FEDERAL/PROVINCIAL/TERRITORIAL
EARLY CHILDHOOD DEVELOPMENT AGREEMENT

EARLY CHILDHOOD DEVELOPMENT ACTIVITIES AND EXPENDITURES:

GOVERNMENT OF CANADA REPORT

2001-2002

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Preface

In September 2000, the Government of Canada, provincial and territorial governments[1] reached an historic agreement to improve and expand the services and programs they provide for children under 6 years of age and their families. The Federal/Provincial/Territorial Early Childhood Development (ECD) Agreement is a long-term commitment to help young children reach their potential, and to help families and the communities in which they live support their children.

Under the ECD Agreement, governments have committed to report annually to Canadians on their progress in enhancing early childhood development programs and services.

As a first step, all governments established a "baseline" of their early childhood development activities and spending, against which their future progress could be measured.

The Government of Canada released its baseline report, *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*, in November 2001. As the title indicates, the report provided a comprehensive overview of the Government of Canada's activities and expenditures in the area of early childhood development.

As a second step, governments agreed to begin building on the information provided to the public in their baseline reports, by reporting individually in the fall of 2002 on their progress in enhancing early childhood development programs and services, and by reporting annually thereafter. Governments have agreed on a "shared framework" – a common set of principles and guidelines – to guide this annual reporting and to help ensure consistency in the type of information that they provide to the public about their activities and investments through the ECD Agreement. The full text of the *Shared Framework for Reporting on Progress in Improving and Expanding Early Childhood Development (ECD) Programs and Services* is found in Annex A.

This document is the Government of Canada's fulfillment of the commitment to build on the information in its baseline report by reporting on the progress it has made in enhancing early childhood development programs and services since the ECD Agreement was put in place.

As part of their commitment to public reporting in the ECD Agreement, governments also agreed to make regular public reports on outcome indicators of child well-being using an agreed upon set of common indicators.

As a complement to the information in this report, the reader may wish to read *The Well-Being of Canada's Young Children: Government of Canada Report 2002*, which provides a portrait of how young children in Canada are faring.

[1] The Government of Quebec has stated that while sharing the same concerns as other governments on early childhood development, it does not adhere to the Federal/Provincial/Territorial Early Childhood Development Agreement. The Government of Quebec is receiving its share of funding from the Government of Canada for early childhood development programs and services through the Canada Health and Social Transfer (CHST).

1. Introduction

> First Ministers affirm their commitment to the well-being of children by setting out their vision of early childhood development as an investment in the future of Canada. Canada's future social vitality and economic prosperity depend on the opportunities that are provided to children today.
>
> *Federal/Provincial/Territorial Early Childhood Development Agreement,* September 2000

The Early Childhood Development Agreement

The Federal/Provincial/Territorial Early Childhood Development (ECD) Agreement has two clear objectives:

- To promote early childhood development so that, to their fullest potential, children will be physically and emotionally healthy, safe and secure, ready to learn, and socially engaged and responsible; and
- To help children reach their potential and to help families support their children within strong communities.

The Agreement focuses on children under 6 years of age and their families. To meet the above objectives, governments[1] agreed on four key areas for action. They agreed to invest in any or all of the following areas, according to their own priorities:

- promote healthy pregnancy, birth and infancy;
- improve parenting and family supports;
- strengthen early childhood development, learning and care; and
- strengthen community supports.

These actions build on the investments that governments have already made in early childhood development. Governments agreed these investments should be incremental, be predictable and be sustained in the future. The Government of Canada is transferring $2.2 billion to provincial and territorial governments through the Canada Health and Social Transfer (CHST), over five years, to support their investments under the ECD Agreement. Further information about the ECD Agreement can be found at www.socialunion.gc.ca and in Annex B.

Public reporting

Through the ECD Agreement, governments agreed on the importance of being accountable to Canadians for the early childhood development programs and services they deliver. They committed to report annually on their individual investments in programs and services, and to report regularly on how young children are doing, by providing:

- public "baseline" reports of early childhood development programs and expenditures prior to the ECD Agreement, against which new investments can be tracked;
- annual public monitoring reports to help track progress in enhancing early childhood development programs and services, using a shared framework for reporting; and
- regular public reports on young children's well-being, using a common set of outcome indicators.

[1] The Government of Quebec has stated that while sharing the same concerns as other governments on early childhood development, it does not adhere to the federal/provincial/territorial Early Childhood Development Agreement. The Government of Quebec is receiving its share of funding from the Government of Canada for early childhood development programs and services through the Canada Health and Social Transfer (CHST).

The shared framework for reporting agreed on by governments sets out a common set of principles and guidelines for annual reporting and forms the basis on which governments will report to the public on their activities under the ECD Agreement. (For the full text of the *Shared Framework for Reporting on Progress in Improving and Expanding Early Childhood Development (ECD) Programs and Services*, see Annex A.)

This document fulfills the Government of Canada's commitment to report on its progress in enhancing early childhood development programs and services, and is based on the shared framework.

In reporting to Canadians using the shared framework, through this report and in future reports, the Government of Canada's goals are to:

- provide information that is useful, interesting and accessible to Canadians about its activities and expenditures for young children and their families;
- develop a set of reports which build on the information provided in each of the previous years, beginning with the baseline of information provided in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*, released in November 2001; and
- update the information that has been reported in previous years so that it remains accurate, and provide information about any new activities or expenditures.

Early childhood development for Aboriginal children

In the ECD Agreement, governments agreed to "work with the Aboriginal people of Canada to find practical solutions to address the developmental needs of Aboriginal children."

For its part, the Government of Canada announced on October 31, 2002, that it will invest an additional $320 million over the next 5 years to support and enhance the early childhood development of Aboriginal children. This new funding will be used to enhance programs such as Aboriginal Head Start and the First Nations and Inuit Child Care Initiative, and to intensify efforts to reduce the incidence of fetal alcohol syndrome and fetal alcohol effects for First Nations children living on-reserve. In addition, the Government of Canada will undertake significant new research to fill gaps in understanding of how Aboriginal children are doing, and what factors make a difference for their healthy development.

These investments will build on the success of existing federal programs for Aboriginal children (covered in Chapters 2 and 6 of this report), and complement provincial and territorial government initiatives under the ECD Agreement.

Future editions of this report will provide detailed information on activities and expenditures related to these new Government of Canada investments for young Aboriginal children and their families.

The Government of Canada's support for young children

Government of Canada's direct investments in young children

The Government of Canada has a long-term commitment to children and plays a leading role in providing a variety of early childhood development programs and services. These programs and services include:

- early childhood development programs for children and families at-risk, including some for at risk Aboriginal children living off-reserve;
- social, health and economic programs for First Nations and Inuit children and families;
- research, information and education; and
- early childhood development-related income support and tax measures.

As well as the activities described in this report, the Government of Canada makes significant contributions to the health and well-being of young children through the Canada Health and Social Transfer (CHST); various income support and tax measures which benefit families with children of all ages; and support for non-governmental organizations. Details about these programs were provided in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*.

The Government of Canada's investments in early childhood development services and supports are one way in which it upholds its responsibilities as a signatory to the United Nations Convention on the Rights of the Child. The Convention focuses on the importance of family, non-discrimination and the best interests of the child.

The Convention on the Rights of the Child requires Canadian governments to:

- take all measures necessary to implement the Convention on the Rights of the Child (Article 4);
- assist parents in the performance of their child-rearing responsibilities (Article 18); and
- establish social programs to provide support for children and their caregivers (Article 19).

Source: *Resource and Support Programs and the United Nations Convention on the Rights of the Child.* (Canadian Coalition for the Rights of Children 2002)

Federal transfers in support of provincial and territorial government investments

The Government of Canada makes a major contribution to the ECD Agreement through transfers – totalling $2.2 billion over five years – to provincial and territorial governments to help them to better support the young children in their communities.

There are a wide range of activities under way in the provinces and territories as a result of the federal funding for early childhood development. Broad provincial and territorial government priorities for investing in early childhood development are outlined on the map in this chapter.

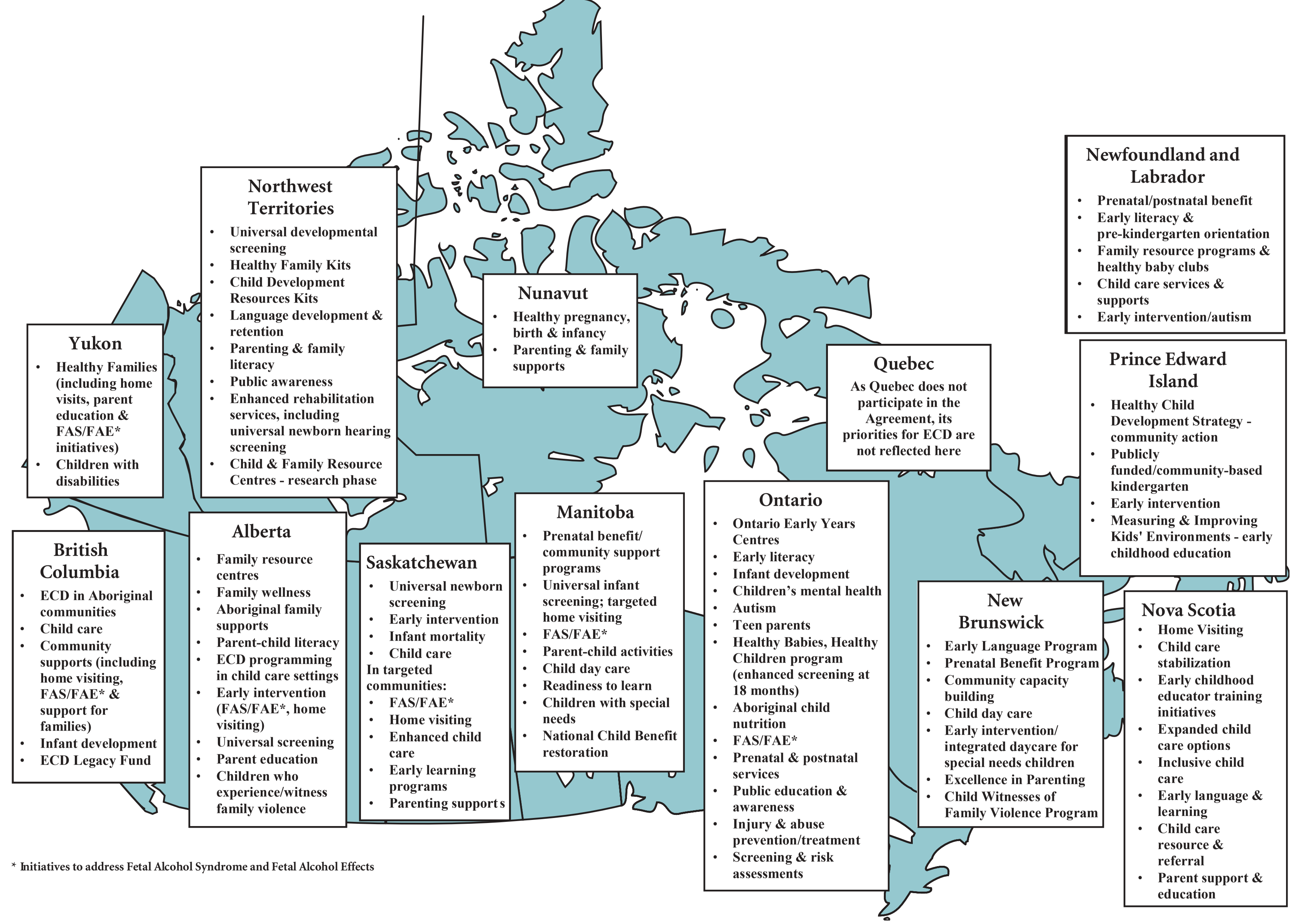
CHST cash increase for early childhood development

(equal per capita)
($ millions)

	2001-02	2002-03	2003-04	2004-05	2005-06	TOTAL
Newfoundland and Labrador	5.2	6.8	8.4	8.3	8.2	36.9
Prince Edward Island	1.3	1.8	2.2	2.2	2.2	9.7
Nova Scotia	9.1	12.1	15.0	14.9	14.8	65.9
New Brunswick	7.3	9.7	12.0	11.9	11.8	52.7
Quebec	71.6	94.9	117.9	117.2	116.5	518.0
Ontario	114.5	153.4	192.5	193.2	193.9	847.5
Manitoba	11.1	14.7	18.3	18.2	18.1	80.4
Saskatchewan	9.8	13.0	16.1	16.0	15.9	70.9
Alberta	29.6	39.5	49.4	49.5	49.6	217.5
British Columbia	39.5	53.0	66.6	67.0	67.4	293.5
Yukon	0.3	0.4	0.5	0.5	0.5	2.1
Northwest Territories	0.4	0.5	0.7	0.7	0.7	2.9
Nunavut	0.3	0.4	0.5	0.5	0.5	2.0
TOTAL	300.0	400.0	500.0	500.0	500.0	2200.0

Totals may not add due to rounding
Figures are based on June 2001 provincial/territorial population estimates from Statistics Canada.
Figures are subject to revision through the regular CHST estimation process – as new population estimates come available. (Spring 2002)

Provincial and Territorial Government Areas of Investment Under the Early Childhood Development (ECD) Agreement: 2001-2002



* Initiatives to address Fetal Alcohol Syndrome and Fetal Alcohol Effects

It is beyond the scope of this report to describe in detail all of the many programs and supports being implemented by provincial and territorial governments across Canada. The following five profiles provide an illustration of the wide range of activities that have been implemented by provincial governments in the first year of the ECD Agreement (2001-2002) as a result of the federal funding they received to support early childhood development in their communities.[2]

Manitoba's priorities address prenatal benefits and support, early intervention with families of newborns, fetal alcohol syndrome/fetal alcohol effects, child day care, parent-child activities, readiness to learn, children with disabilities and National Child Benefit restoration.

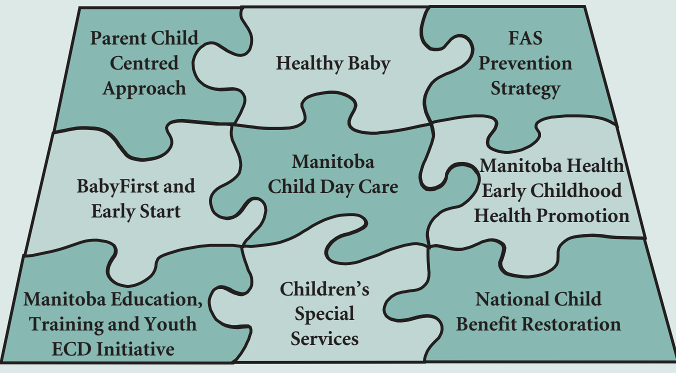
"When we get it right for kids, we get it right for everyone," Tim Sale, Manitoba Minister of Energy, Science and Technology, and Chair of the Healthy Child Committee of Cabinet

The Government of Manitoba is committed to improving outcomes for children by supporting families and communities to do what science and parents' intuition tells us is best for kids.

In 2000, as a measure of the level of Manitoba's commitment, the Premier established the Healthy Child Committee of Cabinet. The committee comprises seven departments: Health; Family Services and Housing; Education, Training and Youth; Aboriginal and Northern Affairs; Justice; Culture, Heritage and Tourism; and Status of Women. The committee sets the policy and program agenda for Healthy Child Manitoba (HCM), which coordinates activities across departments and in partnership with community organizations. HCM acts as the "incubator" of new approaches, which once evaluated and established, are devolved to the appropriate government department or community delivery agent.

The ultimate goal is to develop a continuum of services, which supports families and their children from conception through adolescence, with the current focus being on the early years.

Since April 2000, the province has increased investments in ECD by over $40 million including $14.8 million provided by the federal government through the F/P/T ECD Agreement. This investment has been used to enhance and develop programs to improve outcomes for the youngest Manitobans. The following "puzzle" illustrates the pieces that form Manitoba's ECD continuum.



[2] The information about specific provincial government initiatives described here was provided by the respective provincial governments.

Focus on: Parent-Child Centred Approach

Funding provided by the province has resulted in the formation of 26 broadly-based Parent-Child Centred Coalitions. This investment is paying dividends tenfold. Organizations have banded together, pooled resources and energies and are generating a wave of activity across the province.

In Brandon, the Elspeth Reid Family Resource Centre is a hub of activity, offering parenting courses, a parent outreach program, quality preschool drop-in activities, and early reading programs in an environment that welcomes families from all walks of life. In southern Manitoba, francophone communities benefit from a unique initiative which circulates bins of francophone resources – literally barrels of fun and learning. In Altona, the small, but expanding Family Resource Centre houses the local BabyFirst home visitor supervisor, Healthy Baby drop-in programs, and plenty of opportunities for parents and kids to play and learn together. Originally a struggling enterprise, the Centre now proudly displays its Citizen of the Year award, recently presented by the Chamber of Commerce. In Winnipeg, 12 community coalitions work locally to develop programming ranging from school-based parent centres to wellness fairs, to Mother Goose and Rock & Read activities, to outreach workers. Across the province, the look of the programming may be different, but the feel is the same – Manitobans care about their kids – and it shows!

In the short term, families benefit from improved access to programming on parenting, nutrition and early literacy. Communities benefit as they expand their capacity to support parents and their youngest citizens. Ultimately, the whole province benefits as we make strides towards the Healthy Child Vision – the best possible outcomes for Manitoba's children.

The New Brunswick Early Childhood Development Agenda includes enhancements to child day care services and the Early Childhood Initiatives (ECI) Program. Also included are a number of new initiatives to offer prenatal support; strengthen the capacity of parents and communities to develop healthy child development strategies; develop early language skills; and support children who have experienced family violence.

The Children's Support Program (Child Witnesses of Family Violence) is one of a number of innovative new initiatives designed to support the healthy development of our young children and ensure they get the strongest start possible in life. Launched in December 2001, this program was designed in partnership with the New Brunswick Coalition of Transition Houses with the goal of preventing the intergenerational cycle of family violence. Under this program, full-time children's support workers in each of the province's 12 transition houses offer the following interventions for preschool children who have witnessed family violence:

- *Crisis intervention*: Children arriving at a transition house or shelter are often traumatized and require a period of supported stabilization. Under this type of

intervention, the emphasis is on encouraging the children to express their feelings, developing their sense of safety and security and reducing the level of anxiety.

- *Play-based interventions:* Children are given opportunities to engage in semi-structured supervised play and receive positive, nurturing attention in a safe atmosphere.
- *Psycho-educational interventions*: After identifying the needs of the child, the children's support worker develops appropriate activities for the child to develop new skills and coping mechanisms.

In addition to these child-focused interventions, efforts are made to support the mother in her role as parent through the development of effective parenting strategies and through education on the effects of family violence on children.

Children who have witnessed family violence often require long-term support in order to address their needs. Others require intervention beyond the scope of this program. In these instances, referrals are made to community and government agencies in order to develop a strategy to best meet the needs of the child.

Executive Directors of the transition houses are very pleased with this opportunity to broaden the support and services they offer to mothers and children who have experienced family violence. Having a staff member dedicated to working with the children is welcomed by moms and staff and ensures that children's needs are not overlooked in a period of family crisis and disruption.

It is still early in the implementation of the program and evaluation findings are forthcoming, but preliminary results are positive. Anecdotal findings indicate that children seem to be more content and exhibit fewer symptoms associated with distress and anxiety; staff are being provided with more insight into the needs of the children; and moms are receiving support in identifying and fulfilling the needs of their children.

In 2001-2002, the Government of New Brunswick received $7.3 million from the Government of Canada through the ECD Agreement.

Ontario's investments in early childhood development focus around the Ontario Early Years Plan, which provides a wide range of universal and targeted programs and supports, including services provided through the Ontario Early Years Centres.

ONTARIO'S EARLY YEARS PLAN

The Ontario government believes that parents play a lead role in ensuring that their children get the best start in life. To help parents fulfill their crucial roles, the government introduced Ontario's Early Years Plan. The Plan connects parents and caregivers to new and existing programs and services where they live and work, which focus on their children's early development. It builds on research and community strengths to create a hallmark, province-wide initiative that responds to the broad needs of all Ontario's children and families.

A key goal of the Ontario Early Years Plan is to make the public aware of the importance of a child's early years for healthy human development. To further that goal, the government created Ontario Early Years Centres in communities across the province.

The Ontario Early Years Centres are a centre piece of the Early Years Plan. They provide a catalyst to focus community attention on children's early years by providing a springboard for all families to connect to community resources that provide for optimal healthy child development. The Centres enhance and build on existing community capacity.

Parents and caregivers are using the 42 Centres that are now open, participating in programs, and finding the information they need about early child development and other services available in the community. In the spring of 2003, 61 additional Centres will open, providing province-wide access.

Funding for Ontario's early child development initiatives comes from the Canada Health and Social Transfer, through which the federal government is transferring funds to provinces and territories to enhance early child development programs and services. In 2001-2002, Ontario's portion was $114 million.

Targeted and Universal Programs

In addition to the Centres, Ontario's Early Years Plan includes a blend of targeted and universal programs that will be available to ***all*** of the province's children. It is based on the premise that both universal and targeted initiatives are needed to promote healthy communities and healthy human development.

The Healthy Babies, Healthy Children Program is one of 15 **universal** programs in Ontario designed to ensure that every child, including the province's most vulnerable, has the opportunity to achieve his or her potential through healthy development in childhood.

The program ensures that all families have access to screening for risks to healthy child development starting at birth and throughout the early years so that parents and caregivers can monitor their child's ability to achieve milestones in their development.

The screening tool is being used in hospitals and with midwives at the birth of a child. It is successfully used to screen all newborns, with family consent, for risks that may result in poor development. Results of the screening are forwarded to the local Public Health Unit for follow up with the families so that the services required can be introduced and the child's risk can be reduced through early and appropriate interventions.

One of Ontario's 13 **targeted** programs is the Community Health Centres Initiative. This program is for families who have children with special needs so that they can get the best possible start in life. It builds on supports to parenting and

healthy child development, especially in rural, northern, inner city and culturally diverse areas. The focus is on health promotion and illness prevention, promoting equal access to health services, and encouraging links among health and social service providers – approaches that dovetail with the goals of the Ontario Early Years Plan.

Children's Mental Health is another targeted initiative for children aged 0 to 6, which with early intervention and treatment, aims to reduce more costly and intensive involvement in the future. This initiative significantly enhances the early identification of children with mental health issues, intervention and treatment services in community settings. Individual- or group-based treatment programs have two major components, which are provided concurrently: child and parenting skill development.

More information about Ontario's Early Years Plan is available by visiting http://www.gov.on.ca. For more information about Ontario Early Years Centres, visit http://www.ontarioearlyyears.ca.

One of Prince Edward Island's priorities for investing in early childhood development is its Healthy Child Development Strategy. The vision of the Strategy is that Island children will grow up in a province that values children for who they are, and that provides opportunities for children to reach their full potential. It emphasizes the importance of building on programs, services and supports that are already working well.

Measuring and Improving Kids' Environments

Prince Edward Island's early childhood centres are good places for our children to learn and grow – with staff who understand how to provide high quality programs. With these goals in mind, the *Measuring and Improving Kids' Environments (MIKE)* program was launched in August 2001. It builds on the vision of PEI's Healthy Child Development Strategy.

"Early childhood educators understand that children thrive in good quality environments. There's a deep commitment to children in this province, and a strong belief in supporting communities," explains Sonya Corrigan, President of the Early Childhood Development Association. "We knew that early childhood educators needed an evaluation tool that enabled them to objectively assess the quality of programs and focus their efforts on improvements. We are particularly pleased that the province has supported this work to be done at the community level."

With funding and staff support from the province, the MIKE program decided to use the Early Childhood Environmental Rating Scale – Revised (ECERS-R). Space and furnishings, personal care routines, and program structure are some of the areas assessed with this evaluation tool which is viewed within North America as a recognized industry standard to measure the level of quality in child care environments.

