. Assessment policies and practices follow accepted standards *(See revised Screening and Assessment Guidelines 2007, released by the Ministry of Children and Youth Services May 2007, Section IV, page 6)* for the use of techniques and tools.

Sources of Measurement: Documentation of qualifications and/or training; written policies/ procedures, checklist, documentation of review of benefits.

STANDARD #12: A measure of a child's functioning; using a variety of methods (e.g., clinical observations, checklists, a screen or more in depth norm referenced instrument) is obtained for all children upon entry (within 90 days of first visit). Exceptions must be documented. *(See revised Screening and Assessment Guidelines 2007, released by the Ministry of Children and Youth Services May 2007, Section IV, page 6).*

Indicators:
1. A measure of a child's functioning is obtained for all children within 90 days of first visit. Exceptions are documented as per revised Infant and Child Development Guidelines.
2. Measures or methods are documented in the IFSP.

Sources of Measurement: Assessment notes, screening results, clinical notes, checklists.

STANDARD #13: Assessment results and recommendations are used when developing goals, plans and interventions.

Indicators:
1. Assessment reports are reviewed with the parents/caregivers and families receive a copy of reports written by ICDS staff within the timeline agreed upon by stakeholders as documented in the IFSP or client notes.
2. Results and recommendations are recorded and summarized in the IFSP and/or client record.

Sources of Measurement: IFSPs, client record.

SERVICE COORDINATION
The families of most infants or young children who have special needs, or are at-risk, will use a number of supports from different organizations or services (e.g., treatment, counseling, financial, housing, etc.). When several agencies or several personnel are involved in serving a family, service coordination is particularly important. *(See Infant and Child Development Program Guidelines, Section V and 'Service Coordination and Service Planning' (Section 2.6) of Healthy Babies Healthy Children Consolidated Guidelines - October 2003.)*

"We were overwhelmed at first, but each support service really provided service that was coordinated with each other…"
--Focus group participant--

STANDARD #14: If the family is receiving more than one service, service providers and families work together to coordinate services.

Indicators:
1. Service coordination is documented outlining the roles and responsibilities of each agency.
2. A policy is documented that includes families in the discussion about and assignment of the individual to do service coordination or case management (e.g., could be ICDS staff, parent, someone designated from another agency) is documented and implemented.
3. Team members (service providers, families, other individuals) are invited to meet regularly (as agreed upon by stakeholders) for consultation, case review, and problem solving.
4. Written service protocols between partner agencies exist for the purposes of service provision, referral process, and transition/discharge planning (e.g., child care, nursery schools, kindergarten, resource teachers and boards of education).

Sources of Measurement: IFSP, documentation of meeting minutes/case conference minutes, protocols, service agreements, transition/discharge plans, written policy.

STANDARD #15: ICDS have written policies and procedures for transition/discharge planning and have implemented these procedures when transitioning/discharging children from ICDS to other services. (*See Ministry of Children and Youth Services Guidelines for Ontario's Enhanced/Expanded Infant Development Programs, 2001, Section VI, page 26)*

Indicators:
1. Policies and procedures for transition/discharge planning are documented.
2. Policies and procedures for transition/discharge planning are implemented.
3. Protocols with other agencies (e.g., child care programs, nursery schools, boards of education) that facilitate transition from ICDS to these other services are developed and implemented.

Sources of Measurement: Written policy and procedures, implementation of policy and procedures reflected within IFSP, documented transition/discharge plan on client record and written protocols, family surveys.

"This was an important standard that helped us to transition our son into daycare…"
–Focus group participant--

COMMUNITY PLANNING/PARTNERSHIPS
Successful Infant and Child Development Services develop collaborative relationships with community partners, actively promote their services and increase community awareness.

"Parents felt that it is important for programs like ours to be at planning tables to have a voice in the bigger system for children's services."
--Focus group facilitator--

STANDARD #16: The ICDS is involved with and supports collaborative activities undertaken by community-based groups involved in the planning for and delivery of services for families and children 0-6 including children with special needs.

Indicator:

1. The ICDS participates on, and or supports community based groups to plan for and improve services for families and children with special needs.

