

FEDERAL/PROVINCIAL/TERRITORIAL

# Early Childhood Development Agreement

## Report on Government of Canada Activities and Expenditures 2000-2001



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*Entente fédérale-provinciale-territoriale sur le  
développement de la petite enfance : Rapport sur  
les activités et dépenses du gouvernement du  
Canada pour 2000-2001*

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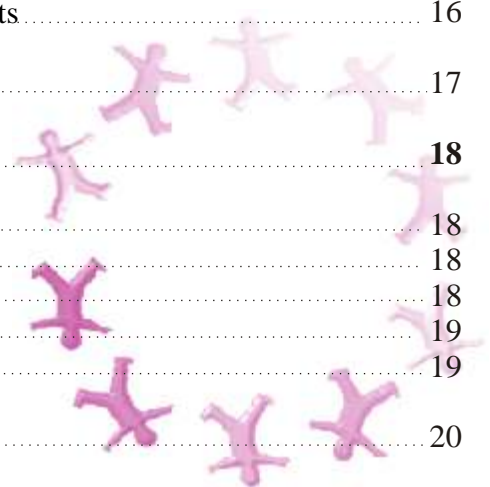
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## Preface

In September, 2000, the Government of Canada, provincial and territorial governments<sup>1</sup> reached a historic agreement to improve and expand the services and programs they provide for children under 6 years of age and their families. The Early Childhood Development (ECD) Agreement is a long-term commitment to help young children reach their potential, and to help families support their children. To support this commitment, the federal government is providing \$2.2 billion over five years to provincial and territorial governments to support their investments in young children.

Under the Early Childhood Development Agreement, First Ministers have adopted an important new approach to being accountable to Canadians for the early childhood development programs and services governments deliver. They have committed to report annually to Canadians on their progress in enhancing early childhood development programs and services.

As a first step, all governments agreed to establish a “baseline” of their current early childhood development activities and spending, against which their future progress can be measured. Future reporting will track improvements and expansions to early childhood programs and services and will include indicators of child well-being in Canada.

***This report is the Government of Canada's baseline.*** Individual provincial and territorial governments will be meeting the commitments they have made under the Agreement by providing their own baselines of programs and services.

This report provides a comprehensive overview of the Government of Canada's current activities and expenditures in the area of early childhood development. It includes descriptions of each

activity, and where applicable and available the number of children and families affected. It also describes the funding levels for each activity in 1999-2000 and 2000-2001. Tables at the end of the report summarize the information in the report by federal government department.

This is the Government of Canada's first report on early childhood development and we will strive to improve the quality of reporting over time.

### Who Are Our Children?

- In 2000, there were 2,172,804 million children under age 6 in Canada. They represent 7.1% of the total population.
- In 1999-2000, there were approximately 335,000 babies born in Canada.
- According to the Census, in 1996 there were 170,480 Aboriginal children under 6 in Canada.
- In 1996, approximately 77.2% of children under 6 in Canada lived in cities and 22.8% lived in rural communities.
- In 1996, approximately 97.5% of children under 6 were born in Canada and 2.5% were born outside Canada.
- According to the National Longitudinal Survey of Children and Youth, in 1998-1999:
  - Approximately 14% of children under 6 in Canada lived with only one parent.
  - Approximately 8% of young children first learned or were spoken to in a language other than French or English at home.

**Sources:** *Annual Demographics 2000*, data on the CD-ROM. Statistics Canada, *CANSIM*, Matrix 5772 and Catalogue no 91-213-XIB. Statistics Canada, *1996 Census of Canada*. Public Use Microdata Files. *National Longitudinal Survey of Children and Youth, Cycle 3: 1998-99*. (Note: Data do not include information on northern and territorial communities. Family custody was asked only to new participants in Cycle 3 of the survey.)

<sup>1</sup>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

### ***The Early Childhood Development Agreement***

In 1999, the Government of Canada, in partnership with the provincial and territorial governments, began work on a National Children's Agenda (NCA). As a first step in the NCA, governments set out a shared vision for Canada's children, based on a review of key findings and policy directions developed by governments and non-governmental organizations, input from national Aboriginal organizations, and a process of public and stakeholder consultation. The NCA shared vision sets out a broad vision, values and goals for Canadian children along with six policy areas in which governments could cooperate to better support children. Enhancing early childhood development was one of the areas identified.

In September, 2000, Canada's First Ministers released a communiqué on early childhood development, pledging to work together so that young children in Canada can reach their potential. They committed to improve and expand early childhood development programs and services over time. They also committed to report regularly on their progress, and to continue to build knowledge and share information with parents, service providers and communities to help them to give children the best possible start in life.

### **Objectives of the Early Childhood Development Agreement**

The Early Childhood Development Agreement focuses on children under 6 years of age and their families. Its objectives 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.

### **The National Children's Agenda: A Shared Vision for Canada's Children**

- We want all of our children to be loved and to thrive.
- We want every child to be valued and to develop his or her unique physical, emotional, intellectual, spiritual and creative capacities.
- We want every child to be respected and protected and, in turn, to respect and protect the rights of others.
- We want all of our children to belong and contribute to communities that appreciate diversity, support different abilities and share their resources.



## Introduction

To meet their objectives, the First Ministers 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 will build on the investments that governments have already made in early childhood development. First Ministers have agreed these investments should be incremental, be predictable and be sustained in the future. The Government of Canada will transfer \$2.2 billion to provincial and territorial governments over five years, beginning in April 2001, to support their investments.

Governments agreed that to be effective, programs and services should:

- concentrate on prevention and early intervention;
- bring different sectors of services together, such as health, social services and education;
- be supportive of children within their families and communities; and
- be inclusive of children with different abilities, along with children living in different economic, cultural, linguistic and regional circumstances.

In communities across Canada, provincial and territorial governments have begun to put their plans for young children in place. The initial \$300 million in federal funding began to flow to provincial and territorial governments on April 1, 2001 through the Canada Health and Social Transfer (CHST).

In support of early childhood development, the Government of Canada will transfer \$2.2 billion over five years to provincial and territorial governments, broken down as follows:

(\$Millions)

	2001-02	2002-03	2003-04	2004-05	2005-06	Total
Newfoundland and Labrador	\$5.2	\$6.8	\$8.5	\$8.4	\$8.3	\$37.1
Prince Edward Island	1.4	1.8	2.3	2.2	2.2	9.9
Nova Scotia	9.1	12.1	15.1	15.0	14.9	66.4
New Brunswick	7.3	9.7	12.1	12.0	11.9	53.0
Quebec	71.6	95.0	118.2	117.6	117.0	519.3
Ontario	114.2	152.8	191.7	192.4	193.0	844.2
Manitoba	11.2	14.8	18.5	18.4	18.3	81.3
Saskatchewan	10.0	13.2	16.5	16.4	16.3	72.4
Alberta	29.4	39.4	49.5	49.8	49.9	218.0
British Columbia	39.7	52.9	66.1	66.1	66.6	291.4
Yukon	0.3	0.4	0.4	0.4	0.4	2.0
Northwest Territories	0.4	0.6	0.7	0.7	0.7	3.1
Nunavut	0.3	0.4	0.5	0.5	0.5	2.1
<b>Total (in millions)</b>	<b>\$300.0</b>	<b>\$400.0</b>	<b>\$500.0</b>	<b>\$500.0</b>	<b>\$500.0</b>	<b>\$2200.0</b>

- Totals may not add due to rounding.
- Figures are based on provincial/territorial population estimates from Statistics Canada. Because the CHST is allocated on a per capita basis, figures are subject to revision through the regular CHST estimation process as new population estimates become available.
- 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).



### ***Why did First Ministers choose to act on early childhood development?***

Governments and policy makers know that the early years of life are critical to the development and future well-being of children. There is powerful new evidence from neuroscience that the years from conception to age 6 set the base for competence and coping skills that will affect learning, behaviour and health throughout life.

We have a good understanding about what children need so they can develop to their own unique potential. The enabling conditions for child well-being point to three key factors: an adequate income; effective parenting; and, community supports.<sup>2</sup>

We also know that effective policy interventions make a difference for young children. From this has emerged a critical convergence of thinking and action around the early years, as is evidenced by the First Ministers' commitment to early childhood development.

### ***The Government of Canada's support for young children***

Provincial and territorial governments have the primary responsibility for managing and delivering early childhood development programs and services. However, the Government of Canada also 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 are in keeping with the spirit of the UN Convention on the Rights of the Child, which sets out the basic human rights to which all children and youth are entitled.

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.](#) This report describes early childhood development programs, such as the Community Action Program for Children, the Canada Prenatal Nutrition Program and Aboriginal Head Start (Urban and Northern Communities) which deliver direct services to children and families at risk. It also describes activities such as the National Strategy on Community Safety and Crime Prevention which plays an important role in helping to keep young children safe.

[Social, health and economic programs for First Nations children and families on-reserve.](#) The federal government provides a range of social, health and economic programs to First Nations on-reserve. The report describes services for First Nations children and families on-reserve, including the First Nations Head Start Initiative and the First Nations and Inuit Child Care Initiative.

Additional services provided on-reserve, but not described in detail in this report, include primary health care services to status Indians living on-reserve and to the Inuit, and the First Nations Child and Family Services Program. Although these services benefit young children and their parents, they do not fall within the key program areas of the Early Childhood Development Agreement. Primary health care services include non-insured health benefits, dental and vision care. The First Nations Child and Family Services program funds and promotes the development, establishment and operation of First Nations Child and Family Services agencies. Currently, 104 agencies across Canada provide child and family services to 75 percent of First Nations children and families who live on-reserve.

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<sup>2</sup>Jane Jenson and Sharon M. Stroick. *What is the Best Policy Mix for Canada's Young Children?* Canadian Policy Research Networks (CPRN) Study F|09. 1999.

Research, information and education. This report highlights key research and public information initiatives such as the National Longitudinal Survey of Children and Youth, the Centres of Excellence for Children's Well-Being, and Health Warning and Information Labels which give parents, communities and governments tools to support good decision making.

