

Service Provider Survey

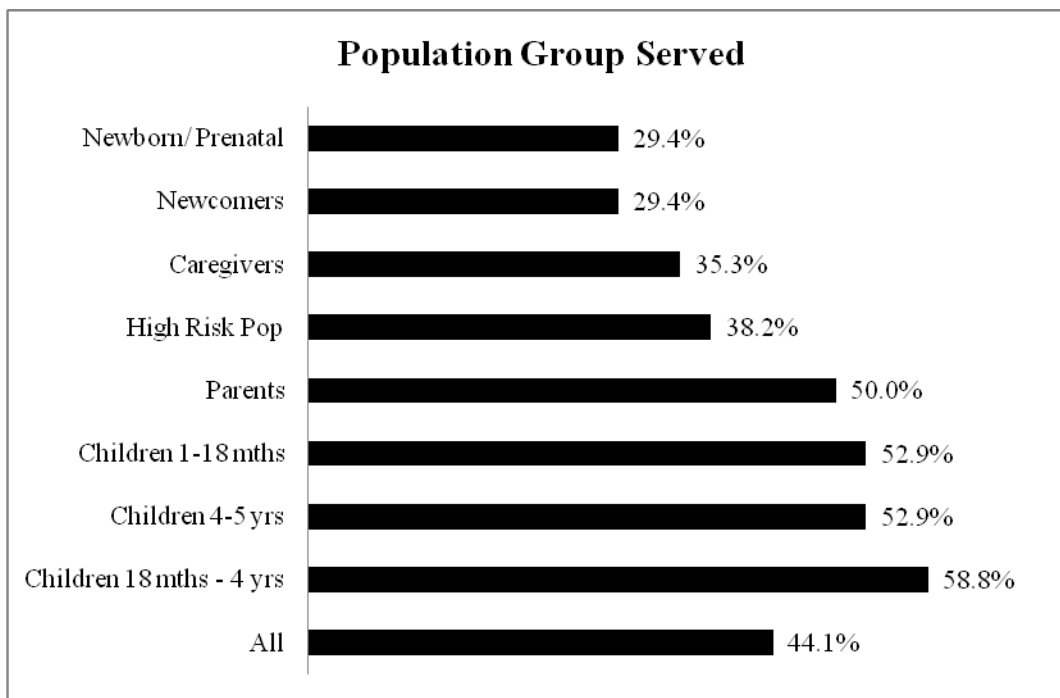
As part of the project exploring ways in which Surrey and White Rock communities can build neighbourhood connections for families with children under 6, a survey was conducted in the spring of 2012 with service providers in the area.

Staff were encouraged in their workplaces to take part in the survey, either on-line through SurveyMonkey or by filling in a hard copy. Participation was also encouraged by allotting time at community meetings for completion of the questionnaire.

In all, there were 35 respondents and from their geographic distribution service providers clearly cross communities. 41.2% reported that they provided service throughout Surrey and White Rock, 23.5% worked in Whalley and the same proportion in South Surrey. 20.6% served the Newton community, 17.6% White Rock, 14.7% in Cloverdale and 8.8% in Fleetwood and Guildford.

The following analysis looks at this group as a whole and does not provide a breakdown by geographic area.

Asked what population groups they served, not surprisingly most respondents were involved in services to parents and young children.



Three service providers dealt specifically with children with special needs.

Issues affecting Participation

The survey asked providers what issues they felt affected families' accessibility to programs and services.

1. Transportation

*“Building Neighbourhood Based Family Connections in Surrey/ White Rock”: Service Provider Survey, 2012
Survey Analysis prepared by Jennifer Cleathero, September 2012*

- *..Most of our programs are held in Surrey elementary schools and many are not on good transit routes.*
- *Many people are dependent on public transport and the construction of gates at Surrey Centre skytrain has created hardship for people with mobility challenges.*
- *Client's lack of transportation.*

2. Hours of operation

- *We are only open Monday-Friday 8:30-4:30 (no evenings or weekends). Different programs/clinics are only offered at certain times during the week.*
- *Working parents - we have few staff available to do programming on evenings/weekends when working parents can attend.*

3. Low income

- *Low income - not having a home computer, not having a cell phone as 2 examples.*
- *Not enough money for childcare, unemployment and homelessness.*
- *Lack of affordable housing.*

