



Newcomer Home Child Care Expansion in Central Ontario

# Needs Assessment

## Executive Summary

Spring 2022

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## Project Overview

*Newcomer Home Child Care Expansion in Central Ontario* is funded by Women and Gender Equality Canada and aims to address systemic barriers while licensing 30 new Home Child Care Providers across Central Ontario. This project will create systemic change by easing entry into this career pathway for persons who Self-identify as a woman, LGBTQIA2S+, or/and newcomer to Canada seeking income security while building understanding in municipal partners and equity-seeking community organizations of the barriers facing low-income and newcomer women entering the field of child care to drive services that reflect their needs for income stability.

To support the work's processes and address intersectional needs, Compass Early Learning and Care will be working with the New Canadian Centre, Nijikiwendidaa Anishnaabekwewag Service Circle, Nogojiwanong Friendship Centre, Indigenize.ca, PFlag Canada Durham Region, and Community Counselling Resource Centre. Additionally, the City of Kawartha Lakes, Region of Durham, Northumberland County, City of Peterborough, Association of Early Childhood Educators, Home Child Care Association of Ontario, and Andrew Fleck Children's Services have been identified as key partners and stakeholders.



## Statement of Intent

At Compass Early Learning and Care, our practices, policies, programs, and services are informed by evolving information. The assessments of needs through a GBA+ thinking lens will provide insights into the barriers experienced by Home Child Care providers who are licensed by Compass Early Learning and Care, as well as the broader communities that we serve. Furthermore, this needs assessment will serve as a guiding document to inform the planning, actions, progress, and evaluation of the project and the organization as a whole.



## Section 1: Demographics

This section describes the demographics of Home Child Care Providers Licensed by Compass Early Learning and Care (Compass ELC) in March 2022, as well as the regions that Compass Early Learning and Care Serves. This includes the City of Peterborough, City of Kawartha Lakes, Durham Region, Haliburton County, and Northumberland County. Our guiding question within this section is: *what do we know about demographic characteristics within our HCC Program and the regions we serve?*



# Internal Data: Compass Early Learning and Care

## Location Demographics

Compass Early Learning and Care Licenses Home Child Cares across five regions in Central Ontario: Northumberland County, Haliburton County, Region of Durham, City of Kawartha Lakes, Haliburton County, and the City of Peterborough.

Home Child Care provider locations include the following:

Region	Number of Providers	Overall Percentage
City of Peterborough	27	54%
Region of Durham	12	24%
City of Kawartha Lakes	10	20%
Northumberland County	1	2%
Haliburton County	0	0%
<b>Total</b>	<b>50</b>	

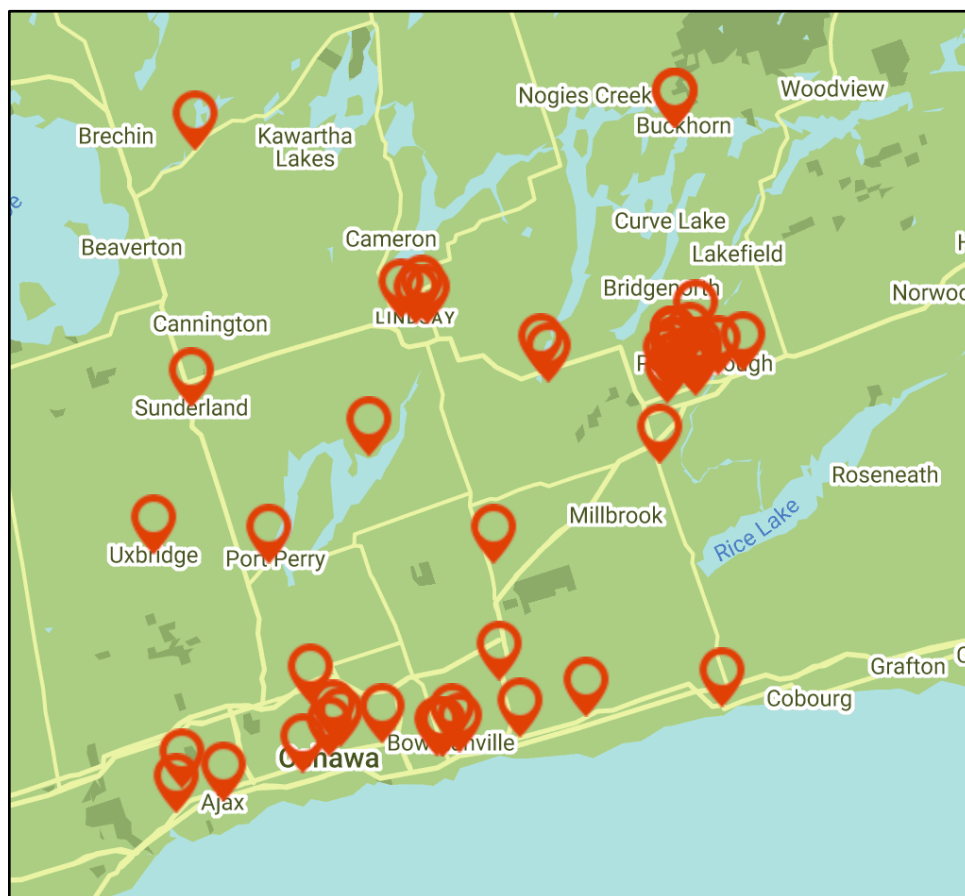


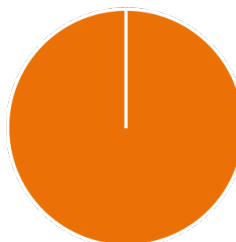
Image retrieved from <https://www.compasselc.com/child-care/>

## Identity Demographics

The 2022 Home Child Care Provider Survey provided the following results:

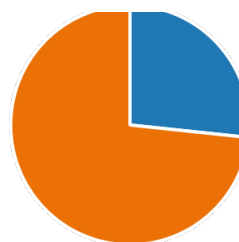
### 7. I self-identify as a Newcomer to Canada

● Yes	0
● No	15
● Other (see comments section ...	0
● I prefer not to say	0



### 8. I self identify as a low income woman

● Yes	4
● No	11
● Other (see comments section ...	0
● I prefer not to say	0



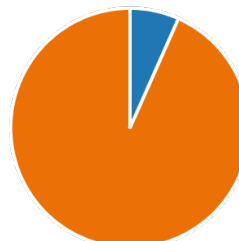
### 9. I self identify as low income and non-binary

