

North York: Understanding the Early Years

How are children in North York doing?

- Most children in North York are doing well. Children in North York scored better in the area of behaviour than the provincial and national averages.
- Children who read every day and who make use of libraries, book clubs and education centres did better than children who did not.
- However, almost one-third are experiencing some difficulty in two or more of the following areas: health, social competence, emotional maturity, cognitive development and communication skills.
- Many children in North York speak English as their second language. These children scored lower in the area of language development, an important aspect of being ready to learn when starting school.
- Positive parenting practices are associated with positive behaviour development in children.
- Children of parents involved in their community through voluntary organizations did better than those whose parents were not involved.

Source: Connor, S. *Understanding the Early Years: Early Childhood Development in North York*. Applied Research Branch, Human Resources Development Canada. May 2001.

Social Development Partnerships Program

Social Development Partnerships Program currently has a special funding stream to support projects related to early childhood learning and care, along the lines of the former Child Care Visions Program. The Child Care Visions program was created in 1995 as a national child care research and development contribution program. Its primary objective has been to support research and development projects that will study the adequacy, outcomes and cost-effectiveness of current best child care practices and service delivery models. The program has solicited projects that are innovative and national in scope. Non-profit organizations and community groups are eligible for funding.

Under the Social Development Partnerships Program, a special request for proposals was issued in 2001 that will result in contributions to building and bringing together knowledge on practice, both in child care and, more broadly, on other early childhood development services (e.g. family resource programming). Projects have helped to track the state of services on a pan-Canadian basis. Projects provide support to policy development (e.g., by researching cost-effectiveness); program development (e.g., by identifying effective models); and professional development (e.g., by strengthening the sector as well as developing training and public awareness materials) on early childhood learning and care issues.

The program has recently been repositioned to ensure that this investment in research and development contributes to knowledge on early childhood learning and care, consistent with the Early Childhood Development Agreement.

Intercountry Adoption Services

Intercountry Adoption Services provides coordination and consultative services to provincial and territorial governments (except Quebec) in the area of international adoptions. It works with foreign governments and agencies, as well as with various Canadian and international stakeholders, to promote and protect the best interests of children through:

- information coordination among provinces and territories, as well as between Canada and foreign countries; and
- close working relationships with other federal departments involved in the field of international adoption, such as Citizenship and Immigration Canada, Justice Canada, and Foreign Affairs and International Trade.

The Intercountry Adoption Services provides support for adoption of children of all ages, but the majority of these adoptions (approximately 80 percent) involve children under 6 years of age.

Health Canada

Centres of Excellence for Children's Well-Being

Five Centres of Excellence for Children's Well-Being were announced by Health Canada in October 2000. The goal of the Centres of Excellence for Children's Well-Being program is to improve our understanding of the physical and mental health needs of children, and the critical factors necessary for healthy child development. The Centres' networks operate as sources of knowledge development and dissemination, linking individuals and organizations with expertise from diverse sectors, disciplines and parts of the country to address different aspects of children's health and well-being.

The Centre of Excellence for Early Childhood Development is specifically focused on early childhood development issues, with an emphasis on social and emotional development. It is involved in collecting and analyzing health information and data; conducting focused research; providing policy advice to governments and child-serving agencies; communicating and disseminating the information to a variety of audiences; and creating local, national and international networks.

It uses a unique approach and integrated view of child development to address the wide range of factors affecting children's health. The first year of research will be devoted to issues related to the period of life from before birth to age 1. The second year will focus on age 1 to age 2, and so on, so that at the end of five years a complete package of materials will have been created following children from conception to age 5.

The Centre uses traditional communication products such as articles, newsletters and workshops, as well as state-of-the-art multimedia including videos and CD-ROMs, to consolidate expert knowledge on early childhood development and disseminate it broadly to parents and service providers.

The Early Childhood Development Centre operates under the administrative leadership of the University of Montréal, in partnership with the Canadian Child Care Federation; Canadian Institute of Child Health; IWK Grace Health Centre in Halifax; University of British Columbia; Conseil de la Nation Atikamekw in Wemotaci, Quebec; Queen's University in Kingston; l'Hôpital Sainte-Justine in Montréal; Institut de la santé publique du Québec; Canadian Paediatric Society; and the Centre de Psycho-éducation du Québec.

Other Centres of Excellence (e.g. Centre for Children and Adolescents with Special Needs) also include research on early childhood development.