4. Long Waitlists

- *Limited space. Most Strong Start programs now have sign-up or FULL signs.*
- *Lack of availability of programs. Waitlists for access to services and programs.*

5. Lack of knowledge about programs

- *Getting the word out to families about what services are available.*
- *Funding for promotion. Staff time for providing information / outreach to the target groups.*

6. Other

- *Childcare.*
- *Mental health, hearing and speech impairment.*
- *Funding-we need to limit home visits due to financial constraints and waitlist issues.*
- *Language barriers, lack of translation services.*
- *Retirement of qualified staff; staff turnover (working conditions); language and SES barriers.*
- *Pay parking.*

They provided the following suggestions to make services more accessible:

1. Transportation

- *Better transportation routes, use of strollers on buses.*
- *Advocacy with Translink to increase number of strollers on bus.*
- *Transit improvements in Surrey especially Cloverdale.*

2. Hours of operation

*""Building Neighbourhood Based Family Connections in Surrey/ White Rock"": Service Provider Survey, 2012
Survey Analysis prepared by Jennifer Cleathero, September 2012*

- *More locations and hours for family programs.*
- *Open weekends or evenings.*
- *Allowing us to have staff that can do programming at all times of the day.*

3. Funding

- *More dollars for more programs.*
- *Funding program similar to Canadian Tire Jumpstart. Increased operating budget.*
- *Funding for promotion and staff time for outreach.*
- *More funding for more clinicians.*
- *Need way more staffing so infants don't "wait" and early intervention becomes more complex; better facilities as currently could not accommodate more staff.*
- *No funding increases since mid 90's. Expenses have gone up (rent, materials, IT etc) therefore staffing levels have had to be adjusted downward. Growing community so increasing need = Increased waitlists. Staff salaries have fallen behind so difficult to recruit and retain staff. Need to give salary increases to staff.*
- *Higher subsidy rates and easier to obtain subsidy, funding from other sources so that parents don't have to pay.*
- *Increase child care subsidy; publicly funded child care programs, increase child care spaces; Increase CCOF to enable greater staffing to support more children who require support.*

4. Public Awareness

- *Information for families: A website/ flyer listing all the services available to young families and the locations and times they are available. i.e. Library Storytimes, Parks & Rec drop-ins, pool times and skate times, Strong Start programs, Family Place programs, Neighbourhood house programs.*
- *Somehow more advertisements.*
- *More promotion materials and adequate parking space.*
- *Improve awareness and accessibility for low income families.*

5. Other

- *More child care provided.*
- *Need to look into making it more accessible to special needs and disabled people/parents.*
- *Home visits.*
- *Improved access to mental health services.*
- *Currently we have free parking but you have to cross a busy street, eventually we may have nearby parking but it might be pay - we need parking that is both convenient and free*
- *More spaces in community without overhead charges.*
- *Having more medical services that support women (moms) specifically managing addictions/ mental health in a health understanding perspective.*
- *Stronger partnerships with city/ school venues.*
- *Funds to look at physical changes to building to enhance accessibility.*
- *Library programs should all be free. Other community programs should be free. Translators could be available.*

Specific services for families with children under 6

Survey participants were asked to consider the most important services for families at different points in their children's lives.

	For Families During Pregnancy and the Prenatal Period	For Families with Children 1 to 18 months	For Families with Children 18 months to 4 years	For families with children 4 to 5 years
CHILD CARE AND EDUCATION				
Full time (child care group)	13.8%	69.0%	89.7%	82.8%
Part time (group, toddler, preschool)	16.0%	76.0%	84.0%	72.0%
Home based care	46.7%	73.3%	60.0%	33.3%
PARENT				
Parent relief/ Occasional child care	25.0%	95.8%	79.2%	70.8%
Parenting groups	63.3%	83.3%	86.7%	76.7%
Play groups (parents with children)	17.2%	72.4%	93.1%	72.4%
Pre and post natal support	96.2%	53.8%	15.4%	15.4%
Information and referrals	91.3%	95.7%	78.3%	73.9%
COMMUNITY				
Community events for families	50.0%	62.5%	87.5%	95.8%
Resource Library (toys/ books/ equipment)	47.6%	81.0%	95.2%	81.0%
Health and nutrition/ wellness information/ programs	83.9%	83.9%	74.2%	71.0%
PROFESSIONAL SERVICES				
Child and/ or family counselling	70.4%	74.1%	74.1%	88.9%
Speech and language services	25.0%	53.6%	92.9%	71.4%
Home visit by professionals (e.g. public health nurse)	89.3%	75.0%	28.6%	14.3%

A family's needs clearly alter dependent on the age of the child. During pregnancy and the prenatal period it was pre and post natal support, information and referral and home visits by professionals that are seen as priorities. Families with

children under 18 months look for services providing parental relief, information and referral and health and nutrition advice as well as home based care for their child.