● Yes	1
● No	13
● Other (see comments section ...	0
● I prefer not to say	1



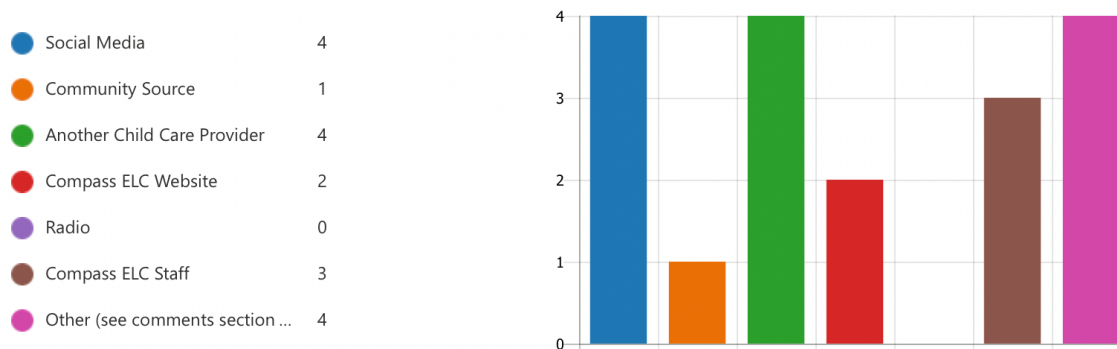
### 10. I self identify as low income and trans

● Yes	1
● No	14
● Other (see comments section ...	0
● I prefer not to say	0



## 11. How did you hear about Compass Early Learning and Care?

[More Details](#)



## Summary

The highest identifying factor of the target population included low-income women, and the lowest identifying factor of the target population included newcomers to Canada. Zero of the surveyed providers identified as newcomers to Canada. One of the surveyed providers identified as low-income trans. One of the surveyed providers identified as low-income non-binary. Four of the surveyed providers identified as low-income woman.

The most common methods that providers heard about Compass Early Learning and Care is directly through social media, another provider, and Compass Early Learning and Care staff.



# Provincial and Regional Data

## Ontario

### Population

- The total population of Ontario is 13,242,160
- 29.5% of the total population of Ontario are visible minorities.

### Immigration

- 29.1% of Ontario's population are immigrants. This amounts to 3,852,145.
- 472,170 have immigrated between 2011-2016.
- 3.5% of Ontario's population identify as immigrants who settled during the period of 2011-2016. This amounts to 472,170.
- 1.5% of Ontario's population are non-permanent residents. This amounts to 201,200.
- Region of birth has significantly changing statistics when comparing recent immigrants (2011-2016) to total immigrants. Immigrant populations from Europe are significantly decreasing, where immigrant populations from Asia are significantly increasing. Immigrant populations from the Americas are decreasing, and there is no significant change regarding immigrant populations from Africa and Oceania.
  - Region of birth from recent (2011-2016) immigrants includes Asia 62.7%, Europe 19.0%, America's 13.1%, Africa 4.6%, Oceania 2.0%.
  - Region of birth from 2006-2011 immigrants includes Asia 37.3%, Europe 34.7%, America's 22.9%, Africa 4.2%, Oceania 0%.
  - Region of birth from all immigrants includes Europe 60.6%, Asia 20.4%, America is 14.4%, Africa 3.7%, Oceania 0.9%.
- The most common place of birth for recent immigrants to Ontario includes India 14.7%, China 12.5%, Philippines 11.3%, Pakistan 5.4%, Iran 4.5%, Iraq 3.1%, United States 3.1%, Syria 2.7%, Jamaica 1.9%, Egypt 1.7%.
- Admission categories for recent (2011-2016) immigrants include economic immigrants 51% (240,690), immigrants sponsored by a family 31.9% (150,640), refugees 15.2% (71,565).

### Language

- The most common languages spoken by recent immigrants to Ontario include Mandarin 9%, Arabic 7.6%, Tagalog (Filipino, Pilipino) 7.5%, Persian (Farsi) 4.9%, Urdu 4.6%, Punjabi 4.1%, Spanish 3.5%, Hindi 2.5%, Cantonese 2.2%, and Gujarati 2.0%.

### Income

- The average gross income for individuals in Ontario is \$47,915.
- The average gross income for females in Ontario is \$39,585.
- The average gross income for males in Ontario is \$56,780.



- The average gross income per household in 2015 in Ontario is \$97,856.

**Data Observation:** Women in Ontario make \$0.70 for every \$1.00 earned by their male counterparts (Statistics Canada, 2017).

**Data Observation:** The average gross income in Ontario is greater than the average gross income in four out of five of the regions we serve (Statistics Canada, 2017).

## City of Peterborough

### Population

- The total population of the City of Peterborough is 135,075
- 4.4% of the total population of the City of Peterborough are visible minorities.

### Immigration

- 8.4 % of the City of Peterborough's population are immigrants. This amounts to 11,410.
- 0.6% of the City of Peterborough's population identify as immigrants who settled during the period of 2011-2016. This amounts to 765.
- 0.6% of the City of Peterborough's population are non-permanent residents. This amounts to 770.
- Region of birth has slightly changed. The immigrant population from Asia are increasing while the immigrant population from Europe is decreasing. There are no changes regarding immigrant populations from the Americas Africa and Oceania.
  - Region of birth from recent (2011-2016) immigrants includes Asia 68.8%, Americas 12.9%, Europe 9.6%, Africa 8.3%, Oceania 0.4%.
- The most common place of birth for recent immigrants to the city of Peterborough includes Syria 11.7%, Philippines 11.7%, India 11%, United Kingdom 9.1%, and China 7.8%.
- 18.8% of recent (2011-2016) immigrants to the City of Peterborough identify as refugees. This amounts to 145. Immigrants to the city of Peterborough identifying as economic immigrants amount to 46.1%, amounting to 355. 33.1% of recent (2011-2016) immigrants to the City of Peterborough are sponsored by a family. This amounts to 255.

### Language

- The most common languages spoken by recent immigrants to the City of Peterborough include Arabic 11.7%, Tagalog (Pilipino, Filipino) 6.5% and Mandarin 5.8%.

### Income

- The average gross income for individuals in the City of Peterborough is \$39,691.
- The average gross income for females in the City of Peterborough is \$34,235.
- The average gross income for males in the City of Peterborough is \$45,872.
- The average gross income per household in 2015 in the City of Peterborough is \$73,930.

**Data Observation:** Women in the City of Peterborough make \$0.75 for every \$1.00 earned by their male counterparts which is \$0.05 greater than the provincial average of \$0.70 (Statistics Canada, 2017).

## Region of Durham

### Population

- The total population of the Region of Durham is 639,495.
- 20.7% of the total population of the Region of Durham are persons with visible minorities.

### Immigration

- 23.6% of the Region of Durham's population are immigrants. This amounts to 150,885.
- 1.6% of the Region of Durham's population identify as immigrants who settled during the period of 2011-2016. This amounts to 10,320.
- 0.5% of the Region of Durham's population are non-permanent residents. This amounts to 3,045.
- Region of birth has some significant changes. The immigrant population from Asia is significantly increasing while the immigrant population from Europe is significantly decreasing. There are no changes regarding immigrant populations from the Americas, Africa, and Oceania.
  - Region of birth from recent (2011-2016) immigrants includes Asia 60%, Americas 30.0%, Oceania 8%, Europe 8.0%, Africa 0%.
  - Region of birth from all immigrants includes Asia 36.3%, Americas 26.5%, Oceania 0.4%, Europe 31.4%, Africa 05.3%.
- The most common place of birth for recent immigrants to Region of Durham's includes India 14%, Philippines 11.5%, Pakistan 9.9%, China 6.4%, and Jamaica 5.7%.
- Admission categories for recent (2011-2016) immigrants include immigrants sponsored by family 47.0% (4,855), economic immigrants 42.6% (4,395), and Refugees 7.8% (805). There are a total of 15,235 refugees living in the Region of Durham.