Family Violence Initiative and National Clearinghouse on Family Violence

With the long-term goal of reducing the occurrence of family violence in Canada, the Family Violence Initiative supports activities to address gaps in knowledge and to develop and disseminate information on the issue of family violence on behalf of 7 federal government departments and agencies: Health Canada; Canada Mortgage and Housing Corporation; Justice Canada; RCMP; Canadian Heritage; Status of Women Canada; and Statistics Canada.

Health Canada operates the National Clearinghouse on Family Violence (including an electronic database and 1-800 telephone line) under the auspices of the Family Violence Initiative on behalf of participating federal departments and agencies. The Clearinghouse is a national resource centre for Canadians who are seeking information about violence within the family, including child abuse. By disseminating information on aspects of prevention, protection and treatment, the Clearinghouse helps Canadian communities work toward the goal of eventually eliminating family violence.

Child Health Surveillance

Health surveillance consists of data collection, expert analysis and interpretation, and timely communication of information for action. Health surveillance provides information necessary for effective priority setting, and policy and program development, implementation and evaluation.

Health Canada leads a number of collaborative surveillance programs to support reproductive and child health, including programs in: perinatal health; injury, abuse and neglect; chronic diseases; and immunization. Some programs that support early childhood development include:

Perinatal Health

A healthy pregnancy and infancy are key to optimal child development. Several Health Canada surveillance initiatives address this important period. The Canadian Perinatal Surveillance System (CPSS) is an ongoing system of data collection and analysis for the perinatal period, including both maternal and infant health outcomes. Current indicators monitored by the CPSS include, perinatal health care information (e.g., Cesarean delivery), perinatal outcomes (e.g., mortality and morbidity), and socio-demographic and behavioural information.

An important component of the CPSS is the Canadian Congenital Anomalies Surveillance System (CCASS). CCASS is a national surveillance system of congenital anomalies diagnosed at birth and up to 1 year of age and provides birth prevalence estimates of 57 specific categories of birth defects.

Mother-Net Pilot Project

Health Canada is working in partnership with two clinics, Motherisk at the Hospital for Sick Children in Toronto and IMAGE at Hôpital Sainte-Justine in Montreal, on the Mother-Net Pilot Project. The Mother-Net Pilot Project is creating a system that will share information on the effects of drugs used by pregnant or breastfeeding women on their fetus or child. The information will then be used to advise women and health care professionals on the potential side effects or benefits of starting or continuing to take a given drug during pregnancy or breastfeeding. Initially, Mother-Net will concentrate on information on drugs, and alcohol and tobacco. It is expected that the Mother-Net system will become operational on April 1, 2003.

Injury, Abuse and Neglect

Injury (intentional and unintentional) is the leading cause of death for Canadian children and the second leading cause of hospitalization. Health Canada engages in a number of activities

related to monitoring of child injury and maltreatment, including surveillance and research on a national and international level. Two cornerstones of Health Canada's current surveillance of child injury, abuse and neglect are: (1) the Canadian Hospitals Injury Reporting and Prevention Program, which is a surveillance system that collects information on injuries in ten pediatric hospital emergency rooms in Canada and in five general hospital emergency rooms and (2) the Canadian Incidence Study of Reported Child Abuse and Neglect, which is the first national study of the incidence of child abuse and neglect reported to, and investigated by, child welfare services in Canada. Estimates in the final report are based on a core sample of 7,672 child maltreatment investigations, drawn from a total population of an estimated 135,573 child maltreatment investigations by child welfare services in 1998.

Chronic Diseases

Additionally, Health Canada monitors chronic diseases in children. The Canadian Childhood Cancer Surveillance and Control Program, for example, has been operational at a national level since 1995. It was designed to describe the patterns of health care used by children with cancer, assess their clinical outcomes and determine the risk factors for developing childhood cancer. Cancer is the second leading cause of death for children in Canada under the age of 15.

Health Warning and Information Labels and *Infotobacco.com* Website

Smoking during pregnancy is associated with health risks to both the mother and baby, including miscarriages, premature birth, low birthweight and reduced neonatal lung function. Low birthweight babies, in turn, have a higher risk of neurological and developmental delays and may be more susceptible to respiratory infections, like asthma.

