NORTHWEST TERRITORIES EARLY CHILDHOOD DEVELOPMENT

early childhood development
report for 2004/05

April 2006

Northwest Territories Health and Social Services

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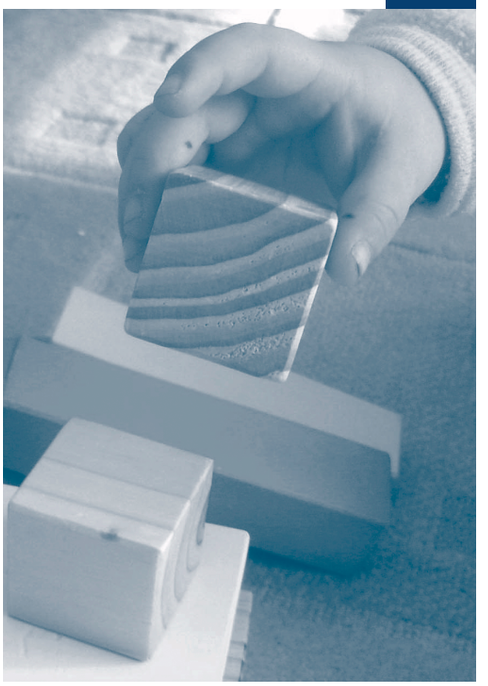



our

Our Vision

The Northwest Territories will be a place where children are born healthy and raised in safe and respectful families and communities, which support them in developing to their fullest potential.

(GNWT. 2001. Framework for Action: Early Childhood Development)

childhood

The Children of the NWT

The total population of the NWT in 2004 was 42,851 (NWT Bureau of Statistics). In 2004, the NWT had a population of 4,669 children between 0-6 years of age, representing 11 % of the total population.

In 2004, there were 21,363 Aboriginal people and 21,488 Non Aboriginal people in the Northwest Territories (NWT Bureau of Statistics, 2004).

Where Our Children Live

The largest grouping of children, 0-6 years of age, live in Yellowknife, the capital city of the NWT. In 2004, there were 19,056 people living in Yellowknife (NWT Bureau of Statistics).

The next largest grouping is in the three regional centres of Inuvik, (population 3,586 in 2004), Hay River (population 3,876 in 2004) and Fort Smith (population 2,514 in 2004) with a total population of 9,976 in 2004. There is road access to Yellowknife from all of the regional centres, though driving distance between Yellowknife and Inuvik is 3,565 km. For this reason, flying is more time efficient than travel by road. Some of the smaller communities have no road access to the closest regional centre. The smallest community in this category, Jean Marie River, had a population of 70 in 2004 (NWT Bureau of Statistics).

early childhood

The Agreements

Early Childhood Development Initiative

In September 2000, the NWT Premier joined Canada's First Ministers (with the exception of the Province of Quebec) in recognizing the importance of investments in early childhood development, and supporting families and communities in their efforts to ensure the best possible future for their children. First Ministers agreed on four key areas for action:

- Promoting Healthy Pregnancy, Birth and Infancy;
- Improving Parenting and Family Supports;
- Strengthening Early Childhood Development, Learning and Care; and
- Strengthening Community Supports.

In addition, First Ministers agreed to "report annually to Canadians on their investments and their progress in enhancing early childhood development programs and services in the four key areas for action"

(September 2000 First Ministers' Meeting Communique on Early Childhood Development)

development

Early Learning and Child Care (ELCC) Multilateral Framework 2003

Background

In March 2003, "Federal, Provincial and Territorial Ministers Responsible for Social Services agreed on a framework for improving access to affordable, quality, provincially and territorially regulated early learning and child care programs and services."[1]

The Multilateral Framework suggests that effective approaches to early learning and child care are:

- Available and Accessible;
- Affordable;
- Quality;
- Inclusive; and
- Offer Parental Choice.

Ministers committed to report to their public, beginning with a 2002-2003 baseline report, and continuing the following years with annual reports on investments under the Federal Framework.

Through this Framework, the Federal government has committed to invest funds in regulated child care. This funding will enhance the investments made by Provincial/Territorial governments supporting quality child care provided by regulated early childhood programs. The Federal commitment is for five years, beginning in 2003-2004.