### Language

- The most common languages spoken by recent immigrants to the Region of Durham include Urdu 9.2%, Tagalog (Pilipino, Filipino) 7.0%, and Mandarin 5.0%,

### Income

- The average gross income for individuals in the Region of Durham is \$49,018.
- The average gross income for females in the Region of Durham is \$40,434.
- The average gross income for males in the Region of Durham is \$58,216.
- The average gross income per household in 2015 in the Region of Durham is \$106,886.

**Data Observation:** Women in the Region of Durham make \$0.69 for every \$1.00 earned by their male counterparts, which is \$0.01 less than the provincial average of \$0.70 (Statistics Canada, 2017).

## City of Kawartha Lakes

### Population

- The total population of the City of Kawartha Lakes is 73,375.
- 1.8% of the total population of the City of Kawartha Lakes are persons with visible minorities.

### Immigration

- 7.9% of the City of Kawartha Lakes population are immigrants. This amounts to 5,780.
- 0.3% of the City of Kawartha Lakes population identify as immigrants who settled during the period of 2011-2016. This amounts to 195.
- 0.1% of the City of Kawartha Lakes population are non-permanent residents. This amounts to 95.
- Region of birth has slightly changed. The immigrant population from Asia are increasing while the immigrant population from Europe is decreasing. There are no changes regarding immigrant populations from the Americas Africa and Oceania.
  - Region of birth from recent (2011-2016) immigrants includes Asia 63.2%, Europe 23.7%, America 7.9%, Africa 5.3%, Oceania 0.0%.
  - Region of birth from all immigrants includes Europe 74.6%, Asia 12.5%, America's 10.3%, Africa 2.0%, Oceania 0.6%.
- The most common place of birth for recent immigrants to the City of Kawartha Lakes includes Syria 23.7%, United Kingdom 13.2%, Philippines 10.5%, Vietnam 10.5%, and India 10.5%.
- Admission categories for immigrants include immigrants sponsored by family 39.5%, economic immigrants 36.8%, and refugees 26.3%. The total number of refugees living in the City of Kawartha lakes is 225.

### Language

- The most common languages spoken by recent immigrants to the City of Kawartha Lakes include Arabic 25%, Vietnamese 10.3%, and Tagalog (Pilipino, Filipino) 7.7%.

### Income

- The average gross income for individuals in the City of Kawartha Lakes is \$41,487.
- The average gross income for females in the City of Kawartha Lakes is \$34,088.
- The average gross income for males in the City of Kawartha Lakes is \$49,132.
- The average gross income per household in 2015 in the City of Kawartha Lakes is \$81,923.

**Data Observation:** Women in the City of Kawartha Lakes make \$0.69 for every \$1.00 earned by their male counterparts which is \$0.01 less than the provincial average of \$0.70 (Statistics Canada, 2017).

## Northumberland County

### Population

- The total population of Northumberland County is 83,365.
- 3.4% of the total population of Northumberland County are persons with visible minorities.

### Immigration

- 10.7 % of Northumberland County's population are immigrants. This amounts to 8,895.
- 0.3% of Northumberland County's population identify as immigrants who settled during the period of 2011-2016. This amounts to 250.
- 0.1% of Northumberland County's population are non-permanent residents. This amounts to 125.
- Region of birth has slightly changed. The immigrant population from Asia are increasing while the immigrant population from Europe is decreasing. There are no changes regarding immigrant populations from the Americas Africa and Oceania
  - Region of birth from recent (2011-2016) immigrants includes Asia 52%, Americas 30.0%, Oceania 8%, Europe 8.0%, Africa 0%.
- The most common place of birth for recent immigrants to Northumberland County includes the United States 20%, China 20%, India 18%, Australia 8%, Philippines 6%, United Kingdom 6%, Syria 6%.
- 6.1% of recent (2011-2016) immigrants to the Northumberland County identify as refugees. This amounts to 15. Immigrants to Northumberland County identifying as economic immigrants amount to 22.4%, amounting to 55. 65.3% of recent (2011-2016) immigrants to Northumberland County are sponsored by a family. This amounts to 160, making it the largest admission category for the region.

### Language

- The most common languages spoken by recent immigrants to the Northumberland County include Mandarin 18.0%, Arabic 6.0%, Tagalog (Pilipino, Filipino) 6.0% and Hindi 6.0%.

### Income

- The average gross income in for individuals in Northumberland County is \$44,337.
- The average gross income in for females in Northumberland County is \$35,940.
- The average gross income in for males in Northumberland County is \$53,166.
- The average gross income in per household in 2015 in Northumberland County is \$86,327.

**Data Observation:** Women in Northumberland County make \$0.68 for every \$1.00 earned by their male counterparts which is \$0.02 less than the provincial average of \$0.70 (Statistics Canada, 2017).

## Haliburton County

### Population

The total population of Haliburton County is 18,062.

- 1.3% of the total population of Haliburton County are persons with visible minorities.

### Immigration

- 8.8% of Haliburton County's population are immigrants. This amounts to 1,570.
- 0.2% of Haliburton County's population identify as immigrants who settled during the period of 2011-2016. This amounts to 35.
- 0.1% of Haliburton County's population are non-permanent residents.
- Region of birth has significantly changed for immigrants to Haliburton County. Immigration population from Asia is significantly increasing, with an over percentage increase of 50.2% when comparing recent (2011-2016) immigration to all time immigration. The immigrant population from Europe and the Americas and is decreasing. Immigration population from Europe is significantly decreasing, with an over percentage decrease of 48.3% when comparing recent (2011-2016) immigration to all time immigration. There are no significant changes regarding immigrant populations from Africa and Oceania.
  - Region of birth from recent (2011-2016) immigrants includes Asia 63.2%, Europe 26.3%, Americas 5.3%, Africa 5.3%, Oceania 0.0%.
  - Region of birth from all immigrants includes Europe 74.6%, Asia 12.4%, Americas 10.4%, Africa 2.1%, Oceania 0.7%.
- The most common place of birth for recent immigrants to Haliburton County includes Syria 23.7%, United Kingdom 13.2%, Philippines 10.5%, Vietnam 10.5%, and India 10.5%.
- Admission categories for immigrants include economic immigrants 48.8%, immigrants sponsored by family 36.6%, and refugees 14.0%. The total number of refugees living in Haliburton County is 225.