Early childhood development-related income support and tax measures. While broad tax and income measures are not included in this report, three specific measures relating directly to the four areas of action identified in the ECD Agreement are highlighted in the report. Employment Insurance Maternity and Parental Benefits help working parents stay at home with their infants during their important first year, while the Child Care Expense Deduction helps parents offset the cost of child care. The Canada Child Tax Benefit Program - Supplement supports parents caring for a child at home.

### ***Additional Government of Canada activities for children***

In addition, while this report is limited to activities that have a direct focus on children under 6 years of age and which relate to any or all of the four areas of action identified under the Early Childhood Development Agreement, it is important to note that the Government of Canada also makes significant contributions to the health and well-being of young children through:

- the Canada Health and Social Transfer (CHST), which supports provincial and territorial government expenditures in the areas of financing of health care, social assistance, social services and post-secondary education;
- various income support and tax measures which benefit families with children; and
- support for non-governmental organizations.

### **Canada Health and Social Transfer (CHST)**

Through the CHST, the Government of Canada provides both cash and tax transfers to provincial and territorial governments for insured and extended health care services. Insured health services, as defined by the *Canada Health Act*, include all medically necessary hospital services and physician services. Extended health care services include a broad range of health and social services offered by community and institutional programs and facilities. A significant portion of health care funding under the CHST directly supports young children - especially during pregnancy and early infancy which are periods of high health care need. In addition, young children and their families may access a range of provincial and territorial social services funded through the CHST. As noted above, the CHST is also the mechanism through which provincial and territorial governments are receiving funding from the federal government as part of the ECD Agreement.

### **Income Support and Tax Measures**

The Government of Canada's significant tax and income support measures play an important role in supporting children and families. The measures that most directly impact children and their families in Canada include:

#### The Canada Child Tax Benefit

The Canada Child Tax Benefit (CCTB) is a tax-free monthly federal payment that is based on a family's income and the number of children in the family. The CCTB is designed to help recognize the costs of raising children. Currently, more than 80 percent of Canadian families with children receive the CCTB and, by 2004, about 90 percent of Canadian families with children will receive the CCTB.

The CCTB has two components: a basic benefit plus a supplement targeted to low-income families. The basic benefit provides all low- and modest-income families with children with a benefit of up to \$1,117 per child per year (\$1,195 for the third and each subsequent child). The National Child Benefit Supplement (NCBS) provides additional income, on top of the basic benefit, to low-income families with children, and forms the Government of Canada's contribution to the federal/provincial/territorial National Child Benefit (NCB) Initiative (for more detailed information on the NCB Initiative, please consult *The National Child Benefit Progress Report: 2000* or the *First Nations National Child Benefit Progress Report 2000*).

Parents who are eligible for both components of the CCTB can currently receive up to \$2,372 a year for their first child, \$2,172 for their second and \$2,175 for their third and each additional child. These amounts are expected to reach \$2,500 per year for their first child and \$2,300 for other children by 2004. The CCTB is indexed to keep up with the cost of living.

### **Children's Special Allowances**

The Children's Special Allowances (CSA) Program makes tax-free monthly payments to approximately 280 federal and provincial agencies and institutions (e.g. children's aid societies and individual foster parents) which are responsible for the care and education of about 49,000 children under 18 years of age. These payments replace ones that would otherwise be made to parents under the CCTB.

### **Employment Insurance (EI)**

#### **Family Supplement**

Employment Insurance's Family Supplement provides additional benefits to low-income families with children who are receiving EI benefits, by providing them with up to 80 percent of their weekly earnings instead of the usual 55 percent of earnings. The amount of the Family Supplement depends on family income and the number and ages of children in the family. In 1999-2000, 195,000 families received the Family Supplement.

### **Other Tax Measures and Benefits**

#### **Goods and Services Tax Credit/Harmonized Sales Tax Credit**

The Government of Canada introduced the Goods and Services Tax (GST) on January 1, 1991. To help low- and modest-income individuals and families, it also introduced the GST Credit as a replacement for the former federal sales tax credit. The Canada Customs and Revenue Agency pays the GST/HST credit quarterly to individuals and families with low and modest incomes to help offset some or all of the GST they pay, before they pay the tax. The GSTC/HSTC provides a refundable tax credit for each adult and for each child. Currently, the Government of Canada sends quarterly payments to nine million low- and modest-income families.

#### **Canada Pension Plan Benefits for Children**

Income security benefits, including the Canada Pension Plan (CPP), are designed to improve the financial security of a number of groups of Canadians. Two kinds of CPP benefits are available to children - the disability benefit is available to children whose parents receive the CPP disability benefit and the survivor benefit is available to a child if he or she loses a parent who had qualified for the CPP.

### **Support for Non-Governmental Organizations**

The Government of Canada helps to fund a variety of non-governmental organizations to provide the government with policy and program advice on issues that affect Canadian children and their families. For example, the National Children's Alliance - a network of more than 30 national organizations committed to improving the lives of children in Canada - receives funding to help strengthen and enhance networks at the national, regional and local levels. This serves to enhance their capacity and ability to work proactively in the policy development process around early childhood development.

### **Scope of the report**

This federal baseline report focuses on the activities of the Government of Canada that have a direct impact on children under 6 years of age and their families. It includes activities for Canadian children, and immigrant and refugee children from birth through 5 years of age inclusive 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* (i.e. programs and activities that provide direct benefits to young children under 6 years of age and their families). This includes 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.

The Government of Canada recognizes that improvements can be made in the quality of information that is available on federal activities for children and their families, and through the Early Childhood Development Agreement, has committed to continue to improve the quality of reporting over time. For example, future reports will provide better information on the participation of key sub-populations in federal programs and activities for children.

### **Format of the report**

Data in this report are organized according to the four areas for action of the Early Childhood Development Agreement: promoting healthy pregnancy, birth and infancy; improving parenting and family supports; strengthening early childhood development, learning and care; and strengthening 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.

Each chapter includes a narrative description of the activities by federal department, and concludes with a table quantifying the activities and expenditures in the chapter. 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 (for example, in many cases research and information initiatives do not directly impact a quantifiable number of young children or families). The last chapter in the report summarizes the data by department.

Finally, there are statistical appendices which provide relevant demographic data, a detailed description of how the expenditure data were calculated, and a list of contact information and websites for the activities covered in the report.



## 2. Healthy Pregnancy, Birth and Infancy

**O**n average, about 340,000 babies are born in Canada every year. Healthy women are more likely to have healthy babies. 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.

Some of the influences on a mother's health during pregnancy are environmental, such as income level, social supports and safety; others include lifestyle decisions such as what the mother eats and whether she drinks alcohol or smokes; and still others include the care the mother receives during her pregnancy. Therefore, programs that promote healthy pregnancy, birth and infancy and provide support for pregnant women, new parents, infants and care providers contribute to the healthy development of children.

The Government of Canada has invested in a number of programs and initiatives for this critical time, including monitoring, education and information initiatives that potentially provide support to all Canadian families. 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, also impact healthy pregnancies, births and infancies.

### *Health Canada*

#### **Canada Prenatal Nutrition Program**

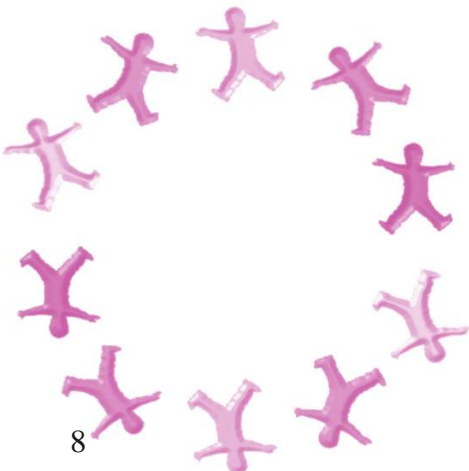
The Canada Prenatal Nutrition Program (CPNP) was announced in July 1994, and was expanded in 1999. CPNP helps communities to develop or enhance comprehensive services for pregnant women who face conditions of risk that threaten their health and the development of their babies.

Most women in Canada have healthy pregnancies and healthy babies. However, approximately 10 percent of women experience difficulties during pregnancy, birth and the early postpartum period, and their own health and that of their baby can be at risk. These women need easily accessible, culturally appropriate, community-based support to assist them through this time.

#### **Who's at Risk?**

The CPNP is a universally accessible program, designed to meet the needs of those pregnant women most at risk for poor birth outcomes:

- women living in poverty;
- teens;
- women who use alcohol, tobacco or other harmful substances;
- women living with violence;
- aboriginal women, on- and off-reserve;
- recent immigrants;
- women living in social or geographic isolation or with limited access to services; and
- women diagnosed with gestational diabetes.



## Healthy Pregnancy, Birth and Infancy

The CPNP recognizes that there is currently a gap in the continuum of support for those women who experience difficulties during pregnancy, birth and the early post partum period. The program aims to reduce disparities in health for at-risk pregnant women by improving accessibility of services and enhancing collaboration between sectors.

It strives to improve healthy birth outcomes for infants and their mothers. The CPNP promotes breastfeeding and increased access to services for high-density urban and isolated rural northern areas, and culturally or linguistically isolated mothers and infants.

Jointly managed by the federal, provincial and territorial governments, the CPNP provides resources for community-based groups to offer supports to at-risk pregnant women and their infants. The program has a component for First Nations and Inuit women. The supports include:

- nutrition - screening, counselling, food coupons/vouchers, community kitchens, food supplementation, and food skills;
- knowledge education, and specialized counselling on prenatal health issues, breastfeeding and infant development; social support;
- assistance with access to services, - shelter, health care; and
- assistance for women to modify unhealthy and high-risk behaviours such as smoking, alcohol and other substance use.

Currently, there are over 700 CPNP projects operating in over 2,000 geographic communities (this includes specific First Nations and Inuit Canada Prenatal Nutrition Programs). Projects promote breastfeeding, both initiation and continuation; aim to improve the diets of pregnant and breastfeeding women; and attempt to help women feed their infants appropriately for their

age. Supports are delivered through peer support, home visits and prenatal drop-in programs.