Sources of Measurement: Service protocols, memoranda of agreements, workshops, and minutes from groups such as: Best Start, Success by 6, children's service resolution, Healthy Babies Healthy Children Advisory/Steering Committees, children's services system management committees, and developmental services system management committees.

STANDARD #17: ICDS participate in community education and promotional activities with regard to infant and child development (e.g., information fairs, workshops, presentations).

Indicator:

1. Community education and promotional activities are undertaken to respond to community needs.

Sources of Measurement: Documentation of participation activities which could include websites, printed materials, radio, television, presentations.

CONTINUOUS QUALITY IMPROVEMENT
Evaluation in early intervention examines the ability of the Infant and Child Development Services to work with families to achieve planned outcomes for children at risk and their families.

STANDARD #18: Using a process of continuous quality improvement, ICDS regularly review and evaluate their services, policies, practices, processes and outcomes and establish a cycle of review. *(See Ministry of Children and Youth Services Guidelines for Ontario's Enhanced/Expanded Infant Development Programs, 2001, page 29).*

Indicators:
1. A process is implemented according to an evaluation framework and includes a cyclical review and an action plan.
2. There is a documented process to obtain formal feedback from families on service outcomes and satisfaction with services throughout service delivery.
3. Periodic review of service policies and procedures exist (minimum every 2 years).
4. There is a process to objectively measure client specific outcomes.

Sources of Measurement:
Service evaluation by families (mandatory)
Auditing of standards compliance (mandatory)
Service Contract with MCYS (mandatory)
Documentation of periodic review of policies and procedures (minimum every 2 years)
Participation in Best Practices and/or accreditation (if applicable)
Service evaluation by community partners
Participation in Research (optional) *(See Ministry of Children and Youth Services Guidelines for Ontario's Enhanced/Expanded Infant Development Programs, 2001, Section VII, page 30).*
Evidence of a workplan
Documentation of client specific outcomes (IFSP)

STANDARD #19: When an ICDS undertakes or participates in a research project, there is an ethics review (e.g., using a recognized ethics committee or office of human research) to review research proposals.

Indicator:
1. Each proposed study undergoes an objective ethical review (e.g., university ethics review committee, hospital ethics review committee, Institutional Review Board Services (IRB) or other Research Ethics Board that meets standard principles (e.g. Canadian Institutes of Health Research, Tri-Council Policy: Ethical Conduct for Research Involving Humans (1998), etc. *(Source: Children's Mental Health Ontario Program Standards, December 2006).*

Sources of Measurement:
Documentation of the ethics review, affiliating research with universities or other established research groups.

STANDARD #20: Access to current knowledge, best practices and research literature relevant to ICDS is available to staff.

Indicator:

1. ICDS staff have access to best practices information, research literature, web-based resources, and cross-disciplinary training opportunities.

Sources of Measurement: Audit, memberships in professional associations, professional development/learning plans, staff participation in forums designed to support the exchange of knowledge, list of available materials and training attended.

HUMAN RESOURCES

The quality of an Infant and Child Development Service will depend to a significant degree on the quality of the staff that provides its services (Bruder, 1993). Thus, providing service to infants, young children and their families requires that all staff and volunteers (where utilized) possess the highest level of competence and are supported by their organization to achieve the highest possible level of performance.

"Worker has often come back from training excited about new information learned."
--Focus group participant--

STANDARD #21: All ICDS have written human resource policies and procedures (e.g., health and safety such as infection control, staff recruitment, minimum staff qualifications, job responsibilities, caseloads and assignments, staff development, volunteer and student participation, and performance evaluations) which are reviewed and revised at a minimum of every three years or as stipulated by the sponsoring agency.

Indicators:

1. Written human resource policies and procedures exist and are implemented.
2. Policies state minimum staff qualifications *(See Ministry of Children and Youth Services Guidelines for Ontario's Enhanced/Expanded Infant Development Programs, 2001, Section VII, page 27).*
3. ICDS hired staff meet the documented qualifications criteria.
4. Human Resources policies and procedures are reviewed every three years or as stipulated by the sponsoring agency.
5. The policies outline expectations concerning volunteer and student participation.
6. Volunteer and student participation are documented.

Sources of Measurement: Written policies, checklist that policies are in place.