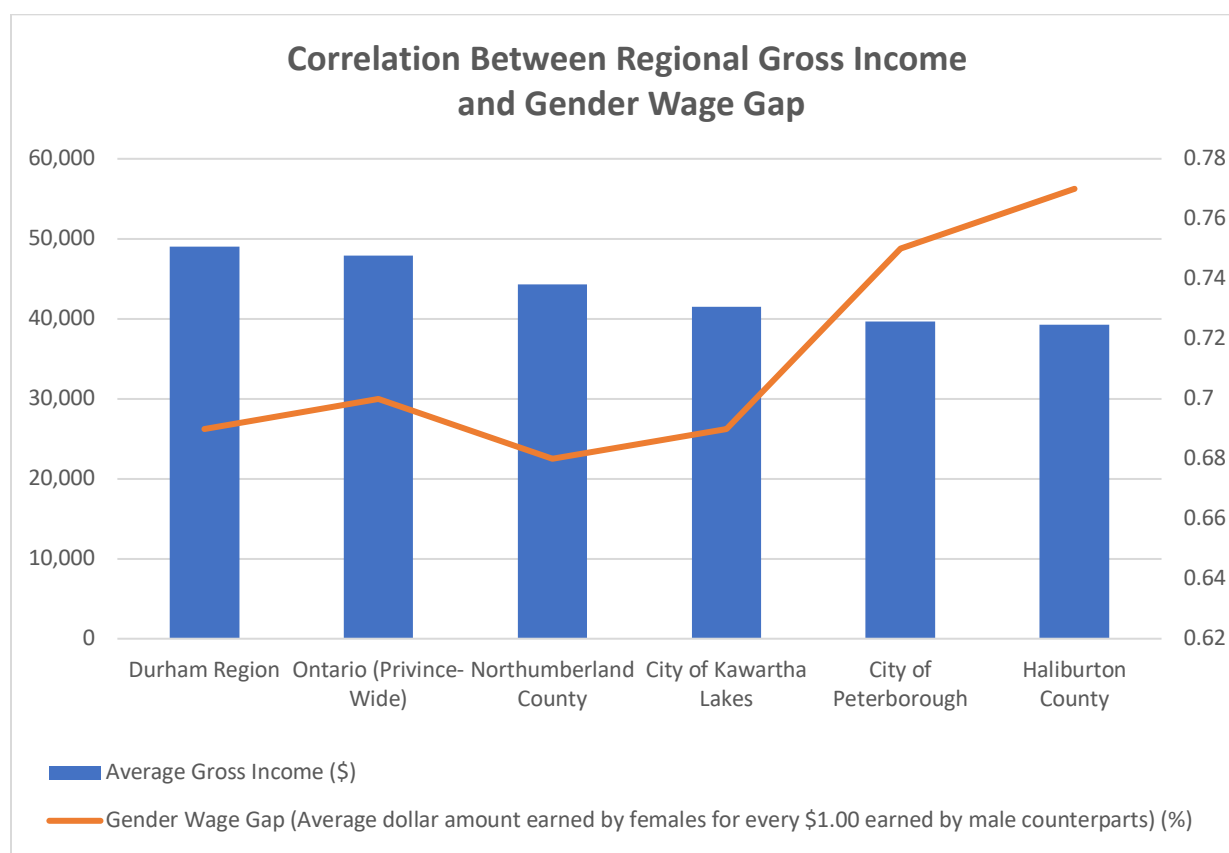
### Income

- The average gross income for individuals in Haliburton County is \$39,258
- The average gross income for females in Haliburton County is \$34,239
- The average gross income for males in Haliburton County is \$44,313
- The average gross income per household in 2015 in Haliburton County is \$58,125

**Data Observation:** Women in Haliburton County make \$0.77 for every \$1.00 earned by their male counterparts which is \$0.07 more than the provincial average of \$0.70 (Statistics Canada, 2017).

**Data Observation:** Of the five regions we serve, the average gross income is the lowest in Haliburton County (\$39,258), the City of Peterborough (\$39,691), followed by the City of Kawartha Lakes (\$41,487), Northumberland County (\$44,337), and Durham Region (\$49,018) (Statistics Canada, 2017). Durham region is the only region we serve that has an average gross income which is higher than the provincial average of \$47,915.

**Data Observation:** Of the five regions we serve, the gender wage gap is the greatest in Northumberland County (\$0.68 per \$1.00), followed by the City of Kawartha Lakes (\$0.69 per \$1.00), Durham Region (\$0.69 per \$1.00), the City of Peterborough (\$0.75 per \$1.00), and Haliburton County (\$0.77). This data negatively correlates with data regarding average gross income. The following figure summarizes this correlation:



## Section 2: Barriers

The following section details barriers experienced by Home Child Care providers who are licensed by Compass Early Learning and Care. A barrier is defined as, a circumstance or obstacle that keeps people or things apart or prevents communication or progress” (Marriam-Webster, 2022). The guiding questions of this section are: *What are the barriers experienced by Home Child Care providers licenced by Compass Early Learning and Care? How might these barriers be alleviated?*

To collect this data, all Home Child Care providers who are licensed by Compass Early Learning and Care were invited to participate in a paid survey which inquired about the barriers they experience as well as hopes for alleviating these barriers. There was a response rate of 30%, as 15 of 50 providers completed the survey. Please note that direct quotes have been included only for providers who agreed so.





## Summary of Barriers

### Priorities for Aid

- a. Survey responses to the question, *please identify which of the overall barriers are a top priority for you, should we be able to allocate additional support in the future:*

13 providers identified which of the overall barriers are a top priority for them, should we be able to allocate additional support in the future. The following is a summary of their responses, in order of highest response percentile:

Barrier	Number of providers (percentage of survey participants)
Health Benefits	9 (69%)
Financial	8 (61%)
COVID-19 Pandemic	4 (31%)
Professional Development	3 (23%)
Technology	3 (23%)
Licensing Insurance	2 (15%)
Communication with Families	2 (15%)
Relationships with Families	2 (15%)
Policies and Procedures	1 (8%)
Business Development	0
Housing	0
Family Onboarding	0
Licensing Process	0
Additional Barriers	0
Language	0

Providers highlighted the intersectionality between barriers. One provider shared, “I think a lot of my answers circle back to financial barriers. Like I mentioned in my beginning comment, I wanted to find something that allowed me to stay home with my children, provided an income and was meaningful, and I think that I found that with Compass. But there was a lot of cost to start the business and although it can be submitted with my taxes, it's hard to come up with it up front. Along with the uncertainty of unpaid sick days and any lapse in onboarding families”. Another provider shared, “I chose those 3 because I feel financially we need a balance. The constant fluctuating income will result in the loss of amazing providers. Health benefits because

after a long day surrounding children and no breaks we need that self care and not have to stress about paying out of pocket to receive it. Finally Licensing insurance because we are already paying for commercial insurance and our home insurance shouldn't be limited based on our pets or the number of kids in our care as long as we are following ministry guidelines”.