1 "Early Learning and Child Care Multilateral Framework", March 2003

northwest territories

Key focus for 2004/2005

Helping children by:

· fostering quality early learning and child care programs

Helping families by:

· specialized home visiting programs
· literacy development

Helping communities by:

· encouraging partnerships

perspective

NWT Framework for Action for Early Childhood Development

Child

- Each child is considered to be a gift to the family and the community.
- Children are our future.
- Programs provide a secure, nurturing environment and promote the balanced development of children.

Family:

- Each child is surrounded by and grows up in a family.
- Families, whether they be a single parent, two parents or an extended multigenerational family.
- Families provide a nuturing environment and stimulation for development and learning.
- Parents want the best for their children.

Community

- Healthy communities provide a safe and healthy environment in which children and families grow.
- The community and its culture shape the design and delivery of all programs.
- High quality early childhood development programs support and complement the parent's role.
- Community programs are family oriented and promote the healthy development of children.
- Community programs are inclusive of all children and their needs through partnerships among programs.

It is recognized that a variety of partnerships are vital to the development and the effective delivery of quality early childhood experiences. In the NWT, the cooperative efforts include the family, community, Aboriginal groups, organizations and government.

For 2004/2005, some examples of partners include:

- NWT Literacy Council (Family Literacy);
- HSSA (Healthy Family, Infant Hearing Program);
- Aurora and Yukon College (Early Childhood Development);
- Health Canada (Canada Prenatal Nutrition Program, Fetal Alcohol Spectrum Disorder Initiative Program); and
- Local regulated early learning and child care programs (Language Nests).


supporting our

Targeted Programs for Prenatal to birth

children & families

Canada's Prenatal Nutrition Program

The Canada Prenatal Nutrition Program (CPNP) is a federal government program that has been ongoing since 1994. This program provides funding for communities to deliver programs that give prenatal women access to:

- healthy foods high in nutrients;
- prenatal nutrition information and counselling provided by a qualified dietician; and
- breastfeeding support.

The target groups for CPNP are high-need, hard to reach prenatal and breastfeeding women. The goal is to improve maternal and infant nutritional health by providing a greater depth of service to women earlier in their pregnancy and for a longer duration postpartum. The program has a particular focus on those who are facing difficult life circumstances that threaten their health and the development of their babies.

In 2004/2005 seventy five per cent of all communities had a CPNP project. This totaled 25 community CPNP projects. Projects typically involved cooking groups, nutrition education through games and quizzes and breastfeeding support plus education activities.

Breastfeeding

Breastfeeding is an easy way to give babies the best start possible. The NWT encourages and supports all mothers to breastfeed as a way to promote healthy childhood development and parental bonding. Women in communities are supported to initiate and sustain breastfeeding through CPNP programs and Public Health Departments for postnatal support including breastfeeding. One Health and Social Service Authority provides a loan and/or free use of breast pumps to support women especially in difficult initial times.

The NWT Breastfeeding Survey (1993), indicated that 80 per cent of mothers initiated breastfeeding while in the hospital. The NWT is striving to ensure that the same percentage of women continue to breastfeed for six months post birth.

A number of initiatives were implemented in 2004/2005 to promote, support and protect breastfeeding. For example, the 2003-2005 Breastfeeding and Infant Feeding Survey was developed to update the 1993 information. The survey is being completed at the community level to track breastfeeding information for the first 12 months of life for each baby born in the NWT.

Infant Hearing Program

Significant hearing loss is one of the most common major conditions present at birth and occurs more frequently than any other condition screened in newborns (Hearing Foundation of Canada). Children, whose hearing impairment is not detected until after three years of age, miss the critical window for language development. Children with hearing impairments who are identified early and receive appropriate intervention have a significantly improved chance to develop age appropriate language and communication skills.

The Infant Hearing Program (IHP) is a joint initiative between Stanton Territorial Health Authority, Beaufort-Delta Health and Social Services Authority and the Department of Health and Social Services. The purpose of the IHP is to identify newborns at risk for hearing loss as hearing loss may affect health, language, learning and development. The goal of the program is to screen ninety five per cent of babies born in the NWT.