Beginning in December 2000, a total of 16 health warnings and messages began to appear on 50 percent of the available space on cigarette packages in Canada. Two of these health messages and warning labels deal directly with the harm caused to unborn babies and newborns who are exposed to environmental tobacco smoke (ETS). They are intended to increase public awareness of the dangers to the health of the baby and the mother associated with maternal smoking during pregnancy. Two health messages and warning labels also address parents and ETS.



These new health messages are currently being promoted across Canada on major television stations and in national and regional newspapers. The promotional campaign directs Canadians to the Health Canada website <Infotobacco.com>. <Infotobacco.com> helps determine how ready individuals are to quit smoking and helps smokers to prepare for quitting through education, confidence building and obtaining help from others. Visits to the Health Canada website will be tracked carefully as one way to measure the level of interest among Canadians in obtaining cessation information. In a preliminary report, in one week in February 2001, a record number of 150,000 visits to the cessation site were recorded.

Population Health Fund

The goal of the Population Health Fund is to increase community capacity for action on or across determinants of health. Through project funding, the Population Health Fund supports initiatives that facilitate coordinated action among voluntary organizations, service providers, governments and the private sector to improve population health. Between 1999 and 2001, projects for children and youth (but not limited to children under 6 years) were solicited that addressed the following priorities:

- creating optimal conditions for the healthy development of young children;
- supporting families;
- creating safe, supportive and violence-free physical and social environments; and
- fostering healthy adolescent development.

Health Transition Fund

The Health Transition Fund was created in 1997 to support evidence-based decision making in health care reform, primarily by supporting pilot and evaluation projects which explore innovative

approaches to health care delivery. Each Health Transition Fund project must relate to at least one of four priority areas: home care, pharmaceutical issues, primary health care or integrated service delivery. Children's health has emerged as a key theme and a number of projects have been funded related to early childhood development. For example:

- Coordination and Evaluation of a Home Birth Demonstration Project;
- Integrated Postpartum Care and Lactation Support;
- Healthy Families Primary Care Services to High-risk Families;
- Projet d'une expérience novatrice dans la région de Québec : les cliniques de périnatalité;
- Enhancement of an Integrated Model of Prenatal Assessment and Care on Prince Edward Island;
- "Born Healthy, Raised Healthy," a Breastfeeding and Nutrition Support Program; and
- Integrating and Coordinating Services and Supports for Medically Fragile and Technologically Dependent Children.

Research and Information

Research and Information Activities and Expenditures Table ^{30,31}

	What is the expenditure on children under 6?	
	1999-2000	2000-2001
National Longitudinal Survey of Children and Youth (NLSCY)	\$4,158,000 ³²	\$7,742,000 ³²
Understanding the Early Years		
Social Development Partnerships Program	\$5,224,000 ³³	\$5,224,000 ³³
Intercountry Adoption Services	\$500,000 ³⁴	\$500,000 ³⁴
Centres of Excellence for Children's Well-Being	N/A ³⁵	\$525,000 ³⁶
National Clearinghouse on Family Violence	\$ 892,000 ³⁷	\$886,000 ³⁷
Canadian Perinatal Surveillance System (CPSS) (including Canadian Congenital Anomalies Surveillance System (CCASS))	\$2,200,000	\$3,300,000
Mother-Net Pilot Project	\$18,000	\$259,000
Monitoring of Child Injury Activity (including Canadian Hospitals Injury Reporting and Prevention Program)	\$ 600,000 ³⁸	\$ 690,000 ³⁸
Child Maltreatment Activity (including Canadian Incidence Study of Reported Child Abuse and Neglect)	\$400,000	\$ 375,000
Canadian Childhood Cancer Surveillance and Control Program	\$266,000	\$280,000
Health Warning and Information Labels and Infotobacco.com website	\$225,000 ³⁹	\$360,000 ³⁹
Population Health Fund	\$2,472,000 ⁴⁰	\$2,337,000 ⁴⁰
Health Transition Fund	\$3,774,000 ⁴¹	\$3,774,000 ⁴¹
Total expenditures	\$20,729,000	\$26,252,000

³⁰All 1999-2000 figures are actuals and 2000-2001 figures are estimates.

³¹Because most of the research and information initiatives described here do not directly impact a quantifiable number of young children or families and do not have programs/sites, those categories of the table have been eliminated for this chapter. A notable exception is the Understanding the Early Years Initiative, which operated in 6 communities in 1999-2000 and 13 communities in 2000-2001.