At 18 months to 4 years, families want play groups for their children, resource libraries, speech and language services as well as full and part-time day care options.

At 4-5 years full time child care is regarded as a priority as is child and/ or family counselling. Families are also keen to participate in community events with this age group.

Considering these same age groupings service providers cited gaps in services.

1. Gaps in prenatal services or for families with newborn children

- *Public Health has limited ability to provide extensive follow up for high risk clients due to limited resources/work-load. More mental health support for depression and anxiety. Free/affordable postpartum "doula" services to help families with a newborn that do not have family or friends available to them.*
- *Unfortunate those Provincial cuts have resulted in ending the home visits by public health nurses after birth of baby.*
- *Public health home visits to support new mums and promote healthy development.*
- *Early screening for all families and children, not just the at risk population. Need more of such services in all areas.*
- *Home service visits by professionals to give guidance, information and reassurance to new parents.*
- *Adequate staffing levels for home visits by professionals.*
- *Not enough programs to support isolated families.*
- *Families in isolation unaware of services available or even where to start looking.*
- *Support to parents in transition to parenthood; lengthy waitlists for all services (identification, referral, intervention, assessment, treatment) for infants with developmental delays/disabilities; lack of universal developmental screening system; too much information & not enough practical service.*
- *Speech and language services and child and youth mental health services.*
- *Prenatal classes (universal). Addiction services specific to women. Post natal emotional support.*
- *Parent education/ community connections to services beyond labour and delivery or medical aspects.*
- *Parenting resources that are not punitive but are able to take into consideration the experience, trauma that may be informing parents and recognising and teaching healthy practice.*
- *New pilot project within health units supporting high risk pregnant women through to 2 years is a good start. Still a gap outside of these people.*
- *Access to appropriate services - multiple languages for pregnant and new parents.*

2. Gaps in services for families with children up to 18 months of age

- *Full time and Part time childcare options, support groups, outreach services, accessible rec. programs located within walking distance for families.*
- *Affordable child care (mentioned by 9 respondents).*
- *Dental (beyond fluoride varnish) that is free and accessible.*
- *Adequate staffing levels for home visits by professionals and support services for new mothers.*
- *Promotion of available parenting groups and play groups (mentioned by 2 respondents).*
- *Community awareness of services available.*
- *Speech & language service waitlist (mentioned by 3 respondents).*
- *Support for extended maternity/ paternity leave.*

- *IDP waitlists. Knowledge of IDP and how to access services. Helping parents to understand that it is for the child's benefit and that it doesn't mean they are "bad" parents.*
- *Respite care for parents of high-needs infants; lengthy waitlists for all forms of service; lack of basic attachment-based parenting education; expenses related to infant daycare needs.*
- *Parent drop in programs focusing on specific needs: massage, nutrition, best starts, brain development, the importance of healthy attachment and communication with your child.*
- *Early childhood mental health services. PPD support. parenting groups (typical child behaviour, attachment, parenting).*
- *Parenting support with services in multiple languages in all communities.*
- *Networking with other parents.*
- *Support to families providing in-home care (mother care and grandparents).*