STANDARD #22: The ICDS provide opportunities for professional development such as training, support and supervision for direct service staff, contract staff positions, volunteers and students. Opportunities may include presenting a poster, attending conferences, on-line training, reading journals, being mentored or mentoring another individual, belonging to a study group (in person or on-line), etc.

Indicators:

1. Learning plans or performance plans reflect opportunities for training and professional development.
2. Staff evaluations and feedback reflect opportunities for professional development.

Sources of Measurement: Documented evidence of orientation and training, learning plans, performance feedback, staff evaluations and/or staff feedback, peer review.

STANDARD #23: Staff are supported in their development of competencies through formal caseload supervision and ICDS track the frequency of formal caseload supervision.

Indicators:

1. Staff receive formal caseload supervision according to agreed upon intervals.
2. Supervisors receive training on contemporary supervisory practices (e.g., reflective supervision, workload management, etc.).
3. Staff evaluations and feedback reflect formal caseload supervision.

Sources of Measurement: Documented evidence of orientation and training, learning plans, performance feedback, staff evaluations and/or staff feedback.

STANDARD #24: The ICDS has a process to determine, monitor and evaluate workload.

Indicator:

1. Process to determine, monitor and evaluate workload is documented and implemented.

Sources of Measurement: Performance plans, staff evaluations, staff supervision minutes, team meeting minutes, workload statistics, annual reports, policies and procedures for caseload monitoring.

GLOSSARY

Admission - the process during which the child and family are accepted into service, service is explained to family, family agrees to participate and service needs assessment commences.

At risk - having risk factors for delayed development

Bi-annual - occurring every two years

Caregiver - the term "caregiver" describes the adults who may be involved with the infant or child, but do not have guardianship rights

Client Record - the entire compilation of information about the child and family, services provided, from referral through discharge, whether paper or electronic

Coordinated access mechanism - A Making Services Work for People system feature established in each community that helps families and individuals gain access to services that are the most appropriate to respond to their needs

Coordinated Information Line - Making Services Work for People system feature that provides integrated information about all Ministry-funded children's and developmental services; mechanism also includes or provides referral to information about other services and supports in the community

Community Services Inventory - one component of the Best Start Initiative which helps to support the planning process; help communities integrate services and identify service gaps

French Language Services Act - guarantees an individual's right to receive services in French from Government of Ontario ministries and agencies in 25 designated areas in Ontario. http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm

Individual Family Service Plan - a written plan for providing Infant and Child Development Services for children with or at risk for disabilities and their families

Intake - receipt of referral information

Making Services Work for People - a 1997 Ministry of Community and Social Services policy initiative that set out directions for reshaping children's services and developmental services funded by MCSS

Parent - the adults who retain legal guardianship for the infant or child

Referral - the process of facilitating the client's utilization of available support systems and community resources to meet needs

Regulated Health Professions Act - a framework for regulating the scope of practice of health professions in Ontario, under their respective regulatory Colleges; includes a general Act and a Procedure Code for all the regulated health professions, and profession-specific Acts http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm

Research - the systematic process of collecting and analyzing information to increase understanding of the phenomenon under study

Scope of Professional Practice - outlines education and training requirements within a given field of practice; typically provides a description of tasks an individual is able to undertake given their education and training qualifications

Semi-annual - occurring every six months or twice per year

Service Coordination – "a family centered process of ensuring families have access to services and informal supports that reflect their values, priorities, strengths and preferences. Service coordination is designed to guide families through the complex system of services and help them access appropriate programs and services". (Healthy Babies Healthy Children Consolidated Guidelines, October 2003, pg. 33)

Stakeholders - a person, group, organization, or system that affects or can be affected by an organization's actions

RESOURCE LIST

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Paul Davock – George Hart. (1981). Overview of the Individual Programme Planning Process for Infant Stimulation/Development Programme Staff, Conestoga College, Ontario.