The first phase of the project (2001-2002) focused on licensed full-day early childhood centres providing inclusive programs for children with special needs. Centre directors and staff were introduced to the ECERS-R assessment tool, and invited to participate in the program. Staff of the MIKE program completed assessments and shared the results with directors and staff. Together, plans were developed to address areas that needed improvement and MIKE staff provided valuable advice and support as centres worked to improve the early childhood environment.

The second phase (2002-2003) will expand the project to include all licensed early childhood centres. As well, follow-up assessments will be carried out during the second phase, in order to measure the impact of the efforts to improve quality. The project has provided an opportunity to begin to objectively measure quality in licensed centres, to target the supports needed to improve environments, and to be able to measure the impact of those supports.

PEI's Healthy Child Development Strategy emphasizes the importance of building on programs, services and supports that are already working well. By linking community-based and government resources, MIKE benefits from a mix of knowledge, experience and talent. The program itself builds on the skills of early childhood educators, as well as excellent Canadian research to provide higher quality services for all children within their programs.

The MIKE program provided training to over 200 supervisors and staff of early childhood centres in the application of the Early Childhood Environment Rating Scale-Revised, (ECERS-R) and the Canadian Supplementary Scale (CSS) developed for the National Study "You Bet I Care". In addition, the program has provided further training to a smaller group of supervisors using SpeciaLink Child Care Inclusion Profile (SCCIP); and is currently supporting supervisors and staff to maintain and or improve their inclusive environment.

The enthusiasm about this program is evident, as 100 % of centres which were invited to participate have done so. Directors and staff alike have been pleased with the approach, and are looking forward to follow-up assessments during the second phase of the program.

In 2001-2002, Prince Edward Island received $1.3 million from the Government of Canada through the ECD Agreement.

"This has been a wonderful experience for our centre. Clearly, the mutual respect between our staff and the MIKE coordinators played a big part in that – they really valued the work we were doing, and we certainly benefited from working with them.

Our Board also became involved, and together, we've outlined priority areas based on our assessments. The best part is that now we have a tool that will allow us to regularly monitor how well we're doing, and be able to develop specific goals to improve our program. We know that our program exceeds legislated requirements – that's great for the children in our centre, and isn't that what we're here for?"

Centre Director, Charlottetown

In Saskatchewan, through KidsFirst, the government is focusing on addressing the context of children's lives – recognizing that in order to have a good start in life, vulnerable children must be nurtured and supported by caring families and communities.

Saskatchewan's *KidsFirst* Initiative

Focusing on the family is a key element of *KidsFirst* – the program that is a cornerstone of Saskatchewan's early childhood development strategy.

In the past, programs for children at risk were all too frequently focused on "fixing" a child's problem, without fully considering the environment in which the child spends the vast majority of his/her time. It is now widely acknowledged that programs must address the needs of the child in the context of the family and their community in order to substantially improve outcomes for children.

KidsFirst is targeted to families that are most likely to experience health and social problems and helps them address the needs of their children from the prenatal period to age 5. These families typically live in poverty, have low education levels, and are socially isolated from any community supports. They often have addictions and are prone to violence within their families.

***KidsFirst* Vision: Vulnerable children enjoy a good start in life and are nurtured and supported by caring families and communities. In targeted high-needs communities, supports and services are provided through partnerships between families, communities, service organizations and governments.**

Development and implementation of *KidsFirst* began in 2001-02. The goals of the program are:

- Children in high-risk families are born and remain healthy;
- High-risk children are supported and nurtured by healthy, well-functioning families;
- High-risk children are supported to maximize their ability to learn, thrive, and problem solve within their inherent capacity; and
- High-risk children and their families are appropriately served by programs and supports in their communities.

KidsFirst is available in eight communities in the southern half of Saskatchewan and throughout the northern half of the province. It is being managed, implemented and delivered in each community by a partnership of community organizations, led by either a regional health authority or school board. Communities have been provided with a provincial framework that outlines standards and guidelines for the program but it also ensures there is significant flexibility to respond to local needs.

Some of the guiding principles for the program include:
- **Community involvement and input –** An inclusive community planning, implementation and monitoring process is being used that involves all relevant community organizations. At a minimum, these include representatives from the Department of Social Services, the Metis Nation of Saskatchewan and First Nations.
- **Integration with existing resources –** Rather than developing a whole new service delivery system, *KidsFirst* is designed to build on existing services and relationships, enhancing the capacity of the community to support high-risk families. Where there are gaps in some areas of the province, new services may be created.
- **Voluntary –** Participation in the *KidsFirst* program is entirely voluntary. Families which are eligible for the program are invited to participate and they voluntarily engage in any specific aspect of the program.
- **Culturally appropriate programming –** Many of the families receiving services through *KidsFirst* are of Aboriginal ancestry and so it is crucial that programs be sensitive to their cultural traditions.
- **Innovation –** For a variety of reasons, children and families that are targeted for the *KidsFirst* program often do not access available programs. Creative and innovative solutions are necessary to engage these families.

Families are located through intensive prenatal outreach and in-hospital birth screening and are provided with the supports they need to assist them to develop the capacity to nurture their own children. Services that are offered include:
- intensive support and home visiting;
- dedicated addictions and mental health services;
- enhanced early learning and childcare options; and
- parent support programs.

Although programming is at an early stage, the communities which are implementing and delivering *KidsFirst* report great success in building effective partnerships with existing services to find and provide services to vulnerable families. Eligible families have been very receptive to the program.

The *KidsFirst* program managers in each community are noting changes in self-esteem of the parents, improved parent child attachment, and requests by parents to explore substantive issues in their lives such as relationships and parenting skills.

Over the long term, *KidsFirst* will improve the outcomes for these children in terms of health, education, employment and success in life.

KidsFirst is the result of the First Ministers commitment to early childhood development as outlined in their September 2000 Communiqué on Early Childhood Development. In 2001-02, Saskatchewan received $9.8 million from the Government of Canada through this Agreement.

Scope of the report

This report focuses on the activities of the Government of Canada that have direct impact on children under 6 years of age and their families. It covers the period April 1, 2001 to March 31, 2002. It includes activities for Canadian children, and immigrant and refugee children living in Canada and their families. It excludes investments in international programs and aid to help young children and their families in other countries.

This report covers direct investments, including salary and operating costs as well as grants and contributions. Capital investments such as technology and infrastructure are not included.

Some of the activities covered in the report are programs which are delivered to children and families at the community level. Other activities are education/information-based initiatives, whereby the Government of Canada produces and disseminates information and resources on child development. It should be noted that, in some cases, expenditures identified for children under age 6 have been estimated from a larger spending total when an activity also serves older children.

Last year, *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001* provided detailed descriptions of the Government of Canada's activities directly related to children under 6 – including the mandate, goals and objectives of the activities. **This year's report builds on that information and will focus on brand new activities which began in 2001-02, as well as changes to those activities that were previously reported.** Since the quantitative information related to those activities – including the number of programs, projects or activity sites, the number of young children and families reached, and the total expenditures – may change each year, they will be updated annually.

Format of the report

Data in this report are organized according to the four areas for action of the ECD Agreement:

- promote healthy pregnancy, birth and infancy;
- improve parenting and family supports;
- strengthen early childhood development, learning and care; and
- strengthen community supports.

Separate chapters have been included on research and information, and services and programs provided to First Nations and other Aboriginal children and their families. Where an activity can be specifically related to one of the four areas (e.g. information directly related to parenting supports), it is covered in that chapter. However, it is recognized that a number of activities have relevance to two or more of the four areas for action. These activities will be reported in one place only.

Chapters 2 through 7 of the report begin with a table entitled "Activities at a Glance." This table provides a brief description of all activities undertaken by the Government of Canada relating to the chapter topic. The table is followed by a "What's New?" section

describing any new undertakings in the fiscal year 2001-02 for the activities listed in the table. Some activities are labelled as "**New**" – that means they are either newly established in the year 2001-02, or they were not reported last year. The chapters conclude with a table quantifying the activities and expenditures related to each activity described in the chapter (i.e., the number of activities/sites; the number of children under age 6 and families reached by the activity; and the expenditures related to the activity). All of this information is provided for 2000-01 and 2001-02, where available. An effort has been made to provide thorough and complete information for these activities. However, in some cases, information is either not available or not applicable. Chapter 8 summarizes the data in these tables by department.

There are four Annexes to the report: the full text of the Federal/Provincial/Territorial *Shared Framework for Reporting on Progress in Improving and Expanding ECD Programs and Services*; the full text of the *Federal/Provincial/Territorial Early Childhood Development Agreement*; contact information for the federal departments responsible for the activities in the report; and a listing of websites related to those activities.

2. Healthy Pregnancy, Birth and Infancy

Experiences during pregnancy, birth and infancy have a profound effect on the health and well-being of infants and young children. These experiences contribute to continuing good health of children into adulthood. The Government of Canada invests in a number of programs and initiatives to promote health during this critical time through education, support and monitoring. In addition to the activities discussed in this chapter, the Child Health Record and the Canada Perinatal Surveillance System, covered in chapter 3 and chapter 7 respectively, also affect healthy pregnancies, births and infancies.

Activities at a Glance[1]

Health Canada

Canada Prenatal Nutrition Program

The Canada Prenatal Nutrition Program (CPNP) helps communities develop or enhance comprehensive services for pregnant women who face conditions of risk that threaten their health and the development of their babies.

For more information:
www.hc-sc.gc.ca/childhood-youth choose Community Based Programs in the menu on the left.

For more information on the *CPNP First Nations and Inuit Component:*
www.hc-sc.gc.ca/fnihb-dgspni/fnihb/cp/annualreview/cpnp.htm

Family-Centred Maternity and Newborn Care: National Guidelines*

These Guidelines are intended for professionals and programs offering maternal and newborn care to the Canadian public. They are based on research evidence and represent the “gold standard” for maternal and newborn care in the country.

For more information: www.hc-sc.gc.ca/hppb/childhood-youth/cyfh/child_and_youth/physical_health/maternity.html

Fetal Alcohol Syndrome/Fetal Alcohol Effects

The Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE) Initiative strives to prevent FAS/FAE and to reduce its significant effects in children, families and communities. Working primarily through public awareness and education, training and capacity building, early identification and diagnosis, coordination, surveillance and project funding, the Initiative works cooperatively with provincial and territorial governments, First Nations and Inuit communities and other non-government and community organizations.

For more information: www.healthcanada.ca/fas

[1] Note: provides an overview of all activities undertaken by the Government of Canada relating to healthy pregnancy, birth and infancy. Detailed descriptions of the mandate, goals and objectives of most of these activities were provided in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*. The reader may want to refer to this report at www.socialunion.gc.ca/ecd/.

* This activity did not have any significant changes to report in 2001-2002. As a result, it is not discussed under the “What’s New” section of this chapter. However, updated quantitative information for 2001-2002 is provided in the table at the end of the chapter.

Folic Acid Awareness Campaign (New)

This public awareness campaign is directed at women of child-bearing age and is intended to inform them of the relationship between folic acid and the prevention of neural tube defects.

For more information: www.healthcanada.ca/folicacid

Healthy Pregnancy Marketing Strategy (New)

The Healthy Pregnancy Marketing Strategy is intended to promote a healthy lifestyle before and during pregnancy.

For more information: e-mail children@hwcweb.hc-sc.gc.ca

Postpartum Parent Support Program

The Postpartum Parent Support Program (PPSP) is a community-based health promotion program through which hospital and community health nurses act as health educators, providing consistent parenting education to families of newborn infants.

For more information: e-mail children@hwcweb.hc-sc.gc.ca

Reducing the Risk of Sudden Infant Death Syndrome

Working with the Canadian Foundation for the Study of Infant Deaths, the Canadian Institute of Child Health and The Canadian Paediatric Society, Health Canada has embarked on activities aimed at raising public and professional awareness of Sudden Infant Death Syndrome (SIDS) and how to reduce babies' risk by placing babies on their back to sleep – The Back to Sleep Awareness Campaign. The ultimate goal is to reduce the number of SIDS deaths in Canada.

For more information: www.back-to-sleep.com

Human Resources Development Canada

Employment Insurance: Maternity and Parental Benefits

Employment Insurance parental benefits provide temporary income replacement for parents of newborn or recently adopted children so that they can balance their work/family responsibilities and take time away from work to care for their children during their most formative first year. Biological mothers have access to 15 weeks of maternity benefits for their physical recovery following childbirth and parents have access to 35 weeks of parental benefits for a maximum of 50 weeks.

For more information: www.hrdc-drhc.gc.ca/ae-ei click on "Types of Benefits"

Health Canada – What's New?

Canada Prenatal Nutrition Program

Program Improvements
During 2001-2002, the Canada Prenatal Nutrition Program (CPNP) saw new expenditures of $3.69 million – resulting in an increase in the number of CPNP projects, expansion of postnatal services and implementation of a number of initiatives and pilot projects.

New tools were developed to help CPNP (and Community Action Program for Children projects [CAPC], discussed in Chapter 3) carry out their work more effectively.

- The national and regional offices developed a Guidelines Manual for Program Consultants. It serves as an orientation and reference tool for program consultants and will be used to ensure a common understanding of CPNP (and CAPC) principles, guidelines and contribution agreements.
- In mid-July 2001, the programs launched an online CAPC/CPNP library database. This database is a listing of products and resources available to CAPC/CPNP projects across the country – including books, pamphlets, videos and tool boxes.

The CPNP and CAPC projects have done joint work to address the issue of Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE). A Think Tank of CPNP and CAPC representatives from across the country was held to develop a model for information and skill development in FAS/FAE and to increase awareness and access to resources and training. "Enhancing FAS/FAE Interventions at the Prenatal and Early Childhood Stages in Canada" was a project that resulted in fact sheets on FAS/FAE. This project built on work done by the Canadian Centre on Substance Abuse (CCSA) and other partners.

In 2001, a CAPC/CPNP Volunteer Recruitment and Management Project was set up to improve the quality of services by enhancing the knowledge, understanding and effectiveness of CAPC/CPNP projects to recruit and manage volunteers. The project will produce a practical management resource tailored to the needs and objectives of CAPC/CPNP projects. The first step will be a kit, including a literature review and a survey of CAPC/CPNP projects across Canada, which will be distributed to all projects. The final product will be ready by the end of March 2003 in the form of a Tool Box.

In addition, the survey explored communications, geographic boundaries and training. Based on feedback from this initiative, project coordinators and sponsors have requested an orientation manual to serve as a policy and procedures guide for projects, new coordinators and sponsors. As well, communication, finance and feedback procedures are being put into place to improve services.

Canada Prenatal Nutrition Program projects offer comprehensive services, tailored to meet client needs.

- Over 96% of projects provide food supplements.
- 91% offer breastfeeding support.
- 86% offer one-to-one nutrition counselling.
- Over 80% offer vitamin supplements and dietary assessment.
- Other services offered include education and counselling on lifestyle issues, food preparation training, transportation and childcare.

Source: *Canada Prenatal Nutrition Program Evaluation.* (Health Canada)

A Mother's Story – Participating in the Canada Prenatal Nutrition Program

M. is 20. She has three children under four, and her husband works long hours. An immigrant to Canada, she has no social network to support her. M. grew up as one of seven children in a chaotic household where her father was seldom home and her mother was unable to show her love for her children – she is in danger of repeating this pattern with her children. When a neighbour introduced her to a prenatal program during her third pregnancy, her eldest child was withdrawn and afraid of people. M. blossomed in the various programs she was able to attend. She learned how to show her love for her children and guide their development. Her children have gained the confidence to socialize and play with other children, and M. has developed a strong, loving attachment with all of them. Through a sewing program at the project, she has developed a new sense of achievement and self-sufficiency. She feels more optimistic about her future.

Source: *Program Without Walls.*
(Health Canada's Ontario Region)

New Projects

During 2001-2002, several Health Canada regional offices also undertook new projects.

- CPNP Saskatchewan projects examined the feasibility of filling out Welcome Cards with a hand-held computer (Palm Pilot). As a result of the pilot, there are plans to increase use of this data collection tool.
- In response to a recent CPNP evaluation which indicated 58% of Alberta CPNP participants smoke, a pilot project was launched to train staff from six CPNP Alberta programs to intervene more effectively with women who smoke.
- A Community Response project was funded by CPNP Ontario regarding postpartum depression. It includes public education programs across Ontario to increase knowledge of professionals and the community about the prevalence, symptoms and intervention options available to women who have postpartum depression.
- Health Canada's Atlantic region is streamlining reporting and evaluation requirements for CPNP (and CAPC) for the next funding cycle. Documents based on this work are available at www.pph-atlantic.ca.

New Partnerships

The Canada Prenatal Nutrition Program (CPNP) works in collaboration with the Community Action Program for Children (CAPC) (see chapter 3) in many areas. Here are some examples of a number of new partnerships they undertook in 2001-2002.

- The British Columbia Joint Management Committee for CAPC/CPNP was expanded to include representatives of three provincial ministries – the Ministry of Community, Aboriginal and Women's Services, the Ministry of Health Services, and the Ministry of Children and Family Development.
- The Coordinating Committee of the Ontario Coalition of CAPC and CPNP Projects worked with the Ontario Association of Family Resource Programmes on an Early Years project to share best practices, to develop and strengthen a province-wide information network, and to disseminate lessons learned.

Evaluation

A new data collection tool, the Welcome Card, was launched in 2001-2002 as was a revised version of the Individual Client Questionnaire (ICQ2). The Health Canada departmental evaluation of CPNP is under way and will answer

questions relating to the relevance of the program, its impact and cost-effectiveness. It is due to report in 2003.

Canada Prenatal Nutrition Program – First Nations and Inuit Component

Program Improvements
The Canada Prenatal Nutrition Program (CPNP) – First Nations and Inuit Component serves pregnant women, and women with infants up to 12 months in First Nations and Inuit communities across the country. All First Nations and Inuit communities are eligible for CPNP funding – in 2001-2002, more than 550 projects were established serving most of the eligible communities. Approximately 90% of eligible women participate in the program. About one third of women access the program in the first trimester of pregnancy, which allows for greater depth of service. This is important for improved birth outcomes.

Training is a priority within CPNP in Inuit and First Nations communities. Training took place at the regional and local levels. More than 500 workers were trained in 2000-2001 in areas relevant to CPNP to help build the capacity to design, deliver and evaluate an effective program. Tools to support front-line workers were also developed, including a nutrition screening tool and a resource manual.

Newly Funded Projects
In 2001-2002, a number of strategic projects were funded at the national level, including research into iron-deficiency, anemia among infants, and birthweights.

Canada Prenatal Nutrition Program for First Nations and Inuit Canadians What Do Communities Say?

"Since we started our breastfeeding peer counsellor program we have seen our breastfeeding initiation and duration steadily increase. It is rewarding to see previously hesitant girls confidently breastfeed in public."

"One mom found out she was pregnant, joined CPNP, quit smoking, started to eat right and exercised twice a week. She also decided to breastfeed. She says if it wasn't for CPNP she wouldn't have learned the different choices that changed her and her baby's life."

"Cooking skills of one participant have increased greatly. She is now cooking more food at home and using less convenience food. She is also making her own baby food."

"One of our moms was abusing alcohol and was involved in an alcoholic relationship. She came to us during her fourth pregnancy, and she has previous babies who had fetal alcohol syndrome. She seemed eager to learn and participated in CPNP activities. She participated in counselling. She had one or two episodes of binge drinking but returned to the program each time."

"We have a 17-year-old girl in our program who was abusing solvents. She sought treatment, gave birth to a healthy baby and is still abstaining."

Source: *Canada Prenatal Nutrition Program Success Stories collected from projects on an annual basis.* (Health Canada)

Evaluation
The positive effect of CPNP on a number of key maternal and infant health indicators emerges when data from program participants are compared with a baseline sample drawn from First Nations and Inuit communities which had not implemented CPNP.

- CPNP is reaching its target group of women most at risk; that is, women who are young, single, with little education and low incomes.
- Fewer CPNP participants reported that they consumed alcohol during

pregnancy (11% versus 21%).

- Breastfeeding initiation rates were similar among CPNP participants and baseline participants (70% versus 74%) but many more CPNP participants continued to breastfeed for one month (77% versus 39%).
- Fewer CPNP participants reported gestational diabetes (5% versus 12%) and anemia (17% versus 23%).
- The program is providing services in keeping with its goals.
  - 70% provided vouchers or coupons for food.
  - 60% provided cooking classes.
  - 80% provided nutrition education.
  - 78% provided breastfeeding support.

Evaluation of the First Nations and Inuit CPNP is being carried out on a variety of levels. An overall evaluation of CPNP is under way and will answer questions of program relevance, impact and cost-effectiveness. It is due to report in March 2003. Furthermore, the Assembly of First Nations has been contracted (at its request) to undertake a one-time-only evaluation of CPNP in a random sample of 100 First Nations communities and will report in June 2003. Inuit CPNP projects participated in ongoing evaluations of CPNP using a similar process and tools as the off-reserve CPNP program, but adapted to meet the unique needs of the Inuit projects.

Fetal Alcohol Syndrome/ Fetal Alcohol Effects

Program Improvements

In the 1999 Budget, the federal government provided funding to expand the Canada Prenatal Nutrition Program to create a national focus on Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE) to further improve the health of pregnant women and their babies. Funding of $11 million was provided over three years to prevent FAS/FAE and to reduce its significant health effects. In 2001-2002, Health Canada began work on a FAS/FAE National Framework for Action. The ultimate goal of the Framework is to develop a broad-based collaborative effort to prevent FAS/FAE and improve the quality of life of individuals, families and communities affected by FAS/FAE.

Public Awareness

A national FAS/FAE public awareness and education campaign was developed to increase public knowledge of FAS/FAE and create a social environment that supports women in their decision not to drink during pregnancy. The campaign is based on the knowledge and expertise of those who have done exceptional work on raising awareness of FAS/FAE in the past, and builds on efforts across the country. For example, Health Canada Regions, in partnerships with First Nations organizations, other federal departments and provincial/territorial partners, hosted and supported FAS/FAE workshops in Atlantic Canada, Ontario, Saskatchewan and Yukon. Awareness and education tools such as posters, pamphlets, an information manual and

The Knowledge of Alcohol Use During Pregnancy and of Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE) – Environics Survey

- There was an increase in the number of women who say they have heard of FAS. However, awareness among men remained the same, or slightly lower.
- Seven out of ten Canadians (72%) had heard of FAE or alcohol-related birth defects – some knew the association with learning disabilities (21%) and delayed development (20%), and very few knew about brain damage or behaviour problems (10%).
- There has been a notable increase (26%) since 1999 in the number of men and women who say that television or other media would be the best source of information about FAS/FAE, and a decrease in the number who indicated doctors or doctors' offices would be the best source (down about 15 percentage points, from 47% to 32%); however, doctors or doctors' offices is still one of the top two sources for information.
- More than 86% of men said they would be very likely to encourage their pregnant spouse to stop or cut back on her alcohol use during pregnancy, about 4 in 10 would be very likely to stop drinking alcohol themselves during their partner's pregnancy.
- Almost 3 in 10 women say they would lower their alcohol use during pregnancy if their partner or spouse encouraged them to stop or cut back their alcohol use during pregnancy (28%). Four in ten say this would not affect their alcohol use.

Source: *Alcohol Use During Pregnancy and Awareness of Fetal Alcohol Syndrome: Results of a National Survey.* (Environics Research Group, 2002)

videos have been developed in 2001-2002. This kind of work will continue.

Two public awareness surveys – a baseline survey in 1999 and a tracking survey in 2002 – were carried out to assess general awareness and knowledge about the impact of alcohol use during pregnancy. The surveys, conducted by telephone, included more than 1,200 women aged 18 to 40. Women were asked about their alcohol use and knowledge of FAS/FAE. Overall, it is clear that people in Canada are aware of the term "Fetal Alcohol Syndrome"; however, there is still confusion regarding the impact of alcohol on the developing fetus. The 1999 and 2002 surveys, as well as a survey among women living in the North, have helped assess the gaps and barriers regarding the public's overall knowledge and awareness. Linking this information with an upcoming health professional survey will assist in the development of better awareness materials, as well as defining more effective ways of disseminating information on FAS/FAE.