³²Expenditures for the NLSCY (for children aged 0-5) and Understanding the Early Years are too closely linked to divide into two separate and distinct expenditure figures.

³³Funding for all projects. Although the child care focus of the program is mostly on children under 6 years of age, some research and development related to after school care which may benefit older children has been undertaken.

³⁴Expenditure is for all Intercountry Adoption Services, but the majority of these adoptions (approximately 80 percent) involve children under 6 years of age.

³⁵The Centres of Excellence were officially announced in 2000.

³⁶Includes total budget for the Centre of Excellence for Early Childhood Development as well as an estimate of expenditures on early childhood development - specific activities in other Centres of Excellence for Children's Well-Being.

³⁷Expenditures are for children aged 0 to 18.

³⁸Includes all monitoring of child injury activity, including Canadian Hospitals Injury Reporting and Prevention Program, estimated to be 60 percent of total injury budget.

³⁹Estimate for four labels and messaging related to early childhood development (from a total of 16).

⁴⁰Population Health Fund expenditures are for children aged 0 to 18.

⁴¹Health Transition Fund expenditures are for children aged 0 to 18. This figure is an estimate. Gross numbers from the period 1999 to 2001 have been divided equally across each fiscal year. This number may not reflect actual spending for each of the fiscal years.



8. Summary of Activities and Expenditures, by Federal Department

Health Canada Activities and Expenditures Table⁴²

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001
Aboriginal Head Start (Urban and Northern Communities)	112	114	3,122	3,200	N/A	N/A	\$22,500,000	\$22,500,000
Brighter Futures	N/A	N/A	45,000	45,000	N/A	N/A	\$22,000,000	\$20,000,000
Canada Prenatal Nutrition Program (CPNP)	294 projects 912 sites 2,155 communities	301 projects	28,000 infant & prenatal (~ 14,000 infants)	31,000 infant & prenatal (~ 16,000 infants)	28,000	31,000	\$17,479,000 ⁴³	\$27,366,000 ⁴⁴
CPNP First Nations and Inuit Component	400 programs ⁴⁵	500 programs ⁴⁵	6000	7500	N/A	N/A	\$5,600,000	\$10,300,000
Canadian Childhood Cancer Surveillance and Control Program	N/A	N/A	N/A	N/A	N/A	N/A	\$266,000	\$280,000
Canadian Perinatal Surveillance System (CPSS) (including Canadian Congenital Anomalies Surveillance System (CCASS))	N/A	N/A	N/A	N/A	N/A	N/A	\$2,200,000	\$3,300,000
Centres of Excellence for Children's Well-Being	N/A	N/A	N/A	N/A	N/A	N/A	N/A ⁴⁶	\$525,000 ⁴⁷
Child Health Record	N/A	N/A	N/A	400,000	N/A	400,000	N/A ⁴⁸	\$105,000 ⁴⁹
Child Maltreatment Activity (including Canadian Incidence Study of Reported Child Abuse and neglect)	N/A	N/A	N/A	N/A	N/A	N/A	\$400,000	\$375,000
Community Action Program for Children (CAPC)	499	464	36,197	57,038	34,039	47,234	\$59,500,000 ⁴⁸	\$59,500,000 ⁴⁸
Family-Centred Maternity and Newborn Care	N/A	N/A	N/A	N/A	N/A	N/A	\$125,000	\$15,000
Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE)	N/A	N/A	N/A	N/A	N/A	N/A	\$1,250,000	\$2,650,000
FAS/FAE First Nations and Inuit Component	N/A	N/A	N/A	N/A	N/A	N/A	\$750,000	\$1,350,000
First Nations Head Start	225	305 ⁵¹	6,100	7,700	N/A	N/A	\$29,500,000	\$24,250,000
Health Transition Fund	N/A	N/A	N/A	N/A	N/A	N/A	\$3,774,000 ⁵²	\$3,774,000 ⁵²
Health Warning and Information Labels and Infotobacco.com website	N/A	N/A	N/A	N/A	N/A	N/A	\$225,000 ⁵³	\$360,000 ⁵³
Monitoring of Child Injury Activity (including Canadian Hospitals Injury Reporting and Prevention Program)	N/A	N/A	N/A	N/A	N/A	N/A	\$600,000 ⁵⁴	\$690,000 ⁵⁴
Mother-Net Pilot Project	N/A	N/A	N/A	N/A	N/A	N/A	\$18,000	\$259,000
National Clearinghouse on Family Violence	N/A	N/A	N/A	N/A	N/A	N/A	\$892,000 ⁵⁵	\$886,000 ⁵⁵
Nobody's Perfect	1,000+	1,000+	N/A	N/A	N/A	N/A	\$160,000 ⁵⁶	\$140,000 ⁵⁶
Population Health Fund	N/A	N/A	N/A	N/A	N/A	N/A	\$2,472,000 ⁵⁷	\$2,337,000 ⁵⁷
Postpartum Parent Support Program (PPSP)	600	600	N/A	N/A	N/A	N/A	\$100,000	\$100,000
Reducing the Risk of Sudden Infant Death Syndrome (SIDS)	N/A	N/A	350,000 ⁵⁸	350,000 ⁵⁸	350,000 ⁵⁸	350,000 ⁵⁸	\$40,000	\$40,000
Total expenditures							\$169,851,000	\$181,102,000