### Reducing the Risk of Sudden Infant Death Syndrome

Sudden Infant Death Syndrome (SIDS), also known as Crib Death, is the sudden and unexpected death of an apparently healthy infant usually under 1 year of age. Every week in Canada, three babies die of SIDS. Nobody knows how to prevent SIDS, but the latest research shows that there are things that can be done to make babies safer.



“In 1999, 40% of parents actually placed their babies to sleep on their backs. This increased to 71% in 2001.” Environics, 2001

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 SIDS and how to reduce babies' risk. The ultimate goal of these activities is to reduce the number of SIDS deaths in Canada.

Increasing evidence suggests that babies who sleep on their back have the lowest risk for SIDS. To address this, the *Back to Sleep Campaign*, an awareness campaign aimed at parents and health care professionals, was created to inform them about what they can do to reduce the risk of SIDS. With its partners, Health Canada has developed a joint position statement for health professionals, a poster for health/community care facilities and a brochure for parents on reducing the risk of SIDS. Proctor & Gamble-Pampers have joined the *Back to Sleep Campaign* as the corporate partner to further promote this message.

## Healthy Pregnancy, Birth and Infancy

### Fetal Alcohol Syndrome/Fetal Alcohol Effects

Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE) is a national health concern for individuals, families, communities and society at large. It is one of the major known preventable birth defects in children. FAS is a challenge that lasts a lifetime and does not go away when children grow up.

The 1999 federal budget allocated \$11 million over three years for the FAS/FAE Initiative under the auspices of the Canada Prenatal Nutrition Program.

The main goals of the Initiative are to prevent FAS/FAE and to reduce its significant health effects in children, families and communities. The Initiative is working in cooperation with provincial and territorial governments, First Nations and Inuit communities and other non-government organizations and community organizations to fulfil these goals.

The primary activities of the Initiative are:

- public awareness and education;
- FAS/FAE training and capacity development;
- early identification and diagnosis;
- coordination;
- surveillance; and
- strategic project funding.

In response to an identified extensive need for FAS/FAE training, practical day-to-day tools and a train-the-trainer model, the Government of Canada is contributing to the development of a training manual and a nucleus of trainers across Canada. *A Manual for Community Caring* is being undertaken by the FAS/E Support Network of British Columbia, in collaboration with provincial and territorial governments, Aboriginal communities, and other key stakeholders including families and affected individuals.

### Facts About Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE)

*Fetal Alcohol Syndrome* is a medical diagnosis that refers to a set of alcohol-related disabilities associated with the use of alcohol during pregnancy. The minimum criteria for diagnosing a child with FAS are:

- prenatal and/or postnatal growth restriction;
- central nervous system involvement, such as neurological abnormalities, developmental delays, behavioural dysfunction, learning disabilities or other intellectual impairments, and skull and brain malformations;
- characteristic facial features such as short eye slits (palpebral fissures), a thin upper lip, flattened cheek bones, and an indistinct groove between the upper lip and nose (such characteristics are not to be confused with facial features that occur normally in different racial groups).

*Fetal Alcohol Effects* is a term used to describe children with prenatal exposure to alcohol, but only some FAS characteristics. These may include reduced or delayed growth of the baby, single birth defects or developmental learning and behavioural disorders that may not be noticed until months or years after the child's birth.

Source: Joint Statement: Prevention of Fetal Alcohol Syndrome (FAS) / Fetal Alcohol Effects (FAE) in Canada, October 1996.

### **Postpartum Parent Support Program**

Implemented in 1989, 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.

The program is designed primarily to help parents and other immediate family members to identify and use available support systems during the postpartum period, develop feelings of competence and confidence about the postpartum period, and set realistic expectations about coping with family relationships.

The PPSP is delivered in approximately 600 hospital/community health sites across Canada (approximately 350 communities), potentially reaching 75 percent of mothers of newborns.

### **Family-Centred Maternity and Newborn Care: National Guidelines**

Since 1968, the manual *Family-Centred Maternity and Newborn Care: National Guidelines* has been assisting hospitals and other health care agencies in planning, implementing and evaluating maternal and newborn programs and services across Canada. The guidelines are updated regularly to keep up with the rapid changes that have occurred in maternal and newborn care.

The manual was developed through a collaborative process involving more than 70 professionals and consumers across Canada, the many stakeholders involved in the care of mothers and babies, and was facilitated by Health Canada and the Canadian Institute of Child Health. The document is based on research evidence and represents the “gold standard” for maternal and newborn care in the country.

### **Human Resources Development Canada**

#### **Employment Insurance: Maternity and Parental Benefits**

Employment Insurance maternity benefits were first introduced by the Government of Canada in 1971, parental benefits in 1990. Maternity benefits were developed to provide temporary income replacement to biological mothers to enable physical recovery after birth; parental benefits to provide temporary income replacement for parents caring for a newborn or newly adopted child. These benefits enable parents to spend more time with their infants during the critical first year.

Employment Insurance Maternity and Parental Benefits were enhanced as of December 31, 2000. Women continue to have access to 15 weeks of maternity benefits and can now qualify for benefits with 600 hours of employment within the qualifying period, which is normally 52 weeks prior to the week in which a claim is established. Previously, women required 700 hours of employment to qualify for benefits.

Parents now have access to 35 weeks of parental benefits (an increase of 25 weeks), for a maximum of 50 weeks of combined special benefits. Workers can qualify for parental benefits with 600 hours of employment. Mothers can take the entire parental leave or share it with their partner staying home together or one after the other. The new changes also mean that the normal two-week waiting period for benefits will not apply to the second parent receiving benefits.

In 1999-2000, 176,000 new mothers claimed maternity benefits, while 171,000 new parents received parental benefits.



## Healthy Pregnancy, Birth and Infancy

### Recent Changes to Employment Insurance Maternity and Parental Benefits

BENEFITS PRIOR TO DECEMBER 31, 2000	NEW ENHANCED BENEFITS
<p>Up to 25 weeks of benefits: 15 weeks of maternity benefits 10 weeks of parental benefits</p> <p>700 hours of insurable earnings required to qualify</p> <p>Each claim required a two-week waiting period when parents shared the benefits</p> <p>Earnings deducted dollar for dollar from both maternity and parental benefits</p>	<p>Up to 50 weeks of benefits: 15 weeks of maternity benefits 35 weeks of parental benefits</p> <p>600 hours of insurable earnings required to qualify</p> <p>No waiting period required for second benefit claim when parents share the benefits</p> <p>Able to earn higher of \$50 or 25% of weekly benefits while receiving parental benefits</p>

Source: *Employment Insurance: Maternity, Parental and Sickness Benefits*. Human Resources Development Canada. 2001.

### Promote Healthy Pregnancy, Birth and Infancy Activities and Expenditures Table<sup>3</sup>

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001
Canada Prenatal Nutrition Program (CPNP)	294 projects 912 sites 2,155 communities	301 projects	28,000 infant & prenatal (~ 14,000 infants)	31,000 infant & prenatal (~ 16,000 infants)	28,000	31,000	\$17,479,000 <sup>4</sup>	\$27,366,000 <sup>5</sup>
CPNP First Nations and Inuit Component	400 programs <sup>6</sup>	500 programs <sup>6</sup>	6,000	7,500	N/A	N/A	\$5,600,000	\$10,300,000
Reducing the Risk of Sudden Infant Death Syndrome (SIDS)	N/A	N/A	350,000 <sup>7</sup>	350,000 <sup>7</sup>	350,000 <sup>7</sup>	350,000 <sup>7</sup>	\$40,000	\$40,000
Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE)	N/A	N/A	N/A	N/A	N/A	N/A	\$1,250,000	\$2,650,000
FAS/FAE First Nations and Inuit Component	N/A	N/A	N/A	N/A	N/A	N/A	\$750,000	\$1,350,000
Postpartum Parent Support Program (PPSP)	600	600	N/A	N/A	N/A	N/A	\$100,000	\$100,000
Family-Centred Maternity and Newborn Care Guidelines	N/A	N/A	N/A	N/A	N/A	N/A	\$125,000	\$15,000
Employment Insurance: Maternity Benefits	N/A	N/A	N/A	N/A	175,800	175,800	\$722,900,000	\$722,900,000
Employment Insurance: Parental Benefits	N/A	N/A	N/A	N/A	170,620	170,620	\$471,700,000	\$471,700,000 <sup>8</sup>
<b>Total expenditures</b>							<b>\$1,219,944,000</b>	<b>\$1,236,421,000</b>

<sup>3</sup> All 1999-2000 figures are actuals and 2000-2001 figures are estimates.

<sup>4</sup> \$17.4 million goes directly to communities in the form of grants and contributions.

<sup>5</sup> \$27.3 million goes directly to communities in the form of grants and contributions.

<sup>6</sup> CPNP First Nations and Inuit component "programs" are activity-based and not stand-alone projects.

<sup>7</sup> This is based on the quantities of resources disseminated. Potentially, parents of all newborn infants are receiving this information.

<sup>8</sup> Based on expenditures for 1999-2000. Subject to change because of unknown uptake of changes to Parental Benefits (from six months to one year at the beginning of 2001).



### 3. Parenting and Family Supports

One of the most powerful influences on children's early development is their relationship with their parent(s). Responding to and stimulating children from birth helps them develop the skills they will need to succeed in school and beyond. Research evidence suggests that parenting style may affect a child's development. And, many factors influence parents; income, work-related issues; stresses, and the availability of community supports. Good parenting skills are learned. Many parents need additional information and all need support.

One of the best strategies for helping young children reach their full developmental potential is to provide parents with the support and information they need to raise their children. Experience has demonstrated that action at the community level is most effective and relevant in this respect.

The Government of Canada has invested 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 these activities, Aboriginal Head Start (Urban and Northern Communities) and First Nations Head Start Initiatives, the First Nations and Inuit Child Care Initiative, Employment Insurance Maternity and Parental Benefits, and Military Family Resource Centres, covered in other chapters of this report, also contribute to parenting and family support.