Newly Funded Projects

Strategic Project Fund

The Strategic Project Fund (SPF) was established as an integral component of the FAS/FAE initiative, setting aside $1.7 million over two years to fund projects which are national in scope and fall within the priority areas of coordination and collaboration; supporting parents, families and communities affected by FAS/FAE;

FAS/FAE Conference in Atlantic Canada

In March 2002, Health Canada supported a FAS/FAE conference in Atlantic Canada. There were 385 participants – including parents, affected individuals, front-line workers, caregivers, community organizations and service providers – who discussed FAS/FAE work in their province and identified the following priorities:

- New Brunswick:
  - Early diagnosis; communication, education and awareness; intervention and support services for people with FAS/FAE; professional training; resources – particularly bilingual; data; coordination, teamwork and networking.
- Nova Scotia and Prince Edward Island:
  - Prevention/early identification and intervention; education; diagnostic and screening programs; public awareness; education for justice professionals; alcohol labelling.
- Newfoundland and Labrador:
  - Education of physicians, correction workers, teachers and other professionals; training for front-line workers and parents; diagnostic tools; support groups; regional and provincial coordinating bodies; financial resources.

and FAS/FAE training for front-line workers in community-based projects.

In March 2002, eight projects were funded.

In the area of coordination and collaboration:

- A FAS/FAE Outreach Project conducted by the Canadian Institute of Child Health will develop a comprehensive set of FAS/FAE Best Practices and implement them at national, regional and community levels.
- The Canadian Centre on Substance Abuse will create and maintain a National Database of Resources about FAS and Substance Use During Pregnancy Resources on its website.
- PEERS – the Prostitutes Empowerment, Education and Resource Society – will develop a National Networking Project which focuses specifically on sex trade workers.

To support parents, families and communities affected by FAS/FAE:

- The Victorian Order of Nurses in Eastern Canada will develop Best Practice Guidelines for parenting approaches for families caring for children with FAS/FAE.
- SAFERA, La Boîte à Outils in Quebec, will partner with francophone CAPC/CPNP projects to design an interactive Internet site, a francophone video for parents and caregivers, and a collection of accessible resources.

To train front-line workers:

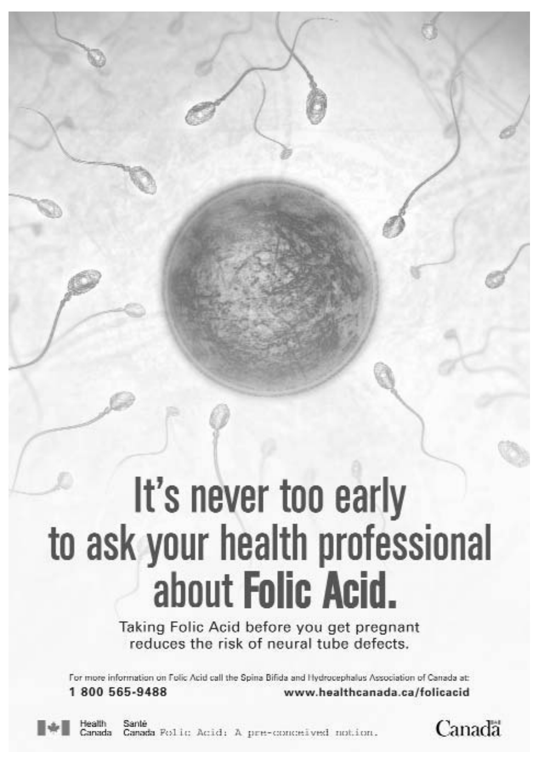
- Canadian Mothercraft will develop and conduct interactive training sessions for front-line workers focused on knowledge and skills needed to screen and support women at risk and affected children.
- The National Indian and Inuit Community Health Representatives Organization will develop a “train-

the-trainer" program for community health representatives and other front-line workers in First Nations and Inuit communities.
- Red River College will develop course outlines in the Applied Studies in FAS/FAE Certificate Program which can be offered through a joint certificate with other colleges across Canada.

New Research
A survey of health care professionals was conducted to determine knowledge and attitudes about FAS/FAE information for health professionals. More than 5,300 family physicians, pediatricians, obstetricians/gynecologists, midwives and psychiatrists from across Canada were surveyed. The results will be made available by March 2003, and will be widely disseminated within the health care field and to key FAS/FAE stakeholders. The survey results will assist in future collaboration, policy and program development with health care providers, and be used as a baseline when monitoring outcomes of new policies and initiatives.

Folic Acid Awareness Campaign (New)

Newly launched in 2001-2002, in partnership with the Spina Bifida and Hydrocephalus Association of Canada and the Folic Acid Alliance of Ontario, the Folic Acid Awareness Campaign promotes awareness of the relationship between folic acid and the primary prevention of neural tube defects. It is directed to women of childbearing age and health professionals. Materials include a campaign website, www.healthcanada.ca/folicacid, a poster



encouraging Canadian women of childbearing age to talk to their health professionals about folic acid; a pamphlet with simple questions and answers on folic acid and the primary prevention of neural tube defects; and a resource document for health professionals – *Preconception Health: Folic Acid for the Primary Prevention of Neural Tube Defects*. These materials were distributed to more than 50,000 health professionals across the country. In addition, public advertisements were placed in magazines and selected public venues, addressed to Canadian women.

Evaluation
A national evaluation survey is planned for the Folic Acid Awareness Campaign, starting in the fall of 2002. Health Canada is planning to incorporate three

public awareness elements – folic acid, FAS/FAE and tobacco – into one social marketing strategy – that is, the Healthy Pregnancy Marketing Strategy (see below).

Healthy Pregnancy Marketing Strategy (New)

New in 2001-2002, the Healthy Pregnancy Marketing Strategy is a collaboration between the Fetal Alcohol Syndrome/Fetal Alcohol Effects Initiative, the Folic Acid Awareness Campaign, the Tobacco Control Strategy, Canada's Drug Strategy and other programs. It is intended to promote a healthy lifestyle before and during pregnancy. The first step of the campaign was a pre-campaign survey to determine where women of childbearing age would go for information on this topic, their level of confidence in such sources, and preferences for type of print material format. The survey found that:

- 73% of women look first to their family doctor when seeking information about pregnancy.
- When looking for information about healthy pregnancy, women have highest confidence in what they might learn from their family doctor (87%), followed by Health Canada (55%) and their provincial health departments (38%).
- When looking for print materials, women's preference was a single document covering several issues (56%).
- When asked what were the most important things women can do to have a healthy baby, most identified a healthy diet (78%) followed by avoiding caffeine/alcohol (48%), exercising/staying fit (44%), and avoiding tobacco (24%).

More research is planned for 2002-2003.

Postpartum Parent Support Program

Program Improvements

The program is currently being offered in 600 sites. In 2001-2002, a key informant study was conducted of hospital and community health sites that implement the Postpartum Parent Support Program (PPSP) to assess the status of the program in these sites and to gain information that would help in setting future directions for the program. In addition, program resources are under revision. Financial support for national-level activities such as program maintenance for the PPSP declined in 2001-2002. More information on the PPSP will be available in next year's report.

Reducing the Risk of Sudden Infant Death Syndrome

Program Improvements

The Back to Sleep Campaign resources continue to be distributed to health professionals, health institutions and parents. In addition, the First Nations and Inuit Health Branch of Health Canada has kept the issue of Sudden Infant Death Syndrome (SIDS) in the forefront by developing training materials for community health representatives, through the involvement of the National Indian and Inuit Community Health Representatives Organization (NICHRO). These materials will be used in 2-½-day

Reducing the Risk of Sudden Infant Death Syndrome (SIDS) Impact of the Back to Sleep Campaign

In 1999, a survey among parents and health professionals gathered baseline data before the Back to Sleep Campaign began – in 2001, a tracking survey was conducted following the campaign. The results were very encouraging.

- There was an increase in awareness among parents from 44% to 66% (1999 to 2001) that the proper position to place a baby during sleep is on his/her back.
- This translated into action. In 1999, 41% of parents reported that they put their baby on his/her back to sleep – this increased to 69% in 2001.
- Advice from health professionals had changed substantially – 67% advised a back sleeping position in 2001, up from only 21% in 1999.
- Conversely, 61% of health professionals had given advice to place babies on their sides to sleep in 1999 – this declined to 21% in 2001.

Source: *Back to Sleep: Health Canada SIDS Social Marketing Campaign, 2002.* (Health Canada)

training sessions to be held in 2002-2003 on SIDS, tobacco and pregnancy.

Evaluation

In 1999, prior to the launch of the "Back to Sleep" campaign, a baseline survey was conducted with parents to determine attitudes and knowledge levels as well as behaviour practices related to SIDS. In 2001, a follow-up tracking survey showed substantial, positive changes in awareness, knowledge and behaviours, such as the following findings:

- There was almost universal (97%) awareness of SIDS among the target group, an increase from 93% in 1999.
- In 2001, 82% of parents stated that they have personally taken action to reduce the risk of SIDS compared to 74% in 1999.
- There was an increase in parents who avoided smoking in the household from 27% in 1999 to 35% in 2001.
- In 1999, 41% of parents reported that they put their baby on his/her back to sleep. This increased significantly to 69% in 2001.
- 61% of parents reported that health professionals advised the back sleeping position in 2001, compared to only 21% in 1999.

Human Resources Development Canada – What's New?

Employment Insurance: Maternity and Parental Benefits

Program Improvements
Two changes to the Employment Insurance (EI) program were made in 2001-2002. The first change increases flexibility for parents of hospitalized children. Previously, parents of hospitalized newborns or newly adopted children had one year within which they could claim their parental benefits. Now, these parents have a window of up to two years to claim their parental benefits. As a result, these parents can now better balance their work/family responsibilities by choosing to wait until their children come home from the hospital to spend time with them.

The second change ensures full access to special benefits (sickness, maternity and parental) for mothers. Previously, some biological mothers who claimed sickness benefits before or after a maternity claim were unable to access all of their special benefits. Now, to ensure their full access to special benefits, the cap of 50 weeks on special benefits will be extended up to 65 weeks for mothers facing these situations.

Human Resources Development Canada worked during 2001-2002 to make the EI appeal process more accessible and implemented the use of telephone and video conferencing to assist this process. Applying for EI benefits, including Maternity and Parental benefits, became easier than ever before – since it is now possible to apply via the Internet, and Canadians can have their questions answered and secure payment information by telephone.

Evaluation
On December 31, 2000, the maximum duration of parental benefits was more than tripled to 35 weeks instead of 10. According to a December 2001 poll,[2] 81% of Canadians supported this extension of benefits.

In 2001, Human Resources Development Canada began an evaluation of the extended parental benefits program. The goal of the evaluation is to determine the impact of the program on key outcomes, including:

- duration of parental leave
- duration of unpaid leave following parental benefits
- probability of return to previous job
- incidence and duration of employment following parental benefits
- for those who returned to work, hours worked and pre- and post-birth wages
- contribution of parental benefits to family income
- non-monetary effects on parents and children
- impact of the new program on employers.

In addition, changes in uptake, impact on children, client satisfaction, and use by fathers will be examined. The first step in this evaluation will be a baseline report providing benchmarks, and follow-up studies will describe the impacts of the revised program. First results are expected in 2003.

[2] Canadian Attitudes Toward Employment Insurance. Environics Research Poll (December 2001).

Pregnancy, Birth and Infancy Activities and Expenditures Table

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002
Health Canada								
Canada Prenatal Nutrition Program (CPNP)	301 projects	350 projects over 2,000 communities	N/A	N/A	34,000 women	45,600 women	$27,366,000[3]	$31,052,000[4]
CPNP First Nations and Inuit Component	>550 projects[5]	>550 projects[6]	7,500	N/A[7]	>6,000 women	>6,000 women	$14,200,000[8]	$14,200,000[9]
Family-Centred Maternity and Newborn Care: National Guidelines	—	—	—	—	—	—	$15,000	$0[10]
Fetal Alcohol Syndrome/ Fetal Alcohol Effects (FAS/FAE)	N/A	N/A	N/A	N/A	N/A	N/A	$2,650,000	$3,300,000[11]
FAS/FAE First Nations and Inuit Component	26	26	N/A	N/A	N/A	N/A	$1,350,000	$1,700,000
Folic Acid Awareness Campaign	—	—	N/A	N/A	N/A	N/A	—	$600,000
Healthy Pregnancy Marketing Strategy	—	—	—	—	—	—	—	$12,000
Postpartum Parent Support Program	600	600	N/A	N/A	N/A	N/A	$100,000	$35,000[13]
Reducing the Risk of Sudden Infant Death Syndrome[14]	—	—	350,000	300,000	350,000	300,000	$40,000	$50,000[15]
Human Resources Development Canada								
Employment Insurance: Maternity Benefits	—	—	N/A	N/A	176,000[16]	193,000[17]	$752,000,000[18]	$848,000,000
Employment Insurance: Parental Benefits	—	—	N/A	N/A	178,000[19]	196,000[20]	$502,000,000[21]	$1,311,000,000
Total expenditures							**$1,299,721,000**	**$2,209,949,000**

[3] $23,762,000 went directly to communities in the form of grants and contributions.

[4] $27,189,000 went directly to communities in the form of grants and contributions.

[5] More than 550 projects serve most of the eligible First Nations and Inuit communities.

[6] Estimate based on 2000-2001. Data not yet analyzed for 2001-2002.

[7] Figures for 2001-2002 were not available at the time of print.

[8] $10,300,000 of the $14,200,000 budget is directed to First Nations and Inuit communities. The remaining funds are held at the national and regional offices. This explains the difference in this figure and the figure reported in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*.

[9] $10,300,000 of the $14,200,000 budget is directed to First Nations and Inuit communities. The remaining funds are held at the national and regional offices.

[10] Copies of the *Family-Centred Maternity and Newborn Care: National Guidelines* continued to be distributed to health care professionals and health care institutions and agencies in 2001-2002. While no new funds were committed to the Guidelines in 2001-2002, distribution costs were absorbed by Health Canada. The Guidelines continue to be available on the Health Canada website – http://www.hc-sc.gc.ca/hppb/childhood-youth/cyfh/child_and_youth/physical_health/maternity.html.

[11] The total FAS/FAE funding for both the off-reserve and First Nations components was $11 million over 3 years, with ongoing funding of $5 million per year. In 1999/2000 the FAS/FAE Initiative received a total of $2.0 million ($1,250,000 off-reserve and $750,000 for First Nations). In 2000-2001 the total allocation was $4 million ($2,650,000 off-reserve and $1,350,000 for First Nations). In 2001-2002 the total allocation was $5 million ($3,300,000 off-reserve and $1,700,000 for First Nations). The National Strategic Project Fund was funded out of these allocations.

[12] Expenditure figures include an average of 3 projects per Health Canada region and Health Canada headquarters activities, including an awareness campaign, evaluation and the National Advisory Committee.

[13] While financial support for national-level activities (e.g. program maintenance) has declined, a study of hospital and community health sites has been conducted to assess the status of the program in these implementing sites and to gain information that would help in setting future directions for the program.

[14] Figures based on the quantities of resources disseminated. Potentially, parents of all newborn infants are receiving this information.

[15] $10,000 for resource dissemination and $40,000 for tracking survey.

[16] Actual. Based on number of new claims filed in 2000-2001 for which maternity benefits were paid.

[17] Estimate. Based on number of new maternity claims filed in 2000-2001, inflated by 10 percent to reflect the change in maternity benefit payments (+13%) minus the increase in average benefit rates (+3%).

[18] Actual. Based on departmental financial reports, therefore higher than originally reported in F*ederal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*.

[19] Actual. Based on number of new claims filed for maternity and adoption benefits in 2000-2001. The exact number of families that received these benefits is not known because sharing of parental benefits between parents can result in two claims per family instead of one. Also, some 10,000 maternity beneficiaries do not claim parental benefits each year, while a growing number of men are claiming parental benefits.

[20] Estimate. Based on number of new maternity and adoption claims filed in 2000-2001, inflated by 10 percent to reflect the change in maternity benefit payments (+13%) and average benefit rates (+3%). The change in maternity benefits, rather than parental, was used since the change in parental benefit payments was affected by the increase in weeks of parental benefits available, from 10 in 2000 to 35 in 2001.

[21] Actual. Based on departmental financial reports, therefore higher than originally reported in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*.

3. Parenting and Family Supports

It is well recognized that parents and caregivers play a key role in influencing a young child's health and development. No relationship is more critical than this. Parents need support and information to do their job to the best of their ability. Experience has demonstrated that action at the community level is most effective and relevant in this respect.

The Government of Canada invests in programs to improve parenting, in parenting supports for parents in difficult circumstances, and in resources to help parents and families support their children. In addition to the activities in this chapter, Aboriginal Head Start in Urban and Northern Communities and First Nations Head Start Initiatives, the First Nations and Inuit Child Care Initiative (all described in chapter 6), Employment Insurance Maternity and Parental Benefits (chapter 2), and Military Family Resources Centres (chapter 4) also contribute to parenting and family support.

Activities at a Glance[1]

Health Canada

*Child Health Record**

The *Child Health Record* is a booklet where parents can keep track of all their children's health information. It was developed in partnership with national professional and non-governmental organizations and Health Canada. Procter & Gamble-Pampers is a corporate sponsor.

For more information: www.healthcanada.ca/chr

Community Action Program for Children

The Community Action Program for Children (CAPC) funds community-based coalitions to establish and deliver services to meet the developmental needs of children under age 6 living in conditions of risk. It is based on the principle that communities are well positioned to recognize the needs of their children, and have the capacity to draw together the resources to address those needs. Parents and families are offered programs that support them in a variety of ways – for example, through information and education, social support, early childhood learning and care, and training.

For more information: www.hc-sc.gc.ca/childhood-youth choose "Community Based Programs" in the menu on the left

Get Set for Life (New)

Get Set for Life is a national public education campaign helping parents and caregivers make the most of their children's first five years by providing them with the latest child development research and information in useful, practical

[1] Note: provides an overview of all parenting and family supports activities undertaken by the Government of Canada related to young children. Detailed descriptions of the mandate, goals and objectives of most of these activities were provided in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*. The reader may want to refer to this report at www.socialunion.gc.ca/ecd/.

* This activity did not have any significant changes to report in 2001-2002. As a result, it is not discussed under the "What's New" section of this chapter. However, updated quantitative information for 2001-2002 is provided in the table at the end of the chapter.

and friendly ways. Tools include videos, television shows, magazine columns and community events.

For more information: www.getsetforlife.ca

Nobody's Perfect

Nobody's Perfect is a parent support and education program for parents of children under age 6. It gives parents who are young, single, socially or geographically isolated or who have low income or limited formal education access to accurate information in a supportive group setting.

For more information: www.hc-sc.gc.ca/hppb/childhood-youth/cyfh/family_support/nobody_perfect/index.html

Partnership with Parents d'Aujourd'hui (New)

Parents d'Aujourd'hui is a multimedia initiative in Quebec. It is intended to educate and support parents in their efforts to ensure the healthy development of their children under 6 years of age.

For more information: www.parentsdaujourdhui.com

Human Resources Development Canada

National Literacy Secretariat – Family Literacy Projects

The National Literacy Secretariat – Family Literacy Projects (NLS) works to ensure that Canadian families – parents, children and extended family members – have the opportunities to develop needed literacy skills. The NLS recognizes that the family is where literacy begins and where the foundations of literacy are learned, and that support for family literacy builds skills and fosters a commitment to continuous learning for the entire family. The NLS encourages partners throughout Canada to invest in literacy. It funds various family literacy-related projects.

For more information: www.nald.ca/nls.htm

Health Canada – What's New?

Community Action Program for Children

The Community Action Program for Children (CAPC) continued in 2001-2002, with the same funding level as reported in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*, to support 464 CAPC projects across the country. CAPC was also involved in some new activities.

Newly Funded Projects

CAPC/CPNP National Projects Fund

The CAPC/CPNP National Projects Fund (NPF), created in 1997, supports initiatives that are defined by the needs

of CAPC and CPNP. It enables national organizations to work in partnership with their regional and local affiliates and the federal government to undertake specific, short-term initiatives in support of activities generating knowledge and action about children, families and the role of the community in supporting families.

The objectives of NPF are to:

- support and strengthen CAPC/CPNP projects through training on specific issues, resource development, information sharing and dissemination;
- encourage and stimulate the development of a national network of community-based children's programs; and
- share the knowledge base from CAPC and CPNP learning among CAPC and CPNP projects and with communities (including other children's services, researchers, educators and policy makers).

The principles of the Fund are:

- Intersectoral collaboration – partners may include volunteer and community groups, all levels of government, the business community, labour and professional organizations, educational institutions.
- Improving health – all projects must have the ultimate goal of improving the health and well-being of children or pregnant women living in conditions of risk.
- New directions – projects may address emerging and new priorities and needs of CAPC and CPNP projects.
- Building on success – all projects must support the needs and objectives of existing CAPC and CPNP programs and include representation from a CAPC/CPNP project on their advisory board(s).

A Mother's Story – Participating in the Community Action Program for Children

Annie* is a young mom whose baby was premature and spent two weeks in hospital after she was born. Annie suffered from severe postpartum depression and alienation from her baby. Although she had a supportive husband, her bouts of depression and her baby's colic left her feeling frustrated, inadequate and fearful of her capacity to continue as a mother. Her way of coping was to join in a "screaming duet" with her baby. Introduced to a CAPC project by the public health nurse, Annie found support through four programs offered by the project. A year later, she writes: *"from milestone to milestone, I have continuously changed with (my baby) for the better. [The programs] have helped me create a new life so different from the one before... thanks to them, I feel I am on my way to becoming the mother I want to be."*

Source: *Program Without Walls.* (Health Canada's Ontario Region)

*Annie is not her real name, in order to protect her identity.

In 2001-2002, the NPF funded 11 projects across the country.

Evaluation

Evaluation was an important focus of CAPC work during 2001-2002 – at the national, regional and local levels. For the first time, projects had the opportunity to complete their annual reporting online. The online evaluation tool was developed through a pilot project involving 20 CAPC projects. The results of the pilot demonstrated that the online tool was easy to use, a time saver, and that the training was effective. Participants said: "*I think online submission is an excellent idea and I hope we can implement such transmission for all required data.*" Following national

training, the online evaluation tool was available to all CAPC projects for data collection in March 2002.

Health Canada regional offices were also active in the area of evaluation.

- Manitoba CAPC has developed a new provincial reporting system which will provide the capacity to produce reports combining all project-level data in the areas of demographics, conditions of risk and attendance by program – including advocacy, networking and referrals.
- The Health Canada national office and the Alberta CAPC regional office collaborated on an outcome evaluation process whereby they grouped CAPC projects based on similar project focus, examined expected outcomes for children, families and communities, and reviewed measurement tools. A Tool Kit of evaluation measures was prepared and projects could select instruments for measuring their outcomes and receive training in their use. It is expected that projects will start reporting on their outcomes in the fall of 2003.
- An Ontario regional evaluation of CAPC projects is nearing completion. The evaluation will provide baseline data from participants new to CAPC projects. Data were collected between May 2000 and October 2001.
- For the last year, the Quebec region has been working to analyze local evaluations of CAPC projects in Quebec. The objectives of this initiative are to:
  - obtain a regional and provincial understanding of the local evaluations that have been done of CAPC sites;
  - identify similarities and differences in the content and structure of these reports;
  - evaluate the validity of the techniques used and the results presented in the local evaluations;
  - compile a list of the evaluation tools used by the CAPC project authorities; and

Community Action Program for Children Project and Program Focus

- 63% of CAPC projects serve urban areas, 49% rural.
- 10% of projects serve isolated areas and 3% remote areas (accessible by plane or boat only).
- 59% of CAPC programs involve parents, caregivers and children as the primary target group, 24% involve parents and caregivers only, 13% involve children and youth only, and 4% involve teens and pregnant women.
- The three most common program objectives are improving parenting skills (56%), decreasing isolation (44%) and increasing self-esteem (32%).
- The three most common methods of providing programs are child-focused activities (34%), and parent support groups (32%) and classes (32%).
- Projects have many partners – health organizations (87%), educational institutions (60%) and neighbourhood/community associations (60%) are the most common.