Summary of Activities and Expenditures, by Federal Department

⁴²All 1999-2000 figures are actuals and 2000-2001 figures are estimates.

⁴³\$17.4 million goes directly to communities in the form of grants and contributions.

⁴⁴\$27.3 million goes directly to communities in the form of grants and contributions.

⁴⁵CPNP First Nations and Inuit component “programs” are a series of activities and not a self-sufficient project with staff, space, etc.

⁴⁶The Centres of Excellence were officially announced in 2000.

⁴⁷Includes total budget for the Centre of Excellence for Early Childhood Development as well as an estimate of expenditures on early childhood development specific activities in other Centres of Excellence for Children’s Well-Being.

⁴⁸Child Health Record was first produced in 2000.

⁴⁹Health Canada funding only. In addition, Procter & Gamble - Pampers contributed approximately \$300,000 for printing, dissemination through hospital gift packs and the media event.

⁵⁰\$52.9 million goes directly to communities in the form of grants and contributions.

⁵¹There are currently 168 funded First Nations Head Start projects, serving 305 communities.

⁵²This figure is an estimate. Gross numbers from the period 1999 to 2001 have been divided equally across each fiscal year.

⁵³Estimate from four labels and messaging related to early childhood development (from a total of 16).

⁵⁴Includes all monitoring of child injury activity, including CHIRPP, estimated to be 60 percent of total injury budget.

⁵⁵Expenditures are for children aged 0 to 18

⁵⁶Health Canada funding only. There are additional implementation costs that are covered by provincial and territorial governments.

⁵⁷Population Health Fund expenditures are for children aged 0 to 18.

⁵⁸This is based on the quantities of resources disseminated. Potentially, parents of all newborn infants are receiving this information.

Human Resources Development Canada Activities and Expenditures Table⁵⁹

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:						1999-2000	2000-2001
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001		
Social Development Partnerships Program	N/A	N/A	N/A	N/A	N/A	N/A	\$5,224,000 ⁶⁰	\$5,224,000 ⁶⁰
Employment Insurance: Maternity Benefits	N/A	N/A	N/A	N/A	175,800	175,800	\$722,900,000	\$722,900,000
Employment Insurance: Parental Benefits	N/A	N/A	N/A	N/A	170,620	170,620	\$471,700,000	\$471,700,000 ⁶¹
First Nations and Inuit Child Care Initiative	390	390	> 7,000	> 7,000	N/A	N/A	\$41,000,000 ⁶²	\$41,000,000 ⁶²
Intercountry Adoption Services	N/A	N/A	N/A	N/A	N/A	N/A	\$500,000 ⁶³	\$500,000 ⁶³
National Literacy Secretariat (NLS) – Family Literacy Projects	85 projects	83 projects	N/A	N/A	N/A	N/A	\$2,763,000 ⁶⁴	\$3,416,000 ⁶⁴
National Longitudinal Survey of Children and Youth (NLSCY)	N/A	N/A	N/A	N/A	N/A	N/A	\$4,158,000 ⁶⁵	\$7,742,000 ⁶⁵
Understanding the Early Years	6 communities	13 communities	N/A	N/A	N/A	N/A		
Total expenditures							\$1,248,245,000	\$1,252,482,000

⁵⁹All 1999-2000 figures are actuals and 2000-2001 figures are estimates.

⁶⁰Funding for all projects. Although the child care focus of the program is mostly on children under 6 years of age, some research and development related to after school care which may benefit older children has been undertaken.