- b. Survey response rates in order form highest number of responses to the lowest number of responses:

Barrier	Previously Experienced Number of providers (percentage of survey participants)	Currently Experience Number of providers (percentage of survey participants)
Financial	13 (87%)	13 (87%)
COVID-19 Pandemic	12 (80%)	12 (80%)
Health Benefits	11 (73%)	11 (73%)
Business Development	8 (53%)	6 (40%)
Technology	6 (40%)	4 (27%)
Licensing Insurance	5 (33%)	5 (33%)
Policies and Procedures	5 (33%)	5 (33%)
Professional Development	5 (33%)	5 (33%)
Family Onboarding	5 (33%)	3 (20%)
Licensing Process	6 (40%)	2 (13%)
Housing	4 (27%)	3 (20%)
Communication with Families	3 (20%)	3 (20%)
Additional Barriers	2 (13%)	2 (13%)
Language	1 (7%)	1 (7%)
Relationships with Families	1 (7%)	1 (7%)

This table highlights a discrepancy between the overall percentage of providers who experience a barrier, and the urgency for specific barriers. These numbers indicate that while there is a correlation between the overall survey responses and providers responses regarding priorities for aid, priorities for addressing barriers are not solely dependent on the number of providers who experience the barrier. Furthermore, it is important to highlight the intersectionalities between barriers, as the internal survey results suggest that barriers do not exist solely on their own, but are entangled with others (e.g., financial, health benefits). The following table is an amalgamation of the two tables and further highlights this, in order of overall response percentile:

Barrier	Previously Experienced  Number of providers (percentage of survey participants)	Currently Experience  Number of providers (percentage of survey participants)	Identified as Priority for Aid  Number of providers (percentage of survey participants)
Financial	13 (87%)	13 (87%)	8 (61%)
Health Benefits	11 (73%)	11 (73%)	9 (69%)
COVID-19 Pandemic	12 (80%)	12 (80%)	4 (31%)
Business Development	8 (53%)	6 (40%)	0
Technology	6 (40%)	4 (27%)	3 (23%)
Professional Development	5 (33%)	5 (33%)	3 (23%)
Licensing Insurance	5 (33%)	5 (33%)	2 (15%)
Policies and Procedures	5 (33%)	5 (33%)	1 (8%)
Communication with Families	3 (20%)	3 (20%)	2 (15%)
Family Onboarding	5 (33%)	3 (20%)	0
Licensing Process	6 (40%)	2 (13%)	0
Housing	4 (27%)	3 (20%)	0
Relationships with Families	1 (7%)	1 (7%)	2 (15%)
Additional Barriers	2 (13%)	2 (13%)	0
Language	1 (7%)	1 (7%)	0

## Language

Of the 15 presented barriers within the survey, language was the 14<sup>th</sup> most common barrier experienced by providers. 7% of providers have experienced barriers related to language, and 7% of providers continue to experience barriers related to language. All language barriers were presented as barriers relating to communication with families or the broader community. No existing providers identified themselves as ESL, but rather, that they might need linguistic/translation support when communicating with families and/or the broader community. Overall, all child care providers licensed by Compass Early Learning and Care experience minimal barriers related to language.

## Financial

Of the 15 presented barriers in the survey, financial was the most common barrier experienced by providers. 87% of providers have experienced barriers related to finances in the past, and

87% of providers continue to experience financial barriers. This was the highest overall response rate, indicating that financial barriers are the most common barrier experienced by providers. These results highlight financial barriers as ongoing, rather than solely experienced in the start-up process. There was a wide range and examples of financial barriers. This could potentially highlight the intersectionality between financial barriers and other existing barriers. These include consistent/stable pay, health benefits, high operating costs (food, equipment), initial start-up costs (materials, qualifications, meeting licensing standards), finding clients, ineligibility for the Wage Enhancement Grant, not removing income tax from paycheques, high housing and rental costs, low wages and benefits for the ECE profession as a whole, as well as costs for COVID-19 Pandemic related cleaning and personal protection equipment.

The primary suggestions to alleviate this barrier are to offer the Wage Enhancement Grant to those who are currently ineligible, and to offer grants or gift card reimbursements to support the barriers mentioned above. Additionally, income stability and health benefits were common suggestions for alleviating financial barriers. A provider shared, “If we could receive a pay increase to help with the groceries and the time it takes to make the food after hours. I have to make separate meals because the food my family eats for dinner is different from what the children would eat for lunch, paid time off and contribute to EI it would be less stressful on us providers because could take time off without feeling like we are being penalized for needing self care or family time. We need to be able to have sick days and be able to contribute to retirement and even take a leave of absence if we need to. I love having a business but, we do still follows Compass guidelines and procedures so it would be stress free to have a stable family income, continue to have the support of our home visitor, benefits, paid time off.” Additionally, it was suggested for providers, “To be able to contribute to our retirement fund. With the hospital we contribute to HOOP [Healthcare of Ontario Pension Plan]. Not sure if Compass has something like this for employees but, it would be nice for us providers to be able to join the team and receive the same benefits.”

86% of providers stated that they are open to the opportunity of becoming an employee with Compass ELC and receive a stable salary and benefits while continuing to lead their Home Child Care program.

## Housing

Of the 15 presented barriers in the survey, housing was the ninth most common barrier experienced by providers. 27% of existing providers have experience barriers related to housing, and 20% of existing providers continue to experience barriers related to housing. The most common barrier is renting a home, as operating a business out of a rented space requires permission by the landlord. Providers also face difficulty being approved for rentals or mortgages with and additional down payments (income tax) due to low finances and being an independent contractor. Providers suggested the following to help alleviate housing barriers: providers to become a Compass ELC employee, the Home Child Care Team continue to make suggestions for furniture placement, and to provider a letter of reference for landlords.

## Health Benefits

Of the 15 presented barriers in the survey, health benefits were the third most common barrier experience by providers. 73% providers have experienced, and continue to experience barriers related to health benefits. This indicates that accessing health benefits is an ongoing barrier, rather than one solely experienced in the start-up process.

Providers drew attention to the lack of affordable health care and paid sick days. For example, a provider shared, “Working this job is very physically taxing and my body, especially being disabled, would greatly benefit from physiotherapy but it’s financially out of reach at this income range combined with zero health benefits. Things like this greatly contributes to provider burn-out. When it isn’t mental or emotional, it is physical.” Another provider shared, “Providers having paid sick days allows for financial stability when they are ill. Without paid sick days, finances become a big stressor which equals other emotions like guilt and anxiety.”

Examples of required, yet unaffordable health care include prescription medication, optical care, orthodontic care, orthotic care, paramedical services, and ongoing support and rehabilitation. Multiple providers drew attention to their work as being physically taxing.

Lack of access to affordable health benefits and paid sick days disproportionately affects providers with disabilities, medical conditions, and/or medical needs. This extends to provider’s families as well, including partners and children. Lack of access to affordable health benefits and paid sick days also disproportionately affects providers who are unable to rely on a partner’s benefits. Reasons for this could include being single, or their partner having limited or no benefits.

Offering health benefits to providers has the potential to increase retention, ensure less burnout, and aid in ensuring financial stability. For example, one provider highlighted that centre-based employment with Compass ELC offers benefits, which has them contemplating making a career switch or not. They highlighted that offering benefits would remove this contemplation. Suggestions also include group benefits with lower premiums. Overall, 71% of providers shared that they hope to receive benefits and paid sick days. Both health benefits and paid sick days are important to providers, rather than one or the other.