Source: *National Program Profile, Cycle 3, Community Action Program for Children, 2001-2002.* (Health Canada)

– make the requirements of Health Canada regarding local evaluations of CAPC projects more explicit.

During the process, at the request of project authorities and consultants of the CAPC program, training was developed. The training in evaluation techniques was aimed at those responsible for CAPC projects or for the evaluation of those sites.

- The Population and Public Health Branch – Atlantic Region is creating an innovative, empowerment-based reporting and evaluation system for CAPC and CPNP for the next funding cycle. Working with the CAPC/CPNP community, provincial government representatives, community-based evaluation consultants and university-based researchers, the Atlantic evaluation team is building an evaluation and reporting framework incorporating principles of social justice and inclusion. The framework is based on indicators and outcomes around three core elements: supportive environments, participation/involvement, and capacity building. Following extensive consultations, the Atlantic evaluation team proposed a new reporting and evaluation system. Training is planned for all projects. Documents based on this work are available at www.pph-atlantic.ca.

Get Set for Life (New)

Get Set for Life is a national public education campaign intended to provide parents and caregivers with information, tools and support so that they can ensure their children get off to the best possible start in life. The campaign, which began in 1999, is a partnership among the private, public and charitable sectors – CBC Television, Invest in Kids, *Coup de pouce* and *Canadian Living* magazines, Unilever Canada (Sunlight and Lipton products), in collaboration with Health Canada.

Get Set for Life provides parents and caregivers with the latest child development research and information in useful, practical and friendly ways, such as videos, television shows, magazine columns and community events. In a video, accompanied by a guidebook package, The Zap Family comes alive as ambassadors of good parenting through 25 animated family scenes. On CBC television, hosts Alyson and Michael and the Zap Family (in scenes from the video) help parents and preschoolers explore the world around them. Monthly columns in *Canadian Living* and *Coup de pouce* magazines feature experts from the Invest in Kids Foundation providing advice and information on childrearing. *Bringing Up Baby* is a brochure providing a wealth of information about healthy child development during the formative years and includes tips for parents and caregivers. The interactive website www.getsetforlife.ca, intended for both parents and kids, along with involvement in community events also provides the opportunity for information and support.

Evaluation
In 2001-2002, Health Canada commissioned a qualitative research study to evaluate the understanding and effectiveness of Get Set for Life. The

Who Watches "Get Set for Life?"

According to a Nielsen Media poll conducted on September 20, 2001, 104,000 viewers per minute are watching "Get Set for Life" on CBC.

From September 2000 to September 2001:

- Viewing among all ages (over two years) increased 56%
- Viewing among 2- to 17-year-olds increased 53%
- Viewing among those over 18 increased 58%
- Viewing among females over 18 increased 61%
- Viewing among women 25 to 54 increased 58%

Source: *"Get Set for Life" campaign.* (Nielsen Media Research, 2000-2001)

objectives of the research were to:

- discover attitudes toward the Get Set for Life program and its products;
- assess parents' knowledge and understanding of the key messages;
- learn if the information can motivate behaviour change and enhance awareness and attitudes in the short term;
- assess the effectiveness of the media used; and
- identify possibility for improvement.

This evaluation found that, overall, the mothers in the study looked to three main information sources for parenting information and advice. The first was direct personal contact and shared experience with other mothers, friends, parents and family or groups/classes. The second was specialized professional or paid-for resources – doctors, nurses and teachers. Books and magazines were very important as they were easy to access and use. Finally, free resources, such as phone lines and the Internet, were important.

Overall, the Get Set for Life concept garnered approval and the goals were accepted. Regarding the main messages of Get Set for Life, while mothers generally recognized the importance of a child's first five years, most did not link this period to brain development – both before and after exposure to the products. Participants generally understood the critical role they played in their child's development, even before exposure to materials – and this contributed to their stress. For the most part, mothers did not think it was easy to put the latest child development information into practice – both before and after viewing the materials. However, they often did get validation and reinforcement of what they were doing from the materials. Mothers tended to seek validation for their current behaviour and to seek information or guidance for the future. Overall, participants were not aware of the Get Set for Life campaign and they recommended that a cohesive promotional and advertising plan be developed – which could include such things as a high-profile spokesperson, physicians and phonelines.

Get Set for Life is using the results of this research to modify its campaign materials and communications and marketing strategy. It has also launched a revised website and new products.

Nobody's Perfect

Evaluation

In 2001-2002, Health Canada conducted a program review of Nobody's Perfect. The review found that:

- Social support, mutual support and shared experience were seen as strengths of the program.
- Parents learned about normal growth and development and behaviour which helped them to better understand their children.
- Parents reported an increase in communication and increased patience.
- Increased self-esteem and self-confidence were benefits of the program.
- Parents were satisfied with the Nobody's Perfect program – they felt it met their needs.

In 2001-2002, Nobody's Perfect reached 12,000 parents in a variety of settings, such as child care centres, schools and Native friendship centres.

Partnership with Parents d'aujourd'hui (New)

Since 1997, Health Canada has partnered with Parents d'aujourd'hui, a multimedia initiative targeted to parents of children under 6 years of age. The objective of Parents d'aujourd'hui is to educate and support parents in their efforts to ensure the healthy development of their children. Parents d'aujourd'hui includes television shows, radio spots, a website, newspaper articles, and community events throughout Quebec – Health Canada's messages are woven into all of these venues.

Human Resources Development Canada – What's New?

National Literacy Secretariat – Family Literacy Projects

Newly Funded Projects

The National Literacy Secretariat – Family Literacy Projects (NLS) sought new partners to develop new family literacy tools and deliver family literacy services and programs in 2001-2002. As a result the NLS funded 77 new projects. Family literacy, as defined by the NLS, refers to the way parents, children and extended family members develop and use literacy skills, such as reading, writing and numeracy, at home and in their community. The projects include:

- launching public awareness campaigns to encourage participation in literacy and learning activities in the community;
- distributing information to parents about literacy programs in their communities;
- providing parents with resources and workshops to improve their own literacy skills;
- providing parenting classes on topics such as "Read With Me" and "Learning Together: Read and Write With Your Child" ; and

Enhancing Literacy of Parents and Families in the Manitoba Interlake

The Interlake Adult Learning Association in Manitoba received funding from the National Literacy Secretariat. With this funding it was able to:

- reach out to parents and caregivers of preschool children in need of literacy skill improvement who had not previously used their services;
- help parents and caregivers improve their own literacy skills while they participated in literacy activities with their children; and
- develop the supports necessary to create a successful learning environment for both adults and children.

Families attended many lively community events that brought parents and children together to experience family literacy. For example:

- Harry Potter Day at the library
- Captain Underpants Day at the library
- Meet Franklin Day at the library
- Reading tent at Gimli Family Fest
- Workshops on parenting at the Playgroup Partners program

All events were met with enthusiasm and support by community members and volunteers – the attendance was very high and the feedback was positive and supportive. Library staff were extremely pleased to see so many parents and children using their services – most of them new library users.

Project funded by the National Literacy Secretariat

- developing and offering training modules and sessions to help practitioners and program coordinators deliver evidence-based family literacy models, such as Books for Babies, Home-Based Family Literacy, Literacy and Parenting Skills (LAPS) (including adopting the program into French), Homespun, and Parent-Child Mother Goose Program.

The projects provide a supportive environment to parents eager to improve their literacy skills and assist them in reading to their children.

Evaluating Literacy Initiatives

The University of Alberta's Faculty of Education, in partnership with Prospects Literacy Association, is conducting a longitudinal study to assess the outcomes of "Learning Together: Read and Write With Your Child." This program is modelled on, and adapted from, the very successful UK-based Basic Skills Agency's Intensive Family Literacy Initiative. The four-year study, the first of its kind in Canada, involves 100 parents and 100 children in both rural and urban communities. The study explores the effect of the program on family literacy development, focusing on topics such as creative play, developing language for literacy, activities and games, early reading, writing and drawing, and advice and guidance.

Project funded by the National Literacy Secretariat

Parenting and Family Supports Activities and Expenditures Table

	Who does the activity reach? Number of:						What is the expenditure on children under 6?	
	Activities/Sites		Children under 6		Families			
	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002
Health Canada								
Child Health Record	—	—	400,000	400,000	400,000	400,000	$105,000[2]	$85,000
Community Action Program for Children	464[3]	464	57,038[4]	60,729[5]	47,234[6]	50,435[7]	$59,500,000[8]	$59,500,000[9]
Get Set for Life	—	—	N/A	N/A	N/A	N/A	$100,000	$50,000
Nobody's Perfect	1,000+	1,000+	N/A	N/A	12,000[10]	12,000[11]	$140,000	$70,000[12]
Parents d'aujourd'hui	—	—	N/A	N/A	1,200,000 per week in Quebec	1,200,000 per week in Quebec	$25,000	$25,000
Human Resources Development Canada								
National Literacy Secretariat – Family Literacy Projects	83 projects	78 projects	N/A	N/A	N/A	N/A	$3,507,000[13]	$2,918,000[14]
Total expenditures							**$63,377,000**	**$62,648,000**

[2] For printing and dissemination of the record.

[3] Data are from the National Program Profile (NPP) Cycle 2 (September 1, 2000 to March 31, 2001). The number excludes the 55 Aboriginal CAPC projects in Ontario which are conducting an evaluation separate from the national evaluation.

[4] Data are from National Program Profile (NPP) Cycle 2 (September 1, 2000 to March 31, 2001), estimated on a monthly basis. The number excludes the 55 Aboriginal CAPC projects in Ontario which are conducting an evaluation separate from the national evaluation.

[5] Data are from the National Program Profile (NPP) Cycle 3 (April 1, 2001 to March 31, 2002), estimated on a monthly basis. The number excludes the 55 Aboriginal CAPC projects in Ontario which are conducting an evaluation separate from the national evaluation.

[6] Refers to number of parents/caregivers. Data are from National Program Profile (NPP) Cycle 2 (September 1, 2000 to March 31, 2001), estimated on a monthly basis. The number excludes the 55 Aboriginal CAPC projects in Ontario which are conducting an evaluation separate from the national evaluation.

[7] Data are from the National Program Profile (NPP) Cycle 3 (April 1, 2001 to March 31, 2002), estimated on a monthly basis. The number excludes the 55 Aboriginal CAPC projects in Ontario which are conducting an evaluation separate from the national evaluation.

[8] $52,900,000 goes directly to communities in the form of grants and contributions.

[9] $52,900,000 goes directly to communities in the form of grants and contributions.

[10] Refers to parents.

[11] Refers to parents.

[12] Includes national and administrative tasks and facilitating national networking to support initiatives. Last year, in addition to these activities, Health Canada also funded a status report on Nobody's Perfect (at a cost of $40,000), and revised a training manual and a facilitator's manual (at a cost of $30,000).

[13] Actual, therefore higher than originally reported in F*ederal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*. This expenditure includes funding for all projects. While most of these projects focus on developing literacy skills and tools for young children and their parents prior to school entry, some also include components not directly related to children, but which could not be separated from the overall expenditure figure.

[14] The funding level decreased as fewer family literacy project proposals were received. This expenditure includes funding for all projects. While most of these projects focus on developing literacy skills and tools for young children and their parents prior to school entry, some also include components not directly related to children, but which could not be separated from the overall expenditure figure.

4. Early Childhood Development, Learning and Care

Young children are more likely to reach their full developmental potential when they are cared for in a stimulating and nurturing environment. The research evidence is clear that providing young children with quality learning and care environments enhances their physical, social, emotional and cognitive development.

The Government of Canada provides financial support to families to offset the costs of early childhood learning and care, and provides some programs directly to Canadian Forces personnel and their families (described in this chapter), and to First Nations and other Aboriginal children (described in chapter 6). In addition, the Social Development Partnerships Program (chapter 7) provides research support to help develop quality early childhood learning and care programs. Furthermore, many of the community-based programs, such as the Canada Prenatal Nutrition Program and the Community Action Program for Children (chapters 2 and 3 respectively), provide quality, early childhood care and learning for young children.

Activities at a Glance[1]

Canadian Customs and Revenue Agency

Canada Child Tax Benefit Program – Supplement

The Canada Child Tax Benefit (CCTB) is a tax-free monthly payment made to eligible families to help them with the cost of raising children under the age of 18. The CCTB also provides a supplement for children under the age of 7. The objective of this supplement is to provide additional support to low- and middle-income parents who care for a young child at home.

For more information: www.ccra-adrc.gc.ca/benefits or call 1 800 387-1193

Child Care Expense Deduction*

The Child Care Expense Deduction helps pay for the cost of child care. Parents can claim child care expenses that they incur when they work or go to school. It provides a deduction from a parent's personal income taxes for children under age 17. Parents of children with severe disabilities, and who are eligible for the disability tax credit, can claim an additional deduction.

For more information: www.ccra-adrc.gc.ca/tax/individuals/taxkit2001/fs_childcare-e.html or call 1 800 959-8281

[1] Note: provides an overview of all activities undertaken by the Government of Canada relating to early childhood development, learning and care. Detailed descriptions of the mandate, goals and objectives of most of these activities were provided in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*. The reader may want to refer to this report at www.socialunion.gc.ca/ecd/.

* This activity did not have any significant changes to report in 2001-2002. As a result, it is not discussed under the "What's New" section of this chapter. However, updated quantitative information for 2001-2002 is provided in the table at the end of the chapter.

Health Canada

Safe Seasons Calendar (New)

This calendar is produced yearly for parents and caregivers. It has messages regarding injury prevention, and is intended to provide key safety information to help parents and caregivers of children under age 9 prevent childhood injuries.

For more information: e-mail children@hwcweb.hc-sc.gc.ca

Social Marketing Campaign on Children's Health (New)

Preliminary research is being conducted to form the foundation for a social marketing initiative that would link various Health Canada promotional efforts related to children's health into an overarching campaign.

For more information: e-mail children@hwcweb.hc-sc.gc.ca

National Defence

Military Family Resource Centres

As part of the Military Family Services Program (MFSP), Military Family Resource Centres (MFRCs) at Canadian bases, wings and stations provide information and referral for families, services for children and youth, and prevention and intervention services, among other programs. Many different kinds of services are offered under the Children and Youth Component of MFRCs – many of which are for children under age 6.

For more information: www.cfpsa.com

Pool Fun in the Sun

Think: Always have an adult watching children in and around the pool.

Do: Toddlers and weak swimmers should wear properly fitted personal flotation devices (PFDs).

Show: Always use plenty of sunscreen (SPF 30) when doing water activities. Reapply after swimming.

Source: *Safe Seasons Calendar.* (Health Canada)

Canadian Customs and Revenue Agency – What's New?

Canada Child Tax Benefit Program – Supplement

Program Improvements

The Canada Child Tax Benefit (CCTB) Supplement for children under age 7 is an additional monthly payment added to the overall CCTB – tax-free for eligible families to help them raise their children. In July 2001, because the benefit is indexed to inflation, the Supplement increased to $221 for each child under age 7 per year – up from $219 in July 2000. (The Supplement increased further to $228 in July 2002.)

Health Canada – What's New?

Safe Seasons Calendar (New)

Most injuries are preventable. Unfortunately, injuries remain the number one cause of death for children in Canada. In order to provide parents and caregivers of children under 9 years of age with key safety information, Health Canada has been producing the *Safe Seasons Calendar* since 1997. It was initially developed with other federal departments and prominent non-governmental organizations concerned with injury prevention. In 2001-2002, Health Canada reprinted the 2000 Safe Seasons publication, with minor changes and updates made to content. In 2001-2002, 140,000 English and 60,000 French

versions of the calendar were distributed across the country.

Social Marketing Campaign on Children's Health (New)

In 2001-2002, Health Canada contracted a non-governmental organization to conduct secondary research for an overarching social marketing campaign on children's health. The research was intended to serve as a foundation for a social marketing initiative that would link various Health Canada promotional efforts related to children's health into an overarching campaign. The research was undertaken with the guidance of an advisory committee consisting of representatives from four non-governmental organizations. The research included a targeted literature review, a document review, contacts with a wide variety of health promoters in Canada and internationally, and an examination of Internet-based overarching child health promotion resources. Based on an analysis of these findings, as well as the expertise and experience of the advisory committee, recommendations for an overarching social marketing strategy and sample creative concepts are currently under consideration.

National Defence – What's New?

Military Family Resource Centres

Program Improvements

The Military Family Resource Centres (MFRCs) continue to provide services to families with young children – including parent/tot programs, casual/respite child care, child care during MFRC programming, preschool playgroups, alternative child care information, special needs information and referral, and emergency child care services. The Resource Centres are an important point of contact for Canadian Forces families seeking information about and/or referral to programs, services and resources in their area.

In 2001-2002, two MFRCs in Canada combined their programs, reducing the total number of centres operating on Canadian soil to 35. A new centre was opened in Alaska due to Operation Apollo and a business plan submitted from members in that community to provide services to Canadian soldiers and their families (bringing the total number of centres in the United States to three).

What Do Canadian Forces Families Think of the Emergency Childcare Service?

According to a Quality of Life Survey among Canadian Forces families:

- 67% were aware of the Emergency Childcare Service (ECS) provided through the Military Family Resource Centres.
- The highest ranking Canadian Forces members reported the most awareness – Major and General officers indicating 74% and 92% awareness respectively.
- Respondents thought that the ECS was important. When asked to rate its importance on a 7-point scale from "Not at all important" to "Very Important":
  - Almost one-quarter (22%) rated it very important.
  - Over one-third (34%) said it was important.
  - Another one-quarter (23%) said it was somewhat important.
  - Only 6% said it was unimportant – 15% were neutral.

Source: *Quality of Life Survey – Emergency Childcare Service.* (Director Military Family Services, 2002)

During 2001-2002, a number of new initiatives were undertaken in the MFRC programs for children under age 6.

- Increased flexibility was introduced to the provision of assistance to military families needing emergency and/or respite care.
- Additional funding was made available to MFRCs to support delivery of services at the local level.
- Additional funding was made available to MFRCs to provide support to families with special needs children.
- Funding was provided to a local MFRC to develop a "Parents Guide to Assessing Informal Childcare."

Evaluation

The first report of the National Information Database (NID) was released in 2001. The NID is intended to assist MFRC boards of directors/advisory board, executive directors/directors and program coordinators in the management and administration of services. Beginning in 2001, all MFRCs are able to submit data via the Internet – simplifying the process and rendering more accurate data.

According to the database, in 2000-2001, there were:

- 16,000 requests for childcare information
- 900 requests for special needs information
- 20,300 children and 13,900 parents attending 2,700 parent and tot groups
- 39,400 children and 10,100 adults attending 3,400 preschool playgroups
- 1,400 approved requests for emergency childcare services, resulting in 13,500 hours of emergency childcare provided.

What Do Military Family Resource Centres Do?

Military Family Resource Centres (MFRCs) are a part of the Canadian Forces way of life. MFRCs offer primarily preventive services taking into account the unique challenges facing Canadian Forces families. They provide:

- information and referral to enable families to connect effectively and integrate smoothly into a new community, as they move often from one place to another;
- education including spousal employment assistance and Deployment Support to families of deployed members (including pre-deployment education and emergency support);
- a wide array of activities and resources for children, as well as care of children for parents wanting to participate in MFRC activities and respite care;
- life/social skills courses, mutual aid groups, intervention for personal and community crisis, assessment and consultation (including family violence and abuse);
- the Mission Information Line – a toll-free, bilingual and confidential telephone service that provides accurate information to families of deployed personnel to reassure them about the situation of their loved ones.

Source: *Military Family Service Program Kit Folder.* (Canadian Forces Personnel Support Agency)

Early Childhood Development, Learning and Care Activities and Expenditures Table

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002
Canadian Customs and Revenue Agency								
Canada Child Tax Benefit Program – Supplement[2]	—	—	1,600,000	1,600,000	1,200,000	1,200,000	$284,200,000	$297,500,000
Child Care Expense Deduction[3]	—	—	N/A	N/A	1,200,000	1,200,000	$424,000,000	$401,000,000
Health Canada								
Safe Seasons Calendar	—	—	N/A	N/A	N/A	200,000[4]	—	$135,000
Social Marketing Campaign on Children's Health	—	—	—	—	—	—	—	$25,000
National Defence								
Military Family Resource Centres[5]	15,000[6] in 45 sites	15,000[7] in 45 sites	80,000	80,000	35,000	35,000	$4,000,000	$4,000,000
Total expenditures							**$712,200,000**	**$702,660,000**

[2] All 2000-2001 figures are actuals and 2001-2002 figures are estimates. Figures include all children under age 6.

[3] Both Child Care Expense Deduction Expenditure Figures are projections (2000-2001 and 2001-2002) and include deductions that were made for all ages of children. It is not possible to isolate the expenditure for children under 6 years of age from the total. Figures do not include CCRA operating expenditures to administer the Deduction.

[4] Numbers of calendars distributed to parents and caregivers of children under 9 years of age.

[5] Figures for number of children and families reached are estimates. Figures indicate total number of visits (e.g. the same children or family members may attend several programs).

[6] Estimate. This number includes universal mandated services (available at every site) and site-specific services (based on local need and supported by the local Commanding Officer and/or other sources of funding). It also indicates the total frequency of programs and not the number of programs offered (e.g. the same program might be offered several times throughout the year). Includes 36 sites in Canada plus 2 Canadian Military Family Resource Centres in the United States and 7 in Europe.

[7] Estimate. This number includes universal mandated services (available at every site) and site-specific services (based on local need and supported by the local Commanding Officer and/or other sources of funding). It also indicates the total frequency of programs and not the number of programs offered (e.g. the same program might be offered several times throughout the year). Includes 35 sites in Canada plus 3 Canadian Military Family Resource Centres in the United States and 7 in Europe.

5. Community Supports

Young children grow and learn in communities. There is mounting evidence that supportive communities help children reach their potential and that communities influence children's outcomes. Communities support parents and children in many ways. The formal resources in communities, such as recreation, libraries, schools, housing and support agencies make an important contribution. In addition, the informal networks that develop in communities can offer support and a sense of belonging.

The Government of Canada has initiated a number of programs to strengthen the supports for young children in communities. The National Crime Prevention Strategy is described in this chapter. In addition to this initiative, the Government of Canada provides a variety of other programs that are based on community development and community capacity building. These programs include the Community Action Program for Children (chapter 3); the Canada Prenatal Nutrition Program (chapter 2); First Nations and Inuit Child Care; Aboriginal Head Start in Urban and Northern Communities; and First Nations Head Start programs (all described in chapter 6). As noted, they are described in other chapters of this report, but are also central to strengthening community supports for children and their families.

Activities at a Glance[1]

Justice Canada

National Crime Prevention Strategy

The National Crime Prevention Strategy focuses on crime prevention through social development and helps build community capacity to support children. The National Strategy has three components: a Safer Communities Initiative; a Promotion and Public Education Program; and the National Crime Prevention Centre.

For more information: www.prevention.gc.ca

Justice Canada – What's New?

National Crime Prevention Strategy

Program Improvements

In July 2001, the Government of Canada invested a further $145 million in the National Crime Prevention Strategy. This new funding will be applied over four years, and will strengthen and broaden the capacity of the National Strategy in fulfilling its mandate to provide communities with the knowledge, tools and supports they require to address the root causes of crime and victimization. The $145 million is in addition to the $32 million per year funding the National Strategy was already receiving.

[1] Detailed descriptions of the mandate, goals and objectives of this activity were provided in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*. The reader may want to refer to this report at www.socialunion.gc.ca/ecd/.