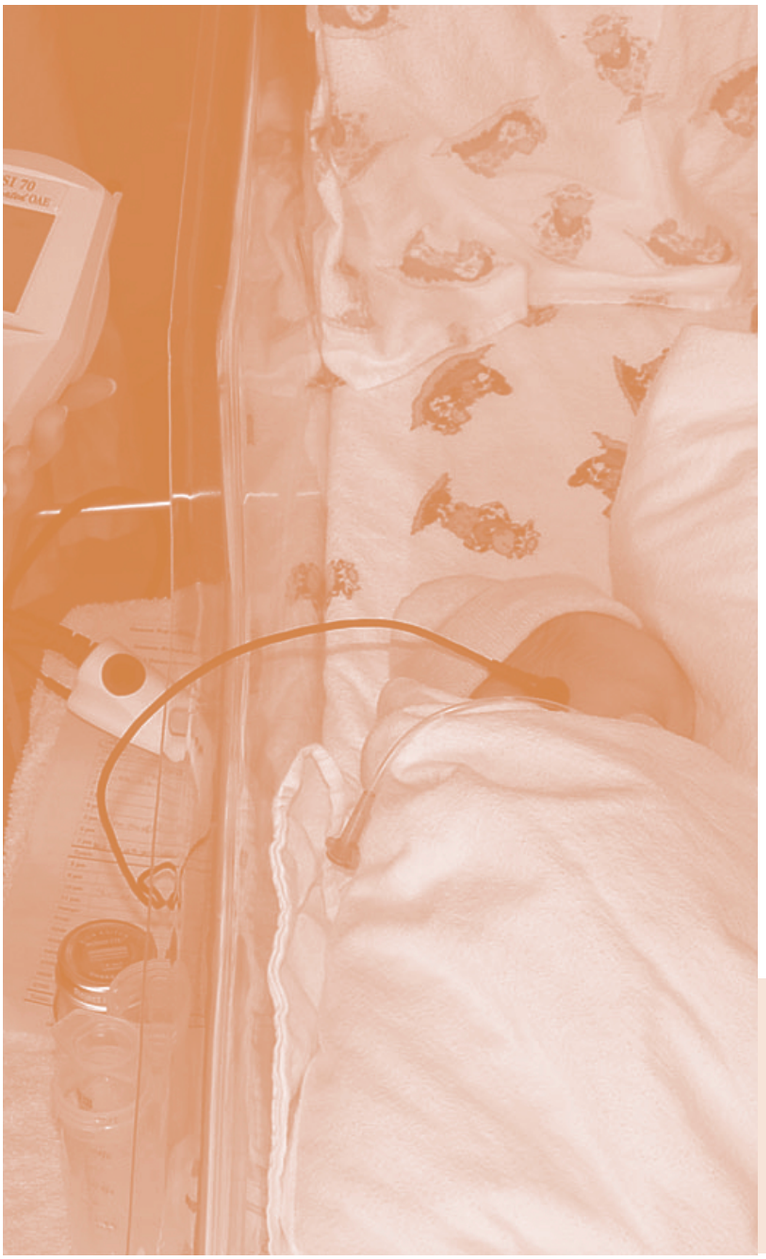
Information on the program is provided to parents prenatally or at the time of birth. Information pamphlets have been developed and distributed as part of the universally distributed Healthy Pregnancy Kits.

In 2004/2005, there were 807 newborns discharged from the hospitals. 49 per cent of these infants were screened in the hospitals. 100% of these babies received screening and 7.5 per cent of those screened, were determined to be at risk at birth.

Twenty five per cent of those babies screened received inconclusive initial screening results. These babies were then referred to an audiologist for more in-depth screening.

In 2004/2005, there were no babies identified with hearing loss.

Inconclusive hearing results and thus costly travel has proven to be a challenge for the program as the infants and families need to travel to Yellowknife to access an audiologist for the specialized screening process.



Healthy Family Program

The Healthy Family Program is an intensive, home-based, early intervention program that is managed within health and social service Authorities. Public health nurses, social workers and healthy family program staff work in partnership to deliver this service.