## Licensing Process

Of the 15 presented barriers in the survey, barriers related to the licensing process were the 12<sup>th</sup> most common barrier experienced by providers. 40% of providers have experienced barriers related to licensing, while 13 % of providers continue to experience barriers related to licensing. These numbers show that barriers related to licensing are more common in the start-up process than they are while sustaining a Home Child Care. The most frequent licensing barrier relates to finances, specifically, the costs of home renovations and initial

qualifications/certificates to be qualified to become licensed, as well as loss of income due to spaces being unfilled. In addition to this, providers highlighted barriers related to menu creation and managing the abundance of information that is involved in the licencing process.

When asked how they could be supported to alleviate these barriers, provider suggested access to small grants for start-up costs, and a checklist that clearly lays out requirements for the licensing process. Additionally, one provider recommended, “Maybe also a seminar every once and awhile, like twice annually, for those interested in becoming providers that goes over the licensing procedures, policies, etc.? A lot of interested providers who already work from home seem uninterested because they believe the licensing process is overwhelming, which other than the renovations/financial aspect if needed, I do not find to be true at all. If the information on licensing was more simply provided for interested individuals instead of only by an at home visit I think a lot more people would become interested in being licensed.”

### **Licensing Insurance**

Of the 15 presented barriers in the survey, barriers related to licensing insurance were the fifth most common. 33% of providers have experienced, and continue to experience barriers related to licensing insurance. This suggests that barriers related to licensing insurance are ongoing, rather than solely within the start-up process. Home insurance and commercial insurance are two separate plans and require two separate costs. While this is so, providers highlighted that they were required to be insured through the same company, meaning that many providers had to change their home and care (commercial) insurer. Providers also highlighted that there are limited insurance companies who will cover Home Child Care providers. In addition, multiple providers have been rejected by insurers due to owning pets, driving with the children in care, and the number of children in care. A provider shared, “It was so hard to find a good company to insure a provider that drives with the kids and has 6 kids and the price is out of this world.” Due to limited options, providers highlighted the high and unaffordable price of commercial insurance. Another provider shared, “You are forced to pay whatever premiums they have set. There is no chance of shopping around.”

Two providers highlighted a provincial (government) responsibility to attending to this barrier. One of these providers highlighted a gap between the Ministry of Education allowing six children to be in licensed Home Child Care, while not ensuring that providers have access to affordable commercial insurance. They shared, “This would be something that the provincial government would have to look into. Its just confusing that the Ministry of Education will allow us to have six children to care for, although not giving us enough choices when it comes to commercial insurance for child care. I know that I am overpaying for my car and home insurance being with the company that I am with, although I can't leave as I need the commercial coverage that basically every other insurance company will not provide.” Another provider shared, “I feel ministry should require all home insurance to follow the same guidelines so that we could receive the best rates and not have to settle for companies we are

not too happy with. I wanted to change my home insurance but, I am unable to due to all these factors and it doesn't help that we have a commercial insurance. I still get denied.”

Additional suggestions to aid in alleviating barriers are for compass ELC to keep active in the search for financially stable insurance, and to consider if a group insurance could be done at lower cost.

## **Policies and Procedures**

Of the 15 presented barriers in the survey, policies and procedures were the sixth most common. 33% of providers have experienced, and continue to experience barriers related to policies and procedures. This suggests that barriers related to policy and procedures are ongoing, rather than solely during the start-up process.

50% of these responses highlighted the difference between centre-based and home-based child care, sharing that there is an increased number of policies to review for Home Child Care providers, and that, “some of the policies do not take into the fact that we are at home and not a centre”. A provider also shared barriers related to accessing information online, highlighting that they prefer paper copy.

50% of respondents highlighted the importance of taking into account the differences between home-based and center-based child care with regards to policies and procedures when addressing barriers related to policies and procedures. A provider shared, “If there was a way to separate Home Child Care paperwork from Centre based. When reading through most of it is regarding child care centre and not Home Child Care”. Providers also mentioned that it would be helpful to have a checklist for parents to acknowledge they have read the policies and procedures by initialing, and to “[find] a way to make paperwork easier and faster and put in a day by day schedule”. 50% of respondents highlighted and that it is helpful to have a home visitor who can walk the provider through changes and answer any questions that the provider might have.

## **Technology**

Of the 15 presented barriers in the survey, barriers related to technology were the eighth most common. 40% of providers experienced barriers relating to technology, where 27% of providers continue to experience barriers related to technology. This information suggests that barriers related to technology are greater during the start-up process, or with less experience as a provider.

Barriers include understanding and navigating technology (e.g., Sandbox), not having access to an affordable and reliable printer, not having devices that are easily accessible to document and access information, and having to access multiple platforms for various lists (e.g., waiting



list, supplies and toys). Suggestions to alleviate these barriers include access to grants, providing providers with devices, centralizing lists so they are accessible via one platform, asking providers if they require anything to be printed before home visits, and supplying one pack of paper per year.

67% of providers use technology as a source of communication with families. 76% of this group uses Facebook, in the forms of a private Facebook page, Facebook messenger, and advertising. This is the most common platform used by providers. In addition, 10% of this group uses Seesaw, 20% of this group uses Sandbox, 20% of this group uses HiMama, and 30% of this group uses text messaging to communicate with families.

## Professional Learning

Of the 15 presented barriers in the survey, barriers related to professional learning are the seventh most common. 33% of providers have experienced, and continue to experience barriers related to professional learning. This information suggests that barriers related to professional learning are ongoing, rather than solely within the start-up process.

60% of these providers drew attention to finding difficulty in balancing a work-life and personal-life, highlighting that finding time and energy to participate in professional development can often be difficult. Providers shared, “With professional learning I feel like I work such long hours that I don’t have the energy to participate in furthering my learning,” and “I find it difficult for me to do these as I barely have enough time for myself.”

A provider also highlighted the intersectionality between barriers related to professional learning and financial barriers. When asked how barriers related to professional learning might be alleviated, the provider shared, “In order to make a decent income I need to work the hours and I don’t know how we could alleviate these issues”. In addition to this, providers mentioned barriers relating to curriculum development, as well as a lack of diverse professional development opportunities that target Home Child Care specifically. Regarding the lack of diverse professional learning opportunities that target Home Child Care specifically, a provider shared, “Compass does a lot more than most already regarding this but I find a lot of offered PD to be repetitive (across the board not just from Compass) and I think more practical PD would be great.” Another provider shared, “I am a bit of a “never stop over-achiever” type. Even though I work from home, I care about becoming better in this career and work with children but also in advancing professionally. Unfortunately, it always feels like there’s nowhere to go from here, even with tons of PD, more certificates and schooling, the barrier of simply this profession being what it is really takes away professional opportunities.”