The key objectives of the expanded National Strategy are to:

- undertake the development work required to make a difference in high-need, low-capacity communities, including inner-city, rural, remote and Aboriginal communities;
- offer a continuum of supports and crime prevention models for communities that require a range of programming interventions;
- facilitate citizen engagement through broad and enduring public education efforts and informed discussion, again with an emphasis on high-risk, high-need/low-capacity communities, and with a focus on sharing the best practices and success stories that can spur like-minded initiatives;
- expand the scope of relationships with non-traditional partners and deepen the range of efforts to priority areas; and

The National Crime Prevention Strategy at Work in Communities – Assisting Children Under 6 and Their Families

The Lakeland Birth to Three Pilot Project is a parent mentorship project that provides support to high-risk mothers. The project is modelled after the Government of Manitoba's "Stop FAS" clinics that have shown early intervention can drastically affect the number of children born with FAS/FAE in the future. Children with FAS/FAE are at higher risk of becoming involved in criminal behaviour. Diagnostic services teams and other community professionals such as doctors and nurses identify high-risk mothers who are currently pregnant or just had a child with FAS. Paraprofessional mentors work closely with the mothers of children with FAS to prevent future children from being born with FAS. The mentors do not provide direct services, but support the family and act as the liaison between them and community agencies.

Focus on Fathers increases public awareness about the importance of a father's involvement for healthy child development. Educational programs are held to help fathers of children from pregnancy to 6 years of age enhance their parenting and interpersonal skills, as well as prevent family abuse, neglect and violence – known contributors to participation in criminal activity among youth and adults. The project also helps fathers to be more supportive of new mothers, therefore decreasing mothers' feelings of being overburdened and having the sole responsibility for children. Topics of the sessions are stress management at work and home, anger management, conflict resolution, time management, nutrition, safety and illness.

PEPS – the Program for Early Parents establishes parent-led groups that enable parents with small children to meet the challenges of parenting through mutual support and shared information. Parents are involved in training programs to become facilitators and are able to become peers, mentors, resourceful caregivers and elders. They are then able to create community-based groups that address the needs of their children, families and communities. The purpose of PEPS is to bring together parents with small children who may be isolated or need encouragement - therefore enabling them to nurture their young children.

Source: www.prevention.gc.ca

- establish a centre of excellence, expertise and learning to work on crime prevention projects, research, policy and practice.

Focusing on supports and interventions for families with young children is well described in research as a strategy that prevents involvement in criminal activities later in life. Therefore, the National Strategy continues to place a particular emphasis on children and develops strategies such as early intervention for children, especially within populations where multiple risk factors are present. In 2001-2002, the Safer Communities Initiative of the National Strategy funded 34 projects related to children under age 6. These projects support community development initiatives that will increase support in communities for families with young children.

Community Supports Activities and Expenditures Table

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002
Justice Canada								
National Crime Prevention Strategy	37	34	N/A	N/A	N/A	N/A	$1,370,000[2]	$1,378,000[3]
Total expenditures							**$1,370,000**	**$1,378,000**

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

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

6. Dedicated Services for First Nations and Other Aboriginal Children and Families

Early childhood development for Aboriginal children is recognized as a priority in Canada. In the Early Childhood Development Agreement, governments agreed to "work with the Aboriginal peoples of Canada to find practical solutions to address the developmental needs of Aboriginal children."

The Government of Canada has a direct role with respect to First Nations and the Inuit and provides a range of social and health programs and services to children and their families. These programs and services are administered both through direct community-based programming and through agreements with provincial and territorial governments and Aboriginal organizations. The Government of Canada also delivers a number of innovative programs for children and families at risk, including some for at-risk Aboriginal children.

This chapter focuses on dedicated services for First Nations and other Aboriginal children. Two programs not included in this chapter, the Canada Prenatal Nutrition Program (CPNP) and the Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE) Initiative, also have specific components for children and families living on-reserve. As well, CPNP and the FAS/FAE Initiative provide services to Aboriginal, Métis and Inuit children and families off-reserve. Since the major focus is to promote healthy pregnancy, birth and infancy, they are discussed in chapter 2. Special consideration is also given to Métis, Inuit and off-reserve First Nations children in the Community Action Program for Children, which is discussed in chapter 3 of the report.

Activities at a Glance[1]

Health Canada

Aboriginal Head Start in Urban and Northern Communities

Aboriginal Head Start (AHS) is an early childhood development program for First Nations, Inuit and Métis children and their families living in urban centres and large northern communities. It is primarily a preschool program that prepares young Aboriginal children for school by meeting their spiritual, emotional, intellectual and physical needs, and by working with parents to help meet the children's developmental needs at home.

For more information: www.hc-sc.gc.ca/ahs

Brighter Futures

Brighter Futures assists First Nations and Inuit communities in developing community-based approaches to health programs. While the program is intended specially for First Nations and Inuit children, it is recognized that children's needs cannot be separated from those of their families and community.

For more information: e-mail children@hwcweb.hc-sc.gc.ca

[1] Note: provides an overview of most of the dedicated services for young First Nations and other Aboriginal children and their families undertaken by the Government of Canada. Detailed descriptions of the mandate, goals and objectives of these activities were provided in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*. The reader may want to refer to this report at www.socialunion.gc.ca/ecd/.

First Nations Head Start[2]

In 1998-1999, the Aboriginal Head Start program was expanded to First Nations communities. First Nations Head Start is an early intervention program for First Nations children on-reserve (ages 0 to 6) and their families. It is intended to prepare these children for their school years by meeting their emotional, social, health, nutritional and psychological needs.

For more information: www.hc-sc.gc.ca/fnihb/cp

Human Resources Development Canada

First Nations and Inuit Child Care Initiative

The First Nations and Inuit Child Care Initiative continues to provide First Nations and Inuit communities with improved access to affordable, quality child care, with the goal that they would have similar access to that available to other Canadian children. The Initiative is one of the components of the Aboriginal Human Resources Development Strategy, and is delivered under the auspices of the Aboriginal Human Resources Development Agreement holders.

For more information: www.hrdc-drhc.gc.ca/aro click on "child care"

Indian and Northern Affairs Canada

Child/Day-care Program – Alberta

The Government of Canada has a financial agreement with First Nations in Alberta to directly fund some child care spaces on-reserve. The services are to provide early childhood development programming and learning services comparable to those offered by the provincial government to people living off-reserve.

For more information: e-mail childrensprograms@inac.gc.ca

Child/Day-care Program – Ontario*

The Government of Canada has a financial agreement with the Government of Ontario to support child care services on-reserve. The services are to provide early childhood programming and learning services comparable to those offered by the provincial government to people living off-reserve.

For more information: e-mail childrensprograms@inac.gc.ca

Elementary Education (Junior Kindergarten and Kindergarten)*

The objective of Indian and Northern Affairs Canada's (INAC) elementary education program is to provide access for First Nations students, ordinarily resident on-reserve, to elementary education services that are reasonably comparable to what is offered by their province/territory of residence. INAC provides funding for First Nations-operated and federal schools, for the

[2] The Aboriginal Head Start (AHS) programs may also be referred to as First Nations Head Start and Aboriginal Head Start in Urban and Northern Communities to clarify their distinct roles.

* This activity did not have any significant changes to report in 2001-2002. As a result, it is not discussed under the "What's New" section of this chapter. However, updated quantitative information for 2001-2002 is provided in the table at the end of the chapter.

reimbursement of costs of on-reserve students attending provincial schools, and funding for the provision of student support services such as transportation, counselling, accommodation and special education.

For more information: e-mail childrensprograms@inac.gc.ca

First Nation Child and Family Services Head Start – New Brunswick[3]*

The First Nation Child and Family Services Head Start – New Brunswick Program's main objectives are to maintain the strength of the family unit, assist children with physical, emotional, social and/or educational deprivation, and support and protect children from harmful environments. It is provided for children under 6 years of age. The program offers centre- or home-based care for children and services for parents.

For more information: e-mail childrensprograms@inac.gc.ca

First Nations National Child Benefit Reinvestment

The National Child Benefit (NCB) combines new federal investments with provincial and territorial governments and First Nations' reinvestment resources. The federal government has increased its income support for low-income families through the Canada Child Tax Benefit. In turn, provincial and territorial governments and First Nations adjust social assistance for recipients with children by an amount equal to the federal increase. These adjustments are then "reinvested" into community-based programs for low-income families. Similar to provincial and territorial governments, First Nations that deliver social assistance have the flexibility to reinvest savings from adjustments made through social assistance in programs and services tailored to meet their needs and priorities within the goals of the NCB.

For more information: www.nationalchildbenefit.ca

Health Canada – What's New?

Aboriginal Head Start in Urban and Northern Communities

Evaluation

In 2001, the Aboriginal Head Start (AHS) program undertook an important evaluation activity – the *2001 Aboriginal Head Start National Process and Administrative Survey*. This was the third annual national AHS process and administrative survey. The objective of the survey was to provide complete, accurate and descriptive information on the program. The survey collected statistical and demographic information on participating sites, and data on staff and participant characteristics, finances and program delivery. Program needs and challenges were identified. Of the 114 sites, 112 completed the self-administered survey, including representatives from sponsors, parent representatives and AHS staff. A summary of the data has recently been released in a publication called *Program and Participants 2001*.

"Aboriginal Head Start has made a positive impact on Derrick and myself, it has been insightful and encouraging. Increasing awareness of 'getting a head start in life' is a valuable step in our children's lives and it is my sincere hope that it continues for it is undoubtedly benefiting our community and our children. Mahsi Cho! [Thank you very much!]"

Parent participant, Aboriginal Head Start, Fort Providence, NWT

[3] Called "Aboriginal Head Start – New Brunswick" in the *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001.*

According to the 2001 Aboriginal Head Start (AHS) National Process and Administrative Survey:

- 38% of children enrolled in AHS are from remote or isolated communities.
- 84% of AHS projects have at least one child with special needs: the majority of professionally diagnosed children have speech or language difficulties.
- There are 29 different Aboriginal languages taught in the AHS classrooms.
- 707 personnel are employed in AHS sites: 90% of the full-time staff are Aboriginal.
- 47% of the staff who work directly with children are qualified Early Childhood Educators.
- 85% of the projects have parent councils that provide opportunities for parents and community members to have input into the design, implementation and management of their local projects.

Source: *Aboriginal Head Start National Process and Administrative Survey, 2001.* (Health Canada)

In 2002-2003, the program will conduct an Aboriginal Head Start Impact Evaluation. This evaluation will follow participants for two years, and will demonstrate the effects of program participation on children, families and communities.

"I really began to look forward to the days that we went... my grandson really enjoys going, he has become more sociable, it has helped him with his speech, learning to play together, and sharing..." (Grandmother in Saskatchewan, First Nations Head Start)

First Nations Head Start

Program Improvements
First Nations Head Start (FNHS) continues to meet the unique needs of First Nations children and families through 168 funded First Nations Head Start projects serving 306 communities in Canada.

Evaluation
In 2001-2002, First Nations Head Start conducted a Process Survey to look at the implementation of the program. In addition, it collected baseline data for an impact study to establish measurable outcomes for future comparisons. Data were collected in 2001-2002 through questionnaires, the work of First Nations Field Evaluators, file reviews, and national and regional interviews. A report summarizing that data is expected to be available in fall 2002. Through this process, 24 field evaluators have received training in administering their First Nation community's survey – encouraging capacity building within communities.

"The Head Start program has a positive impact on the community... it has helped the children and parents get involved in the learning process of healthy living based on our native way of life..." (Manitoba, First Nations Head Start)

Human Resources Development Canada – What's New?

First Nations and Inuit Child Care Initiative

Program Improvements
In 2001-2002, the First Nations and Inuit Child Care Initiative (FNICCI) continued to surpass its original goal of 6,000 spaces by directly supporting 7,000 child care spaces in 389 First Nations and Inuit communities nationally. The Initiative serves children between the ages of 0 and 12, with priority given to children under age 6.

Many communities have First Nations and Inuit Child Care programs along with First Nations Head Start or

Aboriginal Head Start in Urban and Northern Communities programs, providing good opportunities to coordinate these programs. For example, they often share playground equipment, join funds to buy toys and playing equipment and coordinate staff development initiatives. In 2001-2002, Human Resources Development Canada (HRDC) held conferences that created opportunities for child care and Head Start workers to meet and share best practices. In addition, FNICCI workers participated in training workshops for the Aboriginal Head Start in Urban and Northern Communities and First Nations Head Start programs. At both the conference and training workshops, HRDC supported facilitated sessions for AHS and FNICCI workers to meet and to share successes and challenges.

Community involvement in the child care program has improved over the years. Increased parental involvement has resulted in increased attendance, improved parenting skills and greater awareness of early childhood development. First Nations and Inuit Child Care programs are successfully involving elders from their community, securing their support in teaching basic language skills to the children.

Since the First Nations and Inuit Child Care Initiative provides full-time, year-round, quality child care for Aboriginal children, thousands of Aboriginal parents are able to pursue training and employment activities. This contributes to gender-balanced economic and social development in these communities.

Evaluation

First Nations and Inuit child care centres face many challenges. In 2001-2002, the centres participated in an evaluation survey to identify these challenges. This evaluation is being used in discussions with stakeholders to seek solutions. While the analysis has not yet been completed – preliminary results highlight current strengths and point to areas where further attention is required (see textbox).

First Nations and Inuit Child Care Initiative: What 100 Centres Have Said

- 66% of the communities that have child care centres also have First Nations or Aboriginal Head Start in those communities, and 48% of those with both FNICCI and Head Start programs are either co-located or co-managed.
- 58% of the communities have provisions for emergencies whereby parents can leave children at the child care centres for temporary periods even if their children are not registered.
- 47% of the centres have access to professional assessment for children with special needs.
- 37% of the centres have some capacity to deal with the care of special needs children.
- 74% of the centres have some access to staff training programs.
- 78% of the centres have funding earmarked for training.
- 87% of the centres indicated that the hours of operation are adequate.
- 66% of the centres have long waiting lists.

Source: *Survey of First Nations and Inuit Child Care Initiative Child Care Centres, 2002.* (Aboriginal Relations Office, Human Resources Development Canada)

Indian and Northern Affairs Canada – What's New?

Child/Day-care Program –Alberta

Correction[4]
In 1992, the Arrangement for the Funding and Administration of Social Services was signed between the Government of Canada and the Government of Alberta clarifying that the federal government would fund all social services on-reserve in Alberta. As a result, Indian and Northern Affairs Canada (INAC) assumed funding responsibility for the child care spaces on-reserve which, at the time of the signing, were funded by the Government of Alberta. INAC continues to fund First Nations directly for those services; however, the Government of Alberta approves and monitors the child care centres.

The services are intended to provide early childhood development programming and learning comparable to those services offered by the provincial government to non-Aboriginal people. Since 1995, funding for new child care spaces on-reserve has been the mandate of the First Nations and Inuit Child Care Initiative, described earlier in this chapter.

First Nations National Child Benefit Reinvestment

Evaluation
The National Child Benefit (NCB) combines new federal investments with provincial and territorial governments and First Nations' reinvestment resources. First Nations continue to administer the reinvestment component of the NCB in 600 First Nations communities across Canada and the NCB reinvestment programs for First Nations continue to fall into five broad areas: child/day care; child nutrition; early child development; employment opportunities/training programs; and community enrichment.

Measuring the success of the NCB in First Nations communities is a priority. There are two aspects to that measurement. First, a self-evaluation process is being conducted, involving regional workshops and an annual national workshop. Second, the 2001-2002, *Interim Evaluation of the National Child Benefit for First Nations* was conducted. This cooperative process between First Nations and Indian and Northern Affairs Canada involved a sample of approximately 10 First Nations communities from across the country. Results will be available later in 2002. The Interim Evaluation assesses how well the NCB reinvestment component has been implemented in First Nations communities, satisfaction with the initiative among the main participants, and short-term outcomes. It highlights three key themes: flexibility for First Nations in programming; First Nations ownership of the program; and the importance of public reporting. (For more information, consult *The National Child Benefit Progress Report: 2001* at www.nationalchildbenefit.ca).

[4] In *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*, the description of the child/day-care program in Alberta contained incorrect information which has been corrected above.

Key Observations from the Upcoming *Interim Evaluation of the National Child Benefit (NCB) for First Nations* Report

- The core NCB goals are relevant. All key informants supported the first goal – to reduce and prevent the depth of child poverty.
- The fact that NCB reinvestments respond to regional and local needs is a valuable feature of this initiative.
- The priorities of low-income families and line staff focus on providing direct and immediate assistance and services to children and families.
- NCB reinvestment programs that link to other programs with similar objectives should be promoted as examples of effective delivery.
- Overall, the First Nations NCB reinvestment has been effectively implemented, and has made an important and valuable contribution to the well-being of children in First Nations communities.

Source: *National Child Benefit Progress Report, 2001*

The table below has been adjusted to reflect revised figures for Indian and Northern Affairs Canada (INAC) activities in the 2000-2001 fiscal year. Revised INAC figures for the 1999-2000 fiscal year are included in a separate table at the end of this chapter. These revised figures replace those originally reported in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*.

Dedicated Services for First Nations and Other Aboriginal Children and Families Activities and Expenditures Table

	Who does the activity reach? Number of:						What is the expenditure on children under 6?	
	Activities/Sites		Children under 6		Families			
	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002
Health Canada								
Aboriginal Head Start in Urban and Northern Communities	114	114	3,200	3,500	N/A	N/A	$22,500,000	$22,500,000
Brighter Futures	All First Nations and Inuit Communities in Canada		45,000[5]	N/A	N/A	N/A	$20,000,000	$18,300,000[6]
First Nations Head Start	306[7]	306[8]	7,700	7,700	N/A	N/A	$25,000,000	$25,000,000
Human Resources Development Canada								
First Nations and Inuit Child Care Initiative	389	389	>7,000	>7,000	N/A	N/A	$41,000,000[9]	$41,000,000[10]
Indian and Northern Affairs Canada								
Child/Day-care Program – Alberta	17	17	1,046	1,052	N/A	N/A	$2,665,000	$2,665,000
Child/Day-care Program – Ontario	67 programs[11]	57 First Nations[12]	2,097[13]	3,243[14]	N/A	N/A	$12,177,000	$13,407,000
Elementary Education (Junior Kindergarten and Kindergarten)	384	387	13,793	13,409	N/A	N/A	$33,055,000[15]	$32,388,000
First Nation Child and Family Services Head Start – New Brunswick[16]	15	15	N/A	N/A	N/A	N/A	$1,544,000[17]	$1,466,000
First Nations National Child Benefit Reinvestment[18]	600	600	42,580	54,025	N/A	N/A	$4,080,000[19]	$4,466,000[20]
Total expenditures							**$162,021,000**	**$161,192,000**

[5] Estimate. Actual figures are not collected.

[6] Some First Nations communities assumed control over their health services and no longer provide information on Brighter Futures. While the expenditure allocated to Brighter Futures appears to decrease, there is no funding loss to the community or program, it is simply presented differently.

[7] There are currently 168 funded First Nations Head Start projects, serving 306 communities.

[8] There are currently 168 funded First Nations Head Start projects, serving 306 communities.

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

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

[11] In 2000-2001, INAC's regional office in Ontario collected and reported data for this program by the number of programs offered within communities.

[12] In 2001-2002, INAC's regional office in Ontario began collecting and reporting data for this program by the number of First Nations offering child care programs. A single First Nations community can offer multiple child care programs.

[13] INAC's regional office in Ontario collected and reported on the number of day care spaces funded.

[14] INAC's regional office in Ontario collected and reported on the number of children to be served. This is a result of a change in the provincial reporting requirements for the Day Care program in Ontario.

[15] The expenditure represents a per capita expenditure (junior kindergarten and kindergarten are funded on a half-day basis).

[16] Called "Aboriginal Head Start – New Brunswick" in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*.

[17] This funding is calculated using the registered on-reserve population 0-6 years of age. Children requiring services are not excluded because they are not registered or if there is a need beyond the 6th birthday.

[18] Figure for number of children reached is the total number of children under 6 years of age living on-reserve. Due to the flexibility of the NCB, First Nations have the ability to choose the 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 young children resident on-reserve may not directly benefit from early childhood development program programming through the NCB.

[19] Includes NCB reinvestments made by First Nations in child/day-care ($617,000) and ECD programs ($3,463,000) in 2000-2001.

[20] Estimated projection of reinvestments by First Nations in child/day-care services and ECD programs, based on proportion of total reinvestment funds that were spent in those two areas in 2000-2001.

Dedicated Services for First Nations and Other Aboriginal Children and Families *Revised Indian and Northern Affairs Canada (INAC) Activities and Expenditures Table 1999-2000*			
	Who does the activity reach?		**What is the expenditure on children under 6?**
	Number of:		
	Activities/Sites	**Children under 6**	
Child/Day-care Program – Alberta	17	1,404	$2,665,000
Child/Day-care Program – Ontario	66	N/A	$12,176,000
Elementary Education (Junior Kindergarten and Kindergarten)	382 schools[21]	14,006 students	$33,292,000[22]
First Nation Child and Family Services Head Start – New Brunswick[23]	15	N/A	$1,515,000[24]
First Nations National Child Benefit Reinvestment	600	42,580[25]	$2,502,000[26]

[21] Includes 375 First Nations schools and 7 federal schools for a total of 382 schools.

[22] The expenditure represents a per capita expenditure (junior kindergarten and kindergarten are funded on a half-day basis).

[23] Called “Aboriginal Head Start – New Brunswick” in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*.

[24] This funding is calculated using the registered on-reserve population 0-6 years of age. Children requiring services are not excluded because they are not registered or if there is a need beyond the 6th birthday.

[25] Total number of children under 6 years of age living on-reserve. Due to the flexibility of the NCB, First Nations have the ability to choose the 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 young children resident on-reserve may not directly benefit from early childhood development program programming through the NCB.

[26] Includes National Child Benefit (NCB) reinvestments made by First Nations in child/day-care services ($584,000) and early childhood development programs ($1,918,000).

7. Research and Information

In the Early Childhood Development Agreement, governments have agreed to work together on research and knowledge related to early childhood development, share information on effective practices that improve child outcomes and work jointly to disseminate the results of research. The Government of Canada undertakes a number of important information, research and surveillance activities related to young children and their families. This contributes to the foundation of knowledge and understanding of healthy child development, and ultimately to sound public policy. Data obtained from many of the activities identified in this chapter form the foundation of the companion document to this report – *The Well-Being of Canada's Young Children: Government of Canada Report 2002* (as described in the Preface).

Activities at a Glance[1, 2]

Health Canada

Canadian Childhood Cancer Surveillance and Control Program

The Canadian Childhood Cancer Surveillance and Control Program describes the patterns of health care used by children with cancer, assesses their clinical outcomes and determines the risk factors for developing childhood cancer.

For more information: http://www.hc-sc.gc.ca/hpb/lcdc/bc/cccscp/index.html

Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP)*

A surveillance system that collects information on childhood injuries in 10 pediatric hospital emergency rooms in Canada and in five general hospital emergency rooms.

For more information: http://www.hc-sc.gc.ca/pphb-dgspsp/injury-bles/chirpp/

Canadian Incidence Study of Reported Child Abuse and Neglect

This is the first national study of the incidence of child abuse and neglect reported to, and investigated by, child welfare services in Canada.

For more information: http://www.hc-sc.gc.ca/pphb-dgspsp/cm-vee/cis_e.html

[1] Note: provides an overview of all research and information activities related to young children and their families by the Government of Canada. Detailed descriptions of the mandate, goals and objectives of most of these activities were provided in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*. The reader may want to refer to this report at www.socialunion.gc.ca/ecd/.

[2] The *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001* reported on Human Resources Development Canada's Inter-Country Adoption Services Unit. However, the mandate of the unit has changed, and therefore it will not be reported in this, or future reports. The unit no longer focuses on the management of individual cases of inter-country adoption – adoption falls within the jurisdiction of provincial and territorial governments, which are responsible for all decisions related to adoption matters and licensing of adoption agencies to facilitate adoptions. Inter-Country Adoption Services now focuses on facilitating information coordination among federal departments and provincial, territorial and foreign governments, but does not deal with specific adoption cases.

* This activity did not have any significant changes to report in 2001-2002. As a result, it is not discussed under the "What's New" section of this chapter. However, updated quantitative information for 2001-2002 is provided in the table at the end of the chapter.