The intent of the Healthy Family Program is to optimize the home environment for the physical, mental and emotional wellbeing of children (ages birth-6 years) who are at risk of being developmentally delayed. Families are assessed and invited to participate in the program prenatally or at birth of the child. Specially trained Family Home Visitors provide this early intervention and follow the families through the program.

There are four Healthy Family Program pilot sites in communities ranging from populations of 1,800 to 18,600 people. Each program has a coordinator and a complement of home visitors related to the community birth rate. All Healthy Family Program staff are trained in core program areas.

The total number of screened births in these four communities was 144 (note that two programs started in the last half and quarter of the year). There were 44 families involved in the Healthy Family Program in 2004/2005.

Here is what some parents say bout the Healthy Family Program:

"I like this type of program. I enjoy it. It helps me feel like I am doing good."

"It is a good program because babies don't come with manuals and this is like having a manual. It's nice to know we are doing all we can."

supporting our

Early Childhood Programs and Services for Children Birth to School Age

children & families

Regulated Early Childhood programs

The development of quality early childhood programs is a goal for the GNWT. The GNWT committed approximately $2 million to support families and child care programs. This support included:

- continued delivery of the Early Childhood Education certificate program by Aurora College;
- assistance for regulated early childhood programs with the purchase of equipment, materials and start up expenses;
- subsidies to low income families to assist with child care expenses;
- licensing and monitoring of regulated child care programs; and
- program delivery and operational support to regulated child care programs.

As of March 2004, there were 99 regulated child care programs offering 1403 licensed spaces throughout the NWT. There are 4 regional early childhood consultants responsible for licensing and monitoring regulated programs. These consultants also provide support to front line staff and operators/non-profit boards of directors as required.

Approximately $200,000 was provided to low income families through the Child Care User Subsidy Program. This subsidy supports families to access child care services by assisting with child care fees.

42 students enrolled in 4 distant education courses and 2 practicums during the 2004/05 academic year.

28 students also participated in a two day workshop offered in three regional centres in the NWT.

Universal Developmental Screening

Universal developmental screening was implemented in the Northwest Territories in June 2002 to ensure that all children had a developmental screen by the age of three years. Developmental screening is a key component in the promotion of healthy children and healthy families.

The Nipissing District Developmental Screen (NDDS) is a broad based general screen designed to identify potential developmental delays in children from birth to six years of age. Nurses and community health representatives have been trained to administer the screen and to provide feedback to families. Children who are identified with potential developmental delays are referred to regional or territorial services for an assessment.

The NDDS includes parent education of child development into the assessment process in the form of a parent handout. This is appreciated by parents. As one parent says,

"The tear-off sheet gave me the tools so I could know for myself if my baby was doing okay…It made me feel independent and that I could do things on my own and not call the nurses all the time." (Hume and Associates, 2004, Final Evaluation Report, NWT Early Childhood Action Plan, page 17)

In 2004/2005, there were 2,714 developmental screens performed on children from birth to six years of age. Developmental screening is to occur at 6 months, 12 months, 3 years and as the pre-kindergarten screen.