3. Gaps in services for families with children from 18 months to 4 years of age

- *Affordable child care (13 respondents).*
- *Public health services to promote healthy living (nutrition, exercise, play, development) to young children.*
- *Affordable quality programs for early literacy support. Promotion of available parenting groups and play groups.*
- *Speech & language service waitlist (identified by 4 respondents).*
- *Information about parenting courses.*
- *IDP waitlist.*
- *Assessment wait time at Sunny Hill Health Centre.*
- *Mental health programs.*
- *Parenting education; developmental services for identification, referral, assessment & treatment for physical and/or mental health needs.*
- *Support groups, outreach services, accessible rec. programs located within walking distance for families.*
- *Access to supported child development.*
- *Need to retain the programs like Family Resource Services.*
- *Parent drop in programs focusing on specific needs: massage, nutrition, best starts, brain development, the importance of healthy attachment and communication with your child.*
- *More family resource programs, Strong Start centres, parenting programs (child development).*
- *Shorter waitlists for special needs referrals/ applications.*
- *Early childhood mental health services. Family Place. Family recreation.*
- *Unstructured play spaces for families to play together.*
- *Subsidised preschools and play groups.*
- *Education around which types of services are best suited to your child.*
- *Mums who struggle with substance misuse issues.*
- *Assessments/ support access is a big challenge when working with children and families who historically/ currently have unexplained trauma. IDP/ MCFD collaboration/ access to assessment (behavioural).*
- *Early childhood initiatives throughout Surrey offered in a suitable way.*
- *Families who are considered at risk for loss of parenting programs.*
- *Multi functional resource programs.*
- *Parenting support with services in multiple languages in all communities.*
- *Better access to weekend services.*
- *Support to families providing in-home care (mother care and grandparents).*

4. Gaps in services for families with children 4 to 5 years of age

- *Affordable, quality childcare.(identified 10 times).*
- *Long wait list for publically funded speech therapy. Health promotion services for healthy living (nutrition, exercise etc.).*
- *Information about parenting courses.*
- *Speech and language therapy waitlist (identified 2 times).*
- *Mental health programs.*
- *Lack of appropriate preschool (ECE) programmes, costs of ECE.*
- *Support groups, outreach services, accessible rec. programs located within walking distance for families.*
- *Access to supported child development.*
- *Needs more pre-school based programs in resource services as they can have all at one stop service.*
- *Parent drop in programs focusing on specific needs: massage, nutrition, best starts, brain development, the importance of healthy attachment and communication with your child.*
- *More family resource programs, Strong Start centres.*
- *Shorter waitlists for special needs referrals/ applications.*
- *Early childhood mental health services. Family recreation. Unstructured play spaces for families to play together.*
- *Preschool and child care funding to help establish quality programs to prepare children for school entry and success including English language learners, special needs and those new to our communities.*
- *Multi functional resource programs.*
- *Increase services to children with special needs; reduce IDP waitlists; increase SCD services for 3 year olds (currently 4 year olds are priority due to lack of funding).*

Use of other services

Service providers were asked what other community services, besides their own, they had used to assist specific children and their families in the community.

73% of respondents had made referrals to the following programs in **the week prior** to completing the survey:

- *CDC, IDP (identified 9 times)*
- *settlement workers, public health nurse, legal services*
- *interpreter services*
- *speech & language referral,*
- *parenting courses (identified 2 times)*
- *Health Unit audiology clinic, pediatrician, child/youth mental health, MCFD-guardianship*
- *Infant Massage*
- *Child Care Options Resource and Referral*
- *Nutritionist, Healthiest Babies Possible*
- *Summer camp information, summer respite info.*
- *Referrals for subsidy (identified 2 times)*
- *Family Place*
- *Supported Child Development (identified 2 times)*
- *Sources (identified 2 times)*
- *Public Health (identified 3 times)*
- *Strong Starts*

83% of service providers reported sending clients to the following services in **the month prior** to completing this survey

- *Strong Start*
- *Interpreter services*
- *Options*
- *Mother Goose, NFRP*
- *Sunny Hill Health Centre, Options parenting programs, Kla-how-eya, various preschools, daycares, school district*
- *Family Place (identified 3 times)*
- *Child Care Resource and Referral*
- *Early Childhood Mental Health (identified 3 times)*
- *Health nurse, speech therapy, community day-care*
- *Two workshops on domestic violence and settlement*
- *Continuous referrals but long waitlists and lack of "wrap around" effect with service providers involved*
- *Diversecity, South Fraser Women's Services*
- *Food Bank*
- *Klahoweya, Metis family Services,*
- *Transition House*
- *Library*
- *PICS*
- *Family Resource Programs*

80% of service providers had made referrals to the following services in the **previous six months**:

