

CHILDREN MAKING A COMMUNITY WHOLE:

A Review of Aboriginal Head Start In Urban and Northern Communities

EXECUTIVE SUMMARY

Aboriginal Head Start (AHS) which is funded by Health Canada, is an early childhood development program for First Nations, Inuit and Métis children and their families living in urban centres and northern communities. AHS provides children an opportunity to develop the capabilities, attitudes, and confidence to be successful in school. All AHS projects provide programming in each of the six program component areas: culture and language; education; health promotion; nutrition; parental involvement; and social support. The locally designed and implemented projects are sponsored by Aboriginal non-profit organizations.

Children Making a Community Whole reports on the results of the first AHS National Process and Administrative Evaluation Survey, conducted in 1999. Data from this survey demonstrate impressive accomplishments in AHS communities. The data support the positive messages that Health Canada is receiving from parents, staff, communities and schools on the impact of AHS. At the time of the survey, there were ninety-nine AHS projects in Canada, ninety-six of which participated in this survey. Twenty-one percent of projects are in remote communities with a population less than 9,999, thirty percent are in communities with a population greater than 50,000.

In 1999, a total of 3,236 children enrolled in AHS. Operating at near capacity, the program is able to accommodate less than twelve percent of the Aboriginal three and four-year-olds living off reserve. Forty-four percent of participants are from First Nations backgrounds, thirty-four percent are Inuit and twenty-two percent are Métis. Fifteen percent of the participating children are fluent in an Aboriginal language. Of the thirty Aboriginal languages in use in AHS projects, the most frequently used are Cree, Ojibway, Inuktitut, Michif and Saulteaux. The substantial number of languages in use in AHS reflects the diversity of the program design. It has been developed to be flexible enough to meet a wide range of needs and community types. Typical AHS projects operate September to June, four days per week, and provide three and four-year-old Aboriginal children with half-day structured preschool experiences.

Approximately thirty children participate in AHS on any given day in any given project. Seventeen percent require greater than normal staff time, mostly for language-related, Fetal Alcohol Syndrome/Fetal Alcohol Effects or emotional, behavioural or developmental delays. Projects estimate that an additional 384 children require formal assessments. AHS currently has limited resources to meet the needs of children diagnosed with a special need. When asked to identify program needs and desires, projects almost unanimously call for training and resources to deal with special needs, among other things.

Seventy percent of projects report that getting parents involved is a challenge, but nevertheless eighty-four percent have parent councils that provide opportunities for parents and community members to have meaningful input into the design, implementation and management of their local project. Parental involvement remains a high priority for the AHS program. It is often a focus of AHS

training events and Health Canada support to local projects. Parents are commonly involved in management and decision making, field trips, special events, and curriculum development on a monthly basis.

Over seventy-one percent of the AHS project staff is Aboriginal. The largest numbers of staff consists of teachers and directors, followed by administrative support, parent outreach workers, bus drivers and Early Childhood Educators. Thirty one percent of all project staff is trained in Early Childhood Education, and another fourteen percent have undergraduate or graduate degrees. Median Health Canada funds received by all AHS projects for the period April 1, 1998 to March 31, 1999 were \$200,000. There is a wide range of funding allocated to projects. Actual funding allocations vary from region to region, with large urban sites generally receiving more.

Outstanding community commitment to the AHS program is demonstrated by the 19,000 service hours donated by volunteers each month. Community, provincial and federal partners infused an additional \$3,825,320 into the program in the fiscal year 98/99 in donated funds, services, and resources. Project staff and volunteers have proved skilled at fundraising, engaging the community and building partnerships.

The program needs identified by AHS urban and northern projects show that they have a strong desire to improve their programming. Health Canada is working with projects to support these improvements through a variety of activities such as: producing a special report on children with special needs in AHS; assistance and resources to expand the range of curriculum materials; annual national training workshops; as well as training of teachers in the High/Scope Perry Preschool methodology. While participants have made it clear that additional funding is highly desirable, Children Making a Community Whole confirms that AHS has achieved a number of its key goals.

Feedback from parents and staff communicate improvement in all areas of AHS children's development. To the delight of parents, many children are learning their respective Aboriginal language for the first time. A parent of a child attending AHS told us this typical story: "My child comes home (from AHS) and uses what she learns in her play time and her life. She learns all about her culture and it teaches her to cope with the problems that are inevitable in life. I have noticed so many positive changes in my daughter". Teachers frequently acknowledge the difference they see in AHS graduates entering school. A Kindergarten teacher in Alberta describes AHS graduates as having improved social skills and confidence, an awareness of colours and shapes and counting and an ability to follow classroom routines. Recognizing improvement in all areas of development she affirms "I would say definitely enroll your child (in AHS), they come in more confident when they've had exposure to other kids and these experiences, and then I think they are just ready for learning, ready to play, and confident and ready to be leaders."

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