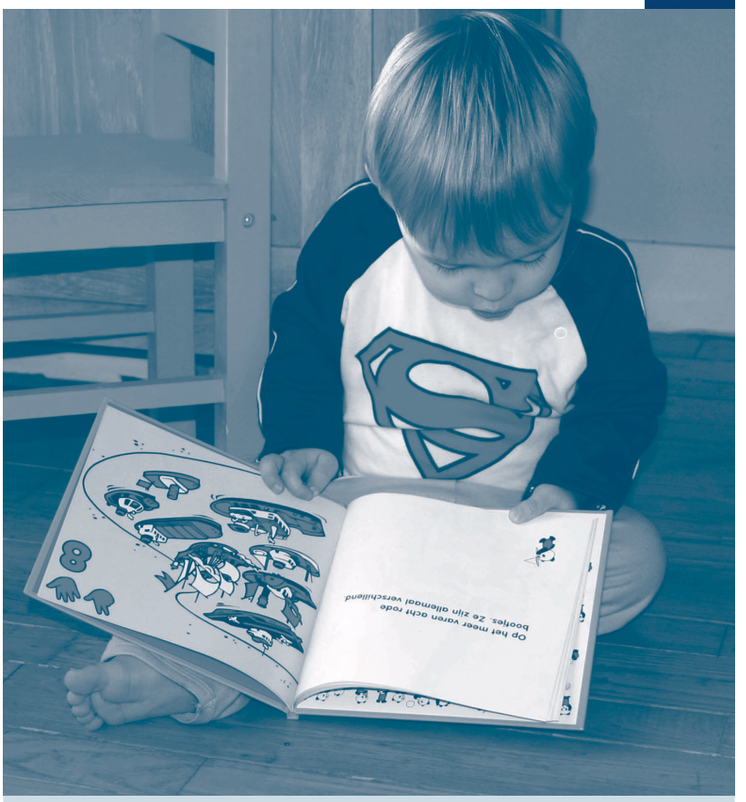
Family Literacy

Literacy skills develop in the early years of a child's life. Early literacy skills provide a strong foundation for learning. The Early Childhood Development Framework for Action (ECD FA) has incorporated early literacy and family literacy throughout many initiatives.

The NWT Literacy Council has been a key partner in the development of the literacy component of the ECD FA. Since the ECD FA's inception in 2001, the NWT Literacy Council has supported and offered a number of family literacy initiatives. These initiatives have provided community based family literacy training to parents, and community members including approximately 200 community members participating in the first level of family literacy training.

In 2004/2005, the Council continued their work by:

- developing 13 different resources to assist family literacy providers, placed literacy materials in the hands of young learners and researched family literacy models;
- hosting a workshop on Home Instruction for Parents of Preschool Youngsters (HIPPY) for 20 participants;
- delivering first stage family literacy training to 32 participants;
- delivering second stage family literacy training to 25 family literacy providers; and
- providing support funding to 39 family literacy projects in 28 communities.



Comments from Family Literacy Providers:

"The parents want more programs like this to help their children become more focused when they start school."

"I would run a similar program again. The children and the adults are really interested in the Elders' storytelling".

"The Family Tutoring Program is perfect for my class. I will use it with my adult learners who have young children".

"Families learned that books can be made at home using everyday objects and supplies found at home".

"I love the Talking Books. They are so easy to make we are making them in Inuinnaqtun. Elders tell us stories and then we make them into talking books."

The Healthy Children Initiative

The HCI is a joint initiative developed by the Department of Health and Social Services and the Department of Education, Culture and Employment to provide funding to communities to enhance existing programs and services for children 0-6 years of age and their families and/or provide services to individual children requiring intensive support to assist children with integration into a centre based early childhood program.

The vision of the Healthy Children Initiative complements the ECD Framework for Action with its focus on healthy child development.

The Healthy Children Initiative provides a total of 1.5 million dollars to communities across the territories. Community groups are encouraged to work together to develop programs to meet local needs. In 2004/2005, 28 communities accessed HCI funding for a total of 43 individual projects. Funds were primarily used for:

- salaries for child care staff, developmental workers (at early childhood programs or kindergarten), cooks;
- food for nutritious snacks and meals;
- staff training (primarily courses offered by the NWT Literacy Council; and
- program materials.

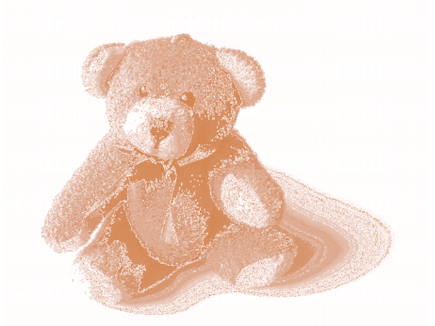
Language Nests

Children have a natural ability to learn languages in their early years. Children who begin with a foundation of the local Aboriginal language and culture often are more confident throughout their lifetime. Teaching children their language increases the survival of the language as a living language throughout the community.

Language Nests in the NWT provide varying degrees of language immersion opportunities for young children. The NWT has had one program in eight of the official aboriginal languages since 2003.