- *PHN, Dental program*
- *The use of the local Gurdwara to have parenting programs for S. Asian families*
- *IDP, family doctors, mental health, interpreter services, public health dental program, 811, dietician, Ministry of Children and families (SW)*
- *CCRR, family events*
- *SMH feeding skills team*
- *Right from the Start; Coping with Toddlers; Strong Start; The Child Development Centre, Infant Psychiatry at SMH*
- *IDP, SCD, MCFD, public health nurse*
- *Infant development specialist, librarian*
- *Food bank MOSAIC, PHN, Library*
- *Referrals for subsidy; one on one support*
- *Jumpstart funding*
- *Public library PALS program and signed up children for library cards*
- *BCCH, Sunny Hill Health Centre*

Strengthening of services

The survey asked for suggestions on how services to families with young children could be better integrated to strengthen service delivery.

- *More Hubs, more Family Resource programs*
- *Provide updates in staff meetings from different services to share how to communicate/refer/collaborate*
- *Funding for the creation of a regularly-updated directory/brochure of all services available from all service providers and funding for promotion of same. (An all-in-one.)*
- *More written and internet networking between agencies and services regarding their resources for families*

- *More integrated work between agencies to avoid duplication of services. Allow those with expertise to provide the services but also look at who is already connected to the community and providing services*
- *Have a networking meeting to introduce staff to survey. Have one-stop new programs like Maxxine Wright.*
- *Stop duplicating services. There are many groups providing the same services but with generally few attendees. Perhaps if there was a way to join them together, there would be more funding to help people and less funding for administration, publicity etc. would be needed.*
- *Ensure that financial support is provided where there isn't duplication of service.*
- *Perhaps this exists and I don't know about it, but one brochure that lists everything available - rather than having to go through different websites. Kind of like a Grey Book for families*
- *Website with all programs, agencies, service providers*
- *Central data system is key to integrating services and strengthening partnerships.*
- *Centralized location to access listings of services -- easily updateable (that may just include "links" to services)*
- *Centrally getting information for services out to community*
- *With all services strained or diluted, I don't think that the system can allow for integration unless ONE agency serves as the conduit for referrals to ALL services to families with preschool-aged children, and until actual service can be provided rather than just information or referrals. It's about the RIGHT service at the RIGHT time for a child/family. We can't keep expecting babies to fit our system and must adjust our priorities to promptly provide services to fit our young children's development that can't wait until we get there.*
- *Collaborate at CF table, collaborations at every level of government, the School District, Health Authority and within community agencies*
- *Allowing organizations such as options to give referrals to quality programs and not just giving a list*
- *Having a regular meeting with all the groups and if possible if they can visit such programs once a month or whenever the time permits*
- *Jointly collaborate to lobby MCFD for more speech and language services. Support face to face planning meetings; financial and time commitment. This personalises priorities, concerns, conflicts, and makes it less easy to dismiss issues/ participants compared to online or teleconference collaboration*
- *Continue to work in partnership - collaborative approach. Strive to involve parent representatives on some of our tables/ committees - capture their voice. Should City planners be more involved? Proactive approach*
- *Decrease competition between agencies for funds. Have long term plans instead of series of "pilots" funded by Foundations. If it works, keep it going!*
- *Collaborate at CF table, collaborations at every level of government, the School District, Health Authority and within community agencies.*
- *Tables like these that bring us all together are excellent. Creating a user friendly guide specific to parents re services and supports*
- *Continue with Make Children First*
- *Need to be more creative in bringing awareness and self-serving options in attention to funding*
- *Connections, Mayor meetings, sharing ideas, working together*
- *It would be helpful if MCFD contracts were not so tight with mandate and unit cost guidelines. At times they become a barrier to integration/ collaboration with other agencies*
- *Increased presence of key stakeholders at meetings and networking of events to increase awareness of key issues to serve as advocates to levels of government*

Supports for organisations in service delivery

How can organisations/ programs be better supported in their delivery of service?