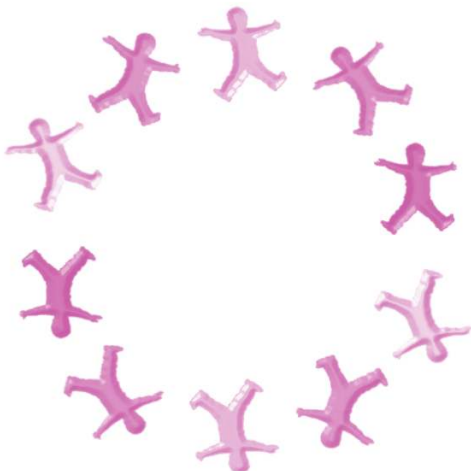
#### *Health Canada*

#### **Nobody's Perfect**

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

- bring together a group of parents who can support each other;
- increase their knowledge and understanding of children's health, behaviour and safety;
- increase their skills in coping with the challenge of parenting, along with their ability to parent and their sense of confidence; and
- decrease their sense of isolation in parenting.

Nobody's Perfect was developed by Health Canada in partnership with the departments of health of the four Atlantic provinces. It was introduced nationally in 1987. The program is offered in communities as a series of six to eight weekly group sessions, and is built around five colourful, easy-to-read books, which are given to parents free of charge. Parents' participation is voluntary and free. During the meetings, trained facilitators work together with parents to discover positive ways of parenting.



## Parenting and Family Supports

The Canadian Association of Family Resource Programs and the Canadian Institute of Child Health coordinate Nobody's Perfect nationally. All provinces and territories have a Nobody's Perfect coordinator in place. Last year, Nobody's Perfect reached 12,000 parents in a variety of settings, such as child care centres, schools and Native friendship centres. Across Canada, nearly 7,000 community workers, parents and public health nurses have been trained as Nobody's Perfect facilitators.

Health Canada's continued efforts focus on supporting national coordination, resource development and training, and helping to build the capacity of the provinces and territories to implement the program.

### Community Action Program for Children

The primary responsibility for children belongs, of course, to families. But today, there is a general acceptance that all sectors of society need to be involved in supporting children and families in their parenting role. Partnerships among parents, community workers and volunteers, private business people, and all levels of government are needed to improve the lives of Canadian children.

Health Canada's Community Action Program for Children (CAPC) springs from the awareness 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. CAPC builds on community strength by funding community-based coalitions to establish and deliver services to meet the developmental needs of children under age 6 living in conditions of risk.

### Who's at Risk?

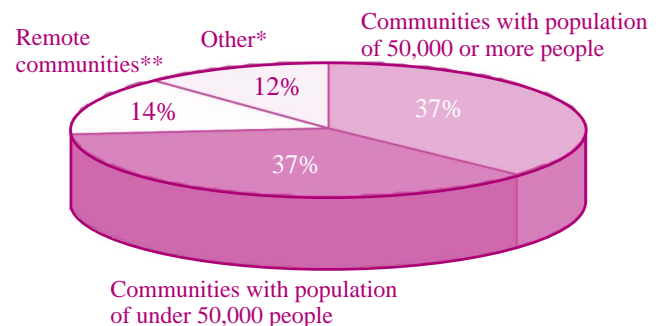
CAPC was designed to address the health and development needs of children living in conditions of risk. These children are:

- living in low-income families;
- living in teenage-parent families;
- at risk of, or have, developmental delays, social, emotional or behavioural problems; and/or
- neglected or abused.

Special consideration is given to Métis, Inuit and off-reserve First Nations children, the children of recent immigrants or refugees, children in lone-parent families and children who live in remote or isolated communities.

There are 464 CAPC projects across Canada. These projects make early investments in children by supporting prevention and early intervention activities. The projects provide parents with support and information they need to help raise their children. They recognize that communities have the will and ability to identify and respond to the needs of children and place a strong emphasis on community mobilization. All CAPC projects have common guiding principles.

### Where Are CAPC Projects?



\* Other projects may not fit into simple geographic breakdowns and are therefore classified as "other."

\*\* Remote communities are accessible only by air, or do not have road access for more than two weeks each year, or are more than 300 kms by car from a community with a population of 50,000 or more.

## Parenting and Family Supports

Each CAPC project is unique. Some provide parenting workshops, one-on-one counselling or help families access other community resources. Others provide home visits or operate toy-lending libraries, family resource centres and community kitchens. Others provide street-level programs for substance-abusing mothers.

CAPC projects are effective because of the dedication, commitment and patience of the people who are involved - parents, workers and volunteers - and because they create programs specifically designed for the communities that use them. Health Canada manages CAPC with the provincial and territorial governments through Joint Management Committees.

CAPC is evaluated at the national, regional and local levels. In addition, CAPC projects (and CPNP projects as discussed in chapter 2) are individually assessed for renewal every three years. Funded projects have to demonstrate that they are:

- adhering to the guiding principles;
- reaching the target population; and
- well managed and effective.

### Child Health Record

The Child Health Record is a booklet where parents can keep track of all of their children's health information. They can record information about their child from birth onwards, including family medical problems, growth and development, feeding, allergies, vaccinations, illnesses, injuries, dental health and health appointments. The Child Health Record is a tool to empower parents, working with their health care providers, to better coordinate the health care of their children. It also raises awareness of recommended preventive health practices.

The Child Health Record was developed and evaluated through a process, which included a review of similar records in Canada and worldwide and consultation with government, service providers and parents. It was developed in partnership with the Canadian Institute of Child Health, the Canadian Paediatric Society, the Canadian Public Health Association and the College of Family Physicians of Canada. Procter & Gamble - Pampers is a corporate partner.

### Who Uses CAPC?

#### CAPC Families Compared to Families in the General Population<sup>9</sup>

- 45% of CAPC families had an annual household income of less than \$15,000.
- 38% of CAPC parents interviewed are single parents.
- 58% of mothers who use CAPC programs have completed high school.
- 20% of parents who use CAPC programs rated their health as excellent and 14% rated their health as fair or poor.
- 11% of families in the general population had an annual household income of less than \$15,000.
- 15% of families in the general population are headed by a single parent.
- 78% of mothers in the general population have completed high school.
- 35% of parents in the general population rated their health as excellent and 4% rated it as fair or poor.

<sup>9</sup>As measured in the families surveyed by the *National Longitudinal Survey of Children and Youth, Cycle 2, 1996*.

## Parenting and Family Supports

Procter & Gamble - Pampers provided national promotion and distributed copies of the Child Health Record through hospital gift packs, which are given to new mothers in many Canadian hospitals. Health Canada and its non-governmental partners are also working to make the Child Health Record widely available through their networks.



### **Human Resources Development Canada**

#### **National Literacy Secretariat-Family Literacy Projects**

The National Literacy Secretariat (NLS) works to ensure Canadians have opportunities to develop the ever-expanding literacy skills needed to manage in everyday life and encourages partners throughout Canada to invest in literacy.

The family is where literacy begins and where the foundations of literacy are learned. Support for family literacy not only builds skills, but can help foster a commitment to continuous learning for the entire family. 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.

Under its mandate, the NLS funds various family literacy-related projects. Those projects range from launching a public awareness campaign to encourage participation in literacy and learning activities in the community, to providing parenting classes on topics such as "Read With Me" and "Learning Together: Read and Write With Your Child." These projects provide a supportive environment to parents eager to improve their literacy skills and assist them in reading to their children.

In 1999-2000, the NLS invested, in collaboration with its partners, in 85 family literacy-related projects. In 2000-2001, it invested in 83 projects.

#### **"Increase Public Awareness of Family Literacy in 25 Northern Communities" Project (funded by the National Literacy Secretariat)**

From September 2000 to April 2001, the Northern Coalition of Literacy Services in Manitoba worked to increase family and public awareness of family literacy in 25 northern communities, such as Thompson, The Pas, Churchill, Cross Lake and Flin Flon.

Through the project, participating communities:

- distributed 500 posters, 5,000 pamphlets and 200 copies of a children's book bibliography;
- organized a Family Literacy Day event in Thompson and provided support for events in The Pas, Thompson, Churchill, Cross Lake, Norway House and Flin Flon; and
- conducted a conference to support learners and practitioners in Flin Flon.

## Parenting and Family Supports

### Improve Parenting and Family Supports Activities and Expenditures Table<sup>10</sup>

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:						1999-2000	2000-2001
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001		
Nobody's Perfect	1,000+	1,000+	N/A	N/A	N/A	N/A	\$160,000 <sup>11</sup>	\$140,000 <sup>11</sup>
Community Action Program for Children (CAPC)	499	464	36,197	57,038	34,039	47,234	\$59,500,000 <sup>12</sup>	\$59,500,000 <sup>12</sup>
Child Health Record	N/A	N/A	N/A	400,000	N/A	400,000	N/A <sup>13</sup>	\$105,000 <sup>14</sup>
National Literacy Secretariat (NLS) – Family Literacy Projects	85 projects	83 projects	N/A	N/A	N/A	N/A	\$2,763,000 <sup>15</sup>	\$3,416,000 <sup>15</sup>
<b>Total expenditures</b>							<b>\$62,423,000</b>	<b>\$63,161,000</b>

<sup>10</sup> All 1999-2000 figures are actuals and 2000-2001 figures are estimates.

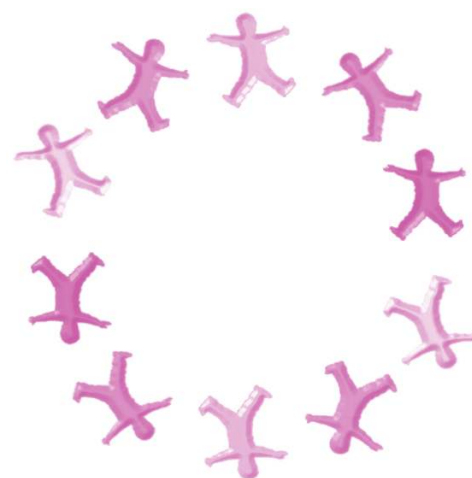
<sup>11</sup> Health Canada funding only. There are additional implementation costs that are covered by provincial and territorial governments.