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APPENDICES

Appendix A Ontario Program Standards Advisory Group Membership List

Appendix B Standards Development Process

Appendix C Infant and Child Development Services that Conducted Focus Groups

APPENDIX A

Strengthening Our Partnerships: Best Practices for Infant and Child Development Project

Ontario Program Standards Advisory Group (OPSAG)

Membership List

NAME/POSITION	ORGANIZATION
Michael Bates, Program Supervisor	Ministry of Children and Youth Services, Toronto Region
Dan Beale, Manager	Early Intervention Services of York Region
Ellen Boychyn, Manager	Infant and Child Development Services Durham
Kathryn Brown, Program Analyst	Operational Support Branch, Ministry of Community and Social Services
Karen Calligan, Program Supervisor	Ministry of Children and Youth Services, Hamilton/ Niagara Region
Anne Lacoursiere, Program Supervisor	Ministry of Children and Youth Services, Toronto Region
Helene Lamarche, Manager	Child & Adolescent Services and Infant Development Program, Cornwall
Pierrette Lefebvre, Manager	Infant Development, Developpement de l'enfant, Sudbury
Claire MacLean, Program Consultant	Early Learning and Child Development Branch, Ministry of Children and Youth Services
Cathy Martel, Manager	Children First, Windsor
Pamela Martindale, Program Supervisor	Ministry of Children and Youth Services, Central West Region
Lorna Montgomery, Manager	Infant and Child Development Services Peel
Elizabeth Moore, Program Supervisor	Ministry of Children and Youth Services, Central East Region
Sandra Russell, Program Supervisor	Ministry of Children and Youth Services, Northern Region
Cathie Smith, Front Line Worker	Early Intervention Program Children's Centre, Thunder Bay, Schreiber Office
Roxanne Young, Manager (OPSAG Chair)	Halton Children's Services

*Meetings chaired by Roxanne Young, President, Ontario Association for Infant and Child Development
Staff support provided by Wendy Perry, Project Manager

APPENDIX B

Standards Development Process

The ICDS standards outlined in this document are based on over ten years of development work undertaken by ICDS across the province in partnership with OAICD and MCYS.

In 1987, the Ministry of Community and Social Services of the Ontario government published the “Infant Development Program Guidelines”. (Ministry of Community and Social Services, 1987). This document was prepared to provide guidance “regarding the design, management, and delivery of infant development services”. These Guidelines basically summarized the “state of the art” and provided considerable useful information for infant development programs.

By the early 1990's, however, there was a need for an updating of the 1987 Guidelines to be congruent with current service philosophy and government policy. Increasingly sophisticated research was being published which indicated new directions in early intervention. Therefore, OAICD committed itself to the establishment of Best Practices guidelines which reflected the systems and values of Ontario based Infant and Child Development Services and the families they served.

Highlights:

- 1994 -1995 OAID established and funded a task force to undertake an extensive literature review on early intervention;
- Consensus reached by Task Force on a set of Best Practices and guiding principles;
- Staff and families from infant development services across Ontario were then surveyed to determine if they believed that the draft guiding principles were relevant;
- In 1996, the Best Practices Guiding Principles were published by OAID;
- In 1998, the Ministry of Community and Social Services funded OAID to identify best practices for Infant Development Programs, publish a best practices document and conduct training with Infant Development Programs in Ontario on how to use the Program Self Evaluation Tool;
- Second task force created to turn the guiding principles into best practices;
- Task force identified 8 Best Practices Content Areas with indicators (indicators were included only when consensus was reached among all Task Force members as to the relevance/importance of the indicator);
- Task Force sought feedback from staff and families across Ontario to ensure that the indicators made sense to those who were directly involved in program delivery;
- In October 1998, Infant Development Program staff and families were surveyed to assess the applicability and importance of each indicator (75% agreement among the staff or parent respondents was considered to be “general support for an indicator”);
- Best Practices Manual and Program Self Evaluation Tool developed (1st and 2nd editions); the manual describing each of the 8 content areas, the agreed upon philosophy/values, evidenced-based research and best practice indicators.

This extensive, collaborative process to develop best practices within the field of infant and child development in Ontario resulted in the identification of eight Best Practices Content Areas and 83 Best Practices Indicators that are grounded technically in the most up to date research and knowledge available in the field.