Canadian Perinatal Surveillance System*

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.

For more information: http://www.hc-sc.gc.ca/pphb-dgspsp/rhs-ssg/about_e.html

Centres of Excellence for Children's Well-Being

The Centres of Excellence for Children's Well-Being are working to improve understanding of the physical and mental health needs of children, and the critical factors for healthy child development. Three of the five centres include research on issues affecting early childhood development – the Centre for Early Childhood Development, the Centre for Child Welfare, and the Centre for Children and Adolescents with Special Needs.

For more information: www.hc-sc.gc.ca/centres

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 13 federal government departments, agencies and Crown corporations led by Health Canada. Within the Initiative, Health Canada operates the National Clearinghouse on Family Violence.

For more information: www.hc-sc.gc.ca/hppb/familyviolence/index.html
or call 1 800 267-1291

Mother-Net Pilot Project*

In partnership with the Motherisk Clinic at The Hospital for Sick Children in Toronto, Health Canada is developing a system to collect and share information on the safety or risk of pharmaceuticals, non-pharmaceuticals and other exposures during pregnancy and lactation.

For more information: http://www.hc-sc.gc.ca/pphb-dgspsp/csc-ccs/mothernet_e.html

National Child Day (New)

In 1993, the Government of Canada enacted the *Child Day Act* to designate November 20 of each year as a national day of the child. The purpose of National Child Day is to promote awareness in Canada of the United Nations Convention on the Rights of the Child (UNCRC). Health Canada provides leadership for National Child Day through the development and dissemination of educational and promotional materials to encourage schools, community groups, families and others who work with children across the country to mark this day.

For more information: www.hc-sc.gc.ca/hppb/english/e_splash.html

National Study on Balancing Work, Family and Lifestyle (New)

This is a multi-year research project which examines critical issues associated with balancing work and family.

For more information: http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/work-travail/index.html

Population Health Fund

The Population Health Fund is a program designed to support time-limited projects, sponsored by Canadian voluntary not-for-profit organizations and educational institutions. Projects must apply a population health approach and address priorities identified by Health Canada for one or more of the three life stages: childhood and adolescence, early to mid-adulthood, and later life.

For more information: www.hc-sc.gc.ca/hppb/phdd/funding/index.html

Tobacco Control (New)

The Federal Tobacco Control Strategy (FTCS) is dedicated to reducing tobacco consumption in Canada. Health Canada conducts media awareness campaigns, provides information for professionals and the public and funds community-based projects focusing on harm reduction and cessation. These activities focus particularly on pregnant women and young children.

For more information: www.GoSmokeFree.ca

Human Resources Development Canada

National Longitudinal Survey of Children and Youth

The National Longitudinal Survey of Children and Youth (NLSCY) is a long-term study of Canadian children that tracks their development and well-being from birth to early adulthood. Nationally, it surveys more than 30,000 Canadian children every two years. The survey collects information about how a child's family, friends, schools and community influence his/her physical, behavioural and learning development.

For more information: www.hrdc-drhc.gc.ca/nlscy-elnej

Social Development Partnerships Program

The Social Development Partnerships Program (SDPP) is a national research and development program. It supports the social non-profit sector to identify, develop and promote nationally significant effective practices and models of service delivery. It also supports activities that build community capacity to meet the social development needs of key populations – including young children. SDPP has a special focus on early childhood learning and care.

For more information: e-mail: childrenspolicy-politiquesenfants@hrdc-drhc.gc.ca

Understanding the Early Years

Understanding the Early Years (UEY) is a national research initiative. It provides communities with information to enable them to make informed decisions about the best policies and most appropriate programs for families with young children. It seeks to provide information about the influence of community factors on children's early development and to improve the community's capacity to use these data in monitoring child development and creating effective community-based responses.

For more information: www.hrdc-drhc.gc.ca/sp-ps/arb-dgra/nlscy-elnej/uey-cpe/uey.shtml

Health Canada – What's New?

Canadian Childhood Cancer Surveillance and Control Program

Program Improvements

In 2001-2002, a Clinical Research Associates (CRA) Sub-Group of the program was formed. Along with Health Canada staff, the Sub-Group includes CRAs who have been involved with the Treatment and Outcome Study for several years. This group has met to evaluate potential areas of improvement, and has worked on a report on diagnosis and treatment information regarding Canadian children under 15 years of age. The program has developed new technology to enhance data entry and reporting.

Canadian Incidence Study of Reported Child Abuse and Neglect

New research

In 2000-2001, a research forum was held to highlight current research on the Canadian Incidence Study of Report Child Abuse and Neglect (CIS) and encourage other interested researchers to apply for and use the data. The forum also provided an opportunity for consultation with research professionals and stakeholders in guiding future iterations of the study. The Forum involved Canadian and American child maltreatment researchers with considerable experience with large and complex maltreatment data sets. Four papers examined the steps involved in analyzing such data sets, looking at:

- methodologies for large child maltreatment data sets;
- longitudinal child maltreatment studies;
- a comparison of the Canadian and American child maltreatment studies; and
- topics that could be answered by the CIS data set.

In Ontario, an Ontario Incidence Study has been undertaken – based on data from the CIS – releasing the second cycle in 2001-2002. In addition, several papers based on the CIS data are currently in process.

Centres of Excellence for Children's Well-Being

There are three Centres of Excellence for Children's Well-Being that include research on issues affecting early childhood development – a Centre dedicated to Early Childhood Development, a Centre on Child Welfare and a Centre working on specific issues associated with Children and Adolescents with Special Needs.

The Centre of Excellence for Early Childhood Development

Program Improvements
Having established a Canadian consortium of researchers, service providers and planners, the Centre of Excellence for Early Childhood Development (CEECD) worked through 2001-2002 with authoritative international experts to identify, analyze and comment on the latest studies on early childhood development. This work focused on specific themes related to the social and emotional development of children under age 6, focusing in 2001-2002 on the period ranging from pregnancy to 2 years of age. These themes include tobacco and pregnancy; parental leave and stress; low income and pregnancy; fetal alcohol syndrome; nutrition and pregnancy; breastfeeding; and aggression. Each of these themes is examined from three perspectives:

- the best recent research studies on each theme;
- what the research says about current practices and services that have been implemented in relation to the topic; and
- what the research says about Canadian and international policies that impact on early childhood development.

In 2001-2002, the CEECD:

- launched its quarterly newsletter;
- held the first Centres of Excellence national conference, "Linking Research to Policy and Practice – Working Together for Children and Youth," gathering representatives of the five Centres of Excellence for Children's Well-Being and more than 400 interested parties from across Canada. The conference provided the opportunity for the Centres to showcase their work and to network with stakeholders from various backgrounds;
- appointed an Advisory Committee to advise the Centre on effective strategies for the coordination and dissemination of research findings and liaison efforts with key Canadian research funding agencies; and
- created a Citizen's Forum to create an ongoing dialogue with target populations (including planners, service providers, families and children).

Evaluation
Evaluation is an important component of all the Centres' work. In 2001-2002, CEECD worked with the Program Secretariat and the other Centres to develop a results-based management and accountability framework (RMAF) to help assess its effectiveness relative to the program's goals and parameters. Data collection will begin in the fall of 2002.

"Human brains are like pension funds – you have to start investing at an early stage in their development. To invest intelligently, you need a good grasp of the factors that affect how that development will occur."

Richard E. Tremblay, Ph.D., FRSC
Canada Research Chair in Child Development
Director, Centre of Excellence for Early Childhood Development (CEECD)
University of Montréal

The Centre of Excellence for Child Welfare

Program Improvements
The Centre of Excellence for Child Welfare (CECW) operates under the administrative leadership of the Faculty of Social Work, University of Toronto, in partnership with the Child Welfare League of Canada, the Institut de recherche pour le développement social des jeunes in Montreal, and the First Nations Child and Family Caring Society of Canada in Winnipeg.

Focusing on services delivered through the child welfare system, the Centre encourages collaborative projects that integrate prevention and intervention in health, education, justice and recreation. The Centre has developed an inventory of Canadian child welfare research, which is accessible through its website. The Centre also carries out original research to build knowledge that informs child welfare policy and practice.

In 2001, CECW launched its First Nations Research Site at the Faculty of Social Work, University of Manitoba, in association with the First Nations Child and Family Caring Society of Canada. An initial analysis of available literature on First Nations child welfare research has been conducted and links have been created with First Nations communities.

The Centre of Excellence for Children and Adolescents with Special Needs.

Program Improvements
The Centre of Excellence for Children and Adolescents with Special Needs operates under the administrative leadership of Lakehead University, in partnership with the Government of Nunavut, the University of Northern British Columbia, Memorial University and Mount Saint Vincent University.

The Centre focuses on children and youth with special needs living in rural and remote communities, with an emphasis on Canada's North, investigating models for the prevention and early identification of children with special needs in rural and remote communities. It examines the most appropriate ways to diagnose and treat these children, given challenges such as professional availability and cost, geography and distance.

The Centre's objectives are to:
- ensure that knowledge about children and adolescents with special needs living in rural and remote locations is disseminated effectively to their target audiences, including parents, providers, community groups, researchers and governments;
- improve access to services; and
- augment community capacity to influence policy.

In order to work toward these objectives, the Centre created five subject-specific task forces based on areas of greatest need:
- special needs in nutrition;
- early intervention for special needs;
- special needs associated with substance abuse;
- special needs in learning and communication; and
- special needs in mental health.

Together, the task groups work to develop a range of products, including reports, databases, distance education models and service delivery pilot projects.

During 2001-2002, the Centre of Excellence for Children and Adolescents with Special Needs established three committees to support the Centre in achieving its goals:

- the National Advisory Board, to identify and facilitate strategic alliances; facilitate policy advice; and assist in communication strategies to disseminate the Centre's work;
- the Emerging Technology Consulting Group, to inform and update Centre participants about emerging technologies and their potential and limitations with respect to augmenting services for special needs professionals, children and families; and
- the International Experts Panel, to assess the internal and external validity of the Centre's deliverables, including research protocols, reports and other information disseminated by the Centre, link Centre initiatives with complementary initiatives worldwide and facilitate the establishment of an international policy community in special needs.

The Centre's network has increased significantly since 2000-2001. Many participants are actively engaged in focused research projects while others are involved in the Centre's efforts to build a "policy community" around special needs.

Family Violence Initiative and National Clearinghouse on Family Violence

Program Improvements

The Family Violence Initiative (FVI) continues to involve 13 departments, agencies and Crown corporations led by Health Canada. Seven of those departments share a yearly allocation of $7 million to address gaps in knowledge and to develop and disseminate information on the issue of family violence prevention. They and the other six partners also use departmental funds to carry out other work related to family violence, including child abuse.

For example, in 2001-2002 RCMP Headquarters used some of its share of the FVI funds to coordinate and facilitate the delivery of Sexual Assault Investigators (SAI) Courses to 90 police officers and social workers. The courses included a range of topics, including team interviews, theory of child development, indicators of child abuse specific to preschoolers, multi-agency response, shaken baby syndrome, family services acts, Crown presentations, investigative techniques, interviewing and interrogation techniques (including interviewing techniques for use with young children), dealing with victims, and pedophiles. The courses were held in Prince Edward Island, Nova Scotia, British Columbia and Nunavut and were tailored to meet the specific training needs of the respective RCMP Divisions.

In addition, in June 2001, a one-day multi-disciplinary workshop on shaken baby syndrome was given in Charlottetown, Prince Edward Island with the financial support of RCMP Headquarters. The workshop was organized to expand training on the topic to include a broader audience consisting of social workers, early childhood educators, police, Crown prosecutors, nurses, physicians, probation and parole officers, educators,

and other related professionals and community organizations. The goal of the workshop was to provide participants with an understanding of how to effectively conduct a child abuse investigation involving shaken baby syndrome, including discussions on the roles and responsibilities of the professionals involved in the investigation. The workshop provided an excellent opportunity for various service providers to work together to increase awareness of risks to children and trained the audience on how best to intervene in cases of shaken baby syndrome. Partners involved in facilitation of the workshop included members of the RCMP in Prince Edward Island, the Child Sexual Abuse Interagency Committee and the Government of Prince Edward Island.

Health Canada continues to operate the National Clearinghouse on Family Violence (including an electronic database and 1 800 telephone line) under the Family Violence Initiative on behalf of participating federal departments, agencies and Crown corporations. Currently, the FVI is undergoing a five-year reporting exercise of all the activities conducted under the Initiative.

Health Transition Fund

Program Changes

The Health Transition Fund was a time-limited funding program established in 1997 with a mandate to support pilot and evaluation projects to generate evidence for health care policy and program decision making. The program ended on March 31, 2002, after having supported over 140 projects in the areas of home care, pharmaceutical issues, primary health care and integrated service delivery. Children's health was a key theme of the Fund and a number of projects were funded related to early childhood development.

National Child Day **(New)**

On November 20, 1989, the United Nations adopted the Convention on the Rights of the Child. The Convention spells out the basic human rights to which children everywhere are entitled. It protects these rights by setting minimumstandards for the survival, growth and protection of children. Canada ratified the Convention on December 13, 1991.

In 1993, the Government of Canada enacted Bill C 371, otherwise known as the *Child Day Act.* The purpose of this legislation was to designate November 20 of each year as a national day of the child in order to promote awareness in Canada of the United Nations Convention on the Rights of the Child. The date was specifically chosen to commemorate two historic events: the adoption of the Declaration on the Rights of the Child on November 20, 1959 and the adoption of the Convention on the Rights of the Child on November 20, 1989.

Since 1994, Health Canada has provided leadership for National Child Day through the development and dissemination of educational and promotional materials encouraging schools, child care centres, community groups, families and others who work with children across the country to mark this day.

Your Voice Matters

Here are some rights that children have

- **Participation:** All children have a right to think, feel, do, and say things. Children have a right to give their ideas on things that are important to them. Children need to have others listen to their ideas.
- **Fair Treatment:** All children have a right to be respected and treated fairly. Everyone is special in their own way. Let's be fair to everyone and treat them like we want to be treated!
- **Food, Clothing and Housing:** All children have the right to have enough food to eat, clean water to drink, as well as rest and physical activity to grow. Children also have a right to have clothes to wear and a safe place to live.
- **Peace and Safety:** All children have a right to live in a peaceful and safe world. Children also have the right to be protected and cared for.
- **Environment:** All children have a right to learn about the environment. This includes what's in nature, like water, air, plants, and animals. Everyone can learn how to respect the environment by helping to keep it clean and safe.

Source: *National Child Day website:*
www.hc-sc.gc.ca/hppb/english/e_child_important_things.html

For National Child Day 2000, Health Canada developed an interactive website to provide children and adolescents with an opportunity to express their views about their priorities and thoughts on issues related to the United Nations Special Session on Children. This online consultation initiative was carried out from November 20, 2000 to May 1, 2001. The results of the Health Canada National Child Day initiative are presented in a report called *Your Voice Matters* found at www.hc-sc.gc.ca/hppb/english/e_splash.html.

National Study on Balancing Work, Family and Lifestyle (New)

New Research
The majority of Canadian parents with young children are in the workforce. Balancing responsibilities between work and family is an important part of parents' providing a healthy family life in which to nurture their children under age 6. Health Canada has contracted researchers to conduct a national study on work-life balance. The study builds upon a previous national study conducted by the researchers from 1990-1992 and is being conducted over multiple fiscal years, beginning in 1999-2000.

As a result of this study, a series of reports is being produced based on data collected from 31,000 Canadians employed in medium- and large-sized organizations in the public, private and not-for-profit sectors. They examine critical issues associated with balancing work and family, identify health impacts and costs, and recommend best practices to be adopted by employees, families and organizations.

Selected Findings from *The 2001 National Work-Life Conflict Study: Report One*

Professional women delay having children and have fewer children because of work demands:

"One of the most interesting findings is that female respondents in managerial and professional (62%) and technical (61%) positions were less likely to have children than their counterparts in non-professional positions (67%). Men in managerial and professional (79%) and technical (77%) positions, on the other hand, were more likely to have children than their non-professional counterparts (70%). These data are consistent with other data collected in this study. For example, 40% of the women in managerial and professional positions in this sample agreed that they had not yet started a family because of their career (versus 20% of those in the total sample) and that they have had fewer children because of the demands of their work (versus 22% of the rest of the sample). It would appear from these data that many women managers and professionals working for larger Canadian organizations find that motherhood and career advancement are not compatible goals." (p. 29)

Employees with dependent care responsibilities have more demands on their time than those without:

"The data are unequivocal – employees with dependent care responsibilities have more demands on their time than their counterparts without child care or elder care. They spent more than twice as much time in non-work activities as those without dependent care responsibilities (23 hours versus 10 hours) and approximately 3 hours less per week in leisure. Families with dependent care responsibilities devoted approximately 110 hours per week to work and non-work activities – a substantially greater time commitment than observed in families without dependent care responsibilities (90 hours per week). In this sample, child care could be seen to generate heavier time demands than elder care. Respondents with elder care responsibilities spent approximately 5.3 hours helping their elderly relatives; parents spent approximately 10.8 hours per week in child care." (p. 66)

The 2001 National Work-Life Conflict Study: Report One was the first in the series, released in 2001-2002. It examines how key work-life factors such as time in work, time in home chores and responsibility for child/eldercare have changed over time. The full report is available online at: www.hc-sc.gc.ca/pphb-dgspsp/publicat/work-travail/index.html.

Population Health Fund

Newly Funded Projects

The Population Health Fund continues to support projects that increase community capacity for action relating to the determinants of health. The priorities relating to children and adolescents have not changed – 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. A revised *Population Health Fund Guide for Applicants* and a *Request for National Proposals* were published and distributed in 2001-2002. Twenty new projects relating to the identified priorities were funded in 2001-2002. Seven projects funded in a previous year were ongoing in 2001-2002.

Project Title: The Implementation and Evaluation of the Baby Friendly Initiative in Canada: 1999-2002

Project Sponsor: Breastfeeding Committee for Canada, care of the University of British Columbia

Contribution amount: $266,380 **Duration:** 38 months

Project Description: The purpose of this project is to facilitate the implementation and evaluation of the Baby Friendly Initiative (BFI) in Canada, a program designed to protect, promote and support breastfeeding. The goals include enhancing coordination at a national level, with strong partnerships with provincial/territorial committees; development of a national program for BFI accreditation; ensuring that material and guidelines supporting BFI accreditation are readily available to agencies and organizations, with continued partnership with Canada Prenatal Nutrition Program projects; and development of mechanisms for tracking, monitoring and evaluating the implementation of the BFI in Canada.

Project funded by the Population Health Fund

Tobacco Control[3] (New)

Program Improvements

Smoking during pregnancy is associated with known health risks – both to the baby and the mother. Health Canada continues to be involved in a number of activities – new and continuing – to address this critical health issue.

In 2001, the Government of Canada launched the Federal Tobacco Control Strategy (FTCS) – dedicated to reducing tobacco consumption in Canada. This is a major investment of over $560 million (including $58 million in existing funding) over the first five years of the Strategy.[4]

A new website, www.GoSmokeFree.ca, which was launched in January 2002 provides one-stop shopping for information, resources and activities relating to tobacco control. The website contains information on the Federal Tobacco Control Strategy, research and statistics from the Canadian Tobacco Use Monitoring Survey, the latest tobacco news and trends, as well as important resources to help Canadians quit smoking or to help them achieve smoke-free environments.

Canada's Tobacco Control Strategy Media Campaign – Children and Second Hand Smoke

THE MORE YOU KNOW ABOUT 2ND HAND SMOKE... THE LESS CHANCE THEY HAVE OF BECOMING A TARGET.

- Second hand smoke is the smoke exhaled by a smoker or released from the end of a burning cigarette, pipe or cigar.
- It is filled with more than 4,000 chemicals, including carbon monoxide, formaldehyde, benzene, chromium, nickel, vinyl chloride and arsenic.
- Children who are exposed to it are more likely to develop ear infections and chronic respiratory illnesses.
- It has been linked to sore throats, croup, asthma, bronchitis, middle ear infections, reduced lung function, pneumonia, leukemia and other cancers in children.

Source: *Canada's Tobacco Control Strategy – Children and Second Hand Smoke: Brochure.* (Health Canada)

[3] The Health Warning Label Initiative, described in the *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*, is currently in the implementation stage – therefore, last year's expenditures are not ongoing. The Infotobacco.com website previously reported has been integrated with the overall Tobacco Control Program website, incurring no cost.

[4] Of this amount, Health Canada receives a total of approximately $480 million.

Newly Funded Projects
In 2001-2002, the Tobacco Control Programme funded some projects which were related to pregnant women, and women with babies and young children. For example:

- *Harm Reduction Strategies for Low Income Single Mothers who Smoke* is investigating ways in which low-income single women can protect their children from the harmful effects of environmental tobacco smoke. This project was undertaken with the understanding that these young women are not in the "action stage" of quitting smoking; most are thinking about it but have great difficulty quitting. The focus is therefore on reducing harm.
- *Pregnets* (Network for the Prevention of Gestational and Neonatal Exposure to Tobacco Smoke: A Community Action Plan) is creating an Ontario network of community practitioners who will collect and share information about the range of treatment options for pregnant women who smoke and their families. There will be educational programs for those involved in the care of pregnant women and children; a website for care providers and consumers; a conference to develop consensus on best practices; and a tool kit for health care providers.

Human Resources Development Canada – What's New?

National Longitudinal Survey of Children and Youth

New Research
The National Longitudinal Survey of Children and Youth (NLSCY) continues to gather data on Canadian children. Four cycles of data have been collected in the NLSCY, and research based on the first three cycles has been published and disseminated through various means, such as working papers and conferences. In 2001-2002, data collection for the fourth cycle of the survey was completed, and data processing began.

The Applied Research Branch of Human Resources Development Canada (HRDC), in partnership with Statistics Canada, is responsible for the NLSCY. They are active in conducting research using data from the survey. In January 2002, a national dialogue conference was held – "Ready, Set, Go! Improving the Odds through Integrated Research Policy and Practice" – where research findings from the NLSCY were presented and discussed. Several research papers based on Cycle 2 data from the NLSCY were published by the Applied Research Branch of HRDC in 2001-2002. The topics include:

- poverty and immigrant children;
- child hunger;
- children's adjustment to marital changes;
- economic resources and children's health and success at school;

- effects of neighbourhood, family and child behaviour on injury;
- the risk and protective factors for delinquency; and
- the effect of income on child development.

A full list of the papers and copies are available for download at the Applied Research Branch website www.hrdc-drhc.gc.ca/sp-ps/arb-dgra/publications/research/investing.shtml.

Social Development Partnerships Program

Newly Funded Projects
A special request for proposals (RFP) was issued in 2001 by the Social Development Partnerships Program (SDPP), related to early childhood learning and care. The RFP sought proposals for projects, up to two years in duration, which would provide governments, communities and organizations involved in early childhood learning and care services with knowledge of effective practices. These proposals were received and adjudicated in 2001-2002, and as a response to this RFP, the SDPP funded 37 projects related to early childhood learning and care. The activities funded include research, development of effective practices, community-based approaches, training approaches and capacity building.

Evaluation
An evaluation of the former Child Care Visions Program was also launched in 2001-2002. The purpose of the evaluation was to:
- determine the extent to which the Program achieved its objectives and intended effects; and
- determine the perceived cost-

Examples of Some Early Childhood Learning and Care Projects: Social Development Partnerships Program

- *Improving Parenting and Family Supports for New Canadians with Young Children* investigates the challenges facing newcomer parents raising young children, their coping strategies, and experiences.
- The Mosaic Centre for the Calgary Immigrant Aid Society is enhancing and expanding its manual *A Handbook for Developing a Resource Centre for Immigrant and Refugee Families with Children 0 to 6.*
- Child Care Connections Nova Scotia is producing a *Best Practices Framework for Licensing Child Care Facilities in Canada* which will include training modules and classification rating(s) for licensers.
- The Childcare Resource and Research Unit collects, analyses and disseminates information on *Child Care and Early Childhood Education in Canada: Provinces and Territories*, bringing together information about the range of early learning and care services across the country.
- The Canadian National Institute for the Blind will create an early intervention training program to be used by parents and professionals working in early intervention for children who are blind or visually impaired.

effectiveness of this approach to the federal government's involvement in research and development activities which support and enhance child care policies and practices in Canada.