<sup>12</sup> \$52.9 million goes directly to communities in the form of grants and contributions.

<sup>13</sup> Child Health Record was first produced in 2000.

<sup>14</sup> Health Canada funding only. In addition, Procter & Gamble - Pampers contributed approximately \$300,000 for printing, dissemination through hospital gift packs and a media event.

<sup>15</sup> 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.





## 4. Early Childhood Development, Learning and Care

**R**esearch evidence suggests that providing young children with quality learning and care environments enhances their physical, language and motor skill development, along with their social, emotional and cognitive development. Strengthening early childhood development, learning and care includes providing opportunities where children can interact and play, helping prepare children for school and responding to the diverse and changing needs of families. Preschools, child care and targeted developmental programs for young children can provide this support.

The Government of Canada provides financial support to families to offset the costs of early childhood learning and care, and provides some direct early childhood development, learning and care programs to Canadian Forces personnel and their families and to First Nations and other Aboriginal children (described in chapter 6). The Social Development Partnerships Program (described in chapter 7) also provides research support to help develop quality early childhood care and education experiences for young children. In addition, many of the community-based programs addressed in other chapters also make important contributions to the quality of early childhood development, learning and care in Canada.

### **Canada Customs and Revenue Agency**

#### **Child Care Expense Deduction**

Child care can be costly. To assist parents, the Government of Canada helps pay for the cost of child care through the Child Care Expense Deduction. Parents can claim child care expenses that they incur when they work or go to school.

Child Care Expenses were introduced into Canada's *Income Tax Act* in 1971. In 1998, the amount that parents could deduct from their personal income taxes for children under age 7 increased from \$5,000 to \$7,000 (and from \$3,000 to \$4,000 for children aged 7 to 16). Parents of children with severe disabilities, and who are eligible for the disability tax credit, may also claim up to an additional \$10,000 for care of that child. Each year, this helps approximately 1.2 million families meet their child care costs.

Child care expenses may include a variety of things - payments made to an eligible person providing child care, a day nursery or child care centre, a day camp, a boarding school, or an educational institution that provides child care services. The parent with the lower income claims the deduction, within certain limitations. The claim for child care expenses for a year cannot exceed two thirds of the amount the parent earned.

#### **Canada Child Tax Benefit Program - Supplement**

The Canada Child Tax Benefit (CCTB), as discussed in chapter 1, 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 began in July 1998, replacing the previous Child Tax Benefit program.

The CCTB also provides a supplement for children under the age of 7. This supplement for children under 7 was first introduced in 1988 as a refundable child tax credit (and was maintained through the CCTB's predecessor, the Child Tax Benefit). The objective of the Supplement is to provide additional support to low - and middle-income parents who care for a young child at home.

## Early Childhood Development, Learning and Care

In its current form, the CCTB-Supplement is an additional payment added to the overall CCTB for each child under 7 years of age. As of July 2001, the Supplement is \$221 per child per year. Parents who are eligible for the CCTB-Supplement and who also claim the Child Care Expense Deduction on their income tax return(s), have the amount of their CCTB-Supplement reduced by 25 percent of the child care expenses they claim.

### **National Defence**

#### **Military Family Resource Centres**

The Director, Military Family Services of the Canadian Forces Personnel Support Agency is responsible for the management and administration of the Military Family Services Program (MFSP).

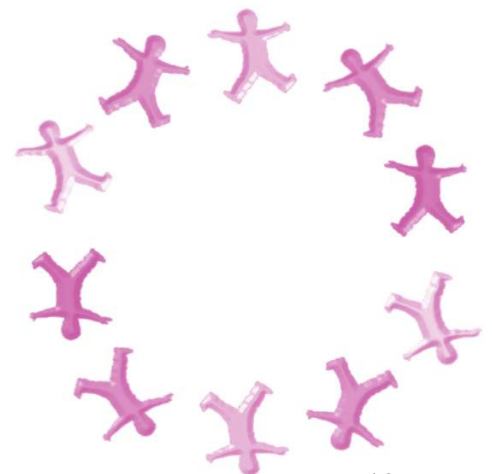
The MFSP was initiated in April 1987 to ensure a coordinated, consistent and effective approach to the delivery of a range of services to Canadian Forces families. The aim of the program is to promote health and well-being, provide needed information and referral, assist in the prevention of individual, family and community breakdown, buffer lifestyle stresses, enhance coping skills, and aid individuals and families in distress.

Through Military Family Resource Centres (MFRCs) at Canadian bases, wings and stations, the program provides: information and referrals for families, services for children and youth, prevention and intervention services, volunteer development and involvement services, educational programs, and quality of life services (which include deployment support, employment assistance and second-language training). MFRCs in Canada are community-based, provincially incorporated, not-for-profit organizations governed by a Board of Directors composed of 51 percent civilian spouses of Canadian Forces members.

There are approximately 25 different kinds of services offered under the Children and Youth component of MFRCs. Each centre is unique in the combination of programs it offers. Services offered for children under age 6 can include parent/tot programs, casual/respice child care, child care during MFRC programming, preschool playgroups, alternative child care information, special needs information and referral, and emergency child care service.

MFSP funding is intended for use in the management and coordination of these programs. The cost of program operations and other site-specific services is the responsibility of the MFRC Board of Directors/Advisory Board which may cover program costs through user fees, grants and fundraising.

In all, there are 45 MFRCs across Canada, in Europe and in the US, with approximately 12,000 young children making 80,000 visits to various programs at the centres each year.





## Early Childhood Development, Learning and Care

### Strengthen Early Childhood Development, Learning and Care Activities and Expenditures Table<sup>16</sup>

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001
Canada Care Expense Deduction	N/A	N/A	N/A	N/A	1,223,559	1,228,125	\$431,000,000 <sup>17</sup>	\$424,000,000 <sup>17</sup>
Canada Child Tax Benefit (CCTB) Program – Supplement	N/A	N/A	1,695,257	1,642,486	1,271,667	1,234,252	\$293,300,000	\$284,200,000
Military Family Resource Centres (MFRC)	15,000 <sup>18</sup> in 45 sites <sup>19</sup>	15,000 <sup>18</sup> in 45 sites <sup>19</sup>	80,000 <sup>20</sup>	80,000 <sup>20</sup>	35,000 <sup>21</sup>	35,000 <sup>21</sup>	\$4,000,000	\$4,000,000
<b>Total expenditures</b>							<b>\$728,300,000</b>	<b>\$712,200,000</b>

<sup>16</sup>All 1999-2000 figures are actuals and 2000-2001 figures are estimates (both figures are estimates for Military Family Resource Centres).

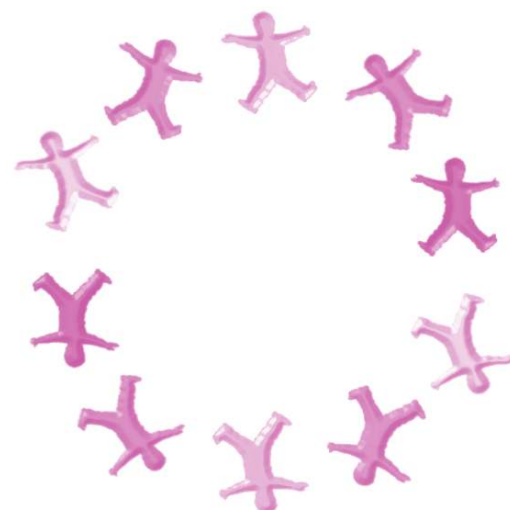
<sup>17</sup>Both Child Care Expense Deduction figures (1999-2000 and 2000-2001) are projections and include deductions that were made for all ages of children. It was not possible to isolate the expenditure for children under 6 years from the total expenditure. Figures do not include Canada Custom and Revenue Agency operating expenditures to administer the deduction.

<sup>18</sup>This number indicates the total frequency of programs and not the number of programs offered (for example, the same program might be offered in several different sites).

<sup>19</sup>36 in Canada, 2 in US, 7 in Europe.

<sup>20</sup>This number indicates total number of visits.

<sup>21</sup>This number indicates total number of visits.





## 5. Community Supports

Children do not just grow up in families - they grow up in communities. Communities provide the social settings where families help young children to grow and develop. Families with young children need supportive communities to help their children to reach their potential.

Communities make important contributions to the well-being of children through formal and informal networks. They provide parents and young children with a sense of belonging. They provide the basic infrastructure where family life is lived, including such things as supports for parents and families, prenatal/infant development programs and services, and early childhood care and learning. They provide a context where shared values and expectations are developed. Communities provide networks of services in health, education, social services, housing, recreation and other areas.

Over time, community-based initiatives and investment in early childhood development and support for parenting - both public and private - pay off. They help children develop to their potential, so that they become adults with better competence and coping abilities.

The Government of Canada has initiated a number of programs to strengthen the supports for young children in communities. The National Strategy on Community Safety and Crime Prevention focuses on crime prevention through social development and helps build community capacity to support children. 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; the Canada Prenatal Nutrition Program; First Nations and Inuit Child Care; Aboriginal Head Start (Urban and Northern Communities); and, First Nations Head Start programs. They are described in other chapters of this report, but are also central to strengthening community supports for children and their families.

### *Justice Canada*

#### **National Strategy on Community Safety and Crime Prevention**

The National Strategy on Community Safety and Crime Prevention aims to increase individual and community safety by equipping Canadians with the knowledge, skills and resources they need to advance crime prevention efforts in their communities. To accomplish this, the strategy adopts a social development approach, placing a particular emphasis on children, youth, women and Aboriginal peoples. The objectives of the national strategy are to:

- promote the integrated action of government and non-government partners to reduce crime and victimization;
- assist communities in developing and implementing community-based solutions to problems that contribute to crime and victimization, particularly as they affect children, youth, women and Aboriginal peoples; and
- increase public awareness of, and support for, effective approaches to crime prevention.