These best practices and accompanying indicators have been recognized as relevant and applicable to ICDS across the province and they reflect the ideal – what each service aspires to in their service delivery and practice. However, it would not be practical or feasible for all of the 83 Best Practice Indicators to become standards. As a result, during the standards development process it was important to identify which of the existing Best Practices Indicators should become a standard for a high quality infant and child development service. In other words, identify the minimum requirements all ICDS in Ontario must meet in their delivery of service and practice. It was also important to review standards in related fields and identify any potential standards not already captured in the Best Practices Indicators.

Principles

In order to support the development of these standards, nine guiding principles were identified. It was agreed upon by OPSAG members that the standards would:

- Be developed by a reasonable and competent group of peers
- Set out mandatory, minimum requirements/expectations to provide a high quality and ethical ICDS in Ontario
- Build on already researched and technically sound infant and child development best practices as well as other existing standards in related fields and professions
- Be congruent, to the greatest extent possible, with standards in related fields and other service enhancements (e.g., expansion of screening and assessment section in Infant and Child Development Guidelines) related to infant and child development
- Rely on existing legislative and regulatory requirements, federal and provincial laws, and regulations, ethical codes (e.g., Regulated Health Professions Act, Freedom of Information and Protection of Privacy Act, Child and Family Services Act including child welfare/protection, Ontario Hospitals Act, and Health Care Consent Act)
- Reflect the core values and principles, ethics, knowledge and skills of ICDS
- Be developed in collaboration with key stakeholders with as much input as possible within the project timeframes
- Require 85% agreement among key stakeholders to be considered as having "general support for a standard"
- Be relevant to the MCYS and be specific, measurable, achievable, realistic, with established time limits identified, wherever possible.

Surveys and Focus Groups

To further support the development of the standards, OAICD commissioned Collis & Reed Research to develop the tools (surveys and focus group methodology) that would gather input and feedback from staff at ICDS and other stakeholders (Ministry representatives, families and caregivers). Collis & Reed Research provided survey research services on two

previous occasions for Best Practices (in 1995 and 1999), and were instrumental in providing support and expertise to this phase of the project.

During this developmental stage, the OAICD Best Practices Committee undertook a review of existing standards in relevant professions (e.g., Speech/Language, Occupational Therapy, Physiotherapy, Social Work, and Psychology) to ensure consistency and to identify any potential standards not already captured in the Best Practices Indicators.

i) Surveys

Collis & Reed designed and administered a survey to be completed by ICDS across the province that would identify which existing best practices indicators staff thought should become a standard for a high quality infant and child development service. The response to this survey was excellent as 92% of the ICDS provided input. From the results of this survey, 24 best practices were identified as potential standards.

Next, Collis & Reed administered a Proposed Standards Feedback Survey where ICDS were asked to meet with their staff and provide feedback specifically on the twenty-four proposed standards and accompanying indicators. The objective was to ascertain whether the ICDS agree with the proposed standards. Furthermore, ICDS were asked to provide feedback on the indicators that comprise each of the standards and also supplied suggestions for ways of measuring compliance with the standards and indicators. Many of these suggestions for compliance would eventually become the 'sources of measurement' for each standard. Overall, thirty-six ICDS participated in the survey providing a response rate of 74%. This was an excellent level of participation especially considering the length of the survey and the complexity of the topics that were reviewed. Even more impressive was the extensive number of insightful comments made by respondents.

The survey results highlighted an overall strong endorsement for the proposed standards and indicators. On average, over 90% of respondents agreed with the standards and indicators presented in the survey. In total, over 1,500 comments were received (an average of forty-three comments per respondent). An in depth review by the Project Management Office of both the ratings and comments provided excellent guidance to make changes either to the wording of standards or indicators, identify words and concepts that should be defined in a glossary that accompanies the standards as well as highlight areas that might require further professional development training.

ii) Focus Groups

The last stage of the standard development process involved gathering input from OPSAG members and families/caregivers through the use of two different focus group formats.

The first focus group asked OPSAG members to review each of the twenty-four proposed standards and accompanying indicators to ensure each statement was specific, measurable, achievable, realistic and described using time limits wherever possible. The information gathered from this focus group further refined the standards.

The second focus group gathered input from families and caregivers concerning standards that were identified as having a direct impact on families. Of the twenty-four proposed standards developed, ten standards were identified as having a direct impact on families. The purpose of the focus group was to establish whether or not parents/caregivers agreed with the ten proposed standards that directly affect them, whether or not these standards encompassed all of the significant aspects of service they receive, and to gain insight into how these standards have impacted their ICDS experience.