A Gaps Analysis Study is being carried out in conjunction with the evaluation to pinpoint gaps in existing knowledge about, and emerging issues in, early childhood learning and care. This will help identify priority issues to be addressed through future program funding.

Understanding the Early Years

New Research
Understanding the Early Years (UEY) projects continue to exist in 13 sites across Canada. The January 2002, conference hosted by HRDC – "Ready, Set, Go! Improving the Odds through Integrated Research Policy and Practice" – included presentations and discussions on research findings from UEY. In addition, a number of papers and reports were published in 2001-2002 – they can be found at www.hrdc-drhc.gc.ca/sp-ps/arb-dgra/nlscy-elnej/uey-cpe/pub_e.shtml. The papers include the results of the Community Mapping Studies in North York, Ontario; Prince Edward Island; and Winnipeg, Manitoba.

Understanding the Early Years: How Are Children in PEI Developing?

- Children in Prince Edward Island scored above the national averages on direct assessments of their vocabulary and cognitive development.
- Children in PEI exceeded the national average on each of the five domains of school readiness – physical health and well-being; social competence; emotional maturity; language and cognitive development; and communication skills and general knowledge.
- Parents in PEI had relatively strong parenting skills, and were members of safe, high quality neighbourhoods. The result of positive parenting was by far the highest in the study.
- Despite relatively low levels of socio economic status, PEI had high levels of social support and social capital, along with low levels of transience and stable neighbourhoods.
- Despite good overall development in PEI, cognitive development and positive behaviour could be improved by parents becoming more engaged in their children's learning – which was the province's weakest area.

Source: KSI Research International Inc. *Understanding the Early Years: Early Childhood Development in Prince Edward Island.* (Applied Research Branch, Human Resources Development Canada, November 2001)

Research and Information Activities and Expenditures Table[5]

	What is the expenditure on children under 6?	
	2000-2001	2001-2002
Health Canada		
Canadian Childhood Cancer Surveillance and Control Program	$263,000[6]	$223,000[7]
Canadian Perinatal Surveillance System (including Canadian Congenital Anomalies Surveillance System)	$2,600,000[8]	$3,000,000
Centres of Excellence for Children's Well-Being	$525,000[9]	
Centre of Excellence for Early Childhood Development		$650,000
Centre of Excellence for Child Welfare		$260,000[10]
Centre of Excellence for Children and Adolescents with Special Needs		$650,000[11]
Child Maltreatment Surveillance Activity (including Canadian Incidence Study of Reported Child Abuse and Neglect)	$314,000[12]	$268,000[13]
Family Violence Initiative and National Clearinghouse on Family Violence	$886,000[14]	$886,000[15]
Health Transition Fund	$3,774,000[16]	—
Monitoring of Child Injury (including Canadian Hospitals Injury Reporting and Prevention Program)	$400,000[17]	$480,000[18]
Mother-Net Pilot Project	$259,000	$131,000[19]
National Child Day	N/A[20]	N/A[21]
National Study on Balancing Work, Family and Lifestyle	—	$77,000[22]
Population Health Fund	$257,070[23]	$59,000[24]
Tobacco Control (projects related to pregnant women and women with babies and young children)	—	$93,000[25]
Human Resources Development Canada		
National Longitudinal Survey of Children and Youth Understanding the Early Years	$7,742,000[26]	$7,818,000[27]
Social Development Partnerships Program	$5,224,000[28]	$5,224,000[29]
Total expenditures	**$22,244,070**	**$19,819,000**

[5] Because 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 13 communities in each of the two years.

[6] The proportion of new cases of childhood cancer in children under age 6 from among total cases in children aged 0 to 19 (0.35) was used to determine the expenditure for children under age 6. Includes both salary and operating costs.

[7] The proportion of new cases of childhood cancer in children under age 6 from among total cases in children aged 0 to 19 (0.35) was used to estimate expenditures for children under age 6. Includes both salary and operating costs. Funding for the Canadian Childhood Cancer Surveillance and Control Program has been in decline since 1997.

[8] This figure has been revised from the estimate provided in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*.

[9] Includes 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.

[10] The Centre's activities are not organized according to age groups. Consequently, the rationale is based on the fact that 40% of reported cases of maltreatment are for children under 6 years of age.

[11] The Centre's activities are not organized according to age groups. Consequently, the rationale is based on the Centre's time devoted to projects pertaining to issues linked to children under 6 years of age.

[12] This figure has been revised from the estimate provided in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*. Expenditures on child maltreatment surveillance activities for 2000-2001 were approximately $785,000, roughly 40% of which ($314,000) was directed to children 0 to 6 years of age.

[13] Expenditures on child maltreatment surveillance activities for 2001-2002 were approximately $670,000, roughly 40% of which ($268,000) was directed to children 0 to 6 years of age.

[14] Expenditures are for children aged 0 to 18.

[15] Expenditures are for children aged 0 to 18.

[16] Health Transition Fund expenditures are for children aged 0 to 18, therefore this figure is an estimate. Gross numbers from the period 1999 to 2001 have been divided equally across each fiscal year.

[17] This figure has been revised from the estimate provided in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*. Expenditures on overall monitoring of child injury was approximately $1,000,000 for 2000-2001, roughly 40% ($400,000) was directed to children 0 to 6 years of age.

[18] Expenditures on overall monitoring of child injury was approximately $1,200,000 for 2001-2002, roughly 40% of which ($480,000) was directed to children 0 to 6 years of age.

[19] Decrease from 2000-2001, but does not include salaries, which were included in the 2000-2001 expenditure figure.

[20] This activity is targeted at 5- to 18-year-olds. The expenditure cannot be broken down based on the early childhood component.

[21] This activity is targeted at 5- to 18-year-olds. The expenditure cannot be broken down based on the early childhood component.

[22] Includes operating and salary costs.

[23] 11% of total value, $2,337,000, reflects expenditures for ages 0 to 6. In *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001* the total figure was reported.

[24] 6% of total value, $978,766, reflects expenditures for ages 0 to 6 for multi-year projects that began in 1999-2000. In 2001-2002 Health Canada solicited new proposals focused on children and youth under the Population Health Fund, however, funding for those proposals will begin to flow in 2002-2003. They are therefore not captured in the expenditure figure for 2001-2002.

[25] Includes funding for the Harm Reduction Strategy for low-income single mothers who smoke ($15,975) and Pregnets ($77,083).

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

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

[28] Funding 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.

[29] Funding 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.

8. Summary of Activities and Expenditures, by Federal Department

Canada Customs and Revenue Agency
Activities and Expenditures Table

	Who does the activity reach? Number of:						What is the expenditure on children under 6?	
	Activities/Sites		Children under 6		Families			
	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002
Canada Child Tax Benefit Program – Supplement[1]	—	—	1,600,000	1,600,000	1,200,000	1,200,000	$284,200,000	$297,500,000
Child Care Expense Deduction[2]	—	—	N/A	N/A	1,200,000	1,200,000	$424,000,000	$401,000,000
Total expenditures							**$708,200,000**	**$698,500,000**

[1] All 2000-2001 figures are actuals and 2001-2002 figures are estimates. Figures include all children under age 6.

[2] Both Child Care Expense Deduction Expenditure Figures are projections (2000-2001 and 2001-2002) and include deductions that were made for all ages of children. It is not possible to isolate the expenditure for children under 6 years of age from the total. Figures do not include CCRA operating expenditures to administer the Deduction.

Health Canada
Activities and Expenditures Table

	Who does the activity reach? Number of:						What is the expenditure on children under 6?	
	Activities/Sites		Children under 6		Families			
	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002
Aboriginal Head Start in Urban and Northern Communities	114	114	3,200	3,500	N/A	N/A	$22,500,000	$22,500,000
Brighter Futures	All First Nations and Inuit Communities in Canada		45,000[3]	N/A	N/A	N/A	$20,000,000	$18,300,000[4]
Canada Prenatal Nutrition Program (CPNP)	301 projects	350 projects over 2,000 communities	N/A	N/A	34,000 women	45,600 women	$27,366,000[5]	$31,052,000[6]
CPNP First Nations and Inuit Component	>550 projects[7]	>550 projects[8]	7,500	N/A[9]	>6,000 women	>6,000 women	$14,200,000[10]	$14,200,000[11]

[3] Estimate. Actual figures are not collected.

[4] Some First Nations communities assumed control over their health services and no longer provide information on Brighter Futures. While the expenditure allocated to Brighter Futures appears to decrease, there is no funding loss to the community or program, it is simply presented differently.

[5] $23,762,000 went directly to communities in the form of grants and contributions.

[6] $27,189,000 went directly to communities in the form of grants and contributions.

[7] More than 550 projects serve most of the eligible First Nations and Inuit communities.

[8] Estimate based on 2000-2001. Data not yet analyzed for 2001-2002.

[9] Figures for 2001-2002 were not available at the time of print.

[10] $10,300,000 of the $14,200,000 budget is directed to First Nations and Inuit communities. The remaining funds are held at the national and regional offices. This explains the difference in this figure and the figure reported in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*.

[11] $10,300,000 of the $14,200,000 budget is directed to First Nations and Inuit communities. The remaining funds are held at the national and regional offices.

Health Canada Activities and Expenditures Table

	Who does the activity reach? Number of:						What is the expenditure on children under 6?	
	Activities/Sites		Children under 6		Families			
	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002
Canadian Childhood Cancer Surveillance and Control Program	N/A	N/A	N/A	N/A	N/A	N/A	$263,000[12]	$223,000[13]
Canadian Perinatal Surveillance System (including Canadian Congenital Anomalies Surveillance System)	N/A	N/A	N/A	N/A	N/A	N/A	$2,600,000[14]	$3,000,000
Centres of Excellence for Children's Well-Being								
Centre of Excellence for Early Childhood Development	N/A	N/A	N/A	N/A	N/A	N/A		$650,000
Centre of Excellence for Child Welfare	N/A	N/A	N/A	N/A	N/A	N/A	$525,000[15]	$260,000[16]
Centre of Excellence for Children and Adolescents with Special Needs	N/A	N/A	N/A	N/A	N/A	N/A		$650,000[17]
Child Health Record	—	—	400,000	400,000	400,000	400,000	$105,000[18]	$85,000
Child Maltreatment Surveillance Activity (including Canadian Incidence Study of Reported Child Abuse and Neglect)	N/A	N/A	N/A	N/A	N/A	N/A	$314,000[19]	$268,000[20]

[12] The proportion of new cases of childhood cancer in children under age 6 from among total cases in children aged 0 to 19 (0.35) was used to determine the expenditure for children under age 6. Includes both salary and operating costs.

[13] The proportion of new cases of childhood cancer in children under age 6 from among total cases in children aged 0 to 19 (0.35) was used to estimate expenditures for children under age 6. Includes both salary and operating costs. Funding for the Canadian Childhood Cancer Surveillance and Control Program has been in decline since 1997.

[14] This figure has been revised from the estimate provided in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*.

[15] Includes 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.

[16] The Centre's activities are not organized according to age groups. Consequently, the rationale is based on the fact that 40% of reported cases of maltreatment are for children under 6 years of age.

[17] The Centre's activities are not organized according to age groups. Consequently, the rationale is based on the Centre's time devoted to projects pertaining to issues linked to children under 6 years of age.

[18] For printing and dissemination of the record.

[19] This figure has been revised from the estimate provided in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*. Expenditures on child maltreatment surveillance activities for 2000-2001 were approximately $785,000, roughly 40% of which ($314,000) was directed to children 0 to 6 years of age.

[20] Expenditures on child maltreatment surveillance activities for 2001-2002 were approximately $670,000, roughly 40% of which ($268,000) was directed to children 0 to 6 years of age.

Health Canada Activities and Expenditures Table

	Who does the activity reach? Number of:						What is the expenditure on children under 6?	
	Activities/Sites		Children under 6		Families			
	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002
Community Action Program for Children	464[21]	464	57,038[22]	60,729[23]	47,234[24]	50,435[25]	$59,500,000[26]	$59,500,000[27]
Family-Centred Maternity and Newborn Care: National Guidelines	—	—	—	—	—	—	$15,000	$0[28]
Family Violence Initiative and National Clearinghouse on Family Violence	N/A	N/A	N/A	N/A	N/A	N/A	$886,000[29]	$886,000[30]
Fetal Alcohol Syndrome/ Fetal Alcohol Effects (FAS/FAE)	N/A	N/A	N/A	N/A	N/A	N/A	$2,650,000	$3,300,000[31]
FAS/FAE First Nations and Inuit Component[32]	26	26	N/A	N/A	N/A	N/A	$1,350,000	$1,700,000

[21] Data are from the National Program Profile (NPP) Cycle 2 (September 1, 2000 to March 31, 2001). The number excludes the 55 Aboriginal CAPC projects in Ontario which are conducting an evaluation separate from the national evaluation.

[22] Data are from National Program Profile (NPP) Cycle 2 (September 1, 2000 to March 31, 2001), estimated on a monthly basis. The number excludes the 55 Aboriginal CAPC projects in Ontario which are conducting an evaluation separate from the national evaluation.

[23] Data are from the National Program Profile (NPP) Cycle 3 (April 1, 2001 to March 31, 2002), estimated on a monthly basis. The number excludes the 55 Aboriginal CAPC projects in Ontario which are conducting an evaluation separate from the national evaluation.

[24] Refers to number of parents/caregivers. Data are from National Program Profile (NPP) Cycle 2 (September 1, 2000 to March 31, 2001), estimated on a monthly basis. The number excludes the 55 Aboriginal CAPC projects in Ontario which are conducting an evaluation separate from the national evaluation.

[25] Data are from the National Program Profile (NPP) Cycle 3 (April 1, 2001 to March 31, 2002), estimated on a monthly basis. The number excludes the 55 Aboriginal CAPC projects in Ontario which are conducting an evaluation separate from the national evaluation.

[26] $52,900,000 goes directly to communities in the form of grants and contributions.

[27] $52,900,000 goes directly to communities in the form of grants and contributions.

[28] Copies of the *Family-Centred Maternity and Newborn Care: National Guidelines* continued to be distributed to health care professionals and health care institutions and agencies in 2001-2002. While no new funds were committed to the Guidelines in 2001-2002, distribution costs were absorbed by Health Canada. The Guidelines continue to be available on the Health Canada website – http://www.hc-sc.gc.ca/hppb/childhood-youth/cyfh/child_and_youth/physical_health/maternity.html.

[29] Expenditures are for children aged 0 to 18.

[30] Expenditures are for children aged 0 to 18.

[31] The total FAS/FAE funding for both the off-reserve and First Nations components was $11 million over 3 years, with ongoing funding of $5 million per year. In 1999/2000 the FAS/FAE Initiative received a total of $2.0 million ($1,250,000 off-reserve and $750,000 for First Nations). In 2000-2001 the total allocation was $4 million ($2,650,000 off-reserve and $1,350,000 for First Nations). In 2001-2002 the total allocation was $5 million ($3,300,000 off-reserve and $1,700,000 for First Nations). The National Strategic Project Fund was funded out of these allocations.

[32] Expenditure figures include an average of 3 projects per Health Canada region and Health Canada headquarters activities, including an awareness campaign, evaluation and the National Advisory Committee.

Health Canada Activities and Expenditures Table

	Who does the activity reach? Number of:						What is the expenditure on children under 6?	
	Activities/Sites		Children under 6		Families			
	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002
First Nations Head Start	306[33]	306[34]	7,700	7,700	N/A	N/A	$25,000,000	$25,000,000
Folic Acid Awareness Campaign	—	—	N/A	N/A	N/A	N/A	—	$600,000
Get Set for Life	—	—	N/A	N/A	N/A	N/A	$100,000	$50,000
Healthy Pregnancy Marketing Strategy	—	—	—	—	—	—	—	$12,000
Health Transition Fund	N/A	N/A	N/A	N/A	N/A	N/A	$3,774,000[35]	—
Monitoring of Child Injury (including Canadian Hospitals Injury Reporting and Prevention Program)							$400,000[36]	$480,000[37]
Mother-Net Pilot Project							$259,000	$131,000[38]
National Child Day							N/A[39]	N/A[40]
National Study on Balancing Work, Family and Lifestyle					—	$77,000[41]		
Nobody's Perfect	1,000+	1,000+	N/A	N/A	12,000[42]	12,000[43]	$140,000	$70,000[44]
Parents d'aujourd'hui	—	—	N/A	N/A	1,200,000 per week in Quebec	1,200,000 per week in Quebec	$25,000	$25,000

[33] There are currently 168 funded First Nations Head Start projects, serving 306 communities.

[34] There are currently 168 funded First Nations Head Start projects, serving 306 communities.

[35] Health Transition Fund expenditures are for children aged 0 to 18, therefore this figure is an estimate. Gross numbers from the period 1999 to 2001 have been divided equally across each fiscal year.

[36] This figure has been revised from the estimate provided in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*. Expenditures on overall monitoring of child injury was approximately $1,000,000 for 2000-2001, roughly 40% ($400,000) was directed to children 0 to 6 years of age.

[37] Expenditures on overall monitoring of child injury was approximately $1,200,000 for 2001-2002, roughly 40% of which ($480,000) was directed to children 0 to 6 years of age.

[38] Decrease from 2000-2001, but does not include salaries, which were included in the 2000-2001 expenditure figure.

[39] This activity is targeted at 5- to 18-year-olds. The expenditure cannot be broken down based on the early childhood component.

[40] This activity is targeted at 5- to 18-year-olds. The expenditure cannot be broken down based on the early childhood component.

[41] Includes operating and salary costs.

[42] Refers to parents.

[43] Refers to parents.

[44] Includes national and administrative tasks and facilitating national networking to support initiatives. Last year, in addition to these activities, Health Canada also funded a status report on Nobody's Perfect (at a cost of $40,000), and revised a training manual and a facilitator's manual (at a cost of $30,000).

Health Canada
Activities and Expenditures Table

	Who does the activity reach? Number of:						What is the expenditure on children under 6?	
	Activities/Sites		Children under 6		Families			
	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002
Population Health Fund							$257,070[45]	$59,000[46]
Postpartum Parent Support Program	600	600	N/A	N/A	N/A	N/A	$100,000	$35,000[47]
Reducing the Risk of Sudden Infant Death Syndrome[48]	—	—	350,000	300,000	350,000	300,000	$40,000	$50,000[49]
Safe Seasons Calendar	—	—	N/A	N/A	N/A	200,000[50]	—	$135,000
Social Marketing Campaign on Children's Health	—	—	—	—	—	—	—	$25,000
Tobacco Control (projects related to pregnant women and women with babies and young children)							—	$93,000[51]
Total expenditures							**$182,369,070**	**$183,416,000**

[45] 11% of total value, $2,337,000, reflects expenditures for ages 0 to 6. In *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001* the total figure was reported.

[46] 6% of total value, $978,766, reflects expenditures for ages 0 to 6 for multi-year projects that began in 1999-2000. In 2001-2002 Health Canada solicited new proposals focused on children and youth under the Population Health Fund, however, funding for those proposals will begin to flow in 2002-2003. They are therefore not captured in the expenditure figure for 2001-2002.

[47] While financial support for national-level activities (e.g. program maintenance) has declined, a study of hospital and community health sites has been conducted to assess the status of the program in these implementing sites and to gain information that would help in setting future directions for the program.

[48] Figures based on the quantities of resources disseminated. Potentially, parents of all newborn infants are receiving this information.

[49] $10,000 for resource dissemination and $40,000 for tracking survey.

[50] Numbers of calendars distributed to parents and caregivers of children under 9 years of age.

[51] Includes funding for the Harm Reduction Strategy for low-income single mothers who smoke ($15,975) and Pregnets ($77,083).

Human Resources Development Canada Activities and Expenditures Table

	Who does the activity reach? Number of:						What is the expenditure on children under 6?	
	Activities/Sites		Children under 6		Families			
	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002
Employment Insurance: Maternity Benefits	—	—	N/A	N/A	176,000[52]	193,000[53]	$752,000,000[54]	$848,000,000
Employment Insurance: Parental Benefits	—	—	N/A	N/A	178,000[55]	196,000[56]	$502,000,000[57]	$1,311,000,000
First Nations and Inuit Child Care Initiative	389	389	>7,000	>7,000	N/A	N/A	$41,000,000[58]	$41,000,000[59]
National Literacy Secretariat – Family Literacy Projects	83 projects	78 projects	N/A	N/A	N/A	N/A	$3,507,000[60]	$2,918,000[61]
National Longitudinal Survey of Children and Youth	N/A	N/A	N/A	N/A	N/A	N/A	$7,742,000[62]	$7,818,000[63]
Understanding the Early Years	N/A	N/A	N/A	N/A	N/A	N/A		
Social Development Partnerships Program	N/A	N/A	N/A	N/A	N/A	N/A	$5,224,000[64]	$5,224,000[65]
Total expenditures							**$1,311,473,000**	**$2,215,960,000**

[52] Actual. Based on number of new claims filed in 2000-2001 for which maternity benefits were paid.

[53] Estimate. Based on number of new maternity claims filed in 2000-2001, inflated by 10 percent to reflect the change in maternity benefit payments (+13%) minus the increase in average benefit rates (+3%).

[54] Actual. Based on departmental financial reports, therefore higher than originally reported in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*.

[55] Actual. Based on number of new claims filed for maternity and adoption benefits in 2000-2001. The exact number of families that received these benefits is not known because sharing of parental benefits between parents can result in two claims per family instead of one. Also, some 10,000 maternity beneficiaries do not claim parental benefits each year, while a growing number of men are claiming parental benefits.

[56] Estimate. Based on number of new maternity and adoption claims filed in 2000-2001, inflated by 10 percent to reflect the change in maternity benefit payments (+13%) and average benefit rates (+3%). The change in maternity benefits, rather than parental, was used since the change in parental benefit payments was affected by the increase in weeks of parental benefits available, from 10 in 2000 to 35 in 2001.

[57] Actual. Based on departmental financial reports, therefore higher than originally reported in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*.

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

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

[60] Actual, therefore higher than originally reported in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*. This expenditure includes funding for all projects. While most of these projects focus on developing literacy skills and tools for young children and their parents prior to school entry, some also include components not directly related to children, but which could not be separated from the overall expenditure figure.

[61] The funding level decreased as fewer family literacy project proposals were received. This expenditure includes funding for all projects. While most of these projects focus on developing literacy skills and tools for young children and their parents prior to school entry, some also include components not directly related to children, but which could not be separated from the overall expenditure figure.

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

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

[64] Funding 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.

[65] Funding 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.

Indian and Northern Affairs Canada Activities and Expenditures Table

	Who does the activity reach? Number of:						What is the expenditure on children under 6?	
	Activities/Sites		Children under 6		Families			
	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002
Child/Day-care Program – Alberta	17	17	1,046	1,052	N/A	N/A	$2,665,000	$2,665,000
Child/Day-care Program – Ontario	67 programs[66]	57 First Nations[67]	2,097[68]	3,243[69]	N/A	N/A	$12,177,000	$13,407,000
Elementary Education (Junior Kindergarten and Kindergarten)	384	387	13,793	13,409	N/A	N/A	$33,055,000[70]	$32,388,000
First Nation Child and Family Services Head Start – New Brunswick[71]	15	15	N/A	N/A	N/A	N/A	$1,544,000[72]	$1,466,000
First Nations National Child Benefit Reinvestment[73]	600	600	42,580	54,025	N/A	N/A	$4,080,000[74]	$4,466,000[75]
Total expenditures							**$53,521,000**	**$54,392,000**

[66] In 2000-2001, INAC's regional office in Ontario collected and reported data for this program by the number of programs offered within communities.

[67] In 2001-2002, INAC's regional office in Ontario began collecting and reporting data for this program by the number of First Nations offering child care programs. A single First Nations community can offer multiple child care programs.