Providers shared that supports to alleviate this barrier could include online professional learning opportunities that offer flexible completion and/or attendance, to have the start times before 5:30 PM or after 7:30 PM, offering online professional learning opportunities, and to connect with other organizations. A provider shared, “Perhaps some networking with other



organizations that could provide further opportunities? This is a tricky one, I don't think it's necessarily easy to do much in this profession." Another provider shared, "I know that before Covid, there were some professional learning opportunities that I would have loved to take part in, although they were offered throughout the day. Being self employed, I didn't see this as being an option, as I would not be paid for that day. Maybe the silver lining with Covid would be that now everything is offering on line, so I feel as though there are more opportunities for providers who are self employed as you don't have to close to attend." This response furthermore highlights the intersectionality between barriers related to professional learning and barriers related to finances and benefits (paid time off). A provider also highlighted that one-on-one professional learning with their home visitor helps them to overcome barriers related to curriculum making and materials.

## Business Development

Of the 15 presented barriers in the survey, barriers related to business development were the fourth most common. 53% of providers have experience barriers related to developing a business, while 40% of providers continue to experience barriers related to developing a business. This information suggests that there is a slight increase in barriers experienced with incoming providers or providers with less experience. While this is so, barriers related to business development continue to be ongoing. 38% of respondents highlighted intersecting financial barriers, sharing the difficulties in budgeting as they began their business. This specifically relates to start-up costs, managing time off, and maintaining a budget while having fluctuating income.

Overall, providers shared a wide range of barriers relating to business development. One provider shared, "Spending all the money up front to get started without an income was very difficult and stressful. Now that I am established it is easier". Another provider shared the intricate intersectionalities between business development related barriers and other barriers, sharing, "Definitely the family income and budget. Aside from the fluctuating income... It's difficult trying to budget and take time off. Many times I want to take a day off but, I choose not too because I'd be losing incoming, many times I do need that day off due to my migraine like this past Thursday and Friday but, I made myself push through. Another one is the increased prices for everything especially groceries it because I just couldn't afford to lose anymore income. I love having a business but, we do still follows Compass guidelines and procedures so it would be stress free to have a stable family income, continue to have the support of our home visitor, benefits, paid time off".

Additional barriers related to business development include building a client base, knowing what to expect as a provider licensed by Compass Early Learning and Care, advertising, and developing the knowledge required to start a business.

When asked what supports could help alleviate barriers related to business development, 29% of respondents suggested workshops for further training on business development, a grant or

loan to help with start-up costs, as well as additional supports related to marketing (e.g., business cards, advertising on social media).

## Family Onboarding

Of the 15 presented barriers in the survey, barriers related to family onboarding were the 10<sup>th</sup> most common. 33% of providers have experienced barriers related to family on boarding, while 20% of providers continue to experience barriers related to family on boarding. This suggests there is a slight increase in the barriers experienced with incoming providers who have less experience. While this is so, barriers related to family onboarding are ongoing.

67% of respondents highlighted a barrier related to communication with families during the onboarding stage, particularly related to families not following up as to whether or not they will place their child within the Home Child Care. Additionally, one provider highlighted barriers related to having to find children/families to fill spaces within their Home Child Care. A provider shared, “Personally I find on-boarding to be the simplest part of my work. Except of course the schedule juggling but there is never a shortage of families in need of care”, which suggests that the barrier relating to filling spaces could be more so related to marketing and advertising, opposed to the lack of families who are interested in placing a child in care. Additionally, when asked what supports could help alleviate barriers related to family on boarding, a provider suggested for Compass Early Learning and Care to continue to provide referrals.

Many providers shared elements that make family onboarding successful for their Home Child Care:

- “I think that at the beginning, whether it is interviewing or having a family come on board there is always some sort of barrier. Parents are essentially handing their children over to stranger to care for. It takes time to establish a relationship and get a feeling of how to interact with the said family. From the 13+ years I have spent doing this, I have figured out that communication is essential for a good working relationship with families.”
- “I have an amazing relationship with my families. We communicate on a daily basis and I send out newsletters every month.”
- “In all of my interviews I make it very clear that I would like to know what their plans are.”
- “My years of experience in the child care field has helped me in this area.”
- “I felt very supported from my HV when going through the family onboarding process. She answered any questions that I had about the process. I chose to register all of my families through Compass as I felt it was the most streamlined way to maintain them.”

## Relationships with Families

Of the 15 barriers presented in the survey, barriers relating to relationships with families were the 15<sup>th</sup> most common barrier experience by providers. In other words, barriers relating to relationships with families are the least common barrier experience by providers. 7% of providers have experienced, and continue to experience barriers related to relationships with families. On par with language barriers, this is the least frequent barrier that is experienced by Home Child Care providers who are licensed by Compass Early Learning and Care.

The provider who experiences this barrier shared that this relates to, “Professional boundaries, home and family boundaries, and respect. My largest difficulty has always been communicating with parents about my own boundaries as I can be fairly bendy to their needs and I \*want\* to be as well. However, this can result in them crossing my own personal boundaries and become disrespectful at times even.” To alleviate this barrier, this provider suggested, “More practical PD on family interaction, with scenarios and practices and everything.” Providers shared that working towards positive communication with families and using technology to share photos with families help them to maintain positive relationships with families.

## Communication with families

Of the 15 presented barriers in the survey, barriers relating to communication with families were the 11<sup>th</sup> most common barrier experience by providers. 20% of providers have experienced, and continue to experience barriers related to communication with families. This information suggests that barriers related to communication with families are ongoing, rather than solely within the start-up process.

Barriers related to communication with families varied for providers, and included engaging in respectful communication, communication through technology, as well as communication regarding the COVID-19 pandemic. A provider shared, “Communicating about COVID specifically has been tricky to navigate. Knowing other’s philosophies and if they line up with keeping my family safe, for example, has been difficult.”

Provider suggested that having support from a mentor who is trained to assist in positive communication with families, to assist in find resolutions without judgement, and to assist providers in communication related to the COVID-19 pandemic would be helpful. Providers highlighted they found that speaking honestly and talking through concerns related to the COVID-19 pandemic aided in positive communication between providers and families.

## COVID-19 Pandemic

Of the 15 presented barriers in the survey, barriers related to the COVID-19 pandemic is the second most common barrier experienced by providers. 80% of providers have experienced,



and continue to experience barriers related to the COVID-19 pandemic, due to the ongoing nature of this global pandemic.

#### Intersections with Financial Barriers:

45% of respondents highlighted intersecting financial barriers directly related to the COVID-19 pandemic, particularly related to increased cleaning policies, inflation, and loss of income due to a positive case(s).

36% of respondents highlighted intersecting financial caused by increased cleaning policies. A provider shared that increased cleaning policies from the Ontario Ministry of Education caused them to have to work additional time after hours, while another shared, “I almost need another person to keep up with cleaning expenses and policies.” Providers do not get paid for the additional time that it takes to clean, and do not get paid (via grant or other funding) for the increased amount of purchased cleaning supplies. In addition, 18% of providers expressed concern regarding inflation since the COVID-19 Pandemic began. One provider shared, “The cost for everything increased and at one point I had to order cleaning supplies through Compass because it was impossible to find any at the store.”