To support the focus group discussion methodology, ICDS were asked to volunteer to host and facilitate the focus groups. Collis & Reed provided facilitators from ICDS across the province with a focus group tool kit. The tool kit was designed specifically to support facilitators and communicate a clear and consistent message to focus group participants and to elicit their points of view in a standardized and interpretable format.

The tool kit comprised three important components. The first component consisted of an introductory video that explained the reasons for developing standards, introduced the ten standards directly relevant to families, outlined the project's history and explained their role in the focus group. Focus group participants viewed this video at the beginning of the focus group session. The second component was a focus group guide book that contained all of the materials and instructions to run the sessions successfully and help the focus group facilitator encourage discussion amongst participants.

The third component consisted of focus group participants' and facilitators' session surveys. Each participant completed a survey which was used to collect individual client perspectives and the facilitator was queried about the issues discussed during the focus group, which issues generated the most discussion and what were the main themes that came out of the session.

Eighteen Infant and Child Development Services *(See Appendix C for a listing of participating services)* volunteered to participate in this part of the study and twenty-one focus groups were conducted (three programs conducted two sessions). In total 118 families/caregivers participated in the sessions. According to Collis & Reed's report, "focus group facilitators reported that focus groups had free-flowing discussions, full group participation, discussion of all ten standards, and that the endeavor was deemed insightful."[3]

The results from these focus groups indicated that families/caregivers clearly supported the ten proposed standards. Seven of the ten standards received importance ratings of over 85%. Three standards – community involvement, cultural diversity and transition strategies, although deemed important by participants, focused on areas not applicable to everyone that participated in the focus group. Collis & Reed concluded that the fact that these issues received lower scores was "testament to the validity of the methodology. It suggests that participants answered honestly with respect to their personal situation and did not feel compelled to respond in a positive manner due to any perceived

[3] Collis & Reed Research, OAICD Standards of Practice Focus Group Report, 2.

expectations."[4] Facilitators reported that in addition to speaking about standards, participants also discussed the services that ICDS provides and despite the fact that the sessions were conducted by ICDS staff, the discussions were open and candid.

According to Collis & Reed, the focus group sessions went "beyond merely verifying that the ten standards are important to clients of ICDS. The comments made by clients and facilitators highlight *why* these standards are important. They serve as a powerful demonstration that these standards capture the essence of the unique and valuable service provided by Infant and Child Development Services across Ontario."[5]

In conclusion, the Project Management Office and Project Steering Committee were very satisfied with the ongoing support and commitment demonstrated by the many ICDS staff, families and Ministry staff that assisted with the surveys and focus group process. Clearly, because there was a significant response rate and diversity of respondents in all aspects of the project, the Project Management Office, OPSAG and the Project Steering Committee are confident that the importance of the standards and accompanying performance indicators was validated.

[4] Collis & Reed Research, 38.
[5] Collis & Reed Research, 38.

APPENDIX C

<u>INFANT AND CHILD DEVELOPMENT SERVICES THAT CONDUCTED FOCUS GROUPS</u>

- Belleville Infant and Child Development Program
- Bloorview Kids Rehab
- Children First Windsor & Essex County
- Children's Developmental Services Halton Region
- Early Intervention Program, Children's Centre Thunder Bay
- Home Visiting Program for Infants at Child and Parent Resource Institute (CPRI)
- Infant and Child Development Program – Algoma
- Infant and Child Development Services Durham
- Infant and Child Development Services Niagara
- Infant and Child Development Services Peel
- Infant and Child Development Waterloo
- Infant and Child Developmental Services Community Living Owen Sound and District
- Lansdowne Children's Centre, Brantford
- Ottawa Infant Development Service
- Simcoe County Infant Development
- Stormont, Dundas and Glengarry Developmental Services Centre
- Surrey Place, Toronto
- York Region Early Intervention Services

A total of 21 focus group sessions were conducted.
18 separate programs participated in the process.
ICDS Niagara, CPRI London and Peel Infant Development each completed 2 focus group sessions
Total # of Participant Responses: 118