The strategy is aimed at reducing crime and victimization by addressing their root causes, and is based on the belief that action must take place at the community level. It is the people who live, work and play in a community who understand their area's resources, problems, unique needs and capacities.

The national strategy has three components: a Safer Communities Initiative; a Promotion and Public Education Program; and, the National Crime Prevention Centre. Located within the Department of Justice Canada, the National Crime Prevention Centre is responsible for implementing the strategy in partnership with the Solicitor General of Canada.

## Community Supports

The Safer Communities Initiative helps Canadians undertake crime prevention activities in their own communities. The emphasis of Safer Communities is on strengthening the positive and proactive efforts of communities to become safer and healthier places in which to live, for the ultimate benefit of all Canadians. The components of this initiative are the Community Mobilization Program, the Crime Prevention Investment Fund, the Crime Prevention Partnership Program, and the Business Action Program on Crime Prevention.

The four components are used to address risk factors associated with victimization of children and that place children at risk of engaging in criminal behaviour later in life. Initiatives funded through the various programs develop crime prevention knowledge, skills, resources and activities within “high-risk/high-need” communities where victimization of children is a concern. Strategies such as early intervention for children, especially within at-risk populations where multiple risk factors are present, are developed. Support for the ongoing development and evaluation of crime prevention models, strategies and best practices to address crime concerns related to children are crucial components of the programs.

### STRENGTHENING COMMUNITY SUPPORTS

#### EXAMPLE: EDMONTON'S *SUCCESS BY 6*

Edmonton's *Success By 6* Initiative is dedicated to supporting preschool children and their families through integrated service delivery in health, education and social services.

*Success By 6* has six program goals:

- 1- educating Edmontonians on crime prevention through early childhood intervention and development;
- 2- strengthening local community action;
- 3- promoting family literacy;
- 4- raising funds to expand on proven programs;
- 5- identifying gaps and innovative programming solutions; and
- 6- evaluating the progress of all *Success By 6* programs.

There are also two other programs integrated into Edmonton's *Success By 6*, *Edmonton Healthy Families*, an intensive home-visiting program for new parents, and the *Classroom On Wheels* Program, a mobile preschool intervention program.

The National Crime Prevention Centre (NCPC) provides the Edmonton *Success By 6* partners \$900,000 under the Crime Prevention Investment Fund, over a three-year period from December 1998 to December 2001. These funds support the *Edmonton Healthy Families* and *Classroom on Wheels* programs, as well as a comprehensive evaluation of the entire *Success By 6* Initiative.

Through the Investment Fund, the NCPC is also supporting similar Healthy Families Initiatives in Prince Edward Island and Yukon. Together, the projects represent an opportunity to test models of early childhood intervention that have been designed to reduce the factors that contribute to future criminal behaviour and victimization.

## Community Supports

### Strengthen Community Supports Activities and Expenditures Table<sup>22</sup>

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:						1999-2000	2000-2001
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001
National Strategy on Community Safety and Crime Prevention	27	37	N/A	N/A	N/A	N/A	\$944,000 <sup>23</sup>	\$1,370,000 <sup>23</sup>
<b>Total expenditures</b>							<b>\$944,000</b>	<b>\$1,370,000</b>

<sup>22</sup>All 1999-2000 figures are actuals and 2000-2001 figures are estimates.

<sup>23</sup>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

**E**arly childhood development for Aboriginal children is recognized as a priority in Canada. In their September 2000 Communiqué on Early Childhood Development, Canada's First Ministers committed that "Governments will work with the Aboriginal peoples of Canada to find practical solutions to address the developmental needs of Aboriginal children."

According to the 1996 Census, there were 170,480 Aboriginal<sup>24</sup> children under 6 years of age living in Canada. Although Canada's overall population is aging, children and youth dominate its Aboriginal population. While Aboriginal people account for less than 4 percent of the total population, Aboriginal children make up over 7 percent of all children under 6 years of age in Canada. In addition, the Aboriginal population is growing more rapidly than the total population, and it is likely that this trend will continue over the next few decades.

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 Initiative, also have specific components for children and families living on-reserve. As well, CPNP provides 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.

### *Indian and Northern Affairs Canada*

Indian and Northern Affairs Canada's mandate is reflected in its mission statement, "Working together to make Canada a better place for First Nations, Inuit and Northerners." The Department has primary responsibility for meeting the federal government's constitutional, political and legal responsibilities to First Nations. The Department ensures that Status Indians living on-reserve have access to basic services similar to those provided to other Canadian residents by provincial, territorial and municipal governments. The Department accomplishes this, increasingly, by funding First Nations to provide the services themselves.

Indian and Northern Affairs Canada (INAC) also supports innovative programming for First Nations children in several provinces and territories and in coordination with other federal government departments. In Alberta and Ontario, Indian and Northern Affairs Canada signed agreements with provincial governments to support on-reserve child care services. Human Resources Development Canada's First Nations and Inuit Child Care program has built on and enhanced this programming. Since 1983 in New Brunswick, Indian and Northern Affairs Canada has funded an Aboriginal Head Start program on-reserve to complement provincial government Head Start programming. Health Canada's First Nations Head Start program built upon this existing infrastructure when it was created in 1998.

<sup>24</sup>The Aboriginal population includes those who reported themselves as Registered Indian, and/or as having Aboriginal identity, and/or with one or more Aboriginal ethnic origins, and/or having band membership.

## **Child/Day-care Programs - Ontario and Alberta**

In 1965 and 1985, the Government of Canada entered into financial agreements with the Governments of Ontario and Alberta respectively, through which the two provinces have agreed to extend child care services to on-reserve populations. The federal government reimburses the two provinces for their on-reserve service delivery. In both provinces, the services are intended to provide additional early childhood development programming and learning, and to ensure that First Nations children on-reserve receive comparable services to those offered by the provincial government to non-Aboriginal people. In Ontario in 1998-1999, First Nations owned or operated 52 centres, and sponsored four private home programs and four latch-key programs across the province. The agreement has been expanded to include day-care subsidies for Ontario Works participants. In Alberta, approximately 832 day-care spaces were created in 1999-2000.

## **Aboriginal Head Start-New Brunswick**

The Aboriginal Head Start - New Brunswick program began in 1983. Its 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 operates on a referral basis for children and their parents. Depending on the particular program, children and their parents are provided with centre- or home-based services that can include social and educational enrichment for the children coupled with education for the parents. These services for parents include working with their children in a supervised environment and/or attending parenting classes, separate from their children. Aboriginal Head

Start - New Brunswick is not a part of Health Canada's First Nations Head Start or Aboriginal Head Start (Urban and Northern Communities) programs.

## **Elementary Education (Pre-Kindergarten and Kindergarten)**

The objective of INAC's elementary education program is to provide access for eligible students to elementary education services that are reasonably comparable to what is offered by the province/territory of residence. In this case, "eligible students" refer to First Nations students ordinarily resident on reserve. INAC provides funding for First Nations-operated and federal schools, for the 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.

## **First Nations National Child Benefit Reinvestment**

The National Child Benefit combines new federal investments with provincial, territorial and First Nations government reinvestment resources. The federal government has increased its income support for low-income families through the Canada Child Tax Benefit. In turn, provincial, territorial and First Nations governments 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.

First Nations play a significant role in the implementation of the National Child Benefit as they administer the reinvestment component. 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

## Dedicated Services for First Nations and Other Aboriginal Children and Families

programs and services tailored to meet their needs and priorities while maintaining the overall goals of the National Child Benefit.

There are approximately 600 First Nations across the country that participate in the National Child Benefit program. Each community implements the National Child Benefit reinvestment programs according to existing guidelines within the province or territory of residence. Once implemented, First Nations are required by Indian and Northern Affairs Canada to report annually on how National Child Benefit reinvestment monies

are used and how many children and families benefit from the program.

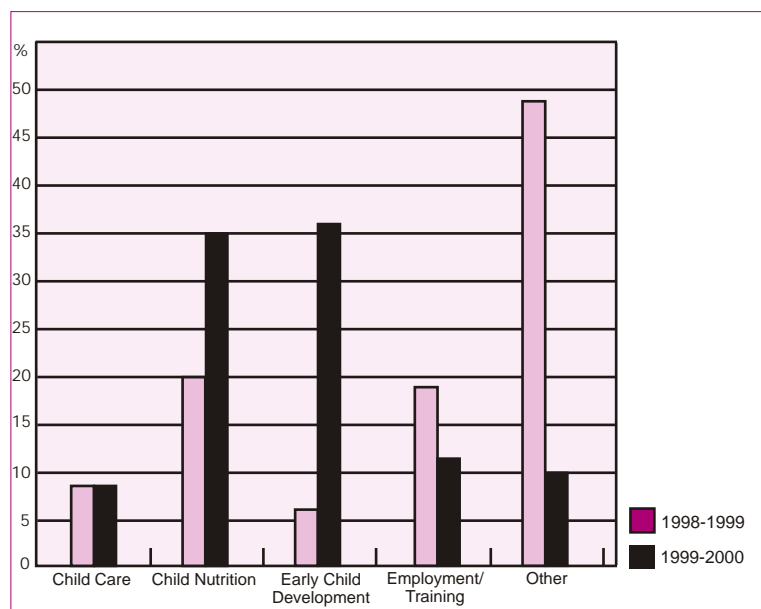
In 1999-2000, early childhood development programs comprised 36 percent of the total First Nations National Child Benefit Reinvestment component and child/daycare comprised 8 percent of the total. While many short-term results indicated program successes, the long-term impact has yet to be realized and assessed.

### First Nations National Child Benefit Reinvestment

Through the National Child Benefit, First Nations adjust social assistance for recipients with children by an amount equal to the federal increase in income support for low-income families. These adjustments are then “reinvested” into community-based programs for low-income families which are tailored to meet their needs and priorities, while keeping with the overall goals of the NCB.