Providers expressed higher levels of stress caused by the responsibility to keep children, families, themselves, and their families safe. “It’s all a lot at once”, shared a provider. This relates to cleaning, policy adherence during a time when policies are frequently changing and providers are relying on parents to accurately screen and adhere to policies, and ensuring their Home Child Care does not close as a result of a positive COVID-19 case. For example, one provider shared, “the extra cleaning that is required above the regular cleaning in child care and the stress of worrying about getting Covid or someone in my household and losing the income.” 27% of respondents reported a loss of income, sharing that the costs related to closing their program as a result of a positive COVID-19 case caused financial burden to the provider. One provider shared that they lost \$1600.00 in a one-week period due to a positive case within their family. In addition, providers noted that loss of income also related to families pulling their children out of care, sharing “One of my full time families dropped down to 2 days per week, and “My work became very slow due to the pandemic”.

#### Intersections with Barriers Related to Policies and Procedures:

36% of respondents expressed concern regarding increased and frequently changing policies, identifying this as a barrier to their work. One provider also highlighted the disconnect between providers and the Ontario Ministry of Education, sharing, “I think that everyone has experienced barriers when it comes to the pandemic. I have felt like there has been this disconnect between the Ministry and provider, although I feel as though this has frequently been a concern. What I came to realize was that we are all navigating through this together, although alone, and for the first time. The endless cleaning and charting and producer and policy changes were from the Ministry. It created more work for us, as you had to make time to sit and read the policies and changes, and then establish how and what you needed to do for your own Home Child Care business”.

### Intersections with Barriers Related to Professional Learning:

9% of respondents shared barriers related to professional learning, caused by the COVID-19 pandemic. One provider shared, “Home child care is isolating as is as a profession. COVID taking away in person workshops definitely has made this feeling stronger. I’ve tried to keep up with zoom workshops and get together, too, but those are not accessible [to me]”.

When asked to describe the supports that could help to alleviate barriers related to Covid 19, providers drew specific attention to financial support. Providers suggested the following:

- Providers pay increases to account for the increased workload
- Providers are given assistance with food and materials in the form of gift cards
- Providers continue to be supplied with PPE
- Providers have access to wage replacement during times their program has to close due to COVID-19
- Providers have affordable access to health benefits which include massages
- Providers have access to sick days

Providers drew attention to inequities within the Ontario COVID-19 Worker Income Protection Benefit, highlighting they do not get paid for the days their program closes, unless their child is sick. A provider shared, “I have not had any experience with this, but it is nerve wracking to think of any loss of income due to this. As a parent it was a blessing when there was the funding that reimbursed me whenever my children needed to stay home due to it, and I hope that that will be available again to parents. Again paid sick days would be beneficial in this circumstance from a provider stand point”. Another provider shared, Pay us like our families get reimbursed for Covid days would be helpful.”

Additionally, 25% of respondents expressed that Compass Early Learning and Care has supported providers throughout the COVID-19 pandemic. One provider shared, “Honestly there isn’t much to be done here I think. It’s a tricky time for everyone and I think Compass has gone above and beyond in their support during the pandemic. A lot of the barriers are inevitable and uncontrollable.” Another shared, “It’s been great to have my home visitor to turn to - whether it was to run something by her or to ask for clarity or questions. This is definite a benefit for those who are with an agency.” This information suggests that barriers related to the COVID-19 pandemic are experienced less by licensed Home Child Care providers than unlicensed Home Child Care providers.

### **Mentorship**

40% of providers are open to mentoring an incoming provider, and 60% of providers might be open to mentoring an incoming provider.

43% of providers already engage in mentorship, while 57% of providers do not engage in mentorship. Based on provider responses, providers who do engage in mentorship engage

informally, rather than formally. There is no formal mentorship structure for Home Child Care providers licensed by Compass Early Learning and Care. The methods and content in which providers engage in mentorship widely varies. 43% of providers who already engage in mentorship engage in the following ways:

- Mentoring potential incoming providers regarding:
  - Starting a business while licensed with Compass Early Learning and Care
  - Sandbox
  - Paperwork
  - Curriculum making and materials
- Troubleshooting issues
- Family Communication
- Fees
- General questions from other Compass Early Learning and Care licensed providers
- Sharing professional experiences

23% of providers would like to be mentored, 31% providers might like to be mentored, and 46% do not want to be mentored. This information suggests that there are more providers who would like to mentor, then providers who would not like to be mentored.

When asked to explain what mentorship supports they would benefit from, providers shared:

- “Support with families communications.”
- “Possibly a different role within the Compass company such as Home Visitor when we grow even more.”
- “I will help if someone has a language barrier.”
- “I think I would benefit from supports with activity ideas, how to support multi-age groups, difficult conversations with families.”

### **Additional Hopes and Suggestions**

When asked to expand on their hopes regarding their work as Home Child Care providers licensed by Compass Early Learning and Care, providers shared a diverse range of hopes. The most frequent hope was related to financial stability, which was indicated by 36% of respondents. Hopes relating specifically to financial stability also greatly ranged, and included increased pay, government support for time off, for the Wage Enhancement Grant to be modified to consider net income or account for expenses incurred, as well as financial assistance related to start-up costs, COVID-19 policy related materials, and program upgrades and support. One provider shared, “I am hoping we could have at least increased pay since our workload has increased and essential items costs has increased. Also, I am hoping we could have some support from the government regarding time off as I feel it's important to have that balance in life. I hope to be a part of Compass as an employee”, highlighting the intersectionality between health benefits and financial stability. Another provider shared, “Compass has to provide a health benefit by doing so it will make compass unique and different



from other Home Child Care agency. In the other hand we will not feel left out". Overall, 13% of respondents to this question highlighted the need for health benefits.

13% of providers highlighted hopes for positive relationships with families and. While one provider noted that they hope to maintain positive relationships, another provider shared, "I hope that one day parents will respect what we do as child care providers".

Additional hopes include housing support, the implementation of a mentorship program, to continue to have open support from Compass Early Learning and Care to address barriers, to have more centralized list of child care placement, and to have further conversations regarding becoming an employee of Compass Early Learning and Care.

When asked how Compass Early Learning and Care could make the experience of becoming a Home Child Care provider more positive, providers shared they hope for Compass early Learning and Care to:

- Offer workshops or gatherings
  - to the public to share about the licensing process
  - to share barriers and hopes
- Offer financial support
- Offer employment letters
- Simplify the onboarding process
- Create a mentorship program
- Support providers work/life balance
- Continue to be supportive to providers

Without being prompted, 38% of respondents highlighted their positive experiences with Compass Early Learning and Care. These include:

- "Wonderful."
- "It [is] honestly a wonderful experience for me"
- "Honestly, as a new provider my experience with CELC has been very positive. I feel that CELC was very supportive and thorough with me and they made the experience very seamless."
- "By continuing to give me that support. By continuing to giving us providers the support we are receiving and hopefully help us with some of the struggles we face whether it's income, benefits, increased workload so we could continue having a safe and safe environment for children."

It is important to note here that additional suggestions are located under the heading of each barrier listed above.

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