⁶¹Based on expenditures for 1999-2000. Subject to change because of unknown uptake of changes to Parental Benefits (from six months to one year at the beginning of 2001).

⁶²Reflects expenditures on behalf of children up to age 12, but expenditures are primarily for children under age 6.

⁶³Expenditure is for all Intercountry Adoption Services, but the majority of these adoptions (approximately 80 percent) involve children under 6 years of age.

⁶⁴Funding for all projects. While most of these projects focus on developing literacy skills and tools for young children prior to school entry and their parents, some also include components not directly related to children, but which could not be separated from the overall expenditure.

⁶⁵Expenditures for the NLSCY (for children aged 0-5) and Understanding the Early Years are too closely linked to divide into two separate and distinct expenditure figures.

Summary of Activities and Expenditures, by Federal Department

Indian and Northern Affairs Canada Activities and Expenditures Table⁶⁶

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001
Aboriginal Head Start – New Brunswick	14	14	N/A	N/A	N/A	N/A	\$1,804,000	\$1,804,000
Child/Day-care Program – Alberta	17	17	1,404	1,404	N/A	N/A	\$3,629,000	\$3,629,000
Child/Day-care Program – Ontario	66	66	N/A	N/A	N/A	N/A	\$12,176,000	\$12,177,000
Elementary Education (Pre-Kindergarten and Kindergarten)	485	485	14,153	13,936	N/A	N/A	\$65,000,000	\$65,000,000
First Nations National Child Benefit Reinvestment	600	600	42,580 ⁶⁷	42,580 ⁶⁷	N/A	N/A	\$23,700,000	\$23,700,000
Total expenditures							\$106,309,000	\$106,310,000

⁶⁶All 1999-2000 figures are actuals and 2000-2001 figures are estimates.

⁶⁷Total number of children under 6 years of age living on-reserve. Due to the flexibility of the National Child Benefit, First Nations have the ability to choose what types of programs to implement within five broad areas: child/day care; child nutrition; early childhood development; employment/training; and, other (culture or recreation). Therefore, based on the decisions made by communities regarding their priorities, all children resident on-reserve may not directly benefit from early childhood development programming through the NCB.

Canada Customs and Revenue Agency Activities and Expenditures Table⁶⁸

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001
Canada Child Tax Benefit (CCTB) Program - Supplement	N/A	N/A	1,695,257	1,642,486	1,271,667	1,234,252	\$293,300,000	\$284,200,000
Child Care Expense Deduction	N/A	N/A	N/A	N/A	1,223,559	1,228,125	\$431,000,000 ⁶⁹	\$424,000,000 ⁶⁹
Total expenditures							\$724,300,000	\$708,200,000

⁶⁸All 1999-2000 figures are actuals and 2000-2001 figures are estimates.

⁶⁹Both Child Care Expense Deduction figures (1999-2000 and 2000-2001) are projections and include deductions that were made for all ages of children. It was not possible to isolate the expenditure for children under 6 years from the total expenditure. Figures do not include Canada Customs and Revenue Agency operating expenditures to administer the Deduction.

Summary of Activities and Expenditures, by Federal Department

Justice Canada Activities and Expenditures Table⁷⁰

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001
National Strategy on Community Safety and Crime Prevention	27	37	N/A	N/A	N/A	N/A	\$944,000 ⁷¹	\$1,370,000 ⁷¹
Total expenditures							\$944,000	\$1,370,000

⁷⁰All 1999-2000 figures are actuals and 2000-2001 figures are estimates.

⁷¹Expenditures through grants and contributions only. No operating costs are reported as child-related costs cannot be segregated from overall program.

National Defence Activities and Expenditures Table⁷²

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001
Military Family Resource Centres (MFRC)	15,000 ⁷³ in 45 sites ⁷⁴	15,000 ⁷³ in 45 sites ⁷⁴	80,000 ⁷⁵	80,000 ⁷⁵	35,000 ⁷⁵	35,000 ⁷⁵	\$4,000,000	\$4,000,000
Total expenditures							\$4,000,000	\$4,000,000

⁷²Both 1999-2000 figures and 2000-2001 figures are estimates.

⁷³This number indicates the total frequency of programs and not the number of programs offered (for example, the same program might be offered at several different sites).

⁷⁴36 in Canada, 2 in U.S., 7 in Europe.

⁷⁵This number indicates the total number of visits.