- *Secure funding.*
- *More provincial funding and prioritizing children and families.*
- *Funding for more staff time for programs, outreach, and promotion of same.*
- *More information about other organizations and services regarding who they are available for and when, where, and price.*
- *More finances.*
- *Operational Funding Program (CCOF), awards and/or bursaries for Early Childhood Educators for ongoing training and recognition support.*
- *Funding.... More time to support one another.*
- *Adequate indexed funding that is sustainable.*
- *Additional funding that is more stable - 3 year cycles - allows for work to build. Not all new projects need to be innovative. Some programs that are oldies but work well still need funding.*
- *Make available capital funding to create child care space opportunities to organizations who already provide services; increase affordable training opportunities for ECEs and parents.*
- *A list of services and contacts.*
- *Transportation costs for visits to libraries.*
- *Better facilities where staff can facilitate groups, where staff and parents of young children can safely park and/or take public transit to; increased funding to operate the programme including the addition of several more consultants so babies aren't waiting 9 months or more for service only to be put on waitlists of up to 2 years for other services/assessments.*
- *Increase in facility space, increase in subsidy allowances for families, increase in Child Care.*
- *Make a list of such services and their times and all other relevant information and discussion sessions.*
- *Poll the staff to ensure that you are offering workshops that will better serve the community.*
- *Affordable drop-in child care. Improved access to more public transit, both within WR and between WR and North Surrey.*
- *Updated toolkits/ guides outlining available resources for families. Must be a living document to reflect the rapidly changing community that is South Surrey/ White Rock.*
- *Trained program leaders (health specialist, literacy expert, counsellor).*
- *Accessible community spaces without overhead charges.*
- *Especially in these times of cutbacks we need a forum to pull together the resulting resources for parents and children on line.*
- *United campaign and promotion of services.*

Collaboration was mentioned several times as a means of increased effectiveness and efficiency in delivering services to young families. Amongst the 35 respondents, 54% (N=19) had been involved in previous collaboration ventures. Some of the lessons learned are cited below:

- *You learn how to work together but it's about having the right people to make it work. Communication is vital.*
- *Meetings are important but very time-consuming in terms of staff time / budget. The more networking opportunities that are available for groups to interact and share information, the more benefit to services for families.*
- *Having the other partner realize what we can allow them to offer - we have limited time in our programs and limited time for liaising with other agencies. Agencies wanting to visit our programs must keep their presentation very brief and work within what we're able to offer, or they need to do their own longer presentation that they run themselves in our space.*
- *Lack of space for programs; difficulty in ongoing funding to sustain quality programs*
- *Our program manager has been involved. So far, we hear about a lot of meetings, good intentions, etc., but no real changes in service delivery.*
- *Think outside the box. Look at the bigger picture. Communicate.... Be open.*
- *Repetitive material, times of workshops....*
- *Melding constraints of different collective agreements, different accreditation standards and different service delivery philosophies.*
- *Collaboration works!! Sometimes more challenging as it can take longer to move forward. Need to keep a broader perspective and be respectful of all partners' needs and wants.*
- *Demand for literacy program in White Rock. Challenge is finding ongoing funding for a non-fee recovery program. Keeping partners together as budgets and agreements change.*
- *Too many "projects" and not enough long term planning. Sustainable funding hard to come by. Too much identifying needs and gaps, not enough "doing". Not much has changed over the years despite many pilot projects and numerous analysis projects.*
- *Collaborate with Alex House and Family Place to provide professional services and support.*
- *Ensuring that all players are at the table, attending meetings to allow progress to continue. If people can't attend they shouldn't participate as it stalls process.*
- *Remaining focused and on task. Coming to majority and not always consensus. Being able to have a strong voice who leads the process.*
- *Severely impacted by little or no increase in ECD services in a rapidly growing community especially in the 0-6 sector.*
- *Lessons learned: need to put time into building relationships and partnerships.*
- *Need for a designated person to facilitate/ coordinate to keep process moving. Diverse membership.*
- *Smaller organizations within the community not as well recognised by local government; strong collaborations are necessary.*

Additional comments

Service providers were asked to provide additional comments on issues not covered by survey questions.