As reported in the *First Nations National Child Benefit Reinvestment Progress Report: 2000*

- First Nations reinvested \$30.8M in 1998-1999; \$48.76M in 1999-2000; \$55.19M in 2000-2001 and are projecting reinvestments of \$58.24M for 2001-2002.
- Of these totals, First Nations reinvested funds in the following program areas:



- In 1998-1999, 16,503 families and 37,468 children benefited from NCB reinvestments. These totals rose to 24,556 and 54,516 respectively in 1999-2000.
- In 2000-2001, the number of First Nations communities that participated in the First Nations Self-Evaluation Participation process was 18. In 2001-2002, the number of participating First Nations increased to 50.

A First Nations National Child Benefit Reinvestment Interim Evaluation detailing the results of the First Nations reinvestment component will be available in 2001. A Summative Evaluation is scheduled for 2003.

The First Nations National Child Benefit Reinvestment programs fall into five broad areas, three of which relate directly to early childhood development:

- *Child/Day Care* - These are programs directed toward the development and enhancement of day-care facilities and the provision of child care services, which allow more families with low incomes to gain access to day-care spaces, or to have their share of child care costs reduced.
- *Child Nutrition* - These are programs directed at improving the health and well-being of children by providing school meal programs as well as education to parents on family nutrition and meal preparation.
- *Early Child Development* - These are early intervention programs for parents to help their children with a healthy start in life. Some examples include parenting skills programs and drop-in centres for parents.
- *Employment Opportunities/Training Programs* - These are programs directed at increasing the skill level of individuals and thereby increasing their chances of obtaining work. Examples include employment and skills development, youth summer work programs and personal development workshops.
- *Other* - National Child Benefit programs that fall into the category of “other” represent a broad range of areas (e.g. cultural awareness or traditional teachings, recreation activities, and income supplements for low-income families).

The National Child Benefit reinvestment component provides a sense of community ownership of the programs developed, because they are designed by First Nations to address the diverse and unique needs of First Nations communities. The reinvestment component provides flexibility and variability for First Nations to design and develop innovative community-based programs that are culturally relevant, respond to the specific and unique needs of the community, and support children and their families living on-reserve (for more information please consult *The National Child Benefit Progress Report: 2000* or the *First Nations National Child Benefit Progress Report 2000*)

### Human Resources Development Canada

Human Resources Development Canada's mandate is to enable Canadians to participate fully in the workplace and in the community. To help achieve this goal, the Department's First Nations and Inuit Child Care Initiative helps provide child care services to First Nations and Inuit children to support their healthy development and to enable their parents to work or study.

#### First Nations and Inuit Child Care Initiative

The First Nations and Inuit Child Care Initiative was created 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 was established in 1995 with the goal of providing 6,000 child care spaces. It now provides funding to over 390 First Nations and Inuit communities across Canada and directly supports over 7,000 child care spaces. The initiative serves children between the ages of 0 and 12, with priority given to children under age 6.



The initiative is managed by local Aboriginal organizations to ensure that it is responsive to community needs and priorities.

Many communities have linked their First Nations Head Start and Aboriginal Head Start (Urban and Northern Communities) programs, which provide part-day developmental experiences to children, to First Nations and Inuit Child Care to provide a continuum of support for children. About 50 percent of the communities that receive First Nations and Inuit Child Care funding also have First Nations or Aboriginal Head Start programs.

“We have been open for a year and a half and what a ride it has been! The biggest thing that we have discovered, other than how difficult it is to maintain a licensed facility, is how we are changing the face of our extended families in our communities by introducing licensed day-care services.”

“We are in essence practicing a new way of childrearing cross-culturally and adhering to government regulations. This is a very exciting time for us in Nunavut, we have the unique opportunity to set up a system that would provide essential child care services, but allow for the development of quality, holistic and effective early childhood programs and services for the community as a whole, and not just for day-care service clients.”

Ester Leck, Director  
Naurainnuk Daycare  
Pond Inlet, Nunavut

## Health Canada

The mission of Health Canada's First Nations and Inuit Health Branch is “to establish a renewed relationship with First Nations and Inuit that is based on the transfer of direct health services and a refocused federal role, and that seeks to improve the health status of First Nations and Inuit.” Services supported by the Branch include community health programs in First Nations and Inuit communities, and the provision of Non-Insured Health Benefits to First Nations and Inuit people regardless of where they live in Canada. The First Nations and Inuit Health Branch also provides direct programming for several initiatives aimed at young children, living both on-reserve and in Inuit communities. Health Canada's Population and Public Health Branch also provides community-based programming to some Aboriginal children and families living in urban and northern communities.

“The First Nations/Inuit Child Care program serves as a good starting point for language, culture and traditional learning. Our children progress through their public school years with a sense of pride for who they are and with a brighter outlook of where they want to go. Tobique is graduating more Natives from Grade 12 than ever before. As a result, our Post-Secondary Program sponsors numerous students in various faculties and institutions throughout North America.”

Warren Tremblay  
Director of Education  
Tobique First Nation, New Brunswick

### Brighter Futures

Brighter Futures, which began in 1992-93, is a Canada-wide program designed to assist First Nations and Inuit communities in developing community-based approaches to health programs. The purpose is to improve the quality of, and access to, culturally sensitive wellness services in the community. These services will in turn help create healthy family and community environments, which support child development. While the program is intended specially for First Nations and Inuit children from ages 0 to 6, it is recognized that children's needs cannot be separated from those of their families and community.

There are a number of components to Brighter Futures: mental health; child development; injury prevention; healthy babies; and, parenting skills. The communities determine their priorities and allocate their resources accordingly. A particular community's activities may include:

- running children's programs designed and managed at the community level. These programs promote optimal health and social development for infants, toddlers and preschool children by providing opportunities such as family-linked stimulation and structured after-school programs;
- establishing and managing mental health programs that promote children's development in harmony with their family and community;
- developing community action projects intended to reduce the incidence and seriousness of injuries in First Nations and Inuit communities;
- supporting community efforts to promote the health of infants by promoting breastfeeding, educating pregnant and nursing mothers about nutrition, and developing culturally appropriate educational resources and training programs for community health practitioners; and

- supporting community-based efforts to provide culturally appropriate parenting skills training and ongoing support to parents, which reinforce positive parenting values and skills rooted in the cultural heritage of First Nations and Inuit.

Brighter Futures projects are available to each First Nations and Inuit community across the country. They have resulted in the formation of partnerships and collaboration between government, First Nations and Inuit communities. As a result of these projects, there has been an increased awareness of the conditions of risk facing many First Nations and Inuit children and families.

### Aboriginal Head Start (Urban and Northern Communities)

Aboriginal Head Start (AHS) is an early intervention 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. Today, there are 114 projects operating in eight provinces and all three northern territories. Aboriginal Head Start project sites provide activities in six areas important to children's healthy development: culture and language; education; health promotion; nutrition; parental involvement and, social support.

Aboriginal Head Start projects are locally controlled and designed. They strive to provide Aboriginal children with a positive sense of themselves, a desire for learning and opportunities to develop fully as successful young people.

## Dedicated Services for First Nations and Other Aboriginal Children and Families

Generally, Aboriginal Head Start projects operate September to June, four days per week. Each 3- to 5-year-old child typically attends the preschool for a half-day. There are commonly 30 to 40 children, in morning and afternoon sessions, in a structured preschool environment. Aboriginal Head Start projects are run by locally managed Aboriginal non-profit organizations and parents participate in the management and operation of their children's program.

Aboriginal Head Start began in May 1995, with a four-year pilot phase and now has ongoing funding of \$22.5 million annually. Approximately 3,200 children participate in Aboriginal Head Start each year.

Aboriginal Head Start has generated enthusiasm and passionate commitment among community participants: the parents; project staff; and volunteers who have initiated projects and are keeping them going. Community participants have indicated that Aboriginal Head Start has

provided Aboriginal communities and organizations with their best opportunity to collaborate. It has focused community energies on working together for the lives of children and it has improved the lives of thousands of Aboriginal children and families.

The AHS Urban/Northern program is governed by an evaluation framework developed in 1997 and an accountability framework that forms part of its 2000 Treasury Board submission. The program is required to conduct national and local evaluations, and many regions have conducted evaluations as well. National process evaluation data has been collected since 1999 (1999 data was released in the publication *Children Making a Community Whole: A Review of Aboriginal Head Start in Urban and Northern Communities*). Pilot testing of impact evaluation tools, including child impacts, is taking place in 2000-2002, with a launch of the impact evaluation to commence in 2002.

### Aboriginal Head Start (Urban and Northern Communities)

#### According to the 2000 Aboriginal Head Start in Urban and Northern Communities, National Process and Administrative Evaluation Survey:

- 18% of children participating require greater than normal staff time, mostly for language-related, Fetal Alcohol Syndrome/Fetal Alcohol Effects or emotional, behavioural or developmental delays;
- 84% 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;
- 89% of the project staff are Aboriginal;
- 31% of all staff are trained in early childhood education: another 26% have undergraduate or graduate degrees; and
- volunteers donate 10,000 service hours each month.

#### Feedback from Parents

“My child comes home (from AHS) and uses what she learns in her playtime and her life. She learns all about her culture and it teaches her to cope with the problems that are inevitable in life. I have noticed so many positive changes in my daughter.”

*Parent of a child attending Aboriginal Head Start*

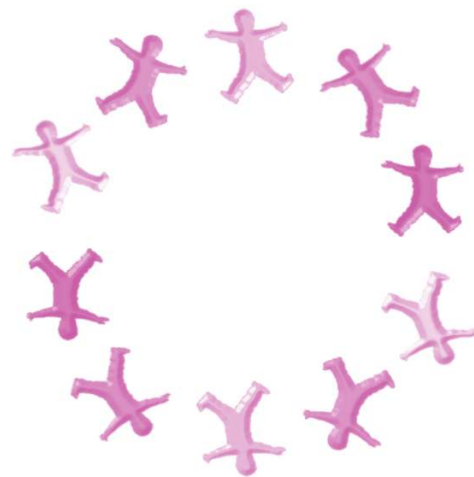
## First Nations Head Start

In 1998-1999, the Aboriginal Head Start program was expanded to First Nations communities. First Nations Head Start<sup>25</sup> 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. The program encourages the development of locally controlled projects in First Nations communities. By involving parents and the community, the program intends to work holistically and to incorporate traditional means of childhood instruction to instil a sense of pride, develop parenting skills and confidence, and foster emotional and social development in all members of the family. There are currently 168 funded First Nations Head Start projects serving 305 communities in Canada.