In 2004/05, eighteen sites were funded in the Chipewyan, Cree, Tlicho, Gwich'in, Inuinnaqtun, Inuvialuktun, North Slavey and South Slavey languages. Criteria for financial support includes the existence of well-established regulated early childhood programs, as well as strong community and parental support. In addition, programs had to demonstrate improved language skills of the children and/or staff and parents in the projects, fiscal responsibility, staff training, elder involvement, integration of the program with other community events and/or resource development.

Forty people participated in a second training workshop on early childhood language learning theory and practices. To support collaboration on resource development, participants included language nest staff, elders and representatives of Teaching and Learning Centres.



Appropriate Aboriginal Language resources are key to the teaching of children and for carry over of language learning in the home. The Language Nest Program in 2004/05 developed many resources including:

- Early literacy booklets for families;
- 2 music CDs in South Slavey - one for parents (Country Gospel) and one for the children (simple songs);
- Beginning work on South Slavey Dictionary, booklets, games and tapes for use at home; and
- Cree Language Lesson CD's.

Qualitative successes reported by Language Nest programs include:

- Parent reports of children using the language at home;
- Parent requests for participation in Aboriginal adult language classes;
- Children from the Language Nests are arriving at school with an unprecedented knowledge of their language;
- Noticeable changes in children's self esteem along with their Aboriginal language skills;
- Reports that the children are proud to be Dene; and
- Two communities discussing immersion K-3 as a follow up to the Language Nest Programs.

Fetal Alcohol Spectrum Disorder

The Government of the Northwest Territories (GNWT) is committed to working with individuals, families and communities on the prevention of Fetal Alcohol Spectrum Disorder (FASD). Strong healthy families lay the foundation for the healthy development of our children. Strong, healthy families are the cornerstone of vibrant and self reliant communities.

In partnership with Health Canada and the Northern Secretariat, the GNWT administers funding for the First Nations and Inuit FASD Program. In 2004/2005, there were six community FASD projects supported by this fund. Activities included training for early child care workers/early intervention workers, a regional FASD coordinator and a territorial asset mapping workshop.

The Department of Health and Social Services is a member of the Canada Northwest FASD Partnership (CNFASDP). The CNFASDP is an alliance of 7 jurisdictions working towards the development and promotion of an interprovincial/territorial approach to prevention, intervention, care and support of individuals affected by Fetal Alcohol Spectrum Disorder. (FASD). Participating jurisdictions include: Alberta, British Columbia, Manitoba, Saskatchewan, Yukon, Nunavut and NWT.

The Department of Health and Social Services will be developing a FASD strategy to be launched in the Fall of 2006.

Reporting on

Indicators of Young Children's Well-Being in the NWT

In 2003-2004, the GNWT is able to report on one of the five common indicators of Early Development - this indicator is Physical Health and Development.

The sample size for the National Longitudinal Survey of Child and Youth in each territory is too small to produce reliable indicators selected for the comparable reporting. Consequently, the NWT is not able to report on the full set of indicators at this time. The Departments of ECE and HSS are working together with the NWT Bureau of Statistics to address these reporting gaps.

The GNWT will endeavor to report on as many of the indicators as possible in subsequent reports.

our Children

Indicators of Physical Health NWT 2000-2002*

Physical Health and Development

Healthy Birth Weight

A key determinant of child health is a healthy birth weight. Low birth weight (<2500g) is associated with risk for developmental delays and health problems. Babies born with high birth weight (>4000g) are more likely to experience difficult births. The incidence of low birth weight in the NWT in 2001* was 4.5% and the incidence of high birth weight was 19.9%. Research suggests that First Nations and Inuit children have different growth patterns than standardized norms and are more likely to be heavier at birth.[2]

Birth Weights in the NWT and Canada

	1999		2000		2001		2002	
Indicator	NWT*	Canada	NWT*	Canada	NWT*	Canada	NWT*	Canada
Incidence of Low Birth Weight [1]	5.8	5.6	4.8	5.6	4.5	5.5	4.7	5.8
Incidence of High Birth Weight [2]	16.7	13.1	19.5	13.8	19.9	13.6	19.7	13.2

Sources: NWT: Statistics Canada, Vital Statistics: Prepared by the NWT Department of Health and Social Services
Canada: Canadian Vital Statistics -Birth Database
* Due to the small number of annual events, the data was aggregated into three-year periods in order to provide more stable estimates of the rates. The reference period for the NWT reflects the mid-point of the three-year period.
1 Low Birth Weight - Live births less than 2,500 grams, expressed as a percentage of all live births (birth weight known)
2 High Birth Weight - Live births greater than 4,000 grams, expressed as a percentage of all live births (birth weight known)

2 Canadian Medical Association Journal, 1987 Jan 15; 136: 118-119.

Pre Term Births

Pre term or premature births, are those births with gestational periods of less than 37 weeks. At birth, premature infants may experience difficulties with breathing, feeding and staying warm. Children who are born premature are at greater risk for growth and developmental delays.

Pre Term Births in the NWT* and Canada

	1999		2000		2001		2002	
Indicator	NWT*	Canada	NWT*	Canada	NWT*	Canada	NWT*	Canada
Incidence of Preterm Births[1]	8.2	7.3	8.1	7.5	7.7	11.1	8.3	7.5

Sources: NWT: Statistics Canada, Vital Statistics: Prepared by the NWT Department of Health and Social Services Canada: Canadian Vital Statistics-Birth Database
* Due to the small number of annual events, the data was aggregated into three-year periods in order to provide more stable estimates of the rates. The reference period for the NWT reflects the mid-point of the three-year period.
1 Proportion of live births with gestational period under 37 weeks expressed as a percentage of all live births.

Immunization (Occurrence of three Vaccine Preventable Diseases)

Immunization is an effective way to give children protection against a number of potentially serious diseases. Immunization during childhood helps the immune system to build up resistance to disease. The NWT immunization programs include vaccines to prevent the following diseases: diphtheria, tetanus (lockjaw), pertussis (whooping cough), polio, rubella (German measles), measles (red measles), mumps, hepatitis B, varicella (chicken pox), meningitis, and Haemophilus influenza type b (Hib) disease. The NLSCY reports on the incidence of measles, Hib and meningococcal Group C Disease.

Occurrence of three Vaccine Preventable Diseases in NWT and Canada 2000 -2003

	2000				2001				2002				2003			
	NWT		Canada		NWT		Canada		NWT		Canada		NWT		Canada	
Disease[1]	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Measles	0	0	80	3.7	0	0	7	0.3	0	0	7	0.3	0	0	6	0.3
Meningococcal Group C	0	0	15	0.7	0	0	27	1.3	0	0	27	1.3	0	0	5	0.2
Hib	0	0	7	0.4	0	0	16	0.9	0	0	16	0.9	0	0	9	0.5

Source: Immunization and Respiratory Infection Division, Centre for Infectious Disease Prevention and Control, PPHB Health Canada
1 For Measles and Meningoccocal Group C Disease, rates include children 0 to 5 years of age; For Hib, rates include children 0 to 4 years of age
Rate per 100,000 population

Infant Mortality

The infant mortality rate is a recognized measure in the determination of the status of child and maternal health.

Infant Mortality in the NWT* and Canada 1999-2002

	1999		2000		2001		2002	
Indicator	NWT*	Canada	NWT*	Canada	NWT*	Canada	NWT*	Canada
Infant Mortality Rate[1]	8.7	5.3	8.3	5.3	8.3	5.3	7.2	Not available

Source: NWT: Statistics Canada, Vital Statistics: Prepared by the NWT Department of Health and Social Services
Canada: Canadian Vital Statistics - Mortality, Summary List of Causes
* Due to the small number of annual events, the data was aggregated into three-year periods in order to provide more stable estimates of the rates.
1 Rate per 1,000 livebirths

Safety and Security

Injury mortality and injury hospitalization rates are public health measures of reported hospitalization or death due to injury.

Rate[1] of Hospitalizations per 100,000 due to Injury, Children Less than Six Years of Age

	1999		2000		2001		2002	
Indicator	NWT*	Canada	NWT*	Canada	NWT*	Canada	NWT*	Canada
All Injuries	632.9	453.6	590.6	429.08	551.8	Not Available		

Source: NWT:
Canada: Canadian Vital Statistics - Mortality, Summary of Causes
1 a) Province/Territory of hospitalization used
b) Figures based on the number of patients (0-5 years) who were admitted -for at least overnight - to an acute-care facility in Canada and subsequently discharged (alive or dead) from that facility.Out-patient and Emergency Department visits excluded.
c) Causes of injury are based on the first reported external cause of injury code
d) Stillborns are excluded.
e) The year represents the fiscal year of discharge.
f) Population denominators are < 6 years of age by fiscal year midpoint (October 1) and are specific to gender, province and fiscal year.
*Injury hospitalization data for the Northwest Territories should be treated with caution. Cases where the child was transported for treatment to a hospital in Edmonton or Northern British Columbia may not be included.

Injury Mortality Rates[1] in Canada and the NWT*(per 100,000 population aged 0-5)

	1999		2000		2001		2002	
Indicator	NWT*	Canada	NWT*	Canada	NWT*	Canada	NWT*	Canada
Injury Mortality Rate[2] (0 to 5 years of Age)	45.8	9.3	31.5	7.9	24.3	Not available	8.2	Not available

Source: Statistics Canada, Canadian Vital Statistics - Mortality, Summary List of Causes, 1998, 1999. 2000
Mid-year (July 1) population estimates were used to calculate the rates.
NWT: Statistics Canada, Vital Statistics: Prepared by the NWT Department of Health and Social Services
1 Province/Territory of residence used.
2 Rate per 100,000 person-years due to the very small number of events, these rates should be interpreted with extreme caution · Due to the small number of annual events, the data was aggregated into three-year periods in order to provide more stable estimates of the rates.

Investment

Areas

An Overview of Investments Received Through the Early Childhood Development Agreement 2004/2005

The Federal Government through the Early Childhood Development Agreement provided $705,000.00 for the Northwest Territories. The GNWT invested this funding in the following programs.

Service/Program	Expenditure
Health and Wellness and Risk Prevention:	
Healthy Family Kits	$10,684
Child Development Video	3,218
FASD	29,735
Congenital Anomalies Registry	37,500
Enhanced Rehabilitation Services:	
Infant Hearing Program	$3,418
Parenting and Family Supports:	
Healthy Family Program	$411,761
Training	5,000
Community Supports and Community Building:	
Northern Parenting and Literacy Program	$251,000
Total	**$752,316**

APPENDIX

The Early Childhood Development Agreement Common Indicators of Young Children's Well-Being

1. Child Related Indicators

A. Physical Health

Within the area of "Physical Health", the following indicators have been identified:

- Healthy Birthweight (comprised of (i) Low Birthweight and (ii) High Birthweight) (data available for the NWT)
- Immunization (comprised of (i) Invasive Meningococcal disease, (ii) Measles and (iii) Haemophilus Influenza B (hib) in children) (data available for the NWT)
- Infant Mortality Rate (data available for the NWT)
- Pre-term birth rate
- Breastfeeding (comprised of (i). prevalence of breastfeeding and (ii) duration of breastfeeding).

B. Early Development

Within the area of "Early Development" the following indicators have been identified:

- Physical Health and Motor Development
- Emotional Health (comprised of (i) Emotional Problem/Anxiety and (ii) Hyperactivity)
- Social Knowledge and Competence (comprised of (i) Physical Aggression/Conduct Problems and (ii) Ages and Stages - personal social score
- Language Skills

C. Safety and Security

Within the area of "Safety and Security", the following indicators have been identified:

- Injury Mortality Rate (data available for the NWT)
- Injury Hospitalization Rate (data available for the NWT)

2. Family-Related Indicators

Within the area of "Family-related indicators", the following indicators have been identified:

- Parental Education (comprised of (i). mother's highest level of education and (ii) father's highest level of education)
- Level of Income (comprised of (i). pre-tax LICO, and (ii). post-tax LICO)
- Parental Health - Parental Depression
- Parental Health - Tobacco Use During Pregnancy
- Family Functioning
- Positive Parenting
- Reading by Adult

3. Community-Related Indicators

Within the area of "Community-related indicators", federal/provincial/territorial governments have identified 1 indicator (comprised of (i) neighbourhood cohesion and (ii) neighbourhood safety) that they may choose to report.