[68] INAC's regional office in Ontario collected and reported on the number of day care spaces funded.

[69] INAC's regional office in Ontario collected and reported on the number of children to be served. This is a result of a change in the provincial reporting requirements for the Day Care program in Ontario.

[70] The expenditure represents a per capita expenditure (junior kindergarten and kindergarten are funded on a half-day basis).

[71] Called "Aboriginal Head Start – New Brunswick" in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000-2001*.

[72] This funding is calculated using the registered on-reserve population 0-6 years of age. Children requiring services are not excluded because they are not registered or if there is a need beyond the 6th birthday.

[73] Figure for number of children reached is the total number of children under 6 years of age living on-reserve. Due to the flexibility of the NCB, First Nations have the ability to choose the 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 young children resident on-reserve may not directly benefit from early childhood development program programming through the NCB.

[74] Includes NCB reinvestments made by First Nations in child/day-care ($617,000) and ECD programs ($3,463,000) in 2000-2001.

[75] Estimated projection of reinvestments by First Nations in child/day-care services and ECD programs, based on proportion of total reinvestment funds that were spent in those two areas in 2000-2001.

Justice Canada
Activities and Expenditures Table

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002
National Crime Prevention Strategy	37	34	N/A	N/A	N/A	N/A	$1,370,000[76]	$1,378,000[77]
Total expenditures							**$1,370,000**	**$1,378,000**

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

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

National Defence
Activities and Expenditures Table

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002	2000-2001	2001-2002
Military Family Resource Centres[78]	15,000[79] in 45 sites	15,000[80] in 45 sites	80,000	80,000	35,000	35,000	$4,000,000	$4,000,000
Total expenditures							**$4,000,000**	**$4,000,000**

[78] Figures for number of children and families reached are estimates. Figures indicate total number of visits (e.g. the same children or family members may attend several programs).

[79] Estimate. This number includes universal mandated services (available at every site) and site-specific services (based on local need and supported by the local Commanding Officer and/or other sources of funding). It also indicates the total frequency of programs and not the number of programs offered (e.g. the same program might be offered several times throughout the year). Includes 36 sites in Canada plus 2 Canadian Military Family Resource Centres in the United States and 7 in Europe.

[80] Estimate. This number includes universal mandated services (available at every site) and site-specific services (based on local need and supported by the local Commanding Officer and/or other sources of funding). It also indicates the total frequency of programs and not the number of programs offered (e.g. the same program might be offered several times throughout the year). Includes 35 sites in Canada plus 3 Canadian Military Family Resource Centres in the United States and 7 in Europe.

ANNEX A

In order to help ensure consistency in the type of information that they provide to the public about their activities and expenditures under the Federal/Provincial/Territorial Early Childhood Development Agreement, governments have agreed on a shared framework for reporting. The shared framework provides a set of principles and guidelines for annual reporting by each government on their progress in improving and expanding the programs and services in which they are investing as part of the ECD Agreement. The full text of the shared framework, as agreed upon by governments, is provided below.

Shared Framework for Reporting on Progress in Improving and Expanding Early Childhood Development (ECD) Programs and Services

1. Introduction/Background

Public reporting is a key element of the Federal-Provincial-Territorial Early Childhood Development Initiative. The September 2000 First Ministers' Meeting Communiqué on Early Childhood Development[1] states that:

> *"…First Ministers believe in the importance of being accountable to Canadians for the early childhood development services that they deliver. Clear public reporting will enhance accountability and will allow the public to track progress in improving the well-being of Canada's young children.*

> *Regular measuring of, and reporting on early childhood development provides governments and others with a powerful tool to inform policy-making and to ensure that actions are as focussed and effective as possible.*

> *Therefore, First Ministers commit their governments to:*

> - *report annually to Canadians on their investments and their progress in enhancing programs and services in the four areas described above[2], beginning with establishing a baseline of current early childhood development expenditures and activities. Governments will begin reporting within one year and will strive to continue to improve the quality of reporting over time;*
> - *develop a shared framework, including jointly agreed comparable indicators to permit each government to report on progress in improving and expanding early childhood development programs and services within the areas for action described above.[2] The framework will be developed in a manner that recognizes the different starting points and pressures in each jurisdiction and is informed by their diverse priorities. Examples would include indicators of the availability and growth of programs and services related to pregnancy, birth and infancy; parenting and family supports; early childhood development, learning and care; and community supports. Governments will report on the results of this work*

[1] The Government of Quebec has stated that while sharing the same concerns on early childhood development, Quebec does not adhere to the Federal-Provincial-Territorial Early Childhood Development Initiative because sections of it infringe on its constitutional jurisdiction on social matters. Quebec intends to preserve its sole responsibility for developing, planning, managing and delivering early childhood development programs.

[2] The four areas are: promote healthy pregnancy, infancy, and birth; improve parenting and family supports; strengthen early childhood development, learning, and care; and strengthen community supports.

by September 2002 and annually thereafter, beginning with the development of indicators in areas identified as priorities by jurisdictions, and expanding with the overall development of early childhood development programs and services…"

2. Purpose

As noted in the communiqué, "the purpose of performance measurement is for all governments to be accountable to their publics, not to each other."

The purpose of the shared framework is to provide a set of principles and guidelines, "including jointly agreed comparable indicators, to permit each government to report on progress in improving and expanding early childhood development programs and services" within the four areas for action identified by First Ministers.

In addition to their commitment to report on programs and services, governments also committed to report regularly on an agreed upon set of indicators of child well-being. However, this commitment is being addressed by governments as part of a separate process and therefore lies outside of the scope of this shared framework.

3. Underlying Principles/ Considerations

Reporting by governments will be informed by the following statements included in the Early Childhood Development Communiqué:

- "The framework will be developed in a manner that recognizes the different starting points and pressures in each jurisdiction and is informed by their diverse priorities."
- Governments "will strive to improve the quality of reporting over time."
- "First Ministers agree that governments will consult third parties to assist, as appropriate, in developing indicators and assessing progress on early childhood development."

In addition to specific direction from the Communiqué, provincial and territorial governments agree that:

- there is a significant diversity in the provision of early childhood development programs and services across the country and that there are varying data systems and capacities to report; and
- reports on progress in improving and expanding early childhood development programs and services will acknowledge the federal funding contribution to the province or territory in support of early childhood development.

4. *Guidelines*

a. *Scope of Reporting Using the Shared Framework*

Each government will report annually, using the shared framework, on the activities that they have selected as priorities for investment. Reports will indicate changes that have been implemented related to prior year investments. Reports will also indicate in which of the four areas for action governments have made investments under the Federal-Provincial-Territorial Early Childhood Development Initiative. The four areas are:

- promote healthy pregnancy, infancy, and birth;
- improve parenting and family supports;
- strengthen early childhood development, learning, and care; and
- strengthen community supports.

b. *Types of Information to be Reported*

i. Descriptive Information

Reports will contain the following *descriptive information* on programs and services that have been improved and/or expanded:

- program objectives;
- target population;
- program description;
- department(s) responsible; and
- delivery agent(s).

Descriptive information may also be provided on the following areas related to program development, improvement, and/or integration, as appropriate:

- intersectoral linkages
- consultation and community involvement;
- community capacity-building;
- voluntary or private sector participation;
- program evaluation findings;
- program models;
- pilot project results;
- changes in regulatory environment; and
- capital and/or infrastructure investments.

ii. Program Indicators

As appropriate, governments may report on programs and services using additional indicators to those described below.

Expenditures

Governments will report on changes in *expenditures* on ECD programs and services relative to the prior fiscal year.

For programs and initiatives providing direct services to clients:

Availability
Governments will report on the *availability* of early childhood development programs and services funded under the Federal-Provincial-Territorial Early Childhood Development Initiative using one or more of the following indicators:
- number of clients served (i.e. number of children served, number of families served, and/or number of program “spaces” or equivalent);
- number of program sites.

Accessibility
Where the objective of an investment by governments is to improve *accessibility*, governments will report on one or more of the following indicators of accessibility:

- increase in the percentage of the target population served;
- change in the socio-demographic profile of the client population.

Affordability
Where the objective of an investment by governments is to improve *affordability*, governments will report on changes in the fee and/or subsidy structures of the relevant programs.

Quality
Where the objective of an investment by governments is to improve *quality*, governments will report on one or more indicators of quality, such as:

- improvement in the education/ training of service providers;
- increases in wage rates;
- increases in provider-to-client ratios;
- increases in client satisfaction.

For other programs and initiatives related to the four areas for action (for example, research, public education, information, and related activities):

Governments will report on descriptive information and expenditures as indicated above.

c. Mechanisms and Timing
The public reporting requirements set out in this shared framework can be met through a number of vehicles including: stand alone reports, new or existing public reports on children, and departmental reports and/or business plans.

Governments agree to inform other governments of the vehicle they will use to meet reporting requirements and to provide advance notice, wherever possible, to other governments regarding the approximate date of release for their respective early childhood development reports.

Governments will report annually on their investments in early childhood development and on their progress in enhancing programs and services in the four areas for action, beginning in September 2002.

5. Review of the shared framework

First Ministers have committed to "improve the quality of reporting over time." After the release of the first set of reports based on the shared framework, officials may undertake a review of the shared framework and make recommendations to Ministers responsible for Social Services and Health as required.

ANNEX B

EARLY CHILDHOOD DEVELOPMENT

First Ministers' Meeting Communiqué, September 11, 2000

On September 11, 2000, the Government of Canada, provincial and territorial governments reached a historic agreement on early childhood development.

Beginning in April 2001, the Government of Canada will transfer $2.2 billion over five years to provincial and territorial governments to support investments in early childhood development programs and services.

Following is the full text of the First Ministers' September 11, 2000 communiqué.

INTRODUCTION

First Ministers, with the exception of the Premier of Quebec[1], agree on the importance of supporting families and communities in their efforts to ensure the best possible future for their children. Every child should be valued and have the opportunities to develop his or her unique physical, emotional, intellectual, spiritual, and creative potential.

First Ministers affirm their commitment to the well-being of children by setting out their vision of early childhood development as an investment in the future of Canada. Canada's future social vitality and economic prosperity depend on the opportunities that are provided to children today.

First Ministers recognize that parents and families play the primary role in supporting and nurturing children. Communities, businesses, non-profit organizations, professional networks, associations, volunteers and governments also make key contributions to the well-being of children. Governments have shown leadership by taking steps to address key children's issues in their jurisdictions, individually and in partnership.

The early years of life are critical in the development and future well-being of the child, establishing the foundation for competence and coping skills that will affect learning, behaviour and health. Children thrive within families and communities that can meet their physical and developmental needs and can provide security, nurturing, respect and love. New evidence has shown that development from the prenatal period to age six is rapid and dramatic and shapes long-term outcomes.

Intervening early to promote child development during this critical period can have long-term benefits that can extend throughout children's lives. Governments and other partners currently provide a range of programs and services to effectively support early childhood development.The challenge is to build on existing services and supports, to make them more coordinated and widely available.

First Ministers therefore agree to work together so that young children can fulfill their potential to be healthy, safe and secure, ready to learn, and socially engaged and responsible.

[1] While sharing the same concerns on early childhood development, Quebec does not adhere to the present federal-provincial-territorial document because sections of it infringe on its constitutional jurisdiction on social matters. Quebec intends to preserve its sole responsibility for developing, planning, managing and delivering early childhood development programs. Consequently, Quebec expects to receive its share of any additional federal funding for early childhood development programs without new conditions.

In support of this common goal, governments will improve and expand early childhood development programs and services over time. Governments will work with families and communities to help meet the needs of young children and their families. Governments will report regularly on their progress and will continue to build knowledge and disseminate information to parents, communities and service providers to help them to give children the best possible start in life.

Objectives

Focussing on children and their families, from the prenatal period to age six, the objectives of this early childhood development initiative are:

- to promote early childhood development so that, to their fullest potential, children will be physically and emotionally healthy, safe and secure, ready to learn, and socially engaged and responsible; and
- to help children reach their potential and to help families support their children within strong communities.

Four Key Areas for Action

To meet the objectives set out above, *First Ministers agree* on four key areas for action. Governments' efforts within this framework will focus on any or all of these areas. This will build on the priority that governments have placed on early childhood development and the investments that governments have already made.

1. Promote Healthy Pregnancy, Birth and Infancy

Prenatal, birth and infancy experiences have a profound effect on the health and well-being of infants and young children, and contribute to continuing good health. This priority addresses needs related to the prenatal, birth and infancy periods and includes supports for pregnant women, new parents, infants and care providers. Possible examples are prenatal programs and information, and infant screening programs.

2. Improve Parenting and Family Supports

Parents and families have the primary responsibility for the care of their children. This priority addresses the needs related to positive parenting and includes supports for parents and caregivers. Possible examples are family resource centres, parent information, and home visiting.

3. Strengthen Early Childhood Development, Learning and Care

Quality early childhood development, learning and care have been shown to promote physical, language and motor skills; and social, emotional and cognitive development. This priority includes supports that promote healthy development, provide opportunities for interaction and play, help prepare children for school and respond to the diverse and changing needs of families. Possible examples include preschools, child care and targeted developmental programs for young children.

4. *Strengthen Community Supports*

Communities make key contributions to the well-being of children through formal and informal networks. This priority includes supports to strengthen community capacity to meet the needs of children and families from a healthy community perspective. Possible examples include supports for community-based planning and service integration.

Governments recognize that effective approaches tosupporting early childhood development are:

- focussed on prevention and early intervention;
- intersectoral;
- integrated; and
- supportive of the child within the family and community context.

Early childhood development programs and services should be inclusive of:
- children with different abilities; and
- children living in different economic, cultural, linguistic and regional circumstances.

Working Together to Meet Children's Needs

Governments will work together in full respect of each other's responsibilities, recognizing that provinces and territories have the primary responsibility for early childhood development programs and services. Each government will determine its priorities within this framework.

Governments will work with the Aboriginal peoples of Canada to find practical solutions to address the developmental needs of Aboriginal children.

Governments will ensure effective mechanisms for Canadians to participate in developing early childhood development priorities and reviewing outcomes.

Funding

First Ministers agree that ensuring effective early childhood development is a long-term commitment to our children's future. *First Ministers agree* that investments for early childhood development should be incremental, predictable and sustained over the long term. *First Ministers are committed* to helping all sectors of society support children in their early years and to making incremental investments in this area.

First Ministers recognize that this initiative builds on the significant provincial/territorial investments already made in early childhood development and agree on the need to ensure flexibility to address local needs and priorities. This initiative also complements existing important federal investments for children and families.

Public Reporting

First Ministers believe in the importance of being accountable to Canadians for the early childhood development programs and services that they deliver. Clear public reporting will enhance accountability and will allow the public to track progress in improving the well-being of Canada's young children. Regular measuring of, and reporting on, early childhood development provides governments and others with a powerful tool to inform policy-making and to ensure that actions are as focussed and effective as possible.

Therefore, *First Ministers commit* their governments to:

- report annually to Canadians on their investments and their progress in enhancing programs and services in the four areas described above, beginning with establishing a baseline of current early childhood development expenditures and activities. Governments will begin reporting within one year and will strive to continue to improve the quality of reporting over time;
- develop a shared framework, including jointly agreed comparable indicators to permit each government to report on progress in improving and expanding early childhood development programs and services within the areas for action described above. The framework will be developed in a manner that recognizes the different starting points and pressures in each jurisdiction and is informed by their diverse priorities. Examples would include indicators of the availability and growth of programs and services related to pregnancy, birth and infancy; parenting and family supports; early childhood development, learning and care; and community supports. Governments will report on the results of this work by September 2002 and annually thereafter, beginning with the development of indicators in areas identified as priorities by jurisdictions, and expanding with the overall development of early childhood development programs and services; and
- make regular public reports on outcome indicators of child well-being using an agreed upon set of common indicators to be developed by September 2002 related to the objectives established for early childhood development. This could include currently available indicators (such as children born at healthy birth weight and infant mortality); and newly developed indicators (such as a measure of the proportion of children who are ready to learn when they start school).

First Ministers agree that governments will consult third parties to assist, as appropriate, in developing indicators and assessing progress on early childhood development.

The purpose of performance measurement is for all governments to be accountable to their publics, not to each other. The amount of federal funding provided to any jurisdiction will not depend on achieving a given level of performance.

Knowledge, Information and Effective Practices

Research, knowledge and information are the foundations of evidence-based decision-making and are critical to informed policy development. Dissemination of information and sharing of effective practices can create a more knowledgeable public on issues of child development and can promote the enhancement of early childhood development programs and services.

Governments agree to work together, where appropriate, on research and knowledge related to early childhood development, share information on effective practices that improve child outcomes and work together to disseminate the results of research.

Next Steps

First Ministers direct Ministers responsible for Social Services and Health to begin implementation as soon as possible of the commitments and priorities outlined above.

Beginner Books

ANNEX C

Contact Information

More information on several of the initiatives in this report, and on other Government of Canada services for children and their families can also be found in:

Services for Children: Guide to Government of Canada Services for Children and Their Families
available at: www.cio-bic.gc.ca/children-enfants or by calling 1 800 O-Canada

Additional information can also be obtained by contacting the responsible federal government departments at:

Canada Customs and Revenue Agency:

For General Tax Enquiries:
1 800 959-8281
TTY Enquiry Service: 1 800 665-0354
Website: www.ccra-adrc.gc.ca
Tax Information Phone Services (T.I.P.S.): 1 800 267-6999
(24 hours/7 days a week)
T.I.P.S. Online: www.ccra-adrc.gc.ca/tips
Or visit your local tax services office

Health Canada:

Division of Childhood and Adolescence
Health Canada
Jeanne Mance Building
Postal Locator 1909C2
Ottawa, Ontario K1A 0K9
Telephone: (613) 946-1683
Facsimile: (613) 952-7042
Email: children@hwcweb.hc-sc.gc.ca
Website:
www.hc-sc.gc.ca/childhood-youth[1]

Human Resources Development Canada:

Children's Policy
Human Resources Development Canada
3rd Floor, Place du Portage, Phase IV
140 Promenade du Portage
Hull, Quebec K1A 0J9
Telephone: (819) 994-1636
Facsimile: (819) 994-1506
Email: childrenspolicy-politiquesenfants@drhc.gc.ca
Website: www.hrdc-drhc.gc.ca

Indian and Northern Affairs Canada:

Children's Programs
Indian and Northern Affairs Canada
19th Floor, 10 Wellington Street
Hull, Quebec K1A 0H4
Telephone: (819) 953-2523
Facsimile: (819) 953-9139
Email: childrensprograms@inac.gc.ca

Justice Canada:

National Crime Prevention Centre
Department of Justice Canada
284 Wellington Steet
Ottawa, Ontario K1A 0H8
Telephone: 1 877 302-NCPC
Or (613) 941-9306
Facsimile: (613) 952-3515
Email: ncpc@crime-prevention.org
Website: www.prevention.gc.ca

National Defence:

Director Military Family Services
Canadian Forces Personnel Support
Department of National Defence
245 Cooper Street
Ottawa, Ontario K2P 0G2
Telephone: (613) 995-6792
Facsimile: (613) 995-2178
Website: www.cfpsa.com

[1] Health Canada is currently upgrading its web-holdings. The hyperlink information contained in this document is current as of September 2002. Please continue to check the main Health Canada website for additional information on changes at: www.hc-sc.gc.ca.

ANNEX D

Related Websites and Information

Aboriginal Head Start in Urban and Northern Communities
www.hc-sc.gc.ca/ahs

Brighter Futures
E-mail children@hwcweb.hc-sc.gc.ca

Canada Child Tax Benefit Program – Supplement
www.ccra-adrc.gc.ca/benefits
or call 1 800 387-1193

Canada Prenatal Nutrition Program
www.hc-sc.gc.ca/childhood-youth
choose Community Based Programs in the menu on the left.
For more information on the *CPNP First Nations and Inuit Component*:
www.hc-sc.gc.ca/fnihb-dgspni/fnihb/cp/annualreview/cpnp.htm

Canadian Childhood Cancer Surveillance and Control Program
www.hc-sc.gc.ca/hpb/lcdc/bc/cccscp/index.html

Canadian Hospitals Injury Reporting and Prevention Program
www.hc-sc.gc.ca/pphb-dgspsp/injury-bles/chirpp/

Canadian Incidence Study of Reported Child Abuse and Neglect
www.hc-sc.gc.ca/pphb-dgspsp/cm-vee/cis_e.html

Canadian Perinatal Surveillance System
www.hc-sc.gc.ca/pphb-dgspsp/rhs-ssg/about_e.html

Centres of Excellence for Children's Well-Being
www.hc-sc.gc.ca/centres

Child Care Expense Deduction
www.ccra-adrc.gc.ca/tax/individuals/taxkit2001/fs_childcare-e.html or call 1 800 959-8281

Child/Day-care Program – Alberta
E-mail childrensprograms@inac.gc.ca

Child/Day-care Program – Ontario
E-mail childrensprograms@inac.gc.ca

Child Health Record
www.healthcanada.ca/chr

Community Action Program for Children
www.hc-sc.gc.ca/childhood-youth
choose "Community Based Programs" in the menu on the left

Elementary Education (Junior Kindergarten and Kindergarten)
E-mail childrensprograms@inac.gc.ca

Employment Insurance: Maternity and Parental Benefits
www.hrdc-drhc.gc.ca/ae-ei click on "Types of Benefits"

Family-Centred Maternity and Newborn Care: National Guidelines
www.hc-sc.gc.ca/hppb/childhood-youth/cyfh/child_and_youth/physical_health/maternity.html

Family Violence Initiative and National Clearinghouse on Family Violence
www.hc-sc.gc.ca/hppb/familyviolence/index.html
or call 1 800 267-1291

Fetal Alcohol Syndrome/ Fetal Alcohol Effects
www.healthcanada.ca/fas

First Nation Child and Family Services Head Start – New Brunswick
E-mail childrensprograms@inac.gc.ca

First Nations Head Start
www.hc-sc.gc.ca/fnihb/cp

First Nations and Inuit Child Care Initiative
www.hrdc-drhc.gc.ca/aro
click on "child care"

First Nations National Child Benefit Reinvestment
www.nationalchildbenefit.ca

Folic Acid Awareness Campaign
www.healthcanada.ca/folicacid

Get Set for Life
www.getsetforlife.ca

Healthy Pregnancy Marketing Strategy
E-mail children@hwcweb.hc-sc.gc.ca

Military Family Resource Centres
www.cfpsa.com

Mother-Net Pilot Project
www.hc-sc.gc.ca/pphb-dgspsp/csc-ccs/mothernet_e.html

National Child Day
www.hc-sc.gc.ca/hppb/english/e_splash.html

National Crime Prevention Strategy
www.prevention.gc.ca

National Literacy Secretariat – Family Literacy Projects
www.nald.ca/nls.htm

National Longitudinal Survey of Children and Youth
www.hrdc-drhc.gc.ca/nlscy-elnej

National Study on Balancing Work, Family and Lifestyle
www.hc-sc.gc.ca/pphb-dgspsp/publicat/work-travail/index.html

Nobody's Perfect
www.hc-sc.gc.ca/hppb/childhood-youth/cyfh/family_support/nobody_perfect/index.html

Partnership with Parents d'aujourd'hui
www.parentsdaujourdhui.com

Population Health Fund
www.hc-sc.gc.ca/hppb/phdd/funding/index.html

Postpartum Parent Support Program
E-mail children@hwcweb.hc-sc.gc.ca

Reducing the Risk of Sudden Infant Death Syndrome (SIDS)
www.back-to-sleep.com

Safe Seasons Calendar
E-mail children@hwcweb.hc-sc.gc.ca

Social Development Partnerships Program
E-mail: childrenspolicy-politiquesenfants@hrdc-drhc.gc.ca

Social Marketing Campaign on Children's Health
E-mail children@hwcweb.hc-sc.gc.ca

Tobacco Control
www.GoSmokeFree.ca

Understanding the Early Years
www.hrdc-drhc.gc.ca/sp-ps/arb-dgra/nlscy-elnej/uey-cpe/uey.shtml