First Nations Head Start is designed to meet the unique needs of First Nations children and families while ensuring that it complements and is integrated with existing children's programs. These programs include Indian and Northern Affairs Canada's Kindergarten program, Human Resources Development Canada's First Nations and Inuit Child Care Initiative and Health Canada's Brighter Futures Initiative.

The core components of First Nations Head Start projects are culture and language, education, health promotion, nutrition, social support and parental involvement. One national and seven regional committees have been established to oversee the planning and implementation of the projects. These committees are composed largely of representatives from First Nations communities and organizations. They have been successful in ensuring there is no overlap or duplication of services by examining community needs and identifying linkages with existing community programs.

A review of the program, including a combined national process evaluation and baseline survey, is being completed during fiscal year 2001-2002. This study will provide critical programming information leading to a five-year impact evaluation scheduled for fiscal year 2002-2003.



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<sup>25</sup>Formerly known as Aboriginal Head Start (AHS). The names of the two components of the former AHS program have been changed to First Nations Head Start and Aboriginal Head Start (Urban and Northern Communities) to clarify their distinct roles.

## Dedicated Services for First Nations and Other Aboriginal Children and Families Activities and Expenditures Table<sup>26</sup>

	Who does the activity reach?						What is the expenditure on children under 6?	
	Number of:							
	Activities/Sites		Children under 6		Families			
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001
Child/Day-care Programs – Alberta	17	17	1,404	1,404	N/A	N/A	\$3,629,000	\$3,629,000
Child/Day-care Programs – Ontario	66	66	N/A	N/A	N/A	N/A	\$12,176,000	\$12,177,000
Aboriginal Head Start – New Brunswick	14	14	N/A	N/A	N/A	N/A	\$1,804,000	\$1,804,000
Elementary Education (Pre-Kindergarten and Kindergarten)	485	485	14,153	13,936	N/A	N/A	\$65,000,000	\$65,000,000
First Nations National Child Benefit Reinvestment	600	600	42,580	42,580	N/A	N/A	\$23,700,000 <sup>27</sup>	\$23,700,000 <sup>27</sup>
First Nations and Inuit Child Care Initiative	390	390	> 7,000	> 7,000	N/A	N/A	\$41,000,000 <sup>28</sup>	\$41,000,000 <sup>28</sup>
Brighter Futures	N/A	N/A	45,000	45,000	N/A	N/A	\$22,000,000	\$20,000,000
First Nations Head Start	225	305 <sup>29</sup>	6,100	7,700	N/A	N/A	\$29,500,000	\$24,250,000
Aboriginal Head Start (Urban and Northern Communities)	112	114	3,122	3,200	N/A	N/A	\$22,500,000	\$22,500,000
<b>Total expenditures</b>							<b>\$221,309,000</b>	<b>\$214,060,000</b>

<sup>26</sup>All 1999-2000 figures are actuals and 2000-2001 figures are estimates.

<sup>27</sup>36% of the total First Nations reinvestment, of which 8% was child day care (\$48.26M). Estimate of proportion of all NCB projects that reported as early childhood development projects.

<sup>28</sup>Reflects expenditures on behalf of children up to age 12, but expenditures are primarily for children under age 6.

<sup>29</sup>There are currently 168 funded First Nations Head Start projects, serving 305 communities



## 7. Research and Information

**R**esearch, knowledge and information are the foundation 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. In the Early Childhood Development Agreement, governments have agreed 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.

The Government of Canada undertakes a number of important information, research and surveillance initiatives. To fully understand how well our young children are doing, and how we can best respond to their needs, we need strong research that follows children over time and monitors the kinds of support they are receiving from their families and communities. The federal government is supporting important research initiatives that will address these issues. In addition, the government is monitoring critical physical health and birth outcomes, and important conditions that put our young children at risk, such as violence in the family. It is also providing information to Canadians about important health topics such as smoking and violence. All of these research and information activities will ultimately influence all four key areas for action that make up the Early Childhood Development Agreement.

In addition to the range of activities described in detail in this chapter, developmental work is underway to create important new sources of information on young children and their families in Canada. In particular, HRDC is currently working with Statistics Canada to develop the Participation and Activity Limitation Survey (PALS). This survey will provide a rich source of information about children with disabilities in Canada, such as the rate and types of disability, age of onset, and the need for and access to disability supports in everyday activities and within specific settings.

### *Human Resources Development Canada*

#### **National Longitudinal Survey of Children and Youth**

The National Longitudinal Survey of Children and Youth (NLSCY) is a long-term, groundbreaking study of Canadian children that tracks their development and well-being from birth to early adulthood. It collects information about how a child's family, friends, schools and community influence their physical, behavioural and learning development. Nationally, it surveys more than 30,000 Canadian children every two years. The NLSCY began collecting data in 1994 and is done in partnership by Human Resources Development Canada and Statistics Canada. Research using the information from the survey helps with decisions about which policies, programs and services best support children and their families. It also shows how investing in our children and youth can improve the well-being of children and youth, and Canadian society as a whole.

## Research and Information

The NLSCY helps answer questions such as:

- How well are Canada's children and youth able to learn and get along with others?
- How healthy are they?
- What skills and abilities do children need at each stage of their lives?
- What helps children overcome difficulties?
- How do families, schools and the community make a difference in children's lives?

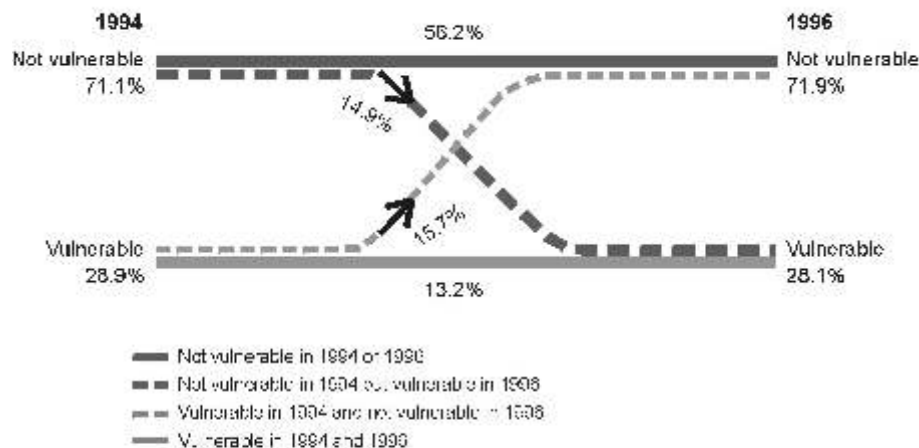
Four cycles of data have been collected in the NLSCY, and a growing body of research has been published and disseminated through various means, including a national policy research conference.

### National Longitudinal Survey of Children and Youth

One of the achievements of the NLSCY has been to assess the population of Canadian children based on developmental outcomes; children are considered vulnerable when they have at least one serious learning or behavioural problem, such as poor vocabulary skills or emotional problems. The chart below provides a picture of how Canadian children were doing in 1994, and how the *same* children were doing in 1996. In 1994, 71.1 percent of children 0 to 11 years of age did not have a serious learning or behavioural problem, while 28.9 percent were found to be vulnerable. The breakdown for 1996 is similar, but as the chart illustrates, vulnerability is a dynamic state. For example, slightly over half of the children considered vulnerable in 1994 were not considered to be vulnerable in 1996.

Reproduced from: *Applied Research Bulletin*, Volume 7, Number 1 (Winter/Spring 2001), p. 4.

#### A dynamic view of vulnerable children



Note: Children are considered vulnerable when they have at least one serious learning or behavioural problem.

Source: *National Longitudinal Survey of Children and Youth, 1994 and 1996*

### Understanding the Early Years Initiative

The Understanding the Early Years Initiative builds on the NLSCY. With a focus on the early years, it is designed to: increase knowledge about children's development, especially the impacts communities can have; monitor our progress as a society in improving outcomes for young children; and stimulate community action.

Understanding the Early Years includes a community research initiative involving teachers, parents, guardians, community agencies and the Government of Canada. It is helping communities from British Columbia to Newfoundland and Labrador understand how their children are doing and how best to respond to their needs. Understanding the Early Years looks at the whole picture: how neighbourhoods, children's programs and services, families, schools and child care facilities influence early childhood development. It also maps out where children in a community live in relation to where the programs and services supporting them and their families can be found.

With this information, participating communities will put in place action plans that will help their children - both before and after they enter school - reach their full potential in life.

Understanding the Early Years is important because we need to answer the question "How are our children doing now?" before we will know how to help them do better in the future. Understanding the Early Years is providing answers to this question so that communities and governments can develop the policies, programs and services that best promote the well-being of our children.

Understanding the Early Years projects currently exist in 13 sites across the country: British Columbia (Coquitlam, Abbotsford); Saskatchewan (Prince Albert, Saskatoon); Manitoba (Winnipeg, South Eastman); Ontario (North York, Mississauga, Niagara Falls); Quebec (Montreal); New Brunswick (Hampton); Prince Edward Island (all communities) and Newfoundland and Labrador (Southwestern Newfoundland).

### What does "readiness to learn at school" mean?

When we hear the term "readiness to learn at school," what often comes to mind is a child's ability to learn to read, write and do math. These things are important, but readiness to learn means much more. It means a child's:

- physical health and well-being;
- emotional health and maturity;
- ability to get along with others and learn new skills;
- language development and thinking skills; and
- ability to communicate with others and to understand the world around them.

Children who enter school "ready to learn"

- have developed the ability to get along with others;
- have developed ways to cope with disappointment and challenges; and
- are eager to try new experiences.