- *A child care plan for the city that includes the development of child care centres in new developments. Support for operation of Infant Toddler care as in Vancouver.*
- *Lots of families with young children come to this area because rents are cheaper than in Vancouver, but there are more services in the city - like family places and neighbourhood houses. I think it's hard to find the services here in Surrey, especially if people's home language is not English.*
- *Many families don't even know that the library exists. We somehow need to reach them.*
- *They need to be the priority of our provincial government and the specifically the ministry of family and child development! The work of those within community social services needs to be respected as expertise in the development of young children, and service providers need to feel valued as the professionals they are in order to remain in the work. Appropriate levels of supervision are required as per best practices in the helping professions.*
- *All the families (new or born here) need the ongoing support in raising their children and educate themselves with more parenting knowledge based on recent research and cultural norms. Parenting can be challenging at times and such programs can be seen as a rescuer and safe guard. They can also work towards prevention and intervention. They can bring the people/families on a one platform where they feel safe/ supported/ helped/ educated and empowered. Ultimately, such support helps to build strong and healthy community.*
- *More daycare space. Quality daycare. Opportunities to network. Support and validation.*
- *Poll the experts in your community and host workshops that invite progressive changes and the HOW to change.*
- *More family events and building the sense of family and community connections. Family opportunities to recreate together.*
- *More positive parenting classes - child care provided. More language and literacy programs where parent/ child learn together. More easily accessible ESL classes.*
- *Drop in Parenting Groups. Support groups.*
- *Increase in supports and funding in ECD sector and support to parents in the foundation years.*
- *Families need to know there is someone listening that can make referrals when needed. Relationships need to be built with vulnerable/ hard to reach families to build trust for best possible outcomes for "at risk" children.*
- *Accessibility to programs - fees, transportation resources to families providing in-home care.*

Appendix 1: Service Provider Survey



Service Provider Survey

In order to help with an assessment of the needs of families with children 0-6 we are consulting with a variety of service providers and community groups. Your answers to these survey questions will be used to inform the development of neighbourhood based family connections in the various town centres of Surrey and White Rock. All the information will be kept confidential and identifying personal information is not required.

This service provider survey can also be completed on-line at <https://www.surveymonkey.com/s/6BSSM8W>

1. Please indicate which community you serve?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Cloverdale | <input type="checkbox"/> Fleetwood |
| <input type="checkbox"/> Guildford | <input type="checkbox"/> Whalley |
| <input type="checkbox"/> Newton | <input type="checkbox"/> South Surrey |
| <input type="checkbox"/> White Rock | <input type="checkbox"/> All of Surrey |

2. Which population group do you serve? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Parents | <input type="checkbox"/> Newborn and Prenatal |
| <input type="checkbox"/> Children 1-18 mths | <input type="checkbox"/> Children 18 mths – 4 yrs |
| <input type="checkbox"/> Children 4-5 yrs | <input type="checkbox"/> Caregivers |
| <input type="checkbox"/> Newcomers to Canada | <input type="checkbox"/> High Risk Populations (specify.....) |
| <input type="checkbox"/> All | |
| <input type="checkbox"/> Other (specify)..... | |

3. What issues affect accessibility to your programs/ services?

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4. What could be done to make services more accessible?

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.....

5. Please check what you consider to be the most important services for families with children 0-6.

	For Families During Pregnancy and the Prenatal Period	For Families with Children 1 to 18 months	For Families with Children 18 months to 4 years	For families with children 4 to 5 years
CHILD CARE AND EDUCATION				
Full time (child care group)				
Part time (group, toddler, preschool)				
Home based care				
PARENT				
Parent relief/ Occasional child care				
Parenting groups				
Play groups (parents with children)				
Pre and post natal support				
Information and referrals				
COMMUNITY				
Community events for families				
Resource Library (toys/ books/ equipment)				
Health and nutrition/ wellness information/ programs				
PROFESSIONAL SERVICES				
Child and/ or family counselling				
Speech and language services				
Home visit by professionals (eg public health nurse)				
Other(Specify)				

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6. Please identify what you consider to be major gaps in the most important services for families with children listed in the previous question

Prenatal and newborn

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1 to 18 months

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18 months to 4 years

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4 to 5 years

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7. What external services have you used in your program to assist specific children/ families in the community?

In the past week

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In the past month

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In the past 6 months

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8. How can we strengthen the ways services and organisations work together to ensure more integrated services for families with young children in Surrey/ White Rock?

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9. What do you feel would be a support to you/ your organisation in the delivery of services?

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10. Have you been involved in other collaborative ventures Yes No

If yes, what were the challenges and lessons learned?

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.....

Please add any other comments or suggestions as to what you believe families and young children in the community need.

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.....

Please provide the name of your organization and your position (optional)

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THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY