

**FEDERAL/PROVINCIAL/TERRITORIAL  
EARLY CHILDHOOD DEVELOPMENT AGREEMENT**

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**EARLY CHILDHOOD  
DEVELOPMENT  
ACTIVITIES AND  
EXPENDITURES:**

GOVERNMENT OF CANADA REPORT  
2002-2003

NEW ADDITION:  
**EARLY LEARNING AND CHILD CARE  
ACTIVITIES AND EXPENDITURES:**

BASELINE REPORT  
2002-2003




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**MULTILATERAL FRAMEWORK  
ON EARLY LEARNING AND CHILD CARE**

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# Preface



In September 2000, the Government of Canada and provincial and territorial governments reached an historic agreement to improve and expand the services and programs they provide for children under six and their families. In 2002–2003, the Government of Canada transferred \$400 million to provinces and territories through the Canada Health and Social Transfer to support their investments in early childhood development programs and services in four key areas—healthy pregnancy, birth and infancy; parenting and family supports; early childhood development, learning and care; and community supports. In 2003–2004, this transfer will grow to \$500 million. All governments committed to report annually to Canadians on their progress in enhancing early childhood development programs and services.

Building on the ECD Agreement, on March 13, 2003, Federal, Provincial and Territorial Ministers Responsible for Social Services reached agreement<sup>1</sup> on a framework for improving access to affordable, quality, provincially and territorially regulated early learning and child care programs and services. Under this Multilateral Framework on Early Learning and Child Care, the Government of Canada is providing \$900 million over five years to support provincial and territorial government investments in early learning and child care. Governments have also committed to transparent public reporting that will give Canadians a clear idea of the progress being made in improving access to affordable, quality early learning and child care programs and

services. Governments agreed to report annually to Canadians on early learning and child care programs and services, beginning with a baseline report for 2002–2003.

**This report is the Government of Canada’s fulfillment of the commitment to report annually on the progress it has made in enhancing early childhood development programs and services since the ECD Agreement was put in place. It also includes the Government of Canada’s baseline report on all early learning and child care programs and services as defined in the Multilateral Framework on Early Learning and Child Care.**

Governments also agreed to make regular public reports on outcome indicators of child well-being using an agreed upon set of common indicators. As a complement to the information in this report, the reader may wish to read *The Well-Being of Canada’s Young Children: Government of Canada Report 2003*. This is the second report on child well-being published by the Government of Canada.

<sup>1</sup> While the Government of Quebec supports the general principles of the ECD Agreement and the Multilateral Framework on Early Learning and Child Care, it did not participate in developing these initiatives because it intends to preserve its sole responsibility on social matters. However, Quebec receives its share of federal funding and the Government of Quebec is making major investments toward programs and services for families and children.







# 1. Introduction

## Federal/Provincial/Territorial Early Childhood Development Agreement

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

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

The Agreement focuses on children under six and their families.

To meet the above objectives, governments 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.

Further information about the ECD Agreement can be found at [www.socialunion.gc.ca](http://www.socialunion.gc.ca) and in Annex B and Annex C.

### **Public Reporting**

To give Canadians a clear idea of the progress being made, governments agreed to report annually on their investments in early childhood development programs and services, and

to provide regular reports on how young children are doing. In fulfilling this commitment, they agreed to provide:

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

To guide annual reporting, governments have agreed on a “shared framework”—a common set of principles and guidelines, and comparable indicators—to help ensure consistency in the type of information they provide to the public about their activities and investments through the ECD Agreement. The shared framework states that reports will include descriptive information about the programs as well as the agreed upon indicators: expenditures; availability, accessibility, affordability and quality. (For the full text of the *Shared Framework for Reporting on Progress in Improving and Expanding ECD Programs and Services*, see Annex B.)

This report fulfills the Government of Canada’s commitment to report on its progress in enhancing early childhood development programs and services according to the shared framework.

## The Government of Canada's Support for Young Children

### *Government of Canada's Direct Investments in Young Children*

The Government of Canada has a long-term commitment to children and plays a leading role in providing a variety of early childhood development programs and services. These programs and services include early childhood development for children and families at-risk, including some for at-risk Aboriginal children living off reserve; social, health and economic programs for First Nations and Inuit children and families; research, information and public education; and early childhood development.

As well as the activities described in this report, the Government of Canada makes significant contributions to the health and well-being of young children through several other programs. The Canada Health and Social Transfer (CHST) supports provincial and territorial government expenditures in the areas of health care, social assistance, social services and post-secondary education. 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. The Government of Canada also contributes to the health and well-being of children through various income support and tax measures which benefit families and children of all ages, and through support for non-governmental organizations.

The federal budget, February 2003, announced a number of new investments in young children and families.

- It introduced a long-term investment plan that will increase benefits for low-income families under the National Child Benefit by \$965 million per year by 2007, bringing the maximum annual benefit for a family with two children to \$6,260.
- It introduced a new Child Disability Benefit of up to \$1,600 annually to help low- and modest-income families meet the challenges of raising a severely disabled child.
- It announced \$900 million over five years to support provincial and territorial investment in affordable, quality early learning and child care programs and services and an additional \$35 million over five years to build on federal early learning and child care programs for First Nations children, primarily on reserves.

### *Federal Transfers in Support of Provincial and Territorial Government Early Childhood Development Investments*

The Government of Canada makes a major contribution in support of the ECD Agreement to help provincial and territorial governments better support young children in their communities. In 2002–2003, the Government of Canada transferred \$400 million to provinces and territories through the CHST to support their investments in early childhood development programs and services. In 2003–2004, this transfer will grow to \$500 million. A wide range of activities is under way in the provinces and territories as a result of the federal funding for early childhood development. Broad provincial and territorial government priorities for investing in early childhood development are outlined on the map in this chapter.

## CHST Funding for Early Childhood Development

The Government of Canada transfer to provinces and territories through the CHST in support of early childhood development, is broken down as follows:

(\$ Millions)

	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006	TOTAL
Newfoundland and Labrador	5.1	6.6	8.2	8.1	8.1	36.1
Prince Edward Island	1.3	1.7	2.2	2.2	2.2	9.6
Nova Scotia	9.0	11.9	14.8	14.7	14.6	65.1
New Brunswick	7.3	9.6	11.9	11.8	11.7	52.2
Quebec	71.6	95.0	118.4	118.0	117.7	520.7
Ontario	115.0	154.2	193.4	194.1	194.8	851.4
Manitoba	11.1	14.7	18.4	18.3	18.3	80.9
Saskatchewan	9.7	12.7	15.7	15.6	15.4	69.2
Alberta	29.6	39.7	49.8	50.0	50.2	219.4
British Columbia	39.4	52.5	65.6	65.5	65.4	288.4
Yukon	0.3	0.4	0.5	0.5	0.5	2.1
Northwest Territories	0.4	0.5	0.7	0.7	0.7	2.9
Nunavut	0.3	0.4	0.5	0.5	0.5	2.2
<b>TOTAL</b>	<b>300.0</b>	<b>400.0</b>	<b>500.0</b>	<b>500.0</b>	<b>500.0</b>	<b>2,200.0</b>

Totals may not add due to rounding.

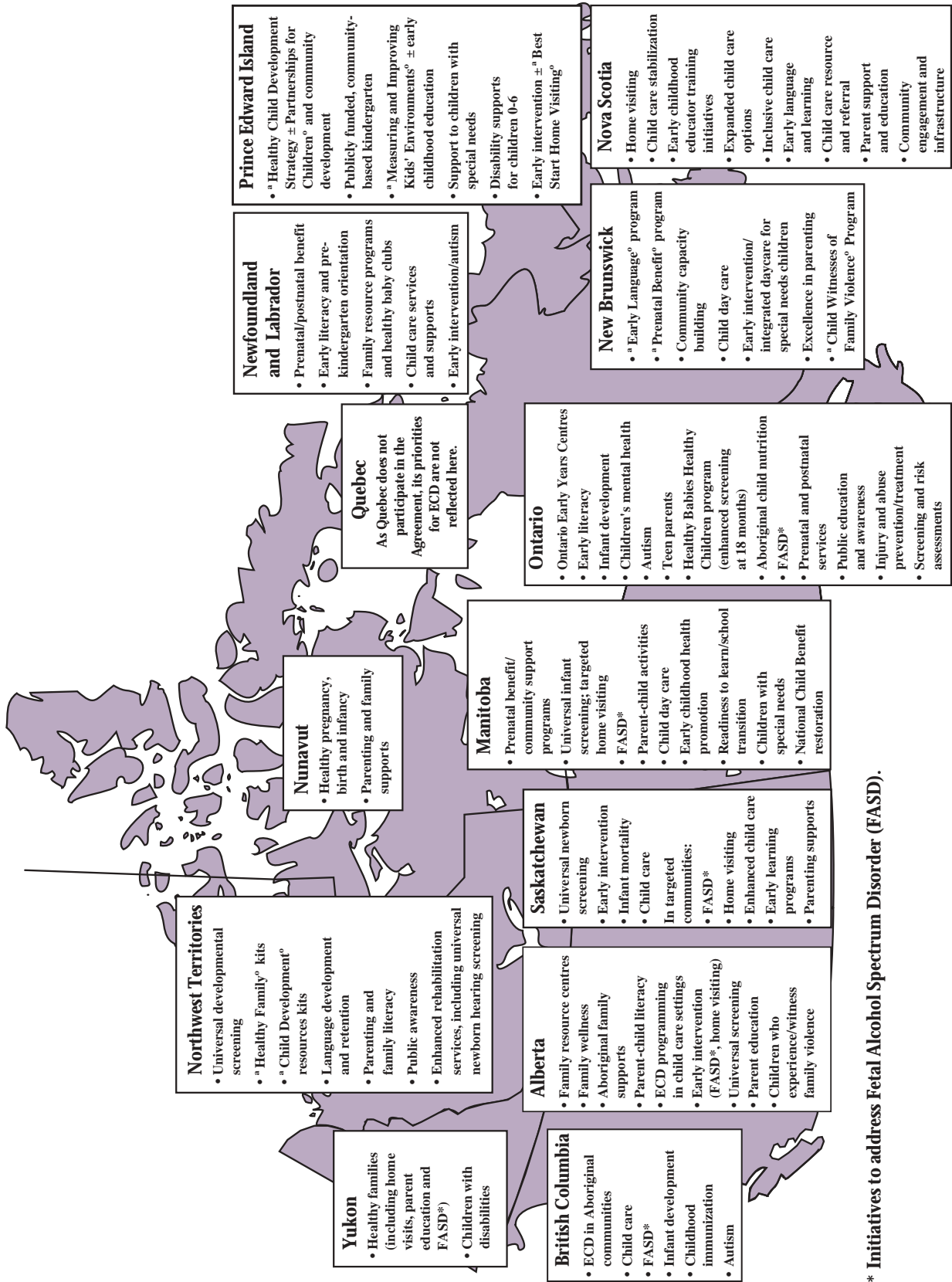
Figures are based on Statistics Canada population estimates for 2001–2002 to 2003–2004 and Finance Canada population projections for 2004–2005 and 2005–2006. As the CHST is allocated on a per capita basis, all figures are subject to revision through the regular CHST estimation process as new population figures become available.

Payments for 2004–2005 onwards will flow through the Canada Social Transfer (CST), which comes into effect on April 1<sup>st</sup>, 2004.

All provinces and territories are committed to report annually on their investments and their progress in enhancing early childhood development programs and services in the four main areas described in the ECD Agreement. It is beyond the scope of this report to describe in detail all of the many programs and supports being implemented by provincial and territorial governments across Canada. The reader is referred to the individual provincial and territorial governments to read their progress reports on early childhood development. The following four profiles provide examples of the kinds of investments that provincial and territorial governments are making.<sup>1</sup>

<sup>1</sup> The information about specific provincial government initiatives described here was provided by the respective provincial governments.

## Provincial and Territorial Government Areas of Investment Under the Early Childhood Development (ECD) Agreement: 2002–2003



\* Initiatives to address Fetal Alcohol Spectrum Disorder (FASD).



## PEI PARTNERSHIPS FOR CHILDREN

*PEI Partnerships for Children* was a new initiative in 2002–2003 to promote healthy outcomes for young children in Prince Edward Island. The initiative was also intended to strengthen community-based networks. In Prince Edward Island, a “network of networks” links individuals, organizations and coalitions who work to improve child outcomes. This network forms the PEI Children’s Working Group and includes members from the community, academia and government. Through *PEI Partnerships for Children*, each network of the Children’s Working Group was allocated \$10,000 for initiatives that support the key action areas outlined in the Healthy Child Development Strategy.

The funding was allocated using a non-competitive community development approach. Networks were required to demonstrate how their project would address the strategy objectives and how their partners would work together to implement the initiative.

*PEI Partnerships for Children* supported a range of activities, including social marketing and public awareness, the development of a salary grid for early childhood educators, programs for children, and workshops and conferences for parents. Initiatives addressed prenatal education, social skills for children with exceptional needs, children’s mental health, active living, literacy, use of car seats and booster seats, and information for parents to support their children during the transition from early childhood to the school system. A complete description of initiatives is available on the province’s Healthy Child Development website ([www.gov.pe.ca/hcd](http://www.gov.pe.ca/hcd)).

All networks collaborated on a public education campaign to communicate key messages from their various networks. Over a period of two weeks, a coordinated newspaper and radio campaign was implemented across Prince Edward Island. The networks’ commitment to healthy child development and their spirit of collaboration was demonstrated throughout the course of this project.

In 2002–2003, Prince Edward Island received \$1.7 million from the Government of Canada through the ECD Agreement.

## NEW BRUNSWICK GOES HIGH TECH TO ASSIST PARENTS WITH YOUNG CHILDREN

OLTtec (On Line Training to Engage Communities) is a computer program designed to support the implementation of *Communities Raising Children* (CRC), one of the new initiatives introduced in New Brunswick's Early Childhood Development Agenda.

CRC encourages partnerships with government and business at the community level in order to better support parents of young children across the province. Early childhood social workers have begun working with community-based REP (research, education and planning) teams and are using the OLTtec interactive website to support community capacity-building efforts.

OLTtec's 11 modules provide opportunities to share resources and information more effectively, to learn from each other and to celebrate successes. The data collection capacity of the new pilot will also support research on effective community engagement practices.

In 2002–2003, New Brunswick received \$9.6 million from the Government of Canada through the ECD Agreement.



## MEASURING PROGRESS IN MANITOBA USING THE EARLY DEVELOPMENT INSTRUMENT

Led by the Ministers of the Healthy Child Committee of Cabinet, Healthy Child Manitoba (HCM) is the Manitoba government’s long-term, cross-departmental strategy to support healthy child and adolescent development.

The HCM Provincial Evaluation Strategy is focused on measuring progress in child-centred public policy and assisting the Government of Manitoba in developing the most effective cross-sectoral mechanisms for achieving the best possible outcomes for Manitoba’s children, families and communities.

One of the key components of this strategy is the Early Development Instrument (EDI), a population-based community-level monitoring tool developed by the Offord Centre for Child Studies. The EDI is designed to measure the relative success of communities in facilitating healthy early childhood development and to predict children’s “readiness to learn” when entering Grade 1. The EDI examines five domains—physical health and well-being, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge.

Funding provided by HCM has facilitated the phased-in, voluntary implementation of the EDI in school divisions throughout Manitoba. In 2002–2003, 24 school divisions (more than 8,000 students) participated in the EDI, including those divisions involved in Human Resources Development Canada’s Understanding the Early Years initiative. All 38 amalgamated school divisions, representing more than 12,300 Manitoba children, are expected to implement the EDI by 2005.

The knowledge gained from ongoing evaluation and measurement is being integrated with programs in Manitoba’s Early Childhood Development Continuum (see puzzle graphic) and shared with community partners. By creating partnerships and using research-based knowledge and evidence to inform policy, Manitoba is moving closer to realizing its Healthy Child vision—the best possible outcomes for Manitoba’s children.



In 2002–2003, Manitoba directed funds in excess of \$107 million to early childhood development investments, of which \$42 million represented the incremental increase since April 2000. Of this total, \$14.7 million was received from the Government of Canada through the ECD Agreement in 2002–2003.

## THE EARLY YEARS PLAN IN ONTARIO

In Ontario, ensuring that the youngest children get the best start in life is a priority. The years before age six are pivotal in building the foundation of lifelong learning and health for children. Recognizing that parents play a lead role in their children's development, Ontario introduced its Early Years Plan in May 2001 to help the province's 850,000 children under six get the best start in life.

Ontario's Early Years Plan builds on existing partnerships, programs and services, providing province-wide initiatives that are flexible and respond to the broad needs of all Ontario's children and families. The Early Years Plan includes a blend of programs, encouraging the healthy development of all children, as well as targeted programs for children with specific difficulties, such as autism or mental health issues.

Early child development initiatives focus on promoting healthy pregnancy, birth and infancy; improving parenting and family supports; strengthening early childhood development, learning and care; and strengthening community supports.

With the Government of Canada's early childhood development funding of \$154.2 million in 2002–2003, the Ontario government has supported programs that ensure Ontario's children and their families will have the support and services they need for children to have a healthy start in life. Key programs include Ontario Early Years Centres, the Ontario Early Years Challenge Fund, Early Literacy initiative, Pregnant Women with Addictions projects, Prenatal HIV Testing, breastfeeding promotion, parenting education and awareness, injury prevention, and Prenatal and Postnatal Nurse Practitioner services.





## Scope of the Report

This report focuses on the activities of the Government of Canada that have direct impact on children under six and their families. It covers the period April 1, 2002 to March 31, 2003.

It includes activities for Canadian children, and immigrant and refugee children living in Canada and their families. It excludes investments in international programs and aid to help young children and their families in other countries.

This report covers direct investments, including salary and operating costs, as well as grants and contributions. Capital investments such as technology and infrastructure are not included. It should be noted that, in some cases, expenditures identified for children under six have been estimated from a larger spending total when an activity also serves older children. The baseline report, *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000–2001*, provided detailed descriptions of the Government of Canada's activities directly related to children under six—including the mandate, goals and objectives of the activities.

*Federal/Provincial/Territorial Early Childhood Development Agreement: Early Childhood Development Activities and Expenditures: Government of Canada Report 2001–2002* built on that information. **This year's report once again builds on the previously published information, and highlights new activities which began in 2002–2003, as well as changes to previously reported activities that occurred in 2002–2003.**

Since the quantitative information related to those activities—including the number of programs, projects or activity sites, the number of young children and families reached, and the total expenditures—may change each year, they will be updated annually.

## Format of the Report

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

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

Separate chapters have been included on research and information, and services and programs provided to First Nations and other Aboriginal children and their families. The final chapter is the baseline report for the *Multilateral Framework on Early Learning and Child Care*.

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 some activities have relevance to two or more of the four areas for action. These activities will be reported in one chapter of the report only.

Chapters 2 through 7 of the report begin with a table entitled “Activities at a Glance.” These tables provide a brief description of all activities undertaken by the Government of Canada relating to the chapter topic. The table is followed by text—entitled “Highlights”—which describes changes

and developments in each activity. The information is organized according to government department and reported based on the indicators outlined in the shared framework where applicable and possible—these being, availability, accessibility, affordability and quality. Activities that are new are labelled **New**.

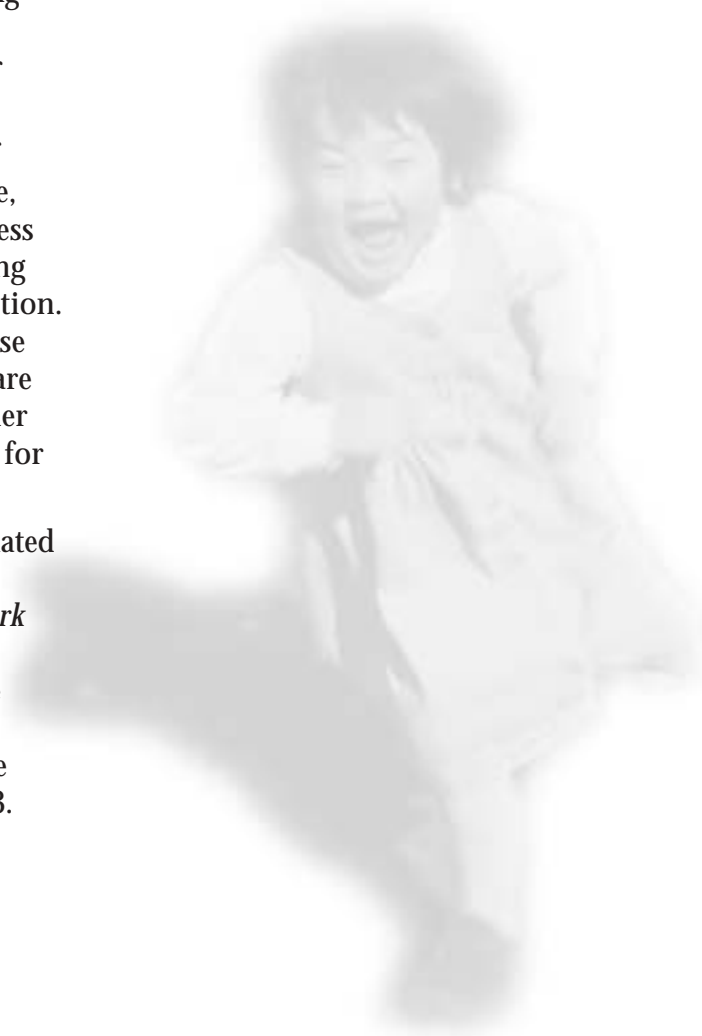
The chapters conclude with tables quantifying the activities and expenditures related to each activity described in the chapter. For programs providing direct support to children, this includes the number of sites, the number of children under six and families reached by the activity, and the expenditures related to the activity. All of this information is provided for 2000–2001, 2001–2002 and 2002–2003, where available. For other supporting programs, the intended audience and intermediaries are described for 2002–2003 only.

Given that one of the objectives of reporting is to continually improve, a new information collection process was put into place this year allowing for the collection of more information. As a result, this is the first year these data on the supporting programs are available. Expenditure data for other supporting programs are reported for all three years.

Chapter 8 describes the activities related to early learning and child care as defined in the *Multilateral Framework on Early Learning and Child Care Reporting*. This chapter provides the baseline report on Government of Canada early learning and child care programs and services in 2002–2003.

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.

There are six Annexes to the report: a summary of activities and expenditures by federal department; the full text of the *Shared Framework for Reporting on Progress in Improving and Expanding ECD Programs and Services*; the full text of the *Federal/Provincial/Territorial Early Childhood Agreement*; the full text of the *Multilateral Framework on Early Learning and Child Care, March 2003*; contact information for the federal departments responsible for the activities in the report; and a listing of websites related to the activities.





## 2. Healthy Pregnancy, Birth and Infancy

Pregnancy, birth and the early months of infancy are critical to a child's continuing healthy growth and development. Providing the conditions that enable women to have healthy pregnancies, that support babies' healthy births, and that enable infants to be nurtured and well cared for is critically important to children's well-being. In turn, it facilitates their growth into healthy adulthood.<sup>1, 2</sup>

The Government of Canada continues to invest in a number of programs and initiatives to promote health during this critical time through education, support and monitoring. In addition to the activities discussed in this chapter, the *Child Health Record* and the Canadian Perinatal Surveillance System, covered in Chapters 3 and 7 respectively, also have an impact on healthy pregnancies, births and babies.

### Activities at a Glance<sup>3</sup>

#### Health Canada

##### Canada Prenatal Nutrition Program

Using a community development approach, the Canada Prenatal Nutrition Program (CPNP) helps communities develop or enhance comprehensive services for vulnerable pregnant women. CPNP serves pregnant women at risk due to poor health and nutrition. This includes pregnant women living in poverty, pregnant teens and women living in isolation or with poor access to services.

##### Canada Prenatal Nutrition Program: First Nations and Inuit Component

This is a community-based program which provides resources, training and support to First Nations and Inuit communities. It aims to help them improve birth outcomes by providing their communities' pregnant women with education and support during pregnancy and breastfeeding. This component serves pregnant women, women with infants up to a year and women of child-bearing age living on reserve or in Inuit communities.

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

The *Family-Centred Maternity and Newborn Care: National Guidelines* are intended for professionals and programs offering maternal and newborn care to the Canadian public. They are based on research evidence and represent the "gold standard" for maternal and newborn care in the country. They were released in May 2000 and have been distributed. Although Health Canada continues to maintain the guidelines on its website, there are no expenditures related to this activity.

<sup>1</sup> Russell CC. (2002). *The State of Knowledge about Prevention/Early Intervention*. Toronto: Invest in Kids.

<sup>2</sup> McCain MN and Mustard JF. (1999). *Reversing the Real Brain Drain: Early Years Study: Final Report*. Toronto: Ontario Children's Secretariat.

<sup>3</sup> Detailed descriptions of the mandate, goals and objectives of these activities were provided in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000–2001*. The reader may want to refer to this report at [www.socialunion.gc.ca/eecd/](http://www.socialunion.gc.ca/eecd/).

\* This activity had no expenditures or significant changes to report in 2002–2003. As a result, it is not discussed in the text of the chapter.

#### **Fetal Alcohol Spectrum Disorder Initiative<sup>4</sup>**

The Fetal Alcohol Spectrum Disorder (FASD) Initiative is designed to provide a focal point for the coordination of work related to the prevention of FASD and the improvement of outcomes for those affected by prenatal exposure to alcohol throughout their life span. The initiative is designed to support prevention, public and professional education and training, capacity building and the development of practical tools for use in community-based programs. The clients are women, children and families, as well as health care professionals and allied professionals who work in the community with those affected by alcohol use.

#### **Folic Acid Awareness Campaign**

This public awareness campaign is directed at health professionals and women who could become pregnant and is intended to inform them of the relationship between folic acid and the prevention of neural tube defects.

#### **Healthy Pregnancy Social Marketing Campaign<sup>5</sup>**

The Healthy Pregnancy Social Marketing Campaign is intended to raise awareness of the major steps that can be taken to ensure a healthy pregnancy among women who are pregnant or planning a pregnancy.

#### **Postpartum Parent Support Program**

The Postpartum Parent Support Program (PPSP) is a community-based health promotion program through which hospital and community health nurses act as health educators, providing consistent parenting education to families of newborn infants. The program consists of a series of information sheets for parents on the postpartum period and a reference manual for health professionals.

#### **Reducing the Risk of Sudden Infant Death Syndrome**

Working with the Canadian Foundation for the Study of Infant Deaths, the Canadian Institute of Child Health and the Canadian Paediatric Society, Health Canada has embarked on activities aimed at raising public and professional awareness of sudden infant death syndrome (SIDS) and how to reduce babies' risk. The ultimate goal is to reduce the number of SIDS deaths in Canada.

### **Human Resources Development Canada**

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

Employment Insurance: Maternity and Parental Benefits provide temporary income replacement for working parents of newborn or newly adopted children. These benefits are intended to support parents in balancing the demands of work and family by providing them with the flexibility they need to stay home with their child during the first year of life. Parents have the option to use these benefits as best suits their needs. Maternity benefits are available to mothers in the 15 weeks surrounding childbirth and parents can access 35 weeks of parental benefits for a combined total of 50 weeks.

<sup>4</sup> Titled Fetal Alcohol Syndrome/Fetal Alcohol Effects in *Federal/Provincial/Territorial Early Childhood Development Agreement: Activities and Expenditures: Government of Canada Report 2001–2002*.

<sup>5</sup> Titled Healthy Pregnancy Marketing Strategy in *Federal/Provincial/Territorial Early Childhood Development Agreement: Activities and Expenditures: Government of Canada Report 2001–2002*.

## Health Canada – Highlights

### **Canada Prenatal Nutrition Program**

In 2002–2003, the number of pregnant and postpartum women attending the Canada Prenatal Nutrition Program (CPNP) across Canada grew for the eighth consecutive year. Women come to the CPNP to access comprehensive services including food supplements, nutrition counselling, social support and breastfeeding support. About one in five women who come to the CPNP is under 20 years old. Approximately 23 percent identify themselves as being Aboriginal, and about 30 percent have lived in Canada for fewer than 10 years.

Building community capacity is an underlying principle of the CPNP.

In 2002–2003, CPNP projects indicated that they increased community participation and awareness within the communities they serve. Community capacity was developed by forming partnerships, increasing awareness and meeting needs within the community, and increasing participation within projects.

To ensure that programs and services are of high quality, education and training of project staff are an important part of the CPNP. For example, during 2002, project staff from six CPNP projects in Alberta participated in a 10-month prenatal tobacco cessation pilot project. The purpose of the pilot was to train project staff to intervene more effectively with those women who smoke during pregnancy. The evaluation component of this pilot is now under way.

Evaluation is a critical component of the CPNP and data are gathered on an annual basis. The *Welcome Card* provides information about program participants to measure outcomes and the Individual Project Questionnaire provides program-level information to measure project implementation, community involvement and partnerships, and assess program relevancy.

In 2002, the CPNP and the Community Action Program for Children (CAPC) in Atlantic Canada published *At the Heart of Our Work*. This is the result of an ongoing,

### **CANADA PRENATAL NUTRITION PROGRAM: MAKING A DIFFERENCE IN ALBERTA**

Food security is a critical issue for CPNP participants in Alberta. Fifty-five percent feel that they are not getting enough food to eat; of those, 80 percent report the reason for this is that they do not have enough money. The CPNP program has found that:

- The low birth weight rate for Alberta CPNP participants (excluding multiple births) has decreased in the past year from 6.3 to 5.22 percent.
- 84 percent of Alberta CPNP participants breastfed their babies at discharge from hospital this year compared to 81 percent last year.
- 71 percent of Alberta CPNP participants felt that they are eating better as a result of the program.

All data are from Barrington Research Group Inc., *Alberta Regional Individual Client Questionnaire Report 2001–2002* and unpublished data.

### **Success Stories – Canada Prenatal Nutrition Program – First Nations and Inuit Component**

One mom quit smoking, started eating better and exercising two times a week. She decided to breastfeed her baby. It has been six months and she just introduced solids. She says if it wasn't for CPNP she wouldn't have learned about the different choices that changed her life and her baby's life.

*Program worker*

We go on group shopping tours and do nutrition education. Then the participants divide the groceries to take home. Some women have continued to co-op shop to save money on groceries.

*Program worker*

I get a lot of support from my local program. I am able to have a friendly conversation with the staff at any time. This helps young mothers like me.

*A mom*

participatory process with parents, staff, volunteers, community partners, governments and researchers. The purpose of the document is to outline a theoretical framework for CPNP and CAPC in Atlantic Canada, as a foundation for the development of new reporting and evaluation systems for these programs. It can be found at [www.pph-atlantic.ca](http://www.pph-atlantic.ca). In 2003, the Atlantic Region began pilot testing the resulting innovative, empowerment-based tools based on this framework—the *Resource Kit on the Evaluation and Reporting System for CAPC and CPNP*.

### **Canada Prenatal Nutrition Program – First Nations and Inuit Component**

The Canada Prenatal Nutrition Program – First Nations and Inuit Component (CPNP–FNIC) emphasizes ongoing training. In 2002–2003, about 500 community workers were trained on core competencies of prenatal and infant nutrition, building their capacity to deliver evidence-based, community-driven programming regionally. Key reference and resource materials were introduced and the training focused on these resources.

A departmental evaluation of the CPNP–FNIC has been completed, assessing the process and impact of the program. Data are being collected to undertake a global evaluation of the impact and process of the First Nations and Inuit Component of the CPNP. Inuit CPNP projects have been evaluated and an additional First Nations—specific evaluation report is under development. Both of these evaluations consider process and impact, and will be available in 2003–2004.

### **Fetal Alcohol Spectrum Disorder Initiative**

The Fetal Alcohol Spectrum Disorder (FASD) initiative has two components—one is pan-Canadian and the other focuses on First Nations and Inuit populations. An increased investment from the Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children (see Chapter 6) resulted in the Fetal Alcohol Syndrome/Fetal Alcohol Effects initiative being expanded into the FASD Program in First Nations and Inuit communities.

The FASD First Nations and Inuit Component (FASD–FNIC) was developed under the advice of a National Steering Committee made up of representatives from Health Canada, the Assembly of First Nations and Inuit Tapiriit Kanatami and as a result of broad consultations with First Nations and Inuit community representatives. The need for community capacity building as it relates to FASD emerged as one of the key priorities during the consultations.

Both components of the FASD initiative address the prevention of FASD and interventions to increase the quality of life for those affected. Programming is undertaken in several areas, such as public and professional awareness and education; the development of tools for community-based program use; early identification, assessment and diagnosis, and the development and implementation of national guidelines for diagnosis; and supports for parents and families of children affected by FASD.

## FETAL ALCOHOL SPECTRUM DISORDER – A STORY FROM ALBERTA

In Alberta, funding from the Fetal Alcohol Spectrum Disorder strategy helped to increase the capacity of CAPC and CPNP projects to address FASD in Alberta communities. For example, more than 150 delegates, including CAPC, CPNP and Aboriginal Head Start representatives and community members attended a FASD skills and strategies training workshop. They learned practical strategies for working with children and adults affected by FASD and motivational interviewing techniques for working with pregnant women who are using alcohol and other substances. In addition, they will receive follow-up support in applying motivational interviewing techniques. One project participant reported, “I have been a Community Health Nurse forever, but I really felt that I have learned a lot in the past two days, particularly how to address uncomfortable issues with families that we see.”

In 2002–2003, the focus of the FASD awareness activities shifted from general public awareness relating to prevention to developing the awareness, knowledge and skills of health care professionals. This involved efforts to increase the capacity for diagnosis among professionals across Canada and the development of screening tools for front-line workers.

During 2002–2003, a number of general public awareness activities were undertaken. Two examples are:

- “Pregnant: No Alcohol” reached women pregnant or planning a pregnancy through the distribution of information pamphlets in Thyme Maternity store locations and specialized trade shows. Materials were also distributed to health care professionals through *C’est Pour Quand* and *Expecting* magazines across Canada.
- Health Canada’s partnership with Parents d’Aujourd’hui<sup>6</sup> successfully reached its target audience—women 25 to 40 years old. Activities included programming on television and radio, Internet exposure on [famillesdaujourd'hui.com](http://famillesdaujourd'hui.com) and articles in *Le Journal de Montréal*.

During 2002–2003, the Government of Canada collaborated on funding community projects to build capacity on FASD and on research. The voluntary sector was involved in consultations regarding the design of the initiative, the development of a National Framework for Action on FASD and the National Advisory Committee for FASD.

### *Folic Acid Awareness Campaign*

The Folic Acid Awareness Campaign is a partnership between Health Canada, the Spina Bifida and Hydrocephalus Association of Canada and the Folic Acid Alliance of Ontario. Materials produced in 2001–2002 continue to be distributed through the Healthy Pregnancy Social Marketing Campaign.

An evaluation of the effectiveness of the campaign was done in 2002, replicating a 2001 benchmark study. The evaluation assessed change over the year and found that more work was needed to increase awareness of the importance of folic acid.

Key findings included:

- Few Canadian women of childbearing age were aware of neural tube defects.

<sup>6</sup> Partnership with Parents d’Aujourd’hui was reported in 2000–2001 and 2001–2002 as a stand-alone program. In 2002–2003, the partnership with Parents d’Aujourd’hui was part of the FASD campaign; therefore, it is not included separately in the Activities and Expenditures tables.

This finding was similar to the previous survey.

- Most women of childbearing age continued to lack a good understanding of what folic acid is and what it is used for.
- Women’s use of folic acid did not change over the year. Forty percent of women 18 to 40 took folic acid, although a large proportion of this group was unaware of its purpose.

### ***Healthy Pregnancy Social Marketing Campaign***

In 2002–2003, baseline research was conducted to obtain background information for the Healthy Pregnancy Social Marketing Campaign.

This baseline research examined awareness levels and behaviours of pregnant women or those considering a pregnancy with respect to several issues—alcohol consumption, tobacco use, physical activity, nutrition and folic acid intake. The survey found that pregnant women demonstrated a higher degree of knowledge of the factors that contribute to a healthy pregnancy and baby than those who were not yet pregnant. Given the importance of planning a pregnancy, the baseline research concluded that women who are not yet pregnant and their partners need to be engaged in learning about, and acting on, the factors that will increase their likelihood of a healthy pregnancy and a healthy baby.

### ***Postpartum Parent Support Program***

In 2002–2003, Health Canada was involved in preparing updated

Postpartum Parent Support Program (PPSP) content for publication.

A series of 15 parent information sheets covering issues such as bathing, breastfeeding, cord care, jaundice, postpartum depression and others will be published later in 2003. In addition, the program’s Reference Manual for health professionals was revised and is expected to be published in 2004.

### ***Reducing the Risk of Sudden Infant Death Syndrome***

Over the past decade, Health Canada, the Canadian Foundation for the Study of Infant Deaths, the Canadian Paediatric Society and the Canadian Institute of Child Health have worked together as a coalition to address sudden infant death syndrome (SIDS) in Canada. The major activity was the development of professional and public awareness materials on the risk factors of SIDS. Since the launch of the “Back to Sleep” campaign in 1999, Health Canada has continued to disseminate the materials that are in constant demand from the public.

Along with the success of the “Back to Sleep” campaign (reported in the 2001–2002 *Activities and Expenditures Report*), there was public concern over positional plagiocephaly (“flat head”) in infants who sleep on their back, and a reported increase of these cases in paediatric institutions. To address these concerns, in 2002–2003 Health Canada and its three partners developed and disseminated information for health professionals and parents identifying how this condition can be prevented.



## Human Resources Development Canada – Highlights

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

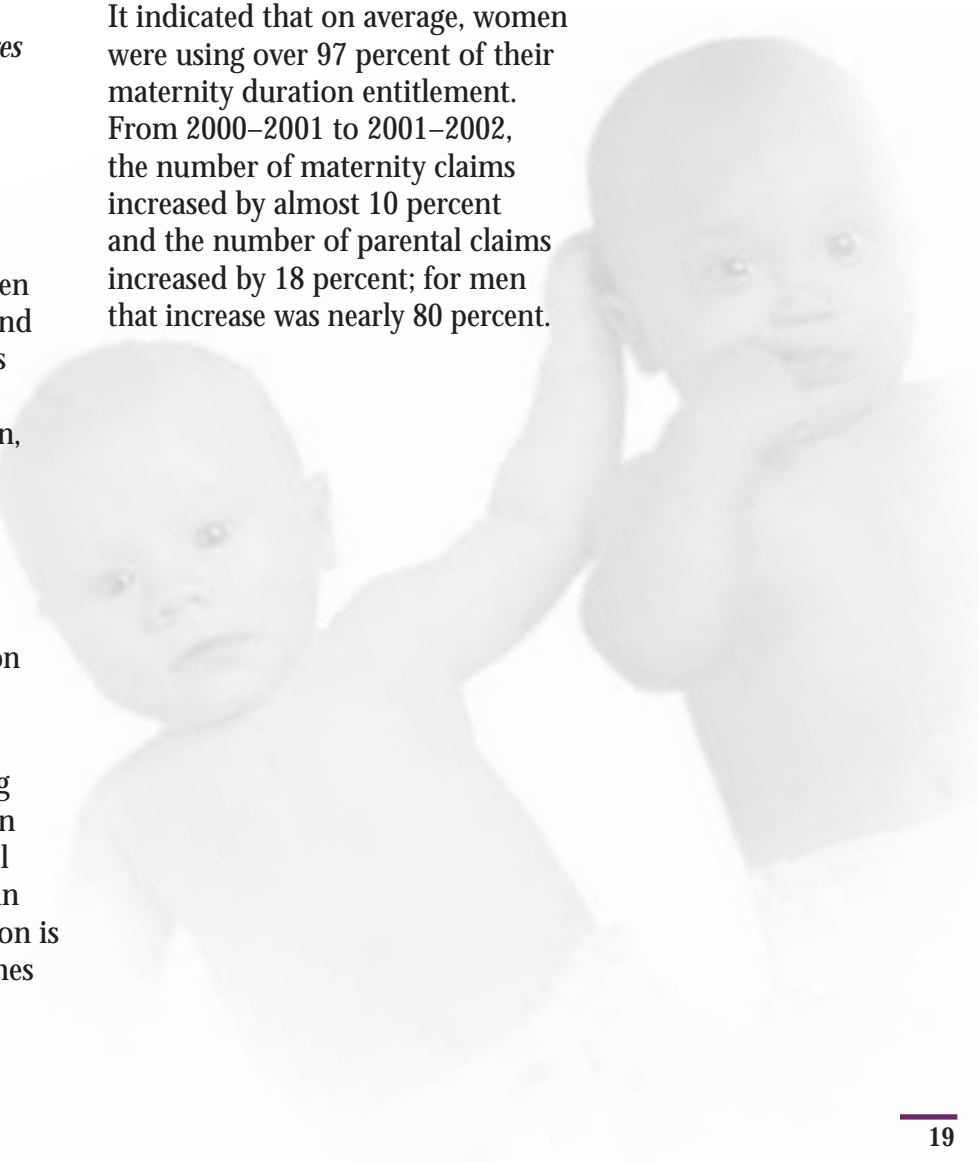
During 2002–2003, the number of families accessing Employment Insurance (EI) maternity benefits and the number of parental benefits claims increased, as did expenditures on the program. Results from the *2002 Monitoring and Assessment Report* indicate that Canadians responded enthusiastically to recent enhancements to the program (reported in the *2001–2002 Activities and Expenditures Report*). In fact, data show that Canadians are using more of their parental benefits and over a longer period.

A pilot project was introduced in September 2002 to ensure that women can access all of their EI maternity and parental benefits. The pilot project is available to pregnant women who, under a provincial compensation plan, stop working to protect their health or the health of their unborn child. New investments were made for the training of Human Resources Development Canada (HRDC) employees to enhance implementation of this pilot project.

The efficiency and effectiveness of the EI program is continually being evaluated. In 2001, HRDC began an evaluation of the extended parental benefits program, which continued in 2002–2003. The goal of this evaluation is to determine the impact and outcomes of the program. A number of key

outcomes will be evaluated—the duration of parental leave and unpaid leave following parental benefits, the likelihood of returning to the same job, and the incidence and duration of employment following parental benefits. Changes in uptake, impact on children, client satisfaction and use by fathers will also be examined. Results of this evaluation will be available in 2004.

The EI program is reviewed every year through a monitoring process to assess the impact on individuals, communities and the economy. The *2002 Monitoring and Assessment Report* was tabled in Parliament in the spring of 2003. It indicated that on average, women were using over 97 percent of their maternity duration entitlement. From 2000–2001 to 2001–2002, the number of maternity claims increased by almost 10 percent and the number of parental claims increased by 18 percent; for men that increase was nearly 80 percent.



## Healthy Pregnancy, Birth and Infancy Activities and Expenditures Tables

### Programs Providing Direct Support

	Who does the activity reach?										What is the expenditure on children under 6 and their families?		
	Number of:												
	Sites			Children under 6 and families									
	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003	
<b>Health Canada</b>													
Canada Prenatal Nutrition Program (CPNP)	301 projects	325 projects	320 projects	34,000 women	45,600 women	44,000 women				\$27,366,000	\$31,000,000	\$31,000,000	
CPNP: First Nations and Inuit Component	> 550 projects	439 <sup>i</sup> projects	N/A	7,500 <sup>ii</sup> children > 6,000 families	6,000 children	N/A				\$14,200,000	\$14,200,000	\$14,200,000	
<b>Human Resources Development Canada</b>													
Employment Insurance: Maternity Benefits	--	--	--	176,000 new claims	193,020 new claims	N/A				\$752,000,000	\$848,000,000	\$859,000,000 <sup>iii</sup>	
Employment Insurance: Parental Benefits	--	--	--	178,000 new claims	196,000 new claims	N/A				\$502,000,000	\$1,311,000,000	\$1,930,000,000 <sup>iii</sup>	
<b>Total expenditures</b>										<b>\$1,295,566,000</b>	<b>\$2,204,200,000</b>	<b>\$2,834,200,000</b>	

### Other Supporting Programs

	Who mediates the activity?				Who does the activity reach?				What is the expenditure on children under 6 and their families?			
	Intermediaries				Children under 6							
	2002-2003	Number of intermediaries	2002-2003	2002-2003	2002-2003	Families	2002-2003	2002-2003	2000-2001	2001-2002	2002-2003	
<b>Health Canada</b>												
Fetal Alcohol Spectrum Disorder	Community-based program workers Health professionals	N/A			X	X			\$2,650,000	\$3,300,000	\$3,300,000	
Fetal Alcohol Spectrum Disorder: First Nations and Inuit Component	--	--			X	X			\$1,350,000	\$1,700,000	\$1,700,000 <sup>iv</sup>	

Other Supporting Programs (cont'd)									
	Who mediates the activity?		Who does the activity reach?			What is the expenditure on children under 6 and their families?			
	Intermediaries	Number of intermediaries	Children under 6	Families	Other	2000-2001	2001-2002	2002-2003	
									2002-2003
Fetal Alcohol Spectrum Disorder Social Marketing Campaign	--	--			Women 25 to 40	--	\$240,000	\$120,000 <sup>k</sup>	
Folic Acid Awareness Campaign	Family physicians Neonatologists, obstetricians, midwives, hospitals Pharmacists, dieticians, geneticists, nursing schools Public health units	26,000 2,800 21,500 800		X	Health professionals	--	\$600,000	\$85,000 <sup>y</sup>	
Healthy Pregnancy Social Marketing Campaign	N/A	N/A			Women who are pregnant or planning a pregnancy	--	\$12,000	\$125,000 <sup>vi</sup>	
Postpartum Parent Support Program	Hospitals, public/community health centres	600		X	Health professionals	\$100,000	\$35,000	\$5,500 <sup>vi</sup>	
Reducing the Risk of Sudden Infant Death Syndrome	Nurses, midwives, physicians Hospitals, public and community health centres	N/A		X	Health professionals	\$40,000	\$50,000	\$5,000 <sup>viii</sup>	
<b>Total expenditures</b>						<b>\$4,140,000</b>	<b>\$5,937,000</b>	<b>\$5,340,500</b>	

Note: N/A refers to "not available" at the time of publication; -- refers to "not applicable."

- <sup>i</sup> The decrease is due to the way programs are counted—there may be satellite communities served by numerous programs.
- <sup>ii</sup> Estimate.
- <sup>iii</sup> Estimate. Increase due to the success of the enhancements to benefits—Canadians are using more of their benefits over a longer period.
- <sup>iv</sup> Due to the late announcement (October 2002) and the need to plan and consult before allocating funding, full additional funding of \$10 million could not be allocated in fiscal year 2002-2003. All available funding was allocated to meet regional health program needs including support to those services which First Nations have made a priority.
- <sup>v</sup> There were no new materials produced in 2002-2003 resulting in a decrease in expenditure.
- <sup>vi</sup> The increase in expenditure was a result of contributions from the Fetal Alcohol Spectrum Disorder initiative and the Folic Acid Awareness Campaign.
- <sup>vii</sup> Health Canada's role changed from supporting implementation and monitoring to providing resource materials to the program, resulting in a decrease in expenditure.
- <sup>viii</sup> Health Canada continues to disseminate materials; however, no new materials were developed in 2002-2003, resulting in a decrease in expenditure.
- <sup>ix</sup> Decrease in expenditure due to fiscal pressures.





## 3. Parenting and Family Supports

Research has demonstrated that the most significant factor in the healthy development of infants and young children is their relationship with their parents. No relationship is more critical than this—and parents' approach to parenting and ability to provide a nurturing and stimulating environment for their young children are key. However, parents need support and information to do their job to the best of their ability.<sup>1</sup>

The Government of Canada, as described in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada*

*Activities and Expenditures 2000–2001*, 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 the activities in this chapter, Aboriginal Head Start in Urban and Northern Communities, Aboriginal Head Start On-Reserve, and the First Nations and Inuit Child Care Initiative (Chapter 6), Employment Insurance: Maternity and Parental Benefits and Fetal Alcohol Spectrum Disorder (Chapter 2), and Military Family Resource Centres (Chapter 4) contribute to parenting and family support.

### Activities at a Glance<sup>2</sup>

#### Health Canada

##### *Canada's Physical Activity Guides for Children and Youth* **New**

These guides are intended to build awareness and understanding of the importance of physical activity to healthy growth and development of children. They help to facilitate increased levels of regular physical activity among inactive children and youth. They are intended for children and youth, families, teachers and other key professionals in children's lives.

##### *Child Health Record*\*

The *Child Health Record* is a booklet where parents can keep track of all of their children's health information. It was developed in partnership with the Canadian Paediatric Society, Canadian Institute of Child Health, Canadian Public Health Association, The College of Family Physicians of Canada and Health Canada. Procter & Gamble-Pampers was the corporate sponsor.

##### Community Action Program for Children

The Community Action Program for Children (CAPC) funds community-based coalitions to establish and deliver services to meet the developmental needs of children under six living in conditions of risk.

<sup>1</sup> Chao R. and Willms D. (2002). The effects of parenting practices on children's outcomes. In Willms JD (ed.), *Vulnerable Children* (pp.149–166). Edmonton: University of Alberta Press.

<sup>2</sup> Detailed descriptions of the mandate, goals and objectives of these activities were provided in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000–2001*. The reader may want to refer to this report at [www.socialunion.gc.ca/ecd/](http://www.socialunion.gc.ca/ecd/).

\* This activity had no significant changes to report in 2002–2003. As a result, it is not discussed in the text of the chapter. However, updated quantitative information for 2002–2003 is provided in the Activities and Expenditures Table at the end of the chapter.

It is based on the principle that communities are well positioned to recognize the needs of their children, and have the capacity to draw together the resources to address those needs. Parents and families are offered programs that support them in a variety of ways—for example, through information and education, social support, early childhood learning and care, and training. CAPC is intended to address the needs of children under six and their families living in conditions of risk, including children living in low-income families; living in teenage-parent families; at risk of or having developmental delays, social, emotional or behavioural problems; and experiencing or having been exposed to abuse and neglect.

#### **Get Set for Life\***

Get Set for Life is a national public education campaign helping parents and caregivers make the most of their children's first five years. It provides them with the latest child development research and information in useful, practical and friendly ways. Tools include videos, television shows, magazine columns and community events.

#### ***Is Your Child Safe?***

This is a booklet intended to assist adults in providing a safe environment for young children. The overall goal is to improve the quality of life through the reduction of consumer product-related injuries. The booklet addresses issues such as crib safety, second-hand product safety and playground safety. The booklet is intended for families and child care providers.

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

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

### **Human Resources Development Canada**

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

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

## Health Canada – Highlights

### *Canada's Physical Activity Guides for Children and Youth* **New**

Health Canada recognizes that the rapid increase in overweight and obesity, combined with low levels of physical activity, represents a serious threat to the health of Canada's children and youth.

In response to this crisis, Health Canada and the Canadian Society for Exercise Physiology released *Canada's Physical Activity Guides for Children and Youth* and several support resources, including a Teacher's Guide, Family Guide, and interactive magazines for both children and youth. The guides are the first-ever set of national guidelines designed to help children and youth improve their health through regular physical activity.

The guides were developed with the assistance of a National Advisory Committee, co-chaired by Health Canada and the Canadian Society for Exercise Physiology. The provinces and territories and key agencies with an interest in supporting physical activity for children and youth participated. Over 65 national organizations have endorsed the guides and support resources.

The target audiences are children and youth, parents, teachers, physicians and community leaders. The guides build awareness and understanding of the

importance of physical activity to healthy growth and development, and facilitates increased levels of physical activity among inactive children.

The materials are available at [www.healthcanada.ca/paguide](http://www.healthcanada.ca/paguide) or through 1-888-334-9769.

An evaluation is currently under way to determine the effectiveness of the distribution and implementation strategies, the effect on awareness and behaviour changes, and the effectiveness of a pedometer as a motivational tool.

### *Community Action Program for Children*

During 2002–2003, an increased number of clients used Community Action Program for Children (CAPC) services. Almost 120,000 parents/caregivers and children participated in a typical month. CAPC projects continue to serve vulnerable children and families. In spite of the increased number of clients served, projects reported a decrease of 23 full-time equivalent staff positions in 2002–2003. This means that CAPC projects are serving more participants with fewer staff.

Training of project personnel is a priority of CAPC. Offered through Health Canada, it includes topics such as evaluation and project planning. In 2002–2003, train-the-trainer sessions were offered

## FACTS ABOUT CHILDREN AND PHYSICAL ACTIVITY

- Research studies show that more than half of Canadian children and youth are not active enough for optimal growth and development.
- Canadian girls are less active than boys, with only 39 percent of girls and 48 percent of boys considered active enough.

Source: *Canadian Fitness Lifestyle Research Institute, 2000 Physical Activity Monitor*

to CAPC and Canada Prenatal Nutrition Program (CPNP) staff on human resources management, training and supervision. The training included a practical, bilingual tool box with six components: staffing, orientation, training, supervision, performance appraisal and management. In 2002–2003, workshops were held in Quebec to assist projects with program evaluation. Guidebooks were developed to assist with evaluation planning and reporting.

A national process evaluation of CAPC has been ongoing since 1995. Information for the national evaluation is currently collected through the National Program Profile (NPP) on an annual basis. The CAPC process evaluation was designed to provide information on the development and evolution of the community projects and their component programs over time. The 2002–2003 NPP was completed by 97 percent of the CAPC projects.

Each region also conducts evaluations which are consistent with regional program priorities. In Manitoba, for example, a provincial qualitative evaluation of the empowerment approach of CAPC in Manitoba was conducted in 2002–2003 and the report will be released later in the year. Focus groups were conducted with project staff and participants.

Partnerships and cooperative activities at the community level are key to CAPC projects. The number of partners reported by projects increased in 2002–2003, when 29 percent of CAPC projects reported having between one and five partners. On average, CAPC projects reported having 15 partners, most commonly with health organizations (87 percent of projects), educational institutions (69 percent) and neighbourhood or community associations (62 percent).

The CAPC/CPNP National Projects Fund (NFP) (described in last year's report) funded four new projects in 2002–2003. These projects look at fathering, mental health issues and two literacy initiatives.

### *Is Your Child Safe?*

*Is Your Child Safe?* is a booklet intended for new parents, parents of small children and other caregivers to assist them with providing a safe environment for young children. The overall goal is to reduce consumer product related injuries. The booklet addresses issues such as crib safety, second-hand product safety and playground safety. *Is Your Child Safe?* was developed in 1999 as a result of focus groups and has undergone several revisions.

## COMMUNITY ACTION PROGRAM FOR CHILDREN

### Quebec

A Community Action Program for Children (CAPC) project in Quebec is supporting and promoting the role and status of fathers. The project is helping the community to better understand how fathering contributes to child development. It is focusing on the special nature of fathers' requests for help, and giving people and organizations who work with fathers the tools to better fulfill their needs. There have been training sessions for over 60 community organizations, and a website—<http://www.graveardec.uqam.ca/pere/index.html>—provides a variety of tools, activities, publications and links to foster the commitment of fathers.



### *Nobody's Perfect*

During 2002–2003, the Nobody's Perfect Training Manual was revised, in consultation with trainers from regions across Canada. The new version will be released on CD-ROM in 2003.

#### **NOBODY'S PERFECT**

The Nobody's Perfect books are an excellent resource and are popular with both parents and facilitators. They find them relevant, helpful and easy to use. In fact, many parents report reading the books on an ongoing basis outside of group sessions. There is also anecdotal evidence that the books are being used by English-as-a-second-language classes for recent immigrants to Canada. The program and materials were translated into Japanese in 2002 and are used internationally.

*Nobody's Perfect Facilitator*

## **Human Resources Development Canada – Highlights**

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

Each year, the National Literacy Secretariat (NLS) – Family Literacy Projects receives a significantly greater number of requests compared to the amount of funding available—often three times as much. The NLS funded 67 projects in 2002–2003. These projects offer parents assistance with literacy skills and assist with their children's early childhood development. Some of the projects help parents develop literacy skills in conjunction with parenting skills. Others focus on facilitating the ways parents interact with their children to foster a literacy-rich environment.

In 2002–2003, the NLS supported training of practitioners and the development of resources for both practitioners and program participants. For example, the NLS supported training workshops and conferences for family literacy practitioners, including in-person and on-line sessions. The NLS also supported the development and distribution of practitioner and teaching materials across the country.

During 2002–2003, an evaluation was undertaken to address:

- program rationale and relevance;
- program implementation;
- objective achievement; and
- impacts and effects.

The final evaluation report will be released later in 2003, but preliminary findings were positive. They indicated that the NLS has been successful in raising the profile of literacy, increasing collaboration and partnerships within the literacy community, and improving the ability of organizations to deliver successful literacy programming to clients.

### **READ TO ME! Foundation Inc., Nova Scotia**

Through funding received from the NLS and the Halifax Youth Foundation, the Read to Me Foundation provides each newborn in Nova Scotia with a tote bag filled with books, information on reading development, community literacy resources and learning supports, and an application for My First Library Card before leaving the hospital. This initiative helps support a child's learning from birth, supports parents as their children's first teacher and encourages a healthy learning environment in the home.

## **FAMILY LITERACY**

### **Family Literacy Day and ABC Canada**

The National Literacy Secretariat (NLS) has provided regular support to ABC Canada to develop a number of projects, including Family Literacy Day. This day is celebrated yearly on January 27. On Family Literacy Day, ABC Canada organizes special events and activities to raise public awareness. It distributes promotional materials such as public service announcements, t-shirts, posters and bookmarks.

## Parenting and Family Supports Activities and Expenditures Tables

### Programs Providing Direct Support

	Who does the activity reach?						What is the expenditure on children under 6 and their families?			
	Number of:						2000-2001	2001-2002	2002-2003	
	Sites			Children under 6 and families						
	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003				
<b>Health Canada</b>										
Community Action Program for Children	409	410	408 <sup>i</sup>	57,038 children 47,234 parents and/or caregivers	60,729 children 50,435 parents and/or caregivers	66,468 children 52,136 parents and/or caregivers	\$59,500,000	\$59,500,000	\$59,500,000	
Nobody's Perfect		1,000	1,000	12,000 parents	12,000 parents	12,000 parents	\$140,000	\$70,000	\$70,000	
<b>Human Resources Development Canada</b>										
National Literacy Secretariat-Family Literacy Projects	104 projects	90 projects	67 <sup>ii</sup> projects	N/A	N/A	N/A	\$4,101,000 <sup>iii</sup>	\$3,123,000 <sup>iii</sup>	\$4,578,000 <sup>iii</sup>	
<b>Total expenditures</b>							<b>\$63,741,000</b>	<b>\$62,693,000</b>	<b>\$64,148,000</b>	

### Other Supporting Programs

	Who mediates the activity?			Who does the activity reach?			What is the expenditure on children under 6 and their families?								
	Intermediaries			Number of intermediaries			Children under 6			Families			Other		
	2002-2003	2002-2003	2002-2003	2002-2003	2002-2003	2002-2003	2002-2003	2002-2003	2002-2003	2000-2001	2001-2002	2002-2003			
<b>Health Canada</b>															
Canada's Physical Activity Guides for Children and Youth	Teachers Parents Physicians Community leaders		N/A							\$100,000 <sup>iv</sup>	\$200,000 <sup>v</sup>	\$500,000 <sup>vi</sup>			
Child Health Record	Health professionals Public and community health agencies Social service agencies		N/A			X				\$105,000	\$85,000	\$00 <sup>iii</sup>			
Get Set for Life	N/A		N/A			N/A				\$100,000	\$50,000	\$00 <sup>iii</sup>			

**Other Supporting Programs (cont'd)**

	Who mediates the activity?		Who does the activity reach?			What is the expenditure on children under 6 and their families?		
	Intermediaries	Number of intermediaries	Children under 6	Families	Other	2000-2001	2001-2002	2002-2003
Is Your Child Safe?	Physicians Public health nurses Social workers Hospital personnel	2002-2003 N/A	2002-2003	2002-2003 X	2002-2003 Child care providers	--	--	\$25,000
<b>Total expenditures</b>						<b>\$305,000</b>	<b>\$335,000</b>	<b>\$525,000</b>

Note: N/A refers to "not available" at the time of publication; -- refers to "not applicable."

i Estimate.

ii The number of projects declined, as a select number of projects were given increased funding for substantial initiatives.

iii Includes funding for all projects—most focus on young children and families.

iv Includes expenditures for children 6 to 9.

v Includes expenditures for children 6 to 9.

vi Includes expenditures for children 6 to 9. Increase in expenditure due to printing costs.

vii There are no plans to reprint the Child Health Record. It is now available on Health Canada's website.

viii Health Canada supported the development of the Get Set for Life tools but no longer has financial involvement in the campaign.



## 4. Early Childhood Development, Learning and Care



Research has clearly demonstrated that providing early, high quality developmental opportunities for young children—whether these are provided by their parents or other primary caregivers—will enhance their prospects for positive behaviour, learning and health outcomes. High quality child learning and care environments have been shown to have a positive and long-lasting influence on a child’s development and learning.<sup>1, 2</sup>

The Government of Canada continues to provide financial support to families to offset the costs of early childhood learning and care, and provides some programs directly to Canadian Forces personnel and their families (this chapter) and to First Nations and other Aboriginal children (Chapter 6). In addition, the Social Development

Partnerships Program (Chapter 7) works in partnership with social non-profit organizations to generate knowledge, foster alliances and networks, and strengthen the capacity of the sector to contribute to quality early childhood learning and care policies and programs. Furthermore, many of the community-based programs, such as the Canada Prenatal Nutrition Program and the Community Action Program for Children (Chapters 2 and 3 respectively), provide quality, early childhood care and learning for young children. Additional information on programs and services offered by the Government of Canada that provide direct care and early learning opportunities for children can be found in Chapter 8, *Early Learning and Child Care Activities and Expenditures: Baseline Report 2002–2003*.

### Activities at a Glance<sup>3</sup>

#### Canada Customs and Revenue Agency

##### Canada Child Tax Benefit Program – Supplement

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

##### Child Care Expense Deduction\*

Child care expenses are amounts that a parent or another supporting person pays to the following for the care of their eligible child: a day nursery school or day care centre, a day camp or day sports school, a boarding school or camp

<sup>1</sup> NICHD Early Child Care Research Network. (2002). Early child care and children’s development prior to school entry: Results from the NICHD Study of Early Child Care. *American Educational Research Journal*: 39.

<sup>2</sup> Doherty G. (1996). *The Great Child Care Debate: The Long-Term Effects of Non-Parental Child Care*. Occasional Paper, Number 7. Toronto: University of Toronto, Childcare Resource and Research Unit.

<sup>3</sup> Detailed descriptions of the mandate, goals and objectives of these activities were provided in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000–2001*. The reader may want to refer to this report at [www.socialunion.gc.ca/ecd/](http://www.socialunion.gc.ca/ecd/).

\* This activity had no significant changes to report in 2002–2003. As a result, it is not discussed in the text of the chapter. However, updated quantitative information for 2002–2003 is provided in the Activities and Expenditures Table at the end of the chapter.

(including a sports school where lodging is involved), and an educational institution for the purpose of providing child care services. The Child Care Expense Deduction provides a deduction from a parent's personal income taxes for children under 17. Parents of children with severe disabilities, and who are eligible for the disability tax credit, can claim an additional deduction.

## Health Canada

### Safe Seasons Calendar\*

The Safe Seasons Calendar provides parents and caregivers with messages regarding injury prevention. It was intended to provide key safety information to prevent childhood injuries, and was released and distributed in January 2002. The project was a success. However, due to a shift in priorities, a 2002–2003 version was not developed.

## Citizenship and Immigration Canada

### Language Instruction for Newcomers to Canada

Language Instruction for Newcomers to Canada provides language training so that newcomers become participating members of Canadian society as soon as possible. The childminding component provides assistance to parents so that they can attend classes by covering the cost of either licensed day care or on-site child care.

## National Defence

### Military Family Services Program\*

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

## Canada Customs and Revenue Agency – Highlights

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

The Canada Child Tax Benefit (CCTB) Supplement for children under age seven is an additional monthly payment added to the overall CCTB—tax-free for

eligible families to help them raise their children. The benefit is indexed to inflation; therefore, in July 2002 the Supplement increased to \$228 for each child under seven per year—up from \$221 in July 2001 and \$219 in July 2000. This amount is reduced by 25 percent of any amount a recipient or his or her spouse or common-law partner claims for child care expenses.

## Citizenship and Immigration Canada – Highlights

### *Language Instruction for Newcomers to Canada*

Language Instruction for Newcomers to Canada (LINC) provides language training to adult newcomers so that they may become participating members of Canadian society as soon as possible. The childminding component provides assistance to parents so that they can attend classes by covering the cost of either licensed day care or offering child care on the same site as the classes. The program is intended for newcomers who are permanent residents.

LINC is provided by approximately 300 organizations across Canada—community organizations, schools and businesses. There are 186 sites where child care support services are provided.



### Early Childhood Development, Learning and Care Activities and Expenditures Tables

#### Programs Providing Direct Support

	Who does the activity reach?						What is the expenditure on children under 6 and their families?					
	Number of:											
	Sites		Children under 6 and families				2000-2001		2001-2002		2002-2003	
	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003
<b>Canada Customs and Revenue Agency</b>												
Canada Child Tax Benefit Program – Supplement	--	--	--	1,642,486 children 1,234,252 families	1,627,680 children 1,236,809 families	1,562,983 children 1,191,124 families	\$284,200,000 <sup>i</sup>	\$297,449,000 <sup>ii</sup>	\$295,460,000 <sup>iii</sup>			
Child Care Expense Deduction	--	--	--	1,072,780 claims	1,080,210 claims	1,086,010 claims	\$2,893,438,000	\$2,911,392,000	\$2,891,969,000			
<b>Citizenship and Immigration Canada</b>												
Language Instruction for Newcomers to Canada	300	300	300	50,000 adult immigrants	50,000 adult immigrants	50,000 adult immigrants	\$92,136,000 <sup>iv</sup>	\$90,311,000 <sup>v</sup>	\$91,794,000 <sup>iv</sup>			
<b>Total expenditures</b>							<b>\$3,269,774,000</b>	<b>\$3,299,152,000</b>	<b>\$3,279,223,000</b>			

#### Other Supporting Programs

	Who mediates the activity?			Who does the activity reach?			What is the expenditure on children under 6 and their families?		
	Intermediaries			Families					
	2002-2003	Number of intermediaries	Children under 6	2002-2003	2002-2003	2002-2003	2000-2001	2001-2002	2002-2003
<b>Health Canada</b>									
Safe Seasons Calendar	N/A	N/A		X			--	\$135,000	\$00 <sup>v</sup>
Social Marketing Campaign on Children's Health	--	--	X	X			--	\$25,000	\$00 <sup>vi</sup>



Other Supporting Programs (cont'd)								
	Who mediates the activity?		Who does the activity reach?			What is the expenditure on children under 6 and their families?		
	Intermediaries	Number of intermediaries	Children under 6	Families	Other	2000-2001	2001-2002	2002-2003
<b>National Defence</b>		2002-2003	2002-2003	2002-2003	2002-2003			
Military Family Services Program	N/A				Families with children 0 to 18 years	\$4,000,000 <sup>iii</sup>	\$4,000,000 <sup>vi</sup>	\$4,000,000 <sup>vi</sup>
<b>Total expenditures</b>						<b>\$4,000,000</b>	<b>\$4,160,000</b>	<b>\$4,000,000</b>

Note: N/A refers to "not available" at the time of publication; -- refers to "not applicable."

i Based on July 2000 to June 2001.

ii Based on July 2001 to June 2002.

iii Based on July 2002 to June 2003.

iv Includes adult language training, child care and transportation.

v Due to a shift in priorities, a 2002-2003 version of the calendar was not developed.

vi Due to changing priorities, an overarching campaign on children's health has been postponed, and there was no campaign held in 2002-2003.

vii Estimate based on the percentage of the total funding allocated to children and youth services and other service areas that might include this age category.





## 5. Community Supports

The support young children receive from their communities is increasingly recognized as an important contributor to their healthy development. This support comes in a variety of forms—for example, formal support through the education and recreation systems and informal support through friends and family.

The Government of Canada has initiated a number of programs to strengthen the supports for young children in communities. The National Crime Prevention Strategy (NCPS) is described in this chapter. In addition to this initiative, the Government of

Canada provides a variety of other programs that are based on community development and community capacity building. These programs include the Canada Prenatal Nutrition Program (Chapter 2); the Community Action Program for Children (Chapter 3); First Nations and Inuit Child Care, Aboriginal Head Start in Urban and Northern Communities, and First Nations Head Start programs (all described in Chapter 6). As noted, they are described in other chapters of this report, but are also central to strengthening community supports for children and their families.

### Activities at a Glance<sup>1</sup>

#### Justice Canada

##### National Crime Prevention Strategy

The NCPS focuses on crime prevention through social development and helps build community capacity to support children. The National Strategy has three components: the Safer Communities Initiative, the Promotion and Public Education Program, and the National Crime Prevention Centre. The clients are community-based organizations working in the area of crime prevention which receive grant and contribution funding.

#### Justice Canada – Highlights

##### *National Crime Prevention Strategy*

Children under six are a priority for the NCPS. The year 2002–2003 saw an increase in both expenditures and activities addressing the needs of children under six—which are reflected in the Activities and Expenditures table at the end of the chapter. Since the NCPS responds to and funds proposals as they are submitted from communities, this increase was a result of needs identified within communities.

Partnerships with the voluntary and private sectors have always been central to NCPS programs, and 2002–2003 saw further developments in these partnerships. The NCPS has enhanced and developed its Business Network on Crime Prevention which is made up of the Canadian Association of Chain Drug Stores, Canadian Automobile Dealers Association, Canadian Bankers Association, Canadian Council of Grocery Distributors, Canadian Federation of Independent Grocers, Canadian Petroleum Products Institute, Insurance Bureau of Canada and Retail

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

Council of Canada. The NCPS also worked with groups such as the Community Action Program for Children, Federation of Canadian Municipalities, Canadian Parks and Recreation Association, Canadian Teachers' Federation, Media Awareness Network, Concerned Children's Advertisers and Canadian Public Health Association. The voluntary and private sector continue to have strong advisory roles within the delivery of the NCPS.

The NCPS also assists communities in developing and implementing community-based solutions to local problems that contribute to crime and victimization. Many of the projects funded through the National Strategy focus on building capacity within

Canadian communities and fostering the ability for communities themselves to develop and implement projects that address healthy child development. During 2002–2003, the NCPS, through its funding programs, increased community capacity within countless communities across Canada to do crime prevention through social development. Many community-based partnerships have been developed and strengthened through the work of the NCPS.

The NCPS uses data in a systematic way to collect lessons learned across funding programs. During the past year, changes have been made to data collection instruments, application forms, data collection databases, financial tracking systems and evaluation guidelines.

## TOGETHER WE LIGHT THE WAY

### Oshawa, Ontario

#### *Initiative funded through the National Crime Prevention Strategy*

In Oshawa, Ontario, the Durham District School Board has developed a school-based early intervention project. "Together We Light the Way" helps young children, teachers and parents show their respect to their peers, role models and themselves. The program helps reduce anti-social tendencies in young children by integrating special activities into the school curriculum. For example:

- Circles of Love: Reading Together – encourages a love of books and reading.
- The Choice is Yours – helps children make wise, informed and positive choices.
- Triple S – involves the community in honouring and recognizing students for their accomplishments in school and community service.
- Parent Rap – facilitates meaningful involvement of parents.

"Together We Light the Way" has had some incredible success stories. In one school, there has been more than a 40 percent reduction of fighting and another school has had no incidences of bullying for months at a time!

## Community Supports Activities and Expenditures Table

### Other Supporting Programs

	Who mediates the activity?		Who does the activity reach?			What is the expenditure on children under 6 and their families?		
	Intermediaries	Number of intermediaries	Children under 6	Families	Other	2000-2001	2001-2002	2002-2003
<b>Justice Canada</b>								
National Crime Prevention Strategy	Teachers Police community Health community Recreation community <sup>i</sup>	N/A	X	X		\$1,370,000 <sup>ii</sup>	\$1,378,000 <sup>ii</sup>	\$2,628,000 <sup>iii</sup>
<b>Total expenditures</b>						<b>\$1,370,000</b>	<b>\$1,378,000</b>	<b>\$2,628,000</b>

Note: N/A refers to "not available" at the time of publication; -- refers to "not applicable."

<sup>i</sup> Not an exhaustive list.

<sup>ii</sup> Represents the total amount of money given by the NCPS through grants or contributions. It is not possible to distinguish the exact amount of money which went to children under 6 and their families.

<sup>iii</sup> Increase in expenditures due to an increased number of projects funded.





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

The Government of Canada has a direct role in providing a range of social and health programs and services to improve the quality of life for on-reserve First Nations and Inuit children and their families. In addition, the Government of Canada provides a range of programs to other Aboriginal children and families (i.e. First Nations children living off reserve and Métis children). 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. Early childhood development for Aboriginal children is recognized as a priority in Canada. Providing Aboriginal children with a good start in life is essential for their health and successful development.<sup>1, 2</sup>

This chapter focuses on dedicated services for First Nations, Inuit and Métis children. Two programs not included in this chapter, the Canada Prenatal Nutrition Program (CPNP) and the Fetal Alcohol Disorder Spectrum (FASD) Initiative, also have specific components for children and families living on reserve. As well, the CPNP and the FASD Initiative provide services to First Nations, Métis and Inuit children and families off reserve. The CPNP and the FASD Initiative are discussed in Chapter 2 of the report. 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.

Additional information on regulated programs and services offered by the Government of Canada which provide direct care and early learning opportunities to Aboriginal children can be found in Chapter 8.

### Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children

As a complement to the Federal/Provincial/Territorial Early Childhood Development Agreement announced in September 2000, a Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children was announced in October 2002. It provides \$320 million over five years to enhance existing early childhood development programs (Aboriginal Head Start and First Nations and Inuit Child Care), intensify efforts to address fetal alcohol syndrome and fetal alcohol effects in First Nations communities, and support new measures to monitor the well-being of Aboriginal children by enhancing research and knowledge.

The federal strategy includes a capacity-building component which involves both the creation of an early childhood development Aboriginal Service Providers' Network (ASPN) to support early childhood development, and funding for six national Aboriginal organizations to actively participate,

<sup>1</sup> Hertzman C. 1999. Population health and human development. In DP Keating and C Hertzman (eds.). *Developmental Health and the Wealth of Nations* (pp. 21–40). New York: Guilford Press.

<sup>2</sup> McCain MN and Mustard JF. *Reversing the Real Brain Drain: Early Years Study: Final Report*. Toronto: Ontario Children's Secretariat.

where appropriate, in Federal/Provincial/Territorial work on early childhood development. The existence of an ASPN will serve to support the information and training needs of Aboriginal early childhood development service providers.

The three federal departments involved in the strategy (Health Canada, Human Resources Development Canada, and Indian and Northern Affairs Canada) are working together and involving Aboriginal stakeholders in the development of a more coordinated and integrated approach to federal programming for children and their families on reserve and in Inuit communities. An environmental scan

involving Aboriginal stakeholders, a series of community-planning pilot projects in Aboriginal communities and a national dialogue (to be conducted in the fall of 2003) are the three components that will inform the development of the federal integrated approach to early childhood development programming. A range of Aboriginal and other stakeholders, including provincial and territorial governments, will also be involved in the national dialogue activities. In addition, evaluation tools are being tested to provide information on the feasibility of establishing common measurable outcomes across a spectrum of early childhood development activities at the community level.

## Activities at a Glance<sup>3</sup>

### Health Canada

#### Aboriginal Head Start in Urban and Northern Communities

Aboriginal Head Start in Urban and Northern Communities (AHSUNC) 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 a locally controlled, developmentally and culturally appropriate preschool program designed to meet the spiritual, emotional, intellectual and physical needs of participating children, with a focus on school readiness. AHSUNC supports parents to help meet the children's developmental needs at home. It is based on six components: culture and language, education, health promotion, nutrition, social support and parental involvement.

#### Brighter Futures\*

Brighter Futures assists First Nations and Inuit communities in developing culturally appropriate programs for community mental health, child development, injury prevention, parenting and healthy babies. While Brighter Futures is intended specially for First Nations and Inuit children, it is recognized that children's needs cannot be separated from those of their families and community.

<sup>3</sup> Detailed descriptions of the mandate, goals and objectives of these activities were provided in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000–2001*. The reader may want to refer to this report at [www.socialunion.gc.ca/eecd/](http://www.socialunion.gc.ca/eecd/).

\* This item had no significant changes in activities to report in 2002–2003. As a result, it is not discussed in the text of this chapter. However, updated quantitative information for 2002–2003 is provided in the Activities and Expenditures Table at the end of the chapter.



### **Aboriginal Head Start On-Reserve<sup>4</sup>**

In 1998–1999, the Aboriginal Head Start program was expanded to First Nations communities. Aboriginal Head Start On-Reserve is an early intervention program for First Nations children living 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.

## **Human Resources Development Canada**

### **First Nations and Inuit Child Care Initiative**

The First Nations and Inuit Child Care Initiative (FNICCI) supports First Nations and Inuit communities to develop and implement child care programs designed to address local and regional needs of Aboriginal and Inuit peoples. This initiative is aimed at increasing the supply of quality child care services in First Nations and Inuit communities.

## **Indian and Northern Affairs Canada**

### **Child/Day-care Program – Alberta\***

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

### **Child/Day-care Program – Ontario\***

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

### **Elementary Education (Junior Kindergarten and Kindergarten)**

The objective of Indian and Northern Affairs Canada's (INAC) elementary education program is to provide access for First Nations students, ordinarily resident on reserve, to elementary education services that are reasonably comparable to what is offered by their province or territory of residence. INAC provides funding for First Nations–operated and federal schools, for the reimbursement of costs of on-reserve students attending provincial and territorial schools, and funding for the provision of student support services such as transportation, counselling, accommodation and special education.

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<sup>4</sup> Titled First Nations Head Start in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000–2001 and 2001–2002*.

**First Nation Child and Family Services Head Start – New Brunswick<sup>5</sup> \***

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

**First Nations National Child Benefit Reinvestment**

The National Child Benefit (NCB) initiative is a partnership among the federal, provincial and territorial governments and First Nations that aims to help prevent and reduce the depth of child poverty, while supporting parents as they move into the labour market. Under the NCB, the Government of Canada has increased the benefits it pays through the NCB Supplement to low-income families with children, regardless of their source of income. In turn, most provinces, territories and First Nations have adjusted social assistance benefits provided on behalf of children by the full or partial amount provided under the NCB Supplement. These social assistance adjustments have allowed provinces, territories and First Nations to pay for new and enhanced benefits and services for low-income families with children. In all jurisdictions, no family receiving social assistance experienced a reduction in its overall level of income support as a result of the NCB.

**Health Canada – Highlights*****Aboriginal Head Start in Urban and Northern Communities***

Prior to the inception of Aboriginal Head Start in Urban and Northern Communities (AHSUNC), comprehensive preschool programs for Aboriginal children were not available in most of the 100 communities served, particularly in remote or isolated areas. AHSUNC was proactive in promoting programs in communities where need was demonstrated. The Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children, newly announced in 2002, brought increased funding and wider accessibility to this program.

In 2002–2003, there was a particular focus on enhanced training for community representation. Training and certification in the High/Scope approach to early childhood care and education was provided. The High/Scope preschool approach was originally developed for use with at-risk children, but now has proven to be effective with a full range of children. For AHSUNC, High/Scope training was adapted to the needs, circumstances and cultural approaches of Aboriginal communities. An Aboriginal elder was present at every training session to ensure that the methodology was consistent with Aboriginal values. In addition to High/Scope, training in the Work Sampling System—a child observation tool—has taken place in approximately 20 sites. Over 100 sites sent delegates to the National Training Workshop in Ottawa in 2002.

<sup>5</sup> Titled Aboriginal Head Start – New Brunswick in *Federal/Provincial/Territorial Early Childhood Development Agreement: Report on Government of Canada Activities and Expenditures 2000–2001 and 2001–2002*.

AHSUNC conducts a National Process and Administrative Evaluation annually which describes demographic, statistical and operational features of participants. An Impact Evaluation of the AHSUNC program began in the fall of 2002. It will describe the changes in children, parents and communities as a result of their participation in the program.

The evaluation examines the impacts of all program components. A sample of 10 AHSUNC sites is taking part in this study which will be based on information gathered by community evaluators through child assessment and observation, and structured interviews with community members. The impact evaluation will report interim findings in the winter of 2004.

### EXPERIENCES FROM ABORIGINAL HEAD START IN URBAN AND NORTHERN COMMUNITIES

“The AHS children are so beautiful, they are our future generation. We all have some kind of an effect on how they are going to turn out. We must start early in their lives and show them the values of life at home. AHS is very vital to our community and the staff is doing such a marvellous job. I always felt respected and welcomed in their establishment.”

*A grandmother  
(Kokum)*

“A suggestion by the Early Intervention Program was to enrol my son in the Aboriginal Head Start program when he was old enough. When he turned three, I registered him into the program. This has been one of the best things that I could have done for him. Not only has Aboriginal Head Start given him the opportunity to learn and to be proud of his cultural heritage, they also had all the resources in place to help him with his language skills. Along with his ability to communicate, came confidence, along with confidence, he became the boy he is today.”

*A parent*

### PERSONAL REFLECTIONS ABOUT ABORIGINAL HEAD START IN URBAN AND NORTHERN COMMUNITIES

#### Off to Big School

Michael started coming to Aboriginal Head Start when he was in his mother’s belly. Now he is five years old and has learned to write his name, say ABCs, count and sing songs in Inuktitut. His mom is on the Parent Advisory Committee and is an important participant in guiding the direction of the program. She travelled to Ottawa for the National Aboriginal Head Start training and learned about positive parenting and taking care of herself. She got this opportunity to go to this celebration because she and Michael had the best attendance throughout the year. Now Michael is going to big school. He told his Head Start teacher he will visit her. His mom is excited seeing Michael move to this next milestone. At graduation, she gave the AHS staff a gift thanking them for everything they have done for her family.

*Jenny Lyall  
National Aboriginal Head Start Council Member  
Aboriginal Family Centre  
Happy Valley-Goose Bay, Labrador  
Creation Stories: Personal Reflections About  
Aboriginal Head Start In Urban and Northern Communities*

### ***Aboriginal Head Start On-Reserve***

To monitor Aboriginal Head Start On-Reserve, a Process and Baseline Evaluation was completed in 2002–2003. The final results will be available in the spring of 2004. Preliminary analysis indicated the program is off to a very good start and is being well-received by parents and community members. Parents reported that the program is helping them learn about early childhood development, health and nutrition, and the social services that are available to them. Children in the community participated in community activities and events in increasing numbers—indicating an increase in community awareness. Kindergarten teachers reported that children from the Head Start program have demonstrated an increase in school readiness.

## **Human Resources Development Canada – Highlights**

### ***First Nations and Inuit Child Care Initiative***

In 2002, the First Nations and Inuit Child Care Initiative (FNICCI) received additional funding through the Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children. This funding has been used to enhance the quality of existing spaces and 500 new spaces will be created in 2003–2004. Until last year, FNICCI allocations had been in the range of \$6,000 annually per child care space. The increased funding under the Federal Strategy on Early Childhood Development for First Nations and Other

Aboriginal Children increased the average per-space subsidy amount to \$6,500.

As one element of quality child care, staff training continues to be a priority for FNICCI. In 2002, Human Resources Development Canada (HRDC) collaborated with Health Canada's Aboriginal Head Start (both On-Reserve and Urban and Northern Communities components) to hold joint service provider workshops for staff of child care centres and Head Start centres.

In addition to these initiatives, capital investments have been made in 2002–2003 with increased FNICCI funding made available through the Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children.

## **Indian and Northern Affairs Canada – Highlights**

### ***Elementary Education (Junior Kindergarten and Kindergarten)***

Indian and Northern Affairs Canada (INAC) is currently conducting a national evaluation of the band-operated and federal schools elementary education program.

The evaluation will establish baseline information for monitoring and will help inform future changes to program design and delivery. The evaluation will be publicly available in 2004.

In addition, every five years, First Nations schools are required to complete evaluations. School evaluations can be obtained from INAC regional offices. A report card on INAC education programs will be available later in 2003.

A Special Education Results Indicators Pilot Project was undertaken in 2002–2003 which will provide data to policy makers on program effectiveness and management. INAC has been working in collaboration with First Nations and the provinces of Manitoba and Saskatchewan to examine summative-level measures of results for special education students that can be systematically collected, analyzed and reported. In 2002–2003, the pilot included at least six First Nations schools in Saskatchewan to test the validity of the aggregated measurement framework. In 2003–2004, 59 schools will participate in the pilot—15 of these are First Nations schools. An important goal during the first three years of the project has been to develop a set of indicators that enables aggregate reporting of results based on individual student achievements against their own individual goals.

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

In 2002–2003, the *Interim Evaluation of the First Nations National Child Benefit Reinvestment* was released. This evaluation was an important tool to monitor the quality of the initiative. Data for this evaluation were collected from various sources, including site visits to eight First Nations communities in four regions, a dialogue circle in each community, interviews with chiefs and council members, interviews with 28 key respondents and two case studies of communities that exemplify best practices in data collection and

reporting. The evaluation highlighted three key themes: flexibility for First Nations in programming, First Nations ownership of the programs, and the importance of reporting. The report found that short-term, concrete effects are evident among the children and families who have participated in activities funded by the NCB reinvestments. Low-income families in general derive benefits from NCB projects, and some anecdotal reports indicate broader community benefits. A key challenge for First Nations and INAC in the future is to create a reporting process that will identify outcomes and best practices.

#### **HERE ARE SOME EXAMPLES OF THE ACTIVITIES OF THE NATIONAL CHILD BENEFIT REINVESTMENT PROGRAM FOR FIRST NATIONS**

- **Child Nutrition** – Nutrition programs improve the health and well-being of children by providing meal programs as well as education to parents on family nutrition and meal preparation. Some examples are educational programs aimed at nutrition, food hamper programs and meal programs (hot lunches, breakfasts and snacks) provided in school.
- **Community Enrichment** – This activity funds programs and services in the area of cultural teachings—art, music, storytelling, peer support groups, or groups which bring together community Elders and adolescents. It can also include funding for parenting, family and community supports such as life skills or cultural celebrations.

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

### Programs Providing Direct Support

	Who does the activity reach?										What is the expenditure on children under 6 and their families?		
	Number of:										2000-2001	2001-2002	2002-2003
	Sites			Children under 6 and families									
	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003	
<b>Health Canada</b>													
Aboriginal Head Start in Urban and Northern Communities	114	114	114	3,200 children	3,536 children	3,536 children				\$22,500,000	\$22,500,000	\$22,500,000 <sup>*</sup>	
Brighter Futures	650	650	650	45,000 children	N/A	N/A				\$20,000,000	\$18,300,000	\$17,600,000 <sup>†</sup>	
Aboriginal Head Start On-Reserve	N/A	N/A	N/A	7,700 children	7,000 children	7,000 children				\$25,000,000	\$25,000,000	\$34,727,000 <sup>‡</sup>	
<b>Human Resources Development Canada</b>													
First Nations and Inuit Child Care Initiative	389	389	389	>7,000 children	7,000 children	7,000 children				\$41,000,000 <sup>‡</sup>	\$41,000,000 <sup>‡</sup>	\$50,000,000 <sup>‡</sup>	
<b>Indian and Northern Affairs Canada</b>													
Child/Day-care Program – Alberta	17	17	17	1,046 children	1,113 children	1,006 <sup>†</sup> children				\$2,665,000	\$2,665,000	\$2,665,000	
Child/Day-care Program – Ontario	67 programs	51 First Nations with 57 programs	51 First Nations with 57 programs	2,097 funded spaces	3,243 children	3,018 children				\$12,177,000	\$13,407,000	\$14,291,000 <sup>†</sup>	
Elementary Education (Junior Kindergarten and Kindergarten)	384	387	387	13,793 children	13,409 children	13,846 children				\$33,055,000	\$32,388,000	\$34,615,000 <sup>†</sup>	
First Nation Child and Family Services Head Start – New Brunswick	15	15	15	N/A	381	N/A				\$1,544,000	\$1,466,000	\$1,408,000	
<b>Total expenditures</b>										<b>\$157,941,000</b>	<b>\$156,726,000</b>	<b>\$177,806,000</b>	

Other Supporting Programs									
	Who mediates the activity?		Who does the activity reach?			What is the expenditure on children under 6 and their families?			
	Intermediaries	Number of intermediaries	Children under 6	Families	Other	2000-2001	2001-2002	2002-2003	
	2002-2003	2002-2003	2002-2003	2002-2003	2002-2003	2000-2001	2001-2002	2002-2003	
<b>Indian and Northern Affairs Canada</b>									
First Nations National Child Benefit Reinvestment	--	--		X		\$4,080,000 <sup>iii</sup>	\$1,943,000 <sup>iv</sup>	N/A	
<b>Total expenditures</b>						<b>\$4,080,000</b>	<b>\$1,943,000</b>	<b>N/A</b>	

Note: N/A refers to "not available" at the time of publication; -- refers to "not applicable."

<sup>i</sup> Decrease a result of transfer of funds to First Nations communities.

<sup>ii</sup> Due to the late announcement (October 2002), full annual funding of \$46.5 million could not be allocated in fiscal year 2002-2003. All available funding was allocated to meet regional health program needs including support to those services which First Nations have made a priority.

<sup>iii</sup> Includes expenditures for children under 12, but most expenditures are for children under 6.

<sup>iv</sup> Includes expenditures for children under 12, but most expenditures are for children under 6. Funding for FNICCI was increased by \$9 million under the Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children.

<sup>v</sup> Estimate.

<sup>vi</sup> Expenditures for 2001-2002 did not include provincial share of expenditures.

<sup>vii</sup> Increase due to an increase in student population.

<sup>viii</sup> Includes NCB reinvestments made by First Nations in child/day-care (\$617,000) and ECD programs (\$3,463,000) in 2000-2001.

<sup>ix</sup> Includes NCB reinvestments made by First Nations in child/day-care (\$697,000) and ECD programs (\$1,246,000) in 2001-2002.

<sup>x</sup> Due to the late announcement (October 2002), full annual funding of \$35 million could not be allocated in fiscal year 2002 - 2003. Increase in funding and changes in number of children served will be documented in next year's activities and expenditures report.







## 7. Research and Information

Under the ECD Agreement, governments have agreed to work together on research and knowledge related to early childhood development, share information on effective practices that improve child outcomes and work jointly to disseminate the results of research. The Government of Canada undertakes a number of important information, research and surveillance activities related to young children and their families. In addition, the government supports projects and

initiatives that demonstrate new and innovative approaches to enhancing early childhood development. This contributes to the foundation of knowledge and understanding of healthy child development, and ultimately to sound public policy. Data obtained from many of the activities identified in this chapter form the foundation of the companion document to this report—*The Well-Being of Canada's Young Children: Government of Canada Report 2003* (as described in the Preface).

### Activities at a Glance<sup>1</sup>

#### Health Canada

##### Canadian Childhood Cancer Surveillance and Control Program

The Canadian Childhood Cancer Surveillance and Control Program describes the patterns of health care used by children with cancer, assesses their clinical outcomes and determines the risk factors for developing childhood cancer. It is intended for health professionals, policy makers, governments, patients and families.

##### Canadian Hospitals Injury Reporting and Prevention Program\*

The Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) is a surveillance system that collects information on childhood injuries in 10 paediatric hospital emergency rooms in Canada and in five general hospital emergency rooms. Data and information from CHIRPP are intended for the use of policy makers, public health units, non-governmental organizations, professionals, researchers, the media and the public.

##### Canadian Incidence Study of Reported Child Abuse and Neglect

The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) is a national study of the incidence of child abuse and neglect reported to, and investigated by, child welfare services across Canada. It is intended to develop baseline information and monitor trends in the reporting of abuse and neglect, as well as to foster a better understanding of the types and severity of child abuse and neglect. The data and reports are used by government departments at all levels, public health units, non-governmental organizations, professionals, researchers, media and the public.

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

\* This item had no significant changes in activities to report in 2002–2003. As a result, it is not discussed in the text of this chapter. However, updated quantitative information for 2002–2003 is provided in the Activities and Expenditures Table at the end of the chapter.

### **Canadian Perinatal Surveillance System**

The Canadian Perinatal Surveillance System (CPSS) monitors and reports on maternal and infant health determinants and outcomes through an ongoing cycle of data collection, expert analysis and interpretation, and communication of information to action. Users of the CPSS include health professionals, health departments and agencies, health research institutions, health departments at universities and colleges, researchers and individuals.

### **Centres of Excellence for Children’s Well-Being**

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

### **Children’s Health and the Environment**

The Office of Children’s Environmental Health provides information to parents and caregivers on what they can do to protect children from environmental threats.

### **Family Violence Initiative and National Clearinghouse on Family Violence**

The Family Violence Initiative is intended to promote public awareness of the risk factors of family violence and the need for public involvement in responding to the problem. It works to strengthen the ability of the criminal justice, housing and health systems to respond to the problem, and to support data collection, research and evaluation to identify effective interventions. As part of the initiative, Health Canada manages the National Clearinghouse on Family Violence.

### **National Child Day**

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

### **National Study on Balancing Work, Family and Lifestyle**

This is a multi-year research project which examines critical issues associated with balancing work and family, identifies who is at risk of work-life conflict, outlines the impacts of high levels of work-life conflict and provides direction for achieving better balance. The study findings, based on responses from employees in public, private and not-for-profit organizations, will expand the knowledge base in this area.

### **Population Health Fund**

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

### **Tobacco Control Programme**

The Federal Tobacco Control Strategy (FTCS) is dedicated to reducing tobacco use in Canada. It focuses on four mutually reinforcing components: protection, prevention, and cessation and harm reduction. Health Canada conducts mass media campaigns, provides information for professionals and the public, and funds projects focusing on prevention, protection and cessation. The FTCS is directed to the general public, researchers, health professionals, pregnant women, parents and young people.

## **Human Resources Development Canada**

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

The National Longitudinal Survey of Children and Youth (NLSCY) is a long-term study of Canadian children which tracks their development and well-being from birth to early adulthood. Nationally, it surveys more than 30,000 Canadian children every two years, approximately half of whom are children under six. The purpose of the survey is to provide longitudinal data and research on human development. It is intended for use by policy makers, service providers, researchers, communities and the public. The survey collects information about how a child's family, friends, schools and community influence his or her physical, behavioural and learning development.

### **Social Development Partnerships Program**

The Social Development Partnerships Program (SDPP) is a nationally delivered grants and contributions program. It works in partnership with organizations in the social non-profit sector to support the Government of Canada's overarching social goals to enhance the quality of life and promote the full participation of all Canadians in Canadian society. One of the three funding components of the program is early childhood learning and care. The objective of investments under SDPP is to promote the generation, dissemination and application of knowledge, innovative solutions and best practices as they apply to children and families; to foster collaborations, partnerships and networks; and to strengthen the capacity of organizations in the social non-profit sector.

### **Understanding the Early Years**

Understanding the Early Years (UEY) is a national research initiative. It provides communities with information to enable them to make informed decisions about best policies and most appropriate programs for families with young

children. It seeks to provide information about the influence of community factors on children's early development and to improve the community's capacity to use these data in monitoring child development and creating effective community-based responses.

### **Environment Canada**

Environment Canada's expenditures for programs specifically aimed at children include ultraviolet (UV) protection awareness programs, programs for weather watchers, environmental literacy programs, youth environmental education and outreach programs, and funds provided through the Public Outreach component of the Climate Change Action Fund for projects directed at children.

## **Health Canada – Highlights**

### ***Canadian Childhood Cancer Surveillance and Control Program***

In 2002–2003, the Canadian Childhood Cancer Surveillance and Control Program continued its collaborative partnerships with paediatric oncology centres, provincial cancer registries and voluntary agencies, such as the Candlelighter's Childhood Cancer Foundation of Canada.

During 2002–2003, the program engaged in several important activities. For example, new web-based data entry software was developed for the Treatment and Outcome Surveillance System and a number of primary analyses were initiated on the late effects of childhood cancer, along with reports examining treatment and outcomes.

### ***Canadian Incidence Study of Reported Child Abuse and Neglect***

The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) provided data from Cycle 1 to external researchers also interested in using

CIS data. For example, one researcher examined the connection between child maltreatment and substance use and another examined the association between abuse and disability. Representatives of 13 federal government departments met to discuss findings from the CIS and their potential application to policy development. Planning also started on the second data collection cycle of the CIS scheduled to take place in the fall of 2003.

### ***Canadian Perinatal Surveillance System***

The Canadian Perinatal Surveillance System (CPSS) worked on a new Canadian Perinatal Health Report during 2002–2003 which will be released at the end of 2003.

In 2002–2003, the CPSS developed a *Maternity Experiences Survey* (MES) questionnaire and conducted a pilot study of the tool. The objectives of MES are to:

- document Canadian women's knowledge, experiences and practices during pregnancy, birth and the early

## CANADIAN PERINATAL SURVEILLANCE SYSTEM

### Meeting the Information Needs of Canadian Health Care Professionals

Canada is fortunate in having a record of excellence in perinatal health surveillance. The surveillance activities help to facilitate efforts of Canadian scientists, health educators, health professionals, policy makers and the Canadian public. The Canadian Perinatal Surveillance System puts Canadian health care providers in an enviable position of having accurate scientific information on issues affecting mothers and babies.

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Chairperson of CPSS Maternity Experiences Survey Study Group*

The Canadian Perinatal Surveillance System regularly produces scientific reports that are published in the highest impact medical journals in North America. The studies and analyses that lead to these reports are at the very core of public health issues in Canada. They put the Canadian public in an enviable position of having accurate scientific information on issues affecting mothers and their infants that is published and distributed regularly.

*Reg Sauve, MD,  
Professor of Paediatrics and Community Health Sciences  
The University of Calgary  
Chairman of CPSS Steering Committee*

- postpartum months and their perceptions of perinatal care;
- provide information for an in-depth examination of selected population subgroups deemed to be at higher risk for unfavourable health outcomes, such as women who are recent immigrants and refugees, and teenage mothers; and
- identify areas of strength and areas in need of improvement within the health care system from the perspective of women.

The CPSS entered into a partnership with Statistics Canada to develop and administer this national survey.

### *Centres of Excellence for Children's Well-Being*

Three Centres of Excellence for Children's Well-Being are conducting research-related activities on issues affecting early childhood development—a centre dedicated to early childhood development, a centre on child welfare and a centre working on specific issues associated with children and adolescents with special needs.

#### *Centre of Excellence for Early Childhood Development*

The Centre of Excellence for Early Childhood Development (CEECD) disseminates scientific knowledge on

the social and emotional development of young children, including policies and services that promote healthy child development.

In 2002–2003, the centre hosted three colloquia: Early Childhood and Violence Prevention (Montreal, summer 2002), Tobacco and Alcohol During Pregnancy: Lifelong Effects on the Child (Ottawa, fall 2002), and Effective Programs for ECD: Linking Research to Policy and Practice (Banff, winter 2003).

The Citizen's Forum is a grouping of children's organizations that provides advice and direction to CEECD. For example, in 2002–2003, the Citizen' Forum:

- commented on the centre's choice of themes for conferences and publications;
- identified subjects that they would like the CEECD to examine; and
- advised the centre on strategies to ensure that activities reach target audiences-service providers, planners and government policy makers.

The Citizen's Forum included organizations such as l'Association des CLSC du Québec, British Columbia Aboriginal Child Care Society, Early Childhood Development Association of Prince Edward Island, Home Child Care Association of Ontario, Manitoba Child Care Association and Canadian Association for Community Education.

#### *Centre of Excellence for Child Welfare*

The Centre of Excellence for Child Welfare (CECW) seeks to provide expertise in academic knowledge, research, applied public policy development, and practice in child welfare in Canada.

In 2002–2003, the CECW compiled databases of published research, Canadian researchers and research in progress in the field of child welfare, which are available on the centre's website. In winter 2003, the centre hosted a symposium in Banff pertaining to Community Collaboration and Differential Response. The centre also supported a number of research initiatives in 2002–2003, including:

- Self-Managed Care – Evaluating Partnership, Social Networks and Community Capacity Building in the Provision of Respite Services – Winnipeg Child and Family Services, University of Manitoba;
- Impact of Service Provider Change on the Protection of Children – Children's Aid Society of the County of Simcoe, York University;
- Use of Family Conferencing and Circles in Child Welfare in the Mi'kmaq Community in Nova Scotia – Mi'kmaw Family & Children's Services of Nova Scotia, Acadia University;
- Impact evaluation of the "Initial Involvement in the Youth Protection System" aspect of the early and intensive intervention program and the Centre jeunesse de Montréal – Centre jeunesse de Montréal, Université du Québec à Montréal; and
- Evaluation of the program pertaining to strengthening parenting skills named "Educate our Children without Spanking" – Centre Mariebourg et l'Université du Québec à Montréal.

### *Centre of Excellence for Children and Adolescents with Special Needs*

The Centre of Excellence for Children and Adolescents with Special Needs aims to support early intervention and improve services to children and adolescents with special needs in rural, remote and northern Canadian communities. It examines issues related to learning difficulties, such as substance abuse; mental health; and nutrition, health and development. The centre works in partnership with provincial and territorial governments, universities and voluntary organizations.

In 2002–2003, the centre hosted a series of workshops and presentations directed at community service planners and service providers in regions across Canada, to help build community capacity. For example, *Early Intervention – Present Policies and Practices and Future Directions and Research, and Policy and Practice for Family Support* workshops were presented in Halifax, while workshops on *Promising Practices in the North – Leadership, Education and Wellness, Learning Language and Literacy, and Getting Together, the Second Annual Conference on Early Literacy and Teaching* were held in Thunder Bay.

The centre conducted many of its projects in collaboration with First Nations communities.

During 2002–2003, the centre also collaborated with the:

- National Children’s Alliance in a Roundtable on Children with Disabilities;
- Centre de Ressources Préscolaire to compile library resources for Francophone families, child care staff

and other professionals working with children with special needs;

- Early Childhood Educators of BC (Caledonia Branch) to investigate the successes and challenges of supported child care in northern British Columbia;
- BC Aboriginal Child Care Society to produce *Special Needs Children (0–6) and their Care Providers – An Inquiry into 58 On-Reserve Licensed Child Care Centres in British Columbia*; and
- IWK Children’s Health Centre to look at distance education strategies to support children with autism in child care settings.

### ***Children’s Health and the Environment***

The Office of Children’s Environmental Health was established in 2000 and provides information to parents and caregivers on what they can do to protect children from environmental threats. The office is situated in Health Canada, but works collaboratively with Environment Canada, Indian and Northern Affairs Canada, the Canadian Food Inspection Agency, Natural Resources Canada, Agriculture Canada and Canada Mortgage and Housing Corporation. A federal working group on children’s health and the environment, with members from each of these departments and agencies, ensures that information provided for parents and caregivers is accurate.

The office undertook a number of activities in 2002–2003. A booklet for parents and caregivers on children’s environmental health was developed and will be released in the fall of 2003. A Workshop on Research in Children’s

Environmental Health was held in March 2002 with 90 experts in children’s environmental health research from across Canada. These included representatives from a diverse array of government health and environment agencies, universities, research institutes and centres, research hospitals, health centres, private sector enterprises and public advocacy groups.

### ***Family Violence Initiative and National Clearinghouse on Family Violence***

Health Canada continues to lead and coordinate 12 federal departments in the interdepartmental Family Violence Initiative and manages the National Clearinghouse on Family Violence on behalf of partnering departments. In addition, Health Canada carries out research and develops policies and projects to better understand and address health effects of family violence.

In 2002–2003, Health Canada coordinated the preparation of the *Family Violence Initiative Year Five Report* which summarizes the activities undertaken by participating departments from 1997–98 to 2001–02.

### ***National Child Day***

National Child Day is intended to promote awareness in Canada of the United Nations Convention on the Rights of the Child. The theme for the November 2002 National Child Day was *A World Fit for Children*. It represented the commitments made at the United Nations Special Session on children and built on the previous year’s theme of *Youth Participation*.

In 2002, schools were encouraged to celebrate National Child Day. A CD-ROM learning tool was sent to schools across Canada to provide educators with information on National Child Day, children’s rights and the United Nations Special Session on Children. Postcards were distributed to schools and RCMP detachments across Canada—these promoted *A World Fit for Children* and child and youth participation in the 2002 National Child Day celebration.

### ***National Study on Balancing Work, Family and Lifestyle***

In 2002–2003, efforts to analyze and disseminate the findings from the National Study on Balancing Work, Family and Lifestyle continued and the first report was released on the Health Canada website. In addition, work continued to prepare the second report. Report Two examines the prevalence of five forms of work-life conflict and their impacts on employers, employees and their families. In 2003, Human Resources Development Canada also released a report prepared by the principal investigators based on the data gathered in this study. Key findings of the report were:

- Most Canadians see “work” as the main offender with respect to conflict between work and life. Respondents were five times more likely to talk about problems at work that negatively affected their ability to have a life outside of work than problems at home.
- The personal and family circumstances that are problematic included the death of a family member, divorce or separation, being



a parent or step-parent, having responsibility for elder care, lack of support within the community, physical or mental health problems, lack of time for personal or family roles, caring for a disabled dependant, and having both child care and elder care responsibilities. The comments suggested that many of the issues on the family side of the work-life equation are more transient in nature and depend on one's stage in life. In other words, employees need different types of support at different points in their life.

- Financial strain had a big impact on work-life balance.

### WHAT DOES WORK-LIFE CONFLICT LOOK LIKE?

It is having a job that interferes with your family life. It is when your family interferes with your career and your ability to get ahead at work. It is when housework interferes with time for yourself. It is having a long commute to and from work that takes a toll on your energy. It is role overload-having too much to do in the amount of time available. It is being crunched for time-constantly. It is going it alone as a single parent or living with a workaholic. It is balancing two or more jobs with a life. It is balancing work and education with a life. It is postponing having children (perhaps forever) because you cannot see how you can manage one more thing.

*Voices of Canadians:  
Seeking Work-Life Balance  
Linda Duxbury  
Christopher Higgins  
Donna Cogill*

### **Population Health Fund**

The Population Health Fund supports projects that increase community capacity for action relating to the determinants of health. The priorities relating to children and adolescents have not changed—creating optimal conditions for the healthy development of young children; supporting families; creating safe, supportive and violence-free physical and social environments; and fostering healthy adolescent development. In 2001–2002, Health Canada solicited new proposals focused on children and youth under the Population Health Fund. Funding for those proposals began to flow in 2002–2003. Currently, nine projects are funded that relate to early childhood development:

- Early Childhood Vision Loss and Its Impact on Development;
- Healthy Start for Life – Promoting Healthy Eating and Lifestyle During the Toddler and Preschool Years;
- Baby First Project;
- NutriSTEP Project;
- Implementation and Evaluation of the Baby-Friendly Initiative in Health Services;
- Supporting Aboriginal Children with Learning and Behavioural Problems;
- Disabilities in the Care of Aboriginal Child Welfare Organizations;
- Increasing the Capacity of Parent Educators to Support Families; and
- An initiative to improve the management of allergies, asthma and anaphylaxis throughout Canada.

### ***Tobacco Control Programme***

The Tobacco Control Programme funds pilot projects through its Grants and Contribution Program. In 2002–2003, the Tobacco Control Programme funded six projects which were related to pregnant women and children:

- Catching our Breath for pregnant women and new mothers living with socio-economic disadvantage in Vancouver;
- Kick Butt for Two for pregnant women in Lethbridge;
- Smoking Cessation During Pregnancy for women in Grande Prairie;
- Quit4Life for young women in Pictou County;
- Pregnets – a conference on tobacco interventions for pregnant and postpartum smokers; and
- Kids Need Breathing Space – a campaign to increase awareness of second-hand smoke and the effects on small children in British Columbia.

Evaluation is a key part of each project (given that the projects are in their early implementation stages, the evaluations are not yet complete). Completed progress reports on the federal and national control strategies can be found at [www.hc-sc.gc.ca/hecs-sesc/tobacco/policy/index.html](http://www.hc-sc.gc.ca/hecs-sesc/tobacco/policy/index.html).

### **Human Resources Development Canada – Highlights**

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

The National Longitudinal Survey of Children and Youth (NLSCY) continues to gather a wide variety of data on Canadian children and youth. Four cycles of the NLSCY have been collected (1994–1995, 1996–1997, 1998–1999 and 2000–2001). The survey is conducted on a biennial basis and work is ongoing on the development of future cycles.

To date, research has been conducted using the first three cycles of the NLSCY. Apart from independent research conducted by a broad range of academics and researchers, the Applied Research Branch of HRDC sponsors NLSCY-based research on a variety of topics related to child development. The most recent research focuses on such issues as the repercussions of parents' early marital and parental histories on the family life course of their children, child education attainment in Canada, the prevalence of hyperactivity-impulsivity and inattention among Canadian children, the effect of maternal employment and family composition on children's behaviour, and patterns of young children's development.

In addition to the research conducted, the NLSCY is the primary source of data for the common set of indicators of young children's well-being being reported by federal/provincial/territorial governments under the ECD Agreement.

These indicators, along with others also based on the NLSCY, are presented in the Government of Canada's report on young children's well-being.

### ***Social Development Partnerships Program***

The Social Development Partnerships Program (SDPP) works in partnership with organizations in the social non-profit sector to address social development needs in the area of early childhood learning and care (ECLC), persons with disabilities and the social inclusion of vulnerable populations. The program makes investments through grants and contributions to promote new knowledge, develop networks and strengthen capacity in the social non-profit sector. Funding decisions are made through an open Call for Proposals process that invites organizations to submit project proposals that respond to social development priority areas. Examples of organizations that have received past funding under the ECLC component of the SDPP include Campaign 2000, the Canadian Child Care Federation, and the Childcare Research and Resource Unit of the University of Toronto.

In December 2002, an open and competitive Call for Proposals was held. Approximately 20 new projects addressing a range of issues are being approved for funding under ECLC. Examples include projects that will examine the effects of centre-based child care on quality of ECLC in Canada; foster partnerships that support integrated approaches to ECLC; develop interventions for child care

professionals to deal with children who exhibit aggressive behaviours; and create tools to measure progress on the inclusion of children with special needs in child care settings.

### ***Understanding the Early Years***

Understanding the Early Years (UEY) projects continue to exist in 12 sites across Canada. Each of the sites is supported by an existing not-for-profit, charitable, community-based coalition. Baseline reports for five of the communities were released in 2002–2003, bringing the total number of baselines released to eight. The baseline reports provide information on a number of indicators (e.g. health, learning and behaviour). This information enables communities to answer the question “How are our children developing now?” This will help them to determine how they can do better in the future and form the basis for the policies, programs and services that best promote the well-being of their children. The baseline reports are available on the UEY website, [www.hrdc-drhc.gc.ca/sp-ps/arb-dgra/nlscy-elnej/uey-cpe/pub\\_e.shtml](http://www.hrdc-drhc.gc.ca/sp-ps/arb-dgra/nlscy-elnej/uey-cpe/pub_e.shtml).

## UNDERSTANDING THE EARLY YEARS:

### Young Children in Southwestern Newfoundland

Data from the baseline report found that:

- Unemployment levels were high among families in Southwestern Newfoundland compared with the Canadian average. Over 60 percent of mothers, and almost 40 percent of fathers, did not work outside the home.
- Overall, the children of Southwestern Newfoundland were healthy and showed strong signs of positive development and readiness for learning.
- Children in Southwestern Newfoundland scored above the national average on direct assessments of their vocabulary, behaviour, and cognitive development.
- Children in Southwestern Newfoundland exceeded the average of all children on four out of the five domains of school readiness.
- Despite low socio-economic status, parents in Southwestern Newfoundland had very strong parenting skills and were regularly engaged with their children in learning activities.

*KSI Research International Inc.  
for Human Resources  
Development Canada  
June 2002*

## Environment Canada – Highlights

Children benefit directly and indirectly from Environment Canada's efforts to protect and conserve the environment. To this end, Environment Canada undertakes to protect Canadians from domestic and global sources of pollution; conserve bio-diversity in healthy ecosystems; and enable Canadians to adapt to weather and related environmental influences and impacts on human health and safety, economic prosperity and environmental quality.

Environment Canada's activities also include policy development to advance the protection of children's health from environmental threats both at the domestic and international levels. In 2002, under the North American Commission for Environmental Cooperation (CEC), the Environment Ministers of the three countries (Canada, United States, Mexico) adopted the *Cooperative Agenda for Children's Health and the Environment in North America*. The four priority areas of the *Cooperative Agenda* are asthma and respiratory diseases, effects of lead, effects of exposure to other toxic substances, and water-borne diseases.

Through its participation in the North American Commission for Environmental Cooperation (CEC), Environment Canada is working with the United States and Mexico on a first report on indicators on children's environmental health to be published in 2004.

## Research and Information Activities and Expenditures Table

### Other Supporting Programs

	Who mediates the activity?		Who does the activity reach?			What is the expenditure on children under 6 and their families?		
	Intermediaries	Number of intermediaries	Children under 6	Families	Other	2000-2001	2001-2002	2002-2003
<b>Health Canada</b>								
Canadian Childhood Cancer Surveillance and Control Program	--	--	X	X		\$263,000 <sup>i</sup>	\$223,000 <sup>i</sup>	\$227,000 <sup>i</sup>
Canadian Hospitals Injury Reporting and Prevention Program	Policy makers, public health units, hospitals, non-governmental organizations, professionals, researchers, media, public	--			Policy makers, public health units, non-governmental organizations, professionals, researchers, media, public	\$400,000 <sup>i</sup>	\$480,000 <sup>i</sup>	\$132,000 <sup>iii</sup>
Canadian Perinatal Surveillance System (including Canadian Congenital Anomalies Surveillance System)	Government at all levels Professional organizations and non-governmental organizations Academic/research Hospitals, health centres, clinics	1,204 595 433 341			Health professional organizations, health departments and agencies, health research institutions, health departments at universities and colleges, individuals and health researchers	\$2,600,000	\$2,100,000	\$1,460,000 <sup>ii</sup>
Centre of Excellence for Early Childhood Development	Canadian Child Care Federation magazine—Interaction Canadian Institute of Child Health—Newsletter Canadian Institute of Child Health—website E-Parenting website	20,000 1,500 2,000,000 432,000			Policy makers, service planners and service providers		\$650,000	\$650,000
Centre of Excellence for Child Welfare	Child Welfare League of Canada	100			Policy makers, researchers and practitioners	\$525,000 <sup>iii</sup>	\$260,000 <sup>i</sup>	\$300,000 <sup>i</sup>
Centre of Excellence for Children and Adolescents with Special Needs	Autism Society Canada Provincial Children's Advocate Council for Exceptional Children Learning Disabilities Association of Canada	N/A			Parents, teachers, service providers, researchers, policy makers		\$358,000 <sup>i</sup>	\$440,000 <sup>iv</sup>

Other Supporting Programs (cont'd)									
	Who mediates the activity?		Who does the activity reach?		What is the expenditure on children under 6 and their families?				
	Intermediaries	Number of intermediaries	Children under 6	Families	Other	2000-2001	2001-2002	2002-2003	
	2002-2003	2002-2003	2002-2003	2002-2003	2002-2003	2000-2001	2001-2002	2002-2003	
Child Maltreatment Surveillance Activity (including Canadian Incidence Study of Reported Child Abuse and Neglect)	--	--			Researchers, other federal departments and agencies, provinces and territories, public health units, non-governmental organizations, professionals, media, public	\$314,000 <sup>i</sup>	\$268,000 <sup>i</sup>	\$94,000 <sup>r</sup>	
Children's Health and the Environment	Health departments	N/A			Parents and caregivers of children	\$100,000	\$200,000 <sup>vi</sup>	\$70,000 <sup>vii,viii</sup>	
Family Violence Initiative – National Clearinghouse on Family Violence	--	--			12 participating federal departments, public	\$886,000 <sup>viii</sup>	\$886,000 <sup>viii</sup>	\$701,000 <sup>viii,x</sup>	
Mother-Net-Pilot Project	Health professionals	--			Pregnant women	\$259,000	\$131,000	\$00 <sup>s</sup>	
National Child Day	N/A	N/A	N/A	N/A	N/A	N/A	\$70,000 <sup>vi</sup>	\$40,000 <sup>xvii,xviii</sup>	
National Study on Balancing Work, Family and Lifestyle	Health Canada website	N/A			Governments, businesses, public	--	\$77,000 <sup>viii</sup>	\$34,700 <sup>viii,x</sup>	
Population Health Fund	Early childhood educators, health professionals, public health nurses, social workers, peer workers, parents and caregivers, child care providers and agencies, family educators, school boards, teachers, Aboriginal child welfare agencies	N/A	X	X	Health professionals and organizations, child care providers, early childhood educators, parents, families, Aboriginal child welfare agency staff, foster, adoptive and birth families, youth groups	\$257,000 <sup>i</sup>	\$59,000 <sup>i</sup>	\$524,000 <sup>vv</sup>	
Tobacco Control Programme (projects related to pregnant women and women with babies and young children)	--	--	X	X		--	\$173,000	\$165,000	

Other Supporting Programs (cont'd)								
	Who mediates the activity?		Who does the activity reach?		What is the expenditure on children under 6 and their families?			
	Intermediaries	Number of intermediaries	Children under 6	Families	Other	2000-2001	2001-2002	2002-2003
<b>Human Resources Development Canada</b>								
National Longitudinal Survey of Children and Youth	Government of Canada Human Resources Development Canada Provincial/territorial governments	N/A			NLSY: Research and policy community, non-governmental organizations	\$7,742,000 <sup>vii</sup>	\$7,818,000	\$8,500,000 <sup>viii</sup>
Understanding the Early Years	--	--			Communities			
Social Development Partnerships Program	Non-profit organizations in early childhood learning and care	Approximately 20	X	X	Federal/provincial/territorial governments, research community, ECD experts, policy and service organizations, communities	\$5,224,000 <sup>viii</sup>	\$5,224,000 <sup>viii</sup>	\$5,224,000 <sup>viii</sup>
<b>Environment Canada</b> <sup>ix</sup>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total expenditures</b>						<b>\$18,570,000</b>	<b>\$18,977,000</b>	<b>\$18,561,700</b>

Note: N/A refers to "not available" at the time of publication; -- refers to "not applicable."

i Estimate.  
 ii Decrease in expenditure due to fiscal pressures.  
 iii Includes total budget for the Centre of Excellence for Early Childhood Development as well as an estimate of expenditures on early childhood development-specific activities in other Centres of Excellence for Children's Well-Being.  
 iv Estimate. Although funds vary on an annual basis, the overall five-year funding amount has stayed the same.  
 v Estimate. Decrease in expenditure due to fiscal pressures.  
 vi Includes all children, but majority goes to children under 6.  
 vii Decrease in expenditure due to staffing vacancy.  
 viii Includes all children 0 to 18.  
 ix A shift in priorities within Health Canada has led to a portion of the budget being assigned to another part of Health Canada.  
 x Discontinued due to a shift in priorities in Health Canada.  
 xi Includes children 5 to 18, cannot be broken down by children under 6.  
 xii Reduced budget amount is the result of sharing expenses with other federal departments and non-governmental organizations planning National Child Day.  
 xiii Expenditure for the entire study is included, as data for families with children under 6 are not known.  
 xiv Estimate. Increase in expenditures a result of funding of new proposals approved in 2001-2002.  
 xv Expenditures for the NLSY (for children aged 0 to 5) and Understanding the Early Years are too closely linked to divide into two separate and distinct expenditure figures.  
 xvi Increase due to increased charges by Statistics Canada to run the NLSY.  
 xvii Funding for all projects; however, most activities focus on children under 6.  
 xviii Expenditures for the Environment Canada programs are difficult to extrapolate for children aged 0 to 6 and are therefore not presented in this report.  
 xix In subsequent years of reporting, efforts will be made to improve program information and expenditures data.







## 8. Baseline Report on Early Learning and Child Care

### Introduction

#### Multilateral Framework on Early Learning and Child Care

Building on the commitments made in the Early Childhood Development Agreement, on March 13, 2003, Federal, Provincial and Territorial Ministers Responsible for Social Services agreed on a framework for improving access to affordable, quality, provincially and territorially regulated early learning and child care programs and services.

Quality early learning and child care programs play an important role in promoting the social, emotional, physical and cognitive development of young children. The objective of the Multilateral Framework is to promote early childhood development and support the participation of parents in employment or training by improving access to affordable, quality early learning and child care programs and services. Provincial and territorial governments agreed to further invest in provincially and territorially regulated early learning and child care programs for children under six. In the context of this framework, regulated programs are defined as programs that meet quality standards established and monitored by provincial and territorial governments.

Early learning and child care programs and services funded through this initiative primarily provide direct care and early learning for children in settings such as child care centres, family child care homes, preschools and nursery schools. Types of investments that will be made under this framework include capital and operating funding, fee subsidies, wage enhancements, training, professional development and support, quality assurance, and parent information and referral.



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### Provincial and Territorial Breakdown of Funding for Early Learning and Child Care

(\$ Millions)

	2003–2004	2004–2005	2005–2006	2006–2007	2007–2008	TOTAL
Newfoundland and Labrador	0.4	1.2	2.4	4.8	5.6	14.4
Prince Edward Island	0.1	0.3	0.6	1.3	1.5	3.9
Nova Scotia	0.7	2.2	4.4	8.7	10.1	26.1
New Brunswick	0.6	1.8	3.5	7.0	8.1	20.9
Quebec	5.9	17.7	35.3	70.4	81.9	211.2
Ontario	9.7	29.1	58.4	117.3	137.3	351.8
Manitoba	0.9	2.7	5.5	10.9	12.7	32.8
Saskatchewan	0.8	2.3	4.6	9.2	10.6	27.5
Alberta	2.5	7.5	15.1	30.3	35.5	90.8
British Columbia	3.3	9.8	19.6	39.2	45.7	117.6
Yukon	0.02	0.07	0.1	0.3	0.3	0.9
Northwest Territories	0.03	0.10	0.2	0.4	0.5	1.2
Nunavut	0.02	0.07	0.2	0.3	0.4	0.9
<b>TOTAL</b>	<b>25.0</b>	<b>75.0</b>	<b>150.0</b>	<b>300.0</b>	<b>350.0</b>	<b>900.0</b>

Totals may not add due to rounding.

Figures are based on Statistics Canada population estimates for 2003–2004 and Finance Canada population projections for 2004–2005 to 2007–2008. As the Canada Health and Social Transfer (CHST) is allocated on a per capita basis, all figures are subject to revision through the regular CHST estimation process as new population figures become available.

Payments for 2004–2005 onwards will flow through the Canada Social Transfer (CST), which comes into effect on April 1, 2004.

#### Public Reporting

As a part of the Multilateral Framework, governments committed to report to Canadians on their progress in improving access to affordable, quality early learning and child care programs and services. More specifically, they agreed to report annually on all early learning and child care programs and services that provide direct care to children, beginning with a baseline report for 2002–2003. They agreed to include:

- descriptive and expenditure information on all early learning and child care programs and services;
- indicators of availability, such as the number of spaces in early learning and child care settings broken down by the age of the children and type of setting;

- indicators of affordability, such as the number of children receiving subsidies, income and social eligibility for fee subsidies, and maximum subsidy by the age of the child; and
- indicators of quality, such as training requirements, caregiver to child ratios and group size.

Governments committed to publicly release the baseline information by the end of November 2003.

This report fulfills the Government of Canada's commitment to report on baseline information on all early learning and child care programs and services as defined in the Multilateral Framework.

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### ***Why Did Governments Take This Action? The Importance of Early Learning and Child Care***

The importance of early childhood experiences to future well-being has been well documented through research. It was reinforced by major developments during the 1990s on what is known about brain development in the early years. New evidence from various scientific fields reaffirmed that experience-based brain development in the early years of life, including the time during pregnancy, affects learning, behaviour, and physical and mental health throughout life.<sup>1, 2</sup>

Evidence also demonstrates that high quality child care has a positive and long-lasting influence on children's development and learning. Children's language development skills, cognitive abilities and behavioural adjustments can be enhanced through participation in high quality child care. Furthermore, low-income and minority children particularly benefit from participation in quality child care, in terms of cognitive and language development, behavioural adjustment, and social-emotional skills.<sup>3, 4</sup>

International research has shown that participation in a quality preschool program promotes cognitive development in young children, and prepares children to succeed in school. Children who participate in quality child care programs during their preschool

years are better able to interact with peers their own age when starting school, and have an easier transition to school life, better classroom skills, a larger vocabulary and better language skills, and higher levels of cognitive functioning.<sup>5</sup>

### ***The Government of Canada's Role in Early Learning and Child Care***

Provincial and territorial governments have the primary responsibility for managing and delivering early learning and child care programs and services. The Government of Canada also has a long-term commitment to children and families and plays a leading role in ensuring that children receive the best possible start in life through a comprehensive approach of investments in income and service supports, including a number of early childhood development programs and services directly related to early learning and child care.

#### ***Direct Investment***

The Government of Canada supports the delivery of early learning and child care services in First Nations and Inuit communities. It also delivers a number of innovative programs for children and families, including early learning programs for Aboriginal children. These include programs such as the First Nations and Inuit Child Care Initiative, Aboriginal Head Start programs and child care services in some provinces and territories for children living on reserve. These programs are included in this report.

<sup>1</sup> Shore R. (1997). *Rethinking the Brain*. New York: Families and Work Institute.

<sup>2</sup> McCain MN and Mustard JF. (1999). *Reversing the Real Brain Drain: Early Years Study: Final Report*. Toronto: Ontario Children's Secretariat.

<sup>3</sup> NICHD Early Child Care Research Network. (2002). Early child care and children's development prior to school entry: Results from the NICHD Study of Early Child Care. *American Educational Research Journal* 2002: 39.

<sup>4</sup> Doherty G. (1996). *The Great Child Care Debate: The Long-Term Effects of Non-Parental Child Care*. Occasional Paper, Number 7. Toronto: University of Toronto, Childcare Resource and Research Unit.

<sup>5</sup> NICHD Early Child Care Research Network. (2002). Early child care and children's development prior to school entry: Results from the NICHD Study of Early Child Care. *American Educational Research Journal* 2002: 39.

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While this report is limited to regulated programs and services that provide direct care to children, it is important to note that the Government of Canada also makes significant contributions to early learning and child care through a number of other initiatives.

### *Transfers to Support Provincial and Territorial Programs and Services*

Multilateral Framework on Early Learning and Child Care  
Under the *Multilateral Framework on Early Learning and Child Care*, the Government of Canada is providing \$900 million over five years to support provincial and territorial governments' investments in provincially and territorially regulated early learning and child care.

### Early Childhood Development Agreement

Early childhood development, learning and care is one of the four areas of investment identified in the September 2000 Federal/Provincial/Territorial Early Childhood Development Agreement discussed earlier in the report. Many provinces and territories are using the \$500 million per year transferred from the Government of Canada under this Agreement for investment in early learning and child care.

### *Tax Measures and Income Support*

National Child Benefit Initiative  
The National Child Benefit Initiative combines new federal investments with provincial, territorial and First Nations government reinvestment resources. Under the National Child Benefit Investment Framework, provinces and territories reinvest available social assistance savings in benefits and services

for children in low income families, such as child care, that meet the goals of the National Child Benefit Initiative.

### First Nations National Child Benefit Reinvestment

Through the First Nations National Child Benefit Reinvestment, First Nations reinvest social assistance savings similar to provinces and territories under the National Child Benefit. In 2000–2001, First Nations National Child Benefit reinvestments included \$617,000 for child care services, and in 2001–2002 that figure was \$697,000.

### Child Care Expense Deduction

The Government of Canada also helps parents defray the cost of child care services through the Child Care Expense Deduction. Parents who incur child care expenses in order to make their living can deduct these expenses from their personal income taxes. Up to \$7,000 per year can be deducted for children under seven and up to \$4,000 for children seven to 16 years of age. Parents of children with severe disabilities can claim up to \$10,000 in child care expenses, in total, for their child's care. Each year, the Child Care Expense Deduction helps approximately 1.2 million families meet their child care costs.

### *Research and Promotion*

### Support for Early Childhood Development in Official Language Minority Communities

As part of the Government of Canada's Action Plan for Official Languages, the government has increased its assistance to help parents pass on their language to their young children. Through the Action Plan, Human Resources Development Canada (HRDC) will

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### OECD THEMATIC REVIEW OF EARLY CHILDHOOD EDUCATION AND CARE POLICY

In the fall of 2003, Canada will participate in the second round of the Organisation for Economic Co-operation and Development's (OECD) Thematic Review of Early Childhood Education and Care (ECEC) Policy. The goal of the review is to provide cross-national information and analysis to improve policy making in ECEC in all OECD countries. It is being undertaken by an international team of early childhood experts. The Canadian country review will examine the presence and effectiveness of ECEC policy in a number of areas, including regulation, access, quality, financing, staff training and working conditions, curriculum, and parental involvement. A report on the findings of this review is expected to be released in spring 2004.

invest \$22 million over five years on new early childhood development initiatives in official language minority communities. This funding includes supporting research to gain a better understanding of how child care services in French influence the cultural and linguistic development of young children.

#### Child Care Human Resources Sector Council

HRDC is providing funding for a Child Care Human Resources Sector Council (CCHRSC). The CCHRSC will bring together stakeholders in the child care community who are involved in education, training, labour, advocacy and service delivery to analyze sector-wide human resource issues and propose strategies to address workforce challenges. They will promote innovative human resources strategies to address long-standing problems in the sector, for example, finding ways to ensure a skilled workforce that provides high quality early childhood care and education, and ways to address the growing and serious problem of recruiting and retaining skilled workers to provide early childhood care and education to Canada's children in their early years.

#### Social Development Partnerships Program

The Social Development Partnerships Program (SDPP) is a nationally delivered grants and contributions program that works to support national organizations in the social non-profit sector. One of the main priority areas is early learning and child care. In this regard, funding through SDPP works to support the creation and dissemination of knowledge; foster collaborations to achieve shared goals; and to strengthen the capacity of the social non-profit sector to meet the needs of children and families.

#### National Longitudinal Survey of Children and Youth

The National Longitudinal Survey of Children and Youth (NLSCY) is a long-term study of Canadian children that tracks their development and well-being from birth to early adulthood. Nationally, it surveys more than 30,000 Canadian children every two years, approximately half of whom are children under six. The survey collects information regarding early learning and child care that can be used by policy makers, researchers/academics, service providers, communities and the public.<sup>6</sup>

<sup>6</sup> Details of the NLSCY can be found in Chapter 7 – Research and Information.

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### Understanding the Early Years

Understanding the Early Years (UEY) is a five-year national research initiative in 12 communities across Canada. It helps communities understand how well young children are doing and what the key influences are, to enable them to make informed decisions about best practices and most appropriate programs for

families with young children. It gathers information on children's outcomes and explains them in terms of family background, family processes, and community factors including data on child care. UEY is intended to improve the community's capacity to use these data in monitoring child development and creating effective community-based responses.<sup>7</sup>

### **PRIME MINISTER'S AWARDS FOR EXCELLENCE IN EARLY CHILDHOOD EDUCATION**

On May 23, 2003, the Prime Minister announced the creation of the Prime Minister's Awards for Excellence in Early Childhood Education. This award honours outstanding and innovative early childhood educators who excel at fostering the early development and socialization of the children in their care. In the first year of this program, recipients could receive one of six Certificates of Excellence, which include a cash award of \$5,000, and were awarded in one of each five regions of Canada with an additional one for an outstanding Aboriginal educator, or one of 15 Certificates of Achievement, which include a cash award of \$1,000 (one of which is designated for an outstanding Aboriginal educator). The selection criteria include support for child development; innovation; involvement with parents, families and the community; and commitment and leadership in the field. Award recipients are selected by evaluators drawn from early childhood education organizations across the country.

Over 350 nominations were received for the 21 possible awards in 2002–2003. The awards are administered by Industry Canada, in partnership with HRDC and Health Canada.

### **Scope and Format of This Baseline Report**

This baseline report focuses on the activities of the Government of Canada in providing direct care to children through providing access to early learning and child care programs and services.

Data in this report are presented for each of the six regulated programs and services of early learning and child care that the Government of Canada directly supports in Aboriginal communities and one program on Canadian Forces bases. Each program is described and includes data according to the indicators agreed

upon in the Multilateral Framework—availability, affordability and quality. The report begins with a table entitled “Activities at a Glance”, which provides a brief overview of each program. The report ends with a summary table of services and expenditures.

The Government of Canada recognizes that improvements can be made in the quality of information available on federal activities related to early learning and child care. Through the *Multilateral Framework on Early Learning and Child Care*, the Government of Canada has committed to continue to improve the quality of reporting over time.

<sup>7</sup> Details of UEY can be found in Chapter 7 – Research and Information.

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### Activities at a Glance

#### Health Canada

##### Aboriginal Head Start in Urban and Northern Communities

Aboriginal Head Start in Urban and Northern Communities (AHSUNC) is a comprehensive 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.

##### Aboriginal Head Start On-Reserve

Aboriginal Head Start On-Reserve 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.

#### Human Resources Development Canada

##### First Nations and Inuit Child Care Initiative

The First Nations and Inuit Child Care Initiative (FNICCI) supports First Nations and Inuit communities to develop and implement child care programs designed to address their local and regional needs. This initiative is aimed at increasing the supply of quality child care services in First Nations and Inuit communities.

#### Indian and Northern Affairs Canada

##### Child/Day-care Program – Alberta

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

##### Child/Day-care Program – Ontario

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

##### First Nation Child and Family Services Head Start – New Brunswick

The First Nation Child and Family Services Head Start – New Brunswick program's main objectives are to maintain the strength of the family unit, assist children with physical, emotional, social and/or educational deprivation,

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and support and protect children from harmful environments. It is provided for children under six. The program offers centre- or home-based care for children and services for parents. This program is currently under review.

### **National Defence**

#### **Military Family Services Program**

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

## **Government of Canada Regulated Early Learning and Child Care Programs and Services**

### ***First Nations and Inuit Child Care Initiative***

The funding provided through the First Nations and Inuit Child Care Initiative (FNICCI) is intended to support culturally appropriate Aboriginal child care programming, including relevant cultural and language components, in First Nations and Inuit communities. It is a component of the Aboriginal Human Resources Development Strategy (AHRDS).

The focus of the FNICCI is children under six; however, children up to age 12 are also eligible for after-school care. The program is designed to support parents who are working, actively seeking work, or in educational or training programs.

### ***Expenditures***

Funding for FNICCI is provided through HRDC via Aboriginal Human Resources Development Agreements (AHRDAs) with First Nations and Inuit organizations. HRDC regional offices are responsible for managing the agreements for FNICCI, and AHRDA holders in turn manage sub-agreements with child care service providers in First Nations and Inuit communities.

The total amount of money available for FNICCI in 2002–2003 was \$50 million, which included \$9 million from the Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children (see Chapter 6). Decisions regarding which services to fund are made locally, based on each community's needs and priorities. As a result, there is no predetermined federal targeting of FNICCI funding to specific sub-populations, age brackets, or programs and services.

FNICCI funding is disbursed to child care providers to create and operate child care spaces. Actual rates per space



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### FIRST NATIONS AND INUIT CHILD CARE INITIATIVE CENTRES:

#### How Are They Licensed and Monitored?

- They are licensed and monitored by the provincial or territorial government in British Columbia, Yukon, Alberta, Northwest Territories, Nunavut, Ontario, Quebec, New Brunswick, and Newfoundland & Labrador.
- In Prince Edward Island, First Nations have adopted provincial standards and guidelines. In addition, the site is subject to regular inspections/visits by Health Canada and INAC.
- Manitoba and Nova Scotia centres are licensed and monitored by First Nations authorities such as tribal councils or the Assembly of Manitoba Chiefs.
- Saskatchewan centres are licensed either by First Nations authorities using tribal council-developed regulations, Federation of Saskatchewan Indian Nations-developed regulations, or regulations based on provincial standards.

vary slightly depending on the needs at the local level. However, the national average rate is \$6,500 per child care space, per year.

The FNICCI funding formula allocates funding to 54 AHRDA holders, or regional Aboriginal organizations, using a per capita formula. The formula is adjusted for remoteness and community size to recognize the high cost of constructing and operating centres in remote communities and that smaller communities cannot benefit from economies of scale.

Once funding has been allocated to regional AHRDA holders, they enter into sub-agreements with community-based service providers, and flow funding using formulas which reflect local and regional needs and priorities. Some AHRDA holders allocate funds to their communities on a per capita basis. Others allocate funding in a way that reflects the level of need for child care funding which differs between communities.

The FNICCI provides flexibility to local decision makers to tailor expenditures to balance the different requirements for

salary, curriculum development, maintenance, equipment, and major and minor capital requirements. Although data are not available for all regions, estimates for staffing costs range from 60 to 85 percent of AHRDA child care budgets depending on what other operational or capital investment activities have been undertaken in a given year. Administration costs are limited to a maximum of 15 percent of AHRDA child care budgets. However, many AHRDA holders report that they do not use FNICCI funds to cover any of their administrative costs.

#### *Licensing and Regulation*

Licensing is a precondition for FNICCI funding. Child care centres are required to obtain the proper licensing from the responsible regulatory or licensing authority. Various arrangements for licensing and exercising regulatory responsibilities—such as monitoring—have been, or are being, negotiated in each jurisdiction to suit their particular circumstances and relationships. For example, in some cases licensing is regulated and monitored by provincial and territorial governments,

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by First Nations or Inuit authorities, or by a partnership of government and First Nations or Inuit organizations.

### *Availability*

Over 7,000 child care spaces are operated under the FNICCI across Canada. The Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children allocated new funding to the communities through FNICCI which is partially aimed at creating an additional 500 spaces. These new investments began to flow in late 2002–2003.

The decisions for determining which parents and children are served are made locally to balance needs with resources. Therefore, there is no predetermined designation of spaces by age group. While availability and eligibility data by age group are not available for most regions, centres in Nova Scotia estimate that 90 percent of their funding supports spaces for children under six. Manitoba and Quebec child care centres use all of their FNICCI funding to support spaces for this age group.

Spaces are funded in both regulated centre-based and regulated home-based settings. However, the majority are in centres. In some provinces, such as Alberta and Ontario, all spaces funded are in centres while Manitoba and Saskatchewan have a mix of centre- and home-based spaces.

### *Affordability*

Decisions regarding fees, subsidies and access to spaces are determined locally by each band or community. In general, FNICCI funding may be supplemented through parental fees, community fund raising, contributions by band councils, and funding from other program sources that can be used to support child care (e.g. First Nations National Child Benefit Reinvestment program).

Provincial subsidies generally do not apply to on-reserve families. In Quebec, however, parents are eligible for the \$5-per-day subsidy from the provincial government. In addition, children whose parents are receiving social assistance are eligible for 23.5 hours per week in child care centres without charge. In Nova Scotia, the majority of spaces

### STAFF QUALIFICATIONS IN QUEBEC

Quebec is the only region with a requirement for Aboriginal-specific training. In centres operating under the Cree Regional Authority in Quebec, two out of three educators must hold a certificate from an educational program for Aboriginal child care recognized by the Quebec government. All Cree centres have implemented high quality educational programs which are culturally appropriate for Aboriginal communities. Since the nine FNICCI-funded centres were established in Quebec communities, the kindergarten teachers in these communities have had to rework their curricula because children entering school from early childhood development centres are so far advanced. In addition, children with special needs are being identified through these centres before they reach school. This allows for early intervention in cooperation with the Cree Health Board, and early intervention has meant that these children do better once they reach school.

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are provided at a cost to the parent of about \$10 to \$15 per day. It is up to the individual band to decide whether to reimburse the client for fees if they are attending school or involved in a training program. In Saskatchewan, all centres receive funding through parent fees to offset some operational costs.

### *Quality*

Quality is a key element of FNICCI centres. Strong efforts are being made to ensure an overall level of quality in the centres while ensuring flexibility to meet individual community needs.

FNICCI-funded centres operate within the accountability frameworks of the AHRDAs. The FNICCI has a set of Guiding Principles which govern the centres. They must:

- be First Nations- and Inuit-directed and controlled;
- be community-based, focused on child development, reflective of the community's cultural values, beliefs and traditions, and encompass a holistic approach to meeting children's emotional, intellectual, mental, emotional and spiritual needs;
- provide high quality child care services;
- be inclusive, comprehensive and provide flexible child care programs for First Nations and Inuit children and families;
- aim to be accessible for parents who are working, learning or participating in traditional economies; and
- be accountable to the children, families and communities served.

The program framework for the FNICCI was designed jointly with First Nations and Inuit organizations, women's and social service groups, community

members involved in child care planning and delivery at the community or regional level, and officials from HRDC, Indian and Northern Affairs Canada and Health Canada. Policy guidelines were developed in the early stages of the FNICCI through extensive consultation with First Nations and Inuit communities.

Child care services which are supported under the FNICCI are expected to conform to the following recommended quality of service standards which were developed through extensive consultation:

- promote and nurture healthy child development through formal child care programs. These services may include related support services such as resource centres; elders' counsel; language programming; resource materials; and other support activities that reflect and promote First Nations and Inuit child-rearing practices;
- include children zero to six years of age through their formative years, although children zero to 12 years are also supported;
- provide licensed and regulated care, consistent with provincial or territorial legislation until First Nations and Inuit control is implemented;
- complement First Nations and Inuit communities' economic, educational, health and social development plans; and
- consist of cultural programming reflective of First Nations and Inuit beliefs and values.

FNICCI centres operating in jurisdictions using provincial and territorial regulatory frameworks are also expected to adhere to provincial and territorial quality standards.

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### Success Stories

#### Prime Minister's Awards for Excellence in Early Childhood Education First Nations and Inuit Child Care Initiative

Aboriginal recipients of the 2002–2003 Prime Minister's Awards for Excellence in Early Childhood Education are caregivers in FNICCI centres.

Elizabeth Kaye, recipient of a Certificate of Excellence, works in Tri Nin Tsul Zeh, a family day-care centre in Old Crow, Yukon. She cares for children with the philosophy that First Nations culture's strength and heritage are in its children. She ensures that the children in her care know and respect the work of the Gwitch'in people, by modelling the pride and care taken to sustain their lifestyle. She acts as a role model and mentor for other early childhood educators in the North.

Al Lawrence, recipient of a Certificate of Achievement, works in Le'lum'uy'l, a child care centre in Duncan, BC. He cares for children with the philosophy that involves elders in planning and implementing cultural programming. Al founded the Aboriginal-based child care centre on Cowichan reserve. He created policies and procedures that allowed the centre to qualify for previously unavailable grants and subsidies. He has supported the children's cultural development and the involvement of the community in many ways.

“His leadership not only stimulates the children in the community, he also motivates the staff, parents and the community members to become more active in the daily program and in all areas of the child's development.”

*Cowichan Tribes Chief*

Staff qualifications and training requirements are governed by the relevant regulatory regimes across the country. (See Appendix 1 at the end of this chapter for details.) They tend to mirror the corresponding provincial and territorial standards whether they are delivered provincially and territorially or by First Nations. Qualifications may range from an early childhood education certificate, through an orientation-to-child-care certificate to non-specific training and/or years of experience. Many regions allocate a percentage of their FNICCI funding

toward staff development.<sup>8</sup> In some cases, however, it is paid for from other band funds.

Caregiver to child ratios are also governed by the relevant regulatory regimes across the country. These regimes, whether provincially or territorially delivered or delivered by First Nations, tend to mirror the corresponding provincial or territorial standards. This results in a range of caregiver to child ratios across Canada. Infant ratios tend to be 1 to 3 (caregiver to child) and toddler ratios 1 to 4. Preschooler ratios range from 1 to 5 to 1 to 8, depending

<sup>8</sup> One region estimates that 3 percent of AHRDA funding goes toward early childhood development staff development and training, and a second region reports that an average of 2.1 percent of program funding is directed toward professional development.

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on the age group. Group size is also governed by the relevant regulatory regimes across Canada. Most jurisdictions define a range depending on the ages of the children. The maximum group size among all jurisdictions is 30. Most jurisdictions also stipulate the maximum number of children under age three per group. (See Appendix 1 at the end of this chapter for details on provincial and territorial regulations for ratios and group sizes.)

Health and safety standards are also governed by the relevant regulatory regime across the country. These regimes, whether provincially or territorially delivered or delivered by First Nations, tend to mirror the corresponding provincial or territorial standards.

Wage rates are set locally. While data are not available for all regions, wages range from \$7 to \$15 per hour—with directors receiving a higher wage.

### ***Aboriginal Head Start in Urban and Northern Communities***

Aboriginal Head Start in Urban and Northern Communities (AHSUNC) strives to provide Aboriginal children with a positive sense of themselves, a desire for learning and opportunities to develop fully as successful young people.

AHSUNC targets families which are considered to be at high risk based on a number of indicators (e.g. socio-economic status).

Most projects include three- and four-year-old children only, to support them two years before kindergarten. In some communities, all three- and/or four-year-old children attend the program.

Aboriginal Head Start projects' mandate is to ensure that the local Aboriginal community is involved. As a result, projects are locally designed, controlled, administered and evaluated. An advisory council made up of representatives from the regional projects guides the AHSUNC program. Parental involvement is a key feature of AHSUNC. Parents are involved in program development, operation and evaluation, and are active in parent support classes and activities.

### ***Expenditures***

Nationally, AHSUNC receives \$22.5 million on an annual basis. Most of AHSUNC funds are directed toward staffing—generally 80 percent. However, these proportions are difficult to assess due to “in-kind” contributions (e.g. administrative, rent or buildings that are already paid for). Many sites receive additional funding from other partners. For example, Kativik regional government sites in Northern Quebec receive the majority of their funding from other federal and provincial government sources.

### ***Licensing and Regulation***

AHSUNC projects operate under national principles and guidelines to ensure program quality and consistency. As stipulated in these principles and guidelines, projects are required to follow provincial or territorial child care regulations. In some jurisdictions (e.g. Saskatchewan), preschools are exempt from provincial or territorial regulations, but are monitored for quality by preschool boards using the principles and guidelines of the program.

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### *Availability*

AHSUNC serves approximately 3,500 children annually in 114 centres.

Spaces are not dedicated to specific children (e.g. children with special needs, children in French-language minorities, or other specific groups). However, according to the Aboriginal Head Start National Process and Administrative Survey (2001), 84 percent of the sites indicated that they have at least one child with special needs. Five hundred and seventy-one Aboriginal Head Start children were identified as having special needs (they represent 16 percent of enrolled children). Four sites reported that they deliver their program in French.

### *Affordability*

AHSUNC projects are provided at no cost to the parent. In fact, it is against policy to charge parents for participation.

### *Quality*

The national principles and guidelines of AHSUNC were designed so that Aboriginal Head Start projects will strive to achieve excellence while meeting or exceeding relevant, applicable provincial and territorial child care and preschool standards and regulations. They allow for the celebration of the diverse Aboriginal communities and their cultures across Canada, while simultaneously providing children with similar experiences.

The principles and guidelines define the following standards. Eligible Aboriginal Head Start projects must:

- have Aboriginal involvement in planning, design, operation and evaluation;

- include ways of involving parents or primary caregivers in all aspects of the project;
- be non-profit in nature;
- be located in an urban area or large northern community; and
- include an “in-kind” contribution of goods and services from the local community, such as voluntary services, equipment, children’s books or toys.

In addition, every Aboriginal Head Start project must address the following elements:

- preschool and child development activities that are appropriate for Aboriginal children before they enter school;
- outreach support to parents of these Aboriginal children;
- support for younger Aboriginal children preparing to enter a preschool;
- support for Aboriginal participants to use the health, education, social and other services that are provided within the community;
- parental involvement and support; and
- community service coordination.

All projects must include six components important to children’s healthy development: culture and language, education, health promotion, nutrition, social support, and parental involvement.

Requirements for staff training vary according to provincial and territorial regulations. (See Appendix 1 at the end of this chapter for details.)

An outstanding feature of the AHSUNC program has been its National Training Workshop, which is attended by

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representatives from all sites for training in program areas. According to the 2001 Aboriginal Head Start National Process and Administrative Survey, 47 percent of the staff who work directly with children are qualified early childhood educators. Over 90 percent of teaching staff are Aboriginal.

Wages for staff are determined locally. In the 2001 survey, the average Aboriginal Head Start staff member was employed for 20 months, working 31 hours a week for \$15.40 an hour, for 45 weeks a year. The range of wages is wide, with geographic differences. Remote areas have the highest wages, and rural areas the lowest.

Caregiver to child ratios and maximum group size are governed by the relevant regulatory regimes across the country. (See Appendix 1 at the end of this chapter for details.)

The AHSUNC evaluation is governed by an evaluation framework developed in 1997. The program is required to conduct national and local evaluations, and many regions have also conducted evaluations. National process evaluation data have been collected since 1999.

Impact evaluation tools were pilot tested between 2000 and 2002, and an impact evaluation is now in progress in 10 representative sites. It has a unique methodology and instruments that are culturally sensitive. These instruments have been developed by a team with expertise and experience in Aboriginal communities, early childhood development and education, and evaluation of children's programs. The impact evaluation uses trained community evaluators.

### ***Aboriginal Head Start On-Reserve***

In 1998–1999, the Aboriginal Head Start program was expanded to First Nations communities.

Aboriginal Head Start On-Reserve 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 instill a sense of pride, develop parenting skills and confidence, and foster emotional and social development in all members of the families.

## **PERSONAL REFLECTIONS ABOUT ABORIGINAL HEAD START IN URBAN AND NORTHERN COMMUNITIES**

### ***What has Aboriginal Head Start done for my family?***

February 2001 we started to attend Aboriginal Head Start and in just one year of attending my children have learned so much—sharing, taking turns (still working on that one), respect and their culture. We are starting to speak Cree more and more in our house (my husband's language which hasn't been spoken for years). To hear our children speak Cree is incentive to keep our culture in our lives. It is who we are and can only bring pride and confidence.

As for parents attending Aboriginal Head Start, it is the best thing I could have done for my children as well as for myself. I have met new friends and awesome staff members who are eager to help when needed. Aboriginal Head Start is positive and comes highly recommended to other families from ours.

*A mother – Manitoba Aboriginal Head Start Project*  
Source: *Creation Stories*

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In some First Nations communities, the Aboriginal Head Start Program On-Reserve and the FNICCI may share facilities, staff and/or parent resources. Many communities are also delivering combined child care and early childhood development-focused programs.

### *Expenditures*

In 2002–2003, the total expenditure for the program was \$34.7 million. Funding is decentralized to the regions, which then decentralize to community projects. The funding is delivered through Contribution Agreements, which are managed by the regional offices of Health Canada. Funding is targeted to children living on reserve. Projects determine how they will address special needs through program planning.

### *Licensing and Regulation*

Each region determines how projects are regulated. Some projects use existing provincial and territorial standards, some use standards developed by the First Nations community, and some use the National Standards Guide created by the Aboriginal Head Start On-Reserve program. As outlined in the Contribution Agreements, projects must provide a copy of the standards in use and the plan for monitoring and recording. Here are some examples:

- In Alberta, the Head Start projects are regulated through a Contribution Agreement and a National Standards Guide as accepted by the First Nations. Several individual First Nations have also chosen to be licensed by the provincial government child care standards.
- In Manitoba, First Nations centres abide by the Manitoba Childcare Standards.

### *Availability*

Approximately 7,000 regulated/licensed spaces are available for children zero to six. They include a mix of centre-based and home-based spaces.

### *Affordability*

Aboriginal Head Start On-Reserve programs are provided at no cost to the parent. In fact, it is against policy to charge parents for participation.

### *Quality*

Projects must adhere to the six components of Aboriginal Head Start: culture and language, education or school readiness, health, nutrition, social support, and parental involvement. One national and seven regional committees oversee the planning and implementation of the projects. These committees are composed largely of representatives from First Nations communities and organizations. Each project is expected to involve the community in every aspect of programming, from implementation to evaluation.

Training is offered to all sites via regional and national training workshops with First Nations consultation. Staff training requirements are determined by individual projects and regions, and are governed by the regulatory regime being used.

Caregiver to child ratios and maximum group size for all Aboriginal Head Start On-Reserve programs are determined by the provincial or territorial licensing requirements—they vary between provinces and territories. (See Appendix 1 at the end of this chapter for details.)



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Aboriginal Head Start On-Reserve projects use provincial and territorial health and safety standards. In some regions, environmental health officers do random checks of the facilities and provide letters for information to the program coordinators within Health Canada.

Caregiver wages are determined by each project. In Manitoba region, for example, annual salaries for qualified staff range between \$18,000 and \$30,000 for the coordinators and \$16,700 and \$25,000 for staff.

A baseline and process survey of the Aboriginal Head Start On-Reserve program was undertaken in 2002. The baseline survey will provide information on program implementation and a snapshot of program status which will be used for comparative purposes when conducting an impact evaluation of the program.

### *Child/Day-care Program – Alberta*

First Nations communities develop and deliver the programs funded under the child/day-care program in Alberta.

#### *Expenditures*

In 2002–2003, the expenditure for this program was just over \$2.6 million for services to children under 12.

#### *Licensing and Regulation*

The Province of Alberta provides licensing to the centres and they are to meet provincial standards and regulations.

#### *Availability*

At present, 812 spaces are being funded in 17 First Nations communities.

#### *Affordability*

Individual First Nations communities are responsible for setting the fee schedule for their program. Some families are eligible for subsidies, and subsidy rates vary from community to community.

#### *Quality*

Staff are required to have at least a Level 1 child care qualification certificate issued by the province. The caregiver to child ratios are regulated by the province, as are the maximum group sizes allowed. (See Appendix 1 at the end of this chapter for details.) Centres must meet provincial licensing requirements with respect to health and safety standards.

Generally, First Nations communities follow wage rates of the province. However, they have the authority to set their own individual wage rates.

### *Child/Day-care Program – Ontario*

The services provided under the child/day-care program in Ontario are delivered by First Nations and are intended for children zero to nine. The Government of Ontario, through the Ministry of Community, Family and Children's Services, is responsible for program management, including working directly with First Nations on program and policy issues, licensing and budgets.

#### *Expenditures*

In 2002–2003, the program expenditure was just over \$14 million. This includes children zero to nine. However, the majority of the children are zero to six.

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### *Licensing and Regulation*

The program is licensed and regulated under the *Ontario Provincial Day Nurseries Act*.

### *Availability*

In 2002–2003, 3,018 children were served by 57 programs in Ontario. There were 51 child care centres, five after-school programs and one private home child care program.

### *Affordability*

Provincial child care subsidies are available for low-income families. Needs testing is applied in keeping with provincial legislation to determine eligibility for subsidies. The maximum subsidy available is up to 100 percent.

### *Quality*

The provincial acts and regulations provide the regulatory frameworks that govern the program. First Nations communities deliver the services based on these regulations. However, there is some flexibility in design.

Staff must have minimum training as determined by provincial acts and regulations. The caregiver to child ratios are determined by provincial acts and regulations as are the maximum group sizes. (See Appendix 1 at the end of this chapter for details.) There are minimum health and safety standards that programs must abide by, also determined by provincial acts and regulations.

### ***First Nation Child and Family Services Head Start – New Brunswick Program***

The First Nation Child and Family Services Head Start – New Brunswick program operates on a referral basis.

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 in parental skills related to the needs of the children for the parents. These services for parents include working with other children in a supervised environment and/or attending parenting classes, separate from their children. This program is currently under review.

Indian and Northern Affairs Canada funds the First Nation Child and Family Services Head Start – New Brunswick program and First Nations agencies deliver the program and/or oversee its delivery. The agreement governing this arrangement is scheduled to expire December 31, 2003. Federal officials are working with the Province of New Brunswick and First Nations to establish a new agreement.

### *Expenditures*

In 2002–2003, the total expenditure for this program was \$1,408,000.

### *Licensing and Regulation*

The First Nations agencies in New Brunswick have developed, in conjunction with the Province of New Brunswick, the Mi'qmaq Maliseet Child and Family Services Standards. This document contains the self-developed and enforced standards and regulations for the program.

### *Availability*

Entry to this program is determined by a risk assessment of the child. If the need is there, a place will be found for the child. The case plan for the child determines the length of time the service

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will be required. As a result, the case load could vary from day to day and could be anywhere from 0 to 100 percent of the children on reserve aged zero to six.

### *Affordability*

There are no fees for this program.

### *Quality*

The First Nation Child and Family Services Head Start – New Brunswick program applies standards determined by the Mi'qmaq Maliseet Family and Children's Services. Training requirements for staff, and health and safety standards also follow the Mi'qmaq Maliseet Child and Family Services Standards. These standards outline principles for service delivery as well as staff qualifications. They stipulate that staff should have an appreciation of the special needs and unique heritage of Indian children; the ability to understand children's needs; a willingness to participate in training as recommended; an awareness of culturally appropriate resources in the community; and the ability to work with Elders, family members, volunteers and First Nations professionals who participate in the program.

### ***Military Family Services Program***

The Military Family Services Program (MFSP) is a publicly funded Canadian Forces-wide initiative. It is intended to ensure a coordinated, consistent and effective approach to the delivery of a range of services to Canadian Forces families both in Canada and abroad. The MFSP aims to foster individual, family and community wellness by promoting and facilitating services which address the experiences of Canadian Forces families.

To achieve this, funding is provided to a variety of Military Family Resource Centres (MFRC) located at Canadian bases, wings and stations. These centres provide a range of programs and services to children and their families, including casual, respite and emergency child care, and other early learning programs and services such as preschools and playgroups. Emergency child care services support the ability of Canadian Forces members to be available for duty by providing parents with access to affordable and available child care. Emergency child care services can be provided in a range of settings, such as centres and licensed home care providers, depending on the community. Emergency child care is available initially for up to 72 hours and, in some circumstances, up to a maximum of four days.

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

MFRCs in Canada are incorporated, independent, not-for-profit organizations. They are governed by elected volunteer boards of directors whose membership is at least 51 percent civilian spouses of Canadian Forces members. The MFRC boards of directors are responsible for ensuring the effective planning, delivery and evaluation of MFSP services (in accordance with national-level policies) offered at their centre. They are also responsible for ensuring the effective management and operation of the MFRC.

Abroad, MFRCs are not incorporated, not-for-profit organizations run by an advisory committee made up of

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volunteers and civilian spouses of Canadian Forces members. The advisory committee is able to make recommendations regarding MFSP programs and services, but final decision-making authority resides with the senior commanding officer of the base.

### *Expenditures*

Approximately \$4 million is spent annually on MFRC programs for children aged zero to six. MFSP funding is intended for use in the management and coordination of the 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 fund raising.

### *Licensing and Regulation*

Each MFRC is an independently incorporated, not-for-profit organization and in Canada, is regulated and/or licensed by the province. Where the child care program is not licensed (i.e. programs offered in Canadian bases in the United States), the MFRC follows “exemplary practices” guidelines.

### *Availability*

There are 36 MFRCs across Canada and in the United States. The number of regulated/licensed spaces depends on the demand for services. For example, in 2002–2003 there were:

- more than 40,000 children and 10,000 adults attending 4,000 preschool playgroups—where parents and young children participate together in early childhood learning activities; and

- over 1,000 approved requests for emergency child care services, resulting in over 15,000 hours of emergency child care provided.

### *Affordability*

The fee structure, if any, is determined by each individual MFRC. The Emergency Child Care Service is available without charge for up to 72 hours to all Canadian Forces members and their spouses. Under certain circumstances, additional hours may be available. In these cases, subsidies may be available based on a sliding scale of the family’s income. Full subsidization continues for the second and subsequent children in the family.

### *Quality*

Training requirements for staff, caregiver to child ratios, maximum group size and wage rates of the program staff are based on decisions made by each individual MFRC, which are based on provincial standards and/or guidelines. There are minimum health and safety standards (General Safety Program) set by the Canadian Forces base.

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

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### *Early Learning and Child Care Activities and Expenditures Table*

Program	Number of regulated spaces available	2002–2003 Expenditures
First Nations and Inuit Child Care Initiative	7,000	\$50,000,000 <sup>9</sup>
Aboriginal Head Start in Urban and Northern Communities	3,500 <sup>10</sup>	\$22,500,000 <sup>11</sup>
Aboriginal Head Start On-Reserve	7,000 <sup>12</sup>	\$34,727,000 <sup>13</sup>
Child/Day-care Program – Alberta	812 <sup>14</sup>	\$2,665,000 <sup>15</sup>
Child/Day-care Program – Ontario	3,018 <sup>16</sup>	\$14,291,000
First Nation Child and Family Services Head Start – New Brunswick	N/A	\$1,408,000
Military Family Services Program	N/A	\$4,000,000 <sup>17</sup>

- Notes:
- N/A refers to “not available” at the time of publication.
  - Consistent with the Multilateral Framework on Early Learning and Child Care, for the purposes of this report, regulated is defined as programs that meet established and monitored quality standards.

<sup>9</sup> Includes total program spending which may include some spending on after-school care for children 7 to 12. The proportion of spending on children under 6 is estimated to be over 75 percent of the total.

<sup>10</sup> Refers to the number of children served annually in 114 sites.

<sup>11</sup> Due to the late announcement (October 2002), full annual funding of \$35 million could not be allocated in fiscal year 2002–2003. Increase in funding and changes in number of children served will be documented in next year’s activities and expenditures report.

<sup>12</sup> Refers to the number of children served annually.

<sup>13</sup> Due to the late announcement (October 2002), full annual funding of \$46.5 million could not be allocated in fiscal year 2002–2003. All available funding was allocated to meet regional health program needs including support to those services which First Nations have made a priority.

<sup>14</sup> At present, 812 spaces are being funded in 17 First Nations communities for children under 12, as one community with 20 spaces is currently not operating a day-care.

<sup>15</sup> These funds are available for up to 832 spaces. Currently, only 812 spaces are operational.

<sup>16</sup> This refers to the number of children served in 57 programs in 2002–2003. The number of regulated spaces is not available.

<sup>17</sup> This refers to total spending on Military Family Services Programs for children aged 0 to 6, and includes spending on a range of services, such as child care.

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### Appendix 1

#### Provincial Standards for Caregiver to Child Ratios and Maximum Group Sizes

Source for all tables: Martha Friendly, Jane Beach and Michelle Turiano. *Early Childhood Education and Care in Canada: 2001*. Toronto: University of Toronto, Childcare Resource and Research Unit, December 2002.

##### Maximum Caregiver to Child Ratios in Full-Day Centre-based Child Care by Age and Province or Territory<sup>18</sup> – 2001

Province or Territory	One-year-old	Three-year-old	Five-year-old
Newfoundland and Labrador	1:3	1:8	1:12
Prince Edward Island	1:3	1:10	1:12
Nova Scotia	1:4	1:7	1:15
New Brunswick	1:3	1:7	1:12
Quebec	1:5	1:8	1:10
Ontario	3:10	1:8	1:12
Manitoba	1:4	1:8	1:10
Saskatchewan	1:3	1:10	1:10
Alberta	1:4	1:8	1:10
British Columbia	1:4	1:8	1:8
Northwest Territories	1:4	1:8	1:10
Nunavut	1:4	1:8	1:10
Yukon	1:4	1:8	1:8

##### Maximum Group Sizes in Full-Day Centre-based Child Care by Age and Province or Territory<sup>19</sup> – 2001

Province or Territory	One-year-old	Three-year-old	Five-year-old
Newfoundland and Labrador	6	16	24
Prince Edward Island	6	not specified	not specified
Nova Scotia	not specified	not specified	not specified
New Brunswick	9	14	24
Quebec	not specified	not specified	not specified
Ontario	10	16	24
Manitoba	8	16	20
Saskatchewan	6	20	20
Alberta	8	16	20
British Columbia	12	25	25
Northwest Territories	8	16	20
Nunavut	8	16	20
Yukon	8	16	16

<sup>18</sup> In some provinces and territories, an age may fall into more than one age range. The group size in this table represents a choice of the older age range in these cases.

<sup>19</sup> Ibid.

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<b>Requirements for Regulated Family Child Care Providers by Province or Territory – 2001</b>				
<b>Province or Territory</b>	<b>Age requirement</b>	<b>Early childhood training or orientation requirements</b>	<b>First aid certification requirement</b>	<b>Other requirements</b>
Newfoundland and Labrador	Not specified	30–60 hour course	Not specified	30 hours of professional development every three years
Prince Edward Island	Not specified	30-hour course	Yes	None specified
Nova Scotia	18	None	Not specified	None specified
New Brunswick	19	None	Yes	None specified
Quebec	Not specified	Providers are supervised by a CPE and must complete a 45-hour course.	Yes	None specified
Ontario	18	None, though many agencies provide training.	If working with children with special needs	None specified
Manitoba	18	None <sup>20</sup>	Yes	None specified
Saskatchewan	18	40-hour course for those licensed after July 2001 120-hour early childhood education course for providers in group family child care (must be completed within three years)	Yes	Six hours of professional development
Alberta	Not specified	None, though agencies may provide training.	Not specified	None specified
British Columbia	19	Relevant work experience OR a course on the care of young children	Yes	Providers are required to belong to a Child Care Resource and Referral Program to receive the infant/toddler grant.
Northwest Territories	19	None	Yes	None specified
Nunavut	19	None	Yes	None specified
Yukon	18	60-hour course or equivalent	Yes	None specified

<sup>20</sup> In April 2002, Manitoba announced mandatory training (40-hour course) for new family child care providers.





# Annex A – Summary of Activities and Expenditures, by Federal Department

<b>Canada Customs and Revenue Agency</b>											
<b>Programs Providing Direct Support</b>											
Who does the activity reach?											
Number of:											
Children under 6 and families											
Sites			2000-2001			2001-2002			2002-2003		
2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003
Canada Child Tax Benefit Program – Supplement	--	--	1,642,486 children 1,234,252 families	1,627,680 children 1,236,809 families	1,562,983 children 1,191,124 families				\$284,200,000 <sup>i</sup>	\$297,449,000 <sup>ii</sup>	\$295,460,000 <sup>iii</sup>
Child Care Expense Deduction	--	--	1,072,780 claims	1,080,210 claims	1,086,010 claims				\$2,893,438,000	\$2,911,392,000	\$2,891,969,000
<b>Total expenditures</b>									<b>\$3,177,638,000</b>	<b>\$3,208,841,000</b>	<b>\$3,187,429,000</b>
Note: N/A refers to “not available” at the time of publication; -- refers to “not applicable.”											
<sup>i</sup> Based on July 2000 to June 2001.											
<sup>ii</sup> Based on July 2001 to June 2002.											
<sup>iii</sup> Based on July 2002 to June 2003.											

<b>Citizenship and Immigration Canada</b>											
<b>Programs Providing Direct Support</b>											
Who does the activity reach?											
Number of:											
Children under 6 and families											
Sites			2000-2001			2001-2002			2002-2003		
2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003
Language Instruction for Newcomers to Canada	300	300	50,000 adult immigrants	50,000 adult immigrants	50,000 adult immigrants				\$92,136,000 <sup>iv</sup>	\$90,311,000 <sup>iv</sup>	\$91,794,000 <sup>iv</sup>
<b>Total expenditures</b>									<b>\$92,136,000</b>	<b>\$90,311,000</b>	<b>\$91,794,000</b>
Note: N/A refers to “not available” at the time of publication; -- refers to “not applicable.”											
<sup>iv</sup> Includes adult language training, child care and transportation.											

Health Canada														
Programs Providing Direct Support														
	Who does the activity reach?						What is the expenditure on children under 6 and their families?							
	Number of:													
	Sites			Children under 6 and families			2000-2001			2001-2002			2002-2003	
	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003		
Canada Prenatal Nutrition Program (CPNP)	301 projects	325 projects	320 projects	34,000 women	45,600 women	44,000 women				\$27,366,000	\$31,000,000	\$31,000,000		
CPNP First Nations and Inuit Component	> 550 projects	439 <sup>v</sup> projects	N/A	7,500 <sup>vi</sup> children > 6,000 families	6,000 children	N/A				\$14,200,000	\$14,200,000	\$14,200,000		
Community Action Program for Children	409	410	408 <sup>vi</sup>	57,038 children 47,234 parents and/or caregivers	60,729 children 50,435 parents and/or caregivers	66,468 children 52,136 parents and/or caregivers				\$59,500,000	\$59,500,000	\$59,500,000		
Nobody's Perfect		1,000	1,000	12,000 parents	12,000 parents	12,000 parents				\$140,000	\$70,000	\$70,000		
Aboriginal Head Start in Urban and Northern Communities	114	114	114	3,200 children	3,536 children	3,536 children				\$22,500,000	\$22,500,000	\$22,500,000 <sup>iv</sup> <small>(see pg. 102)</small>		
Brighter Futures	650	650	650	45,000 children	N/A	N/A				\$20,000,000	\$18,300,000	\$17,600,000 <sup>vii</sup>		
Aboriginal Head Start On-Reserve	N/A	N/A	N/A	7,700 children	7,000 children	7,000 children				\$25,000,000	\$25,000,000	\$34,727,000 <sup>viii</sup>		
<b>Total expenditures</b>							<b>\$168,706,000</b>	<b>\$170,570,000</b>	<b>\$179,597,000</b>					

Note: N/A refers to "not available" at the time of publication; -- refers to "not applicable."

<sup>v</sup> The decrease is due to the way programs are counted—there may be satellite communities served by numerous programs.

<sup>vi</sup> Estimate.

<sup>vii</sup> Decrease a result of transfer of funds to First Nations communities.

<sup>viii</sup> Due to the late announcement (October 2002), full annual funding of \$46.5 million could not be allocated in fiscal year 2002-2003. All available funding was allocated to meet regional health program needs including support to those services which First Nations have made a priority.

Health Canada										
Other Supporting Programs										
	Who mediates the activity?			Who does the activity reach?			What is the expenditure on children under 6 and their families?			
	Intermediaries	Number of intermediaries	Children under 6	Families	Other	2000-2001	2001-2002	2002-2003		
									2002-2003	2002-2003
<b>Health Canada</b>										
Fetal Alcohol Spectrum Disorder Initiative	Community-based program workers Health professionals	N/A	X	X	Stakeholders who serve families and children	\$2,650,000	\$3,300,000	\$3,300,000		\$3,300,000
Fetal Alcohol Spectrum Disorder First Nations and Inuit Component	--	--	X	X	Stakeholders who serve families and children	\$1,350,000	\$1,700,000	\$1,700,000 <sup>ix</sup>		\$1,700,000 <sup>ix</sup>
Fetal Alcohol Spectrum Disorder Social Marketing Campaign	--	--			Women 25 to 40	--	\$240,000	\$120,000 <sup>xii</sup>		\$120,000 <sup>xii</sup>
Folic Acid Awareness Campaign	Family physicians Neonatologists, obstetricians, midwives, hospitals Pharmacists, dieticians, geneticists, nursing schools Public health units	26,000 2,800 21,500 800		X	Health professionals	--	\$600,000	\$85,000 <sup>*</sup>		\$85,000 <sup>*</sup>
Healthy Pregnancy Social Marketing Campaign	N/A	N/A			Women who are pregnant or planning a pregnancy	--	\$12,000	\$125,000 <sup>xi</sup>		\$125,000 <sup>xi</sup>
Postpartum Parent Support Program	Hospitals, public/community health centres	600		X	Health professionals	\$100,000	\$35,000	\$5,500 <sup>xii</sup>		\$5,500 <sup>xii</sup>
Reducing the Risk of Sudden Infant Death Syndrome	Nurses, midwives, physicians Hospitals, public and community health centres	N/A		X	Health professionals	\$40,000	\$50,000	\$5,000 <sup>xiii</sup>		\$5,000 <sup>xiii</sup>

<sup>ix</sup> Due to the late announcement (October 2002) and the need to plan and consult before allocating funding, full additional funding of \$10 million could not be allocated in fiscal year 2002-2003. All available funding was allocated to meet regional health program needs including support to those services which First Nations have made a priority.

<sup>x</sup> There were no new materials produced in 2002-2003, resulting in a decrease in expenditure.

<sup>xi</sup> The increase in expenditure was a result of contributions from the Fetal Alcohol Spectrum Disorder Initiative and the Folic Acid Awareness Campaign.

<sup>xii</sup> Health Canada's role changed from supporting implementation and monitoring to providing resource materials to the program, resulting in a decrease in expenditure.

<sup>xiii</sup> Health Canada continues to disseminate materials; however, no new materials were developed in 2002-2003, resulting in a decrease in expenditure.

## Health Canada

### Other Supporting Programs (cont'd)

	Who mediates the activity?		Who does the activity reach?		What is the expenditure on children under 6 and their families?			
	Intermediaries		Children under 6	Families	Other	2000-2001	2001-2002	2002-2003
	2002-2003	Number of intermediaries	2002-2003	2002-2003	2002-2003	2000-2001	2001-2002	2002-2003
Canada's Physical Activity Guides for Children and Youth	Teachers Parents Physicians Community leaders	N/A			Other children, teachers, parents, physicians, community leaders	\$100,000 <sup>xiv</sup>	\$200,000 <sup>xv</sup>	\$500,000 <sup>xvi</sup>
Child Health Record	Health professionals Public and community health agencies Social service agencies	N/A		X		\$105,000	\$85,000	\$0 <sup>xvii</sup>
Get Set for Life	N/A	N/A	N/A	N/A	N/A	\$100,000	\$50,000	\$0 <sup>xviii</sup>
Is Your Child Safe?	Physicians Public health nurses Social workers Hospital personnel	N/A		X	Child care providers	--	--	\$25,000
Safe Seasons Calendar	N/A	N/A		X		--	\$135,000	\$0 <sup>xix</sup>
Social Marketing Campaign on Children's Health	--	--	X	X		--	\$25,000	\$0 <sup>xx</sup>
Canadian Childhood Cancer Surveillance and Control Program	--	--	X	X		\$263,000 <sup>xxi</sup>	\$223,000 <sup>xxii</sup>	\$227,000 <sup>xxiii</sup>
Canadian Hospitals Injury Reporting and Prevention Program	Policy makers, public health units, hospitals, non-governmental organizations, professionals, researchers, the media, the public	--			Policy makers, public health units, non-governmental organizations, professionals, researchers, the media, the public	\$400,000 <sup>xxiv</sup>	\$480,000 <sup>xxv</sup>	\$132,000 <sup>xxvi,xxvii</sup>

<sup>xiv</sup> Includes expenditure for children 6 to 9.

<sup>xv</sup> Includes expenditure for children 6 to 9.

<sup>xvi</sup> Includes expenditures for children aged 6 to 9. Increase in expenditure due to printing costs.

<sup>xvii</sup> Health Canada distributes the record; however, it was not reprinted or updated in 2002-2003.

<sup>xviii</sup> Health Canada supported the development of the Get Set for Life tools but no longer has financial involvement in the campaign.

<sup>xix</sup> Due to other budgetary pressures, a 2002-2003 version of the calendar was not developed.

<sup>xx</sup> Due to changing priorities, an overarching campaign on children's health has been postponed, and there was no campaign held in 2002-2003.

<sup>xxi</sup> Estimate.

<sup>xxii</sup> Decrease in expenditure due to fiscal pressures.

Health Canada								
Other Supporting Programs (cont'd)								
	Who mediates the activity?		Who does the activity reach?		What is the expenditure on children under 6 and their families?			
	Intermediaries 2002-2003	Number of intermediaries 2002-2003	Children under 6 2002-2003	Families 2002-2003	Other 2002-2003	2000-2001	2001-2002	2002-2003
Canadian Perinatal Surveillance System (including Canadian Congenital Anomalies Surveillance System)	Government at all levels Professional organizations and non-governmental organizations Academic/research Hospitals, health centres, clinics	1,204 595 433 341			Health professional organizations, health departments and agencies, health research institutions, health departments at universities and colleges, individuals and health researchers	\$2,600,000	\$2,100,000	\$1,460,000 <sup>xviii</sup>
Centre of Excellence for Early Childhood Development	Canadian Child Care Federation magazine – Interaction Canadian Institute of Child Health – Newsletter Canadian Institute of Child Health – website E-Parenting website	20,000 1,500 2,000,000 432,000			Policy makers, service planners and service providers		\$650,000	\$650,000
Centre of Excellence for Child Welfare	Child Welfare League of Canada	100			Policy makers, researchers and practitioners	\$525,000 <sup>xv</sup>	\$260,000 <sup>xv</sup>	\$300,000 <sup>xv</sup>
Centre of Excellence for Children and Adolescents with Special Needs	Autism Society Canada Provincial Children's Advocate Council for Exceptional Children Learning Disabilities Association of Canada	N/A			Parents, teachers, service providers, researchers, policy makers		\$358,000 <sup>xv</sup>	\$440,000 <sup>xv,xvii</sup>
Child Maltreatment Surveillance Activity (including Canadian Incidence Study of Reported Child Abuse and Neglect)	--	--			Researchers, other federal departments and agencies, provinces and territories, public health units, non-governmental organizations, professionals, media, public	\$314,000 <sup>xv</sup>	\$268,000 <sup>xv</sup>	\$94,000 <sup>xv,xviii</sup>

<sup>xviii</sup> Decrease in expenditure due to fiscal pressure.

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

<sup>xv</sup> Estimate.

<sup>xvi</sup> Although funds vary on an annual basis, the overall five-year funding amount has stayed the same.

Health Canada										
Other Supporting Programs (cont'd)										
	Who mediates the activity?		Who does the activity reach?			What is the expenditure on children under 6 and their families?				
	Intermediaries		Number of intermediaries	Children under 6	Families	Other	2000-2001	2001-2002	2002-2003	
	2002-2003	2002-2003	2002-2003	2002-2003	2002-2003	2002-2003	2000-2001	2001-2002	2002-2003	
Children's Health and the Environment	Health departments	N/A				Parents and caregivers of children	\$100,000	\$200,000 <sup>xxviii</sup>	\$70,000 <sup>xxvii,xxviii</sup>	
Family Violence Initiative – National Clearinghouse on Family Violence	--	--				12 participating federal departments, public	\$886,000 <sup>xxix</sup>	\$886,000 <sup>xxix</sup>	\$701,000 <sup>xxix,xxx</sup>	
Mother-Net-Pilot Project	Health professionals	--				Pregnant women	\$259,000	\$131,000	\$00 <sup>xxxi</sup>	
National Child Day	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$70,000 <sup>xxviii</sup>	\$40,000 <sup>xxviii</sup>	
National Study on Balancing Work, Family and Lifestyle	Health Canada website	N/A				Governments, businesses, public	--	\$77,000 <sup>xxviii</sup>	\$34,700 <sup>xxviii,xxx</sup>	
Population Health Fund	Early childhood educators, health professionals, public health nurses, social workers, peer workers, parents and caregivers, child care providers and agencies, family educators, school boards, teachers, Aboriginal child welfare agencies	N/A		X	X	Health professionals and organizations, child care providers, early childhood educators, parents, families, Aboriginal child welfare agency staff, foster, adoptive and birth families, youth groups	\$257,000 <sup>xxv</sup>	\$59,000 <sup>xxv</sup>	\$524,000 <sup>xxv,xxv</sup>	

<sup>xxvii</sup> Includes all children, but majority goes to children under 6.

<sup>xxviii</sup> Decrease in expenditure due to staffing vacancy.

<sup>xxix</sup> Includes all children 0 to 18.

<sup>xxx</sup> A shift in priorities within Health Canada has led to a portion of the budget being assigned to another part of Health Canada.

<sup>xxxi</sup> Discontinued due to a shift in priorities in Health Canada.

<sup>xxxii</sup> Includes children 5 to 18, cannot be broken down by children under 6. Reduced budget amount is the result of sharing expenses with other federal departments and non-governmental organizations planning National Child Day.

<sup>xxxiii</sup> Expenditure for the entire study is included, as data for families with children under 6 are not known.

<sup>xxxiv</sup> Estimate.

<sup>xxxv</sup> Increase in expenditures a result of funding of new proposals approved in 2001-2002.

<b>Health Canada</b>									
<b>Other Supporting Programs (cont'd)</b>									
	Who mediates the activity?		Who does the activity reach?			What is the expenditure on children under 6 and their families?			
	Intermediaries	Number of intermediaries	Children under 6	Families	Other	2000-2001	2001-2002	2002-2003	
	2002-2003	2002-2003	2002-2003	2002-2003	2002-2003	2000-2001	2001-2002	2002-2003	
Tobacco Control Programme (projects related to pregnant women and women with babies and young children)	--	--	X	X		--	\$173,000	\$165,000	
<b>Total expenditures</b>						<b>\$10,049,000</b>	<b>\$12,367,000</b>	<b>\$10,703,200</b>	

## Human Resources Developing Canada

### Programs Providing Direct Support

	Who does the activity reach?						What is the expenditure on children under 6 and their families?				
	Number of:										
	Sites		Children under 6 and families				2000-2001		2001-2002		2002-2003
	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2000-2001	2001-2002	2002-2003
Employment Insurance: Maternity Benefits	--	--	--	176,000 new claims	193,020 new claims	N/A	\$752,000,000	\$848,000,000	\$752,000,000 <sup>xxxvi</sup>	\$848,000,000	\$859,000,000 <sup>xxxvi</sup>
Employment Insurance: Parental Benefits	--	--	--	178,000 new claims	196,000 new claims	N/A	\$502,000,000	\$1,311,000,000	\$502,000,000 <sup>xxxvii</sup>	\$1,311,000,000	\$1,930,000,000 <sup>xxxvii</sup>
National Literacy Secretariat-Family Literacy Projects	104 projects	90 projects	67 <sup>xxxviii</sup> projects	N/A	N/A	N/A	\$4,101,000 <sup>xxxix</sup>	\$3,123,000 <sup>xxxix</sup>	\$4,101,000 <sup>xxxix</sup>	\$3,123,000 <sup>xxxix</sup>	\$4,578,000 <sup>xxxix</sup>
First Nations and Inuit Child Care Initiative	389	389	389	>7,000 children	7,000 children	7,000 children	\$41,000,000 <sup>xl</sup>	\$41,000,000 <sup>xl</sup>	\$41,000,000 <sup>xl</sup>	\$41,000,000 <sup>xl</sup>	\$50,000,000 <sup>xli</sup>
<b>Total expenditures</b>							<b>\$1,299,101,000</b>	<b>\$2,203,123,000</b>	<b>\$1,299,101,000</b>	<b>\$2,203,123,000</b>	<b>\$2,843,578,000</b>

Note: N/A refers to "not available" at the time of publication; -- refers to "not applicable."

<sup>xxxvi</sup> Estimate.

<sup>xxxvii</sup> Estimate. Increase due to the success of the enhancements to benefits—Canadians are using more of their benefits over a longer period.

<sup>xxxviii</sup> The number of projects declined, as a select number of projects were given increased funding for substantial initiatives.

<sup>xxxix</sup> Includes funding for all projects—most focus on young children and families.

<sup>xl</sup> Includes expenditures for children under 12, but most expenditures are for children under 6.

<sup>xli</sup> Includes expenditures for children under 12, but most expenditures are for children under 6. Funding for FNICCI was increased by \$9 million under the Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children.



## Human Resources Development Canada

### Other Supporting Programs

	Who mediates the activity?		Who does the activity reach?			What is the expenditure on children under 6 and their families?		
	Intermediaries	Number of intermediaries	Children under 6	Families	Other	2000-2001	2001-2002	2002-2003
National Longitudinal Survey of Children and Youth	Government of Canada Human Resources Development Canada Provincial/territorial governments	N/A			NLSCY: Research and policy community, non-governmental organizations	\$7,742,000 <sup>xiii</sup>	\$7,818,000	\$8,500,000 <sup>xiii</sup>
Understanding the Early Years	--	--			Communities			
Social Development Partnerships Program	Non-profit organizations in early childhood learning and care	Approximately 20	X	X	Federal/provincial/territorial governments, research community, ECD experts, policy and service organizations, communities	\$5,224,000 <sup>xiv</sup>	\$5,224,000 <sup>xiv</sup>	\$5,224,000 <sup>xiv</sup>
<b>Total expenditures</b>						<b>\$12,966,000</b>	<b>\$13,042,000</b>	<b>\$13,724,000</b>

<sup>xiii</sup> Expenditures for the NLSCY (for children aged 0 to 5) and Understanding the Early Years are too closely linked to divide into two separate and distinct expenditure figures.

<sup>xiii</sup> Increase due to increased charges by Statistics Canada to run the NLSCY.

<sup>xiv</sup> Funding for all projects; however, most activities focus on children under 6.

## Indian and Northern Affairs Canada

### Programs Providing Direct Support

	Who does the activity reach?										What is the expenditure on children under 6 and their families?		
	Number of:												
	Sites			Children under 6 and families							2000-2001	2001-2002	2002-2003
	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003	2000-2001	2001-2002	2002-2003	
Child/Day-care Program – Alberta	17	17	17	1,046 children	1,113 children	1,006 <sup>xiv</sup> children				\$2,665,000	\$2,665,000	\$2,665,000	
Child/Day-care Program – Ontario	67 programs	51 First Nations with 57 programs	51 First Nations with 57 programs	2,097 funded spaces	3,243 children	3,018 children				\$12,177,000	\$13,407,000	\$14,291,000 <sup>xv</sup>	
Elementary Education (Junior Kindergarten and Kindergarten)	384	387	387	13,793 children	13,409 children	13,846 children				\$33,055,000	\$32,388,000	\$34,615,000 <sup>xvi</sup>	
First Nation Child and Family Services Head Start – New Brunswick	15	15	15	N/A	381	N/A				\$1,544,000	\$1,466,000	\$1,408,000	
<b>Total expenditures</b>										<b>\$49,441,000</b>	<b>\$49,926,000</b>	<b>\$52,979,000</b>	

Note: N/A refers to “not available” at the time of publication; -- refers to “not applicable.”

### Other Supporting Programs

	Who mediates the activity?			Who does the activity reach?			What is the expenditure on children under 6 and their families?		
	Intermediaries			Children under 6					
	2002-2003	2002-2003	2002-2003	2002-2003	2002-2003	2002-2003	2000-2001	2001-2002	2002-2003
First Nations National Child Benefit Reinvestment	--	--	--		X		\$4,080,000 <sup>xvii</sup>	\$1,943,000 <sup>xix</sup>	N/A
<b>Total expenditures</b>							<b>\$4,080,000</b>	<b>\$1,943,000</b>	<b>N/A</b>

<sup>xiv</sup> Estimate.

<sup>xv</sup> Expenditures for 2001-2002 did not include provincial share of expenditures.

<sup>xvi</sup> Increase due to an increase in student population.

<sup>xvii</sup> Includes NCB reinvestments made by First Nations in child/day care (\$617,000) and ECD programs (\$3,463,000) in 2000-2001.

<sup>xix</sup> Includes NCB reinvestments made by First Nations in child/day care (\$697,000) and ECD programs (\$1,246,000) in 2001-2002.

<b>Justice Canada</b>							
<b>Other Supporting Programs</b>							
	Who mediates the activity?	Who does the activity reach?			What is the expenditure on children under 6 and their families?		
		Number of intermediaries	Children under 6	Families			Other
	2002-2003	2002-2003	2002-2003	2002-2003	2000-2001	2001-2002	2002-2003
National Crime Prevention Strategy	Teachers Police community Health community Recreation community <sup>i</sup>	N/A	X	X	\$1,370,000 <sup>ii</sup>	\$1,378,000 <sup>ii</sup>	\$2,628,000 <sup>iii</sup>
<b>Total expenditures</b>					<b>\$1,370,000</b>	<b>\$1,378,000</b>	<b>\$2,628,000</b>

Note: N/A refers to “not available” at the time of publication; -- refers to “not applicable.”

<b>National Defence</b>							
<b>Other Supporting Programs</b>							
	Who mediates the activity?	Who does the activity reach?			What is the expenditure on children under 6 and their families?		
		Number of intermediaries	Children under 6	Families			Other
	2002-2003	2002-2003	2002-2003	2002-2003	2000-2001	2001-2002	2002-2003
National Defence Military Family Services Program	N/A	N/A		Families with children 0 to 18 years	\$4,000,000 <sup>iii</sup>	\$4,000,000 <sup>iii</sup>	\$4,000,000 <sup>iii</sup>
<b>Total expenditures</b>					<b>\$4,000,000</b>	<b>\$4,000,000</b>	<b>\$4,000,000</b>

Note: N/A refers to “not available” at the time of publication; -- refers to “not applicable.”

<sup>i</sup> Not an exhaustive list.

<sup>ii</sup> Represents the total amount of money given by the NCPS through grants or contributions. It is not possible to distinguish the exact amount of money which went to children under 6 and their families.

<sup>iii</sup> Increase in expenditures due to an increased number of projects funded.

<sup>iiii</sup> Estimate based on the percentage of the total funding that is allocated to children and youth services and other service areas that might include this age category.

<b>Environment Canada</b>						
<b>Other Supporting Programs</b>						
	<b>Who mediates the activity?</b>		<b>Who does the activity reach?</b>			<b>What is the expenditure on children under 6 and their families?</b>
	<b>Intermediaries</b>	<b>Number of intermediaries</b>	<b>Children under 6</b>	<b>Families</b>	<b>Other</b>	
	2002-2003	2002-2003	2002-2003	2002-2003	2002-2003	2002-2003
Environment Canada <sup>iv</sup>	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total expenditures</b>						

Note: N/A refers to "not available" at the time of publication; -- refers to "not applicable."

<sup>iv</sup> Expenditures for the Environment Canada programs are difficult to extrapolate for children 0 to 6 and are therefore not presented in this report. In subsequent years of reporting, efforts will be made to improve program information and expenditures data.

<sup>v</sup> Due to the late announcement (October 2002), full annual funding of \$35 million could not be allocated in fiscal year 2002 - 2003. Increase in funding and changes in number of children served will be documented in next year's activities and expenditures report.

## Annex B

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

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

#### 1. Introduction/Background

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

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

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

*Therefore, First Ministers commit their governments to:*

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

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

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

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

## **2. Purpose**

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

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

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

## **3. Underlying Principles/ Considerations**

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

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

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

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

#### 4. Guidelines

##### a. *Scope of Reporting Using the Shared Framework*

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

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

##### b. *Types of Information to be Reported*

###### i. Descriptive Information

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

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

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

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

###### ii. Program Indicators

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

###### *Expenditures*

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

***For programs and initiatives providing direct services to clients:***

***Availability***

Governments will report on the *availability* of early childhood development programs and services funded under the Federal/Provincial/Territorial Early Childhood Development Initiative using one or more of the following indicators:

- number of clients served (i.e. number of children served, number of families served, and/or number of program “spaces” or equivalent);
- number of program sites.

***Accessibility***

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

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

***Affordability***

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

***Quality***

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

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

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

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

***c. Mechanisms and Timing***

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

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

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



### ***5. Review of the Shared Framework***

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





## Annex C

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# Early Childhood Development

## *First Ministers' Meeting Communiqué, September 11, 2000*

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

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

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

### *Introduction*

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

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

*First Ministers recognize that parents and families play the primary role in supporting and nurturing children.*

Communities, businesses, non-profit organizations, professional networks, associations, volunteers and governments also make key contributions to the well-being of children. Governments have shown leadership by taking steps to address key children's issues in their jurisdictions, individually and in partnership.

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

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

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

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

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

## *Objectives*

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

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

## *Four Key Areas for Action*

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

### *1. Promote Healthy Pregnancy, Birth and Infancy*

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

### *2. Improve Parenting and Family Supports*

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

### *3. Strengthen Early Childhood Development, Learning and Care*

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

#### ***4. Strengthen Community Supports***

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

***Governments recognize that effective approaches to supporting early childhood development are:***

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

Early childhood development programs and services should be inclusive of:

- children with different abilities; and
- children living in different economic, cultural, linguistic and regional circumstances.

#### ***Working Together to Meet Children's Needs***

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

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

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

#### ***Funding***

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

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

## Public Reporting

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

Therefore, *First Ministers commit* their governments to:

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

programs and services related to pregnancy, birth and infancy; parenting and family supports; early childhood development, learning and care; and community supports. Governments will report on the results of this work by September 2002 and annually thereafter, beginning with the development of indicators in areas identified as priorities by jurisdictions, and expanding with the overall development of early childhood development programs and services; and

- make regular public reports on outcome indicators of child well-being using an agreed upon set of common indicators to be developed by September 2002 related to the objectives established for early childhood development. This could include currently available indicators (such as children born at healthy birth weight and infant mortality); and newly developed indicators (such as a measure of the proportion of children who are ready to learn when they start school).

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

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

## *Knowledge, Information and Effective Practices*

Research, knowledge and information are the foundations of evidence-based decision-making and are critical to informed policy development.

Dissemination of information and sharing of effective practices can create a more knowledgeable public on issues of child development and can promote the enhancement of early childhood development programs and services.

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

## *Next Steps*

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







## Annex D

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# Early Learning and Child Care

## *Multilateral Framework, March 2003*

**O**n March 13, 2003, Federal, Provincial, and Territorial Ministers

Responsible for Social Services agreed on a framework for improving access to affordable, quality, provincially and territorially regulated early learning and child care programs and services.

Under this multilateral framework, the Government of Canada is providing \$900 million over five years to support provincial and territorial governments' investments in early learning and child care.

Following is the full text of the multilateral framework.

### *Introduction*

In September 2000, First Ministers<sup>1</sup> released a communiqué on Early Childhood Development (ECD) that recognized the critical importance of the early years of life in the development and future well-being of the child. Recognizing that families play the primary role in supporting and nurturing children, they committed to improve and expand early childhood development programs, building on existing investments.

Progress has been made under the Early Childhood Development initiative in each of the four key areas for action identified by First Ministers:

- Promote healthy pregnancy, birth and infancy;
- Improve parenting and family supports;

- Strengthen early childhood development, learning and care; and
- Strengthen community supports.

Governments remain committed to improving and expanding programs and services in any or all of these four key areas for action over time.

Building on this commitment, Federal, Provincial and Territorial Ministers Responsible for Social Services agree to make additional investments in the specific area of early learning and child care. Ministers recognize that quality early learning and child care programs play an important role in promoting the social, emotional, physical and cognitive development of young children.

This early learning and child care framework represents another important step in the development of early childhood development programs and services. This initiative is consistent with, and builds upon, the commitments made by First Ministers in September 2000.

### *Objectives*

The objective of this initiative is to further promote early childhood development and support the participation of parents in employment or training by improving access to affordable, quality early learning and child care programs and services.

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<sup>1</sup> While the Government of Québec supports the general principles of the Early Childhood Development Initiative and the Early Learning and Child Care Initiative, it did not participate in developing these initiatives because it intends to preserve its sole responsibility on social matters. However, Québec receives its share of federal funding and the Government of Québec is making major investments toward programs and services for families and children. All references to viewpoints shared by the federal, provincial and territorial governments in this document do not include the viewpoints of the Government of Québec.

## *Areas for Investment*

To advance the objective set out above, Ministers agree to further invest in provincially/territorially regulated early learning and child care programs for children under six. In the context of this framework, regulated programs are defined as programs that meet quality standards that are established and monitored by provincial/territorial governments.

Early learning and child care programs and services funded through this initiative will primarily provide direct care and early learning for children in settings such as child care centres, family child care homes, preschools, and nursery schools. Types of investments could include capital and operating funding, fee subsidies, wage enhancements, training, professional development and support, quality assurance, and parent information and referral. Programs and services that are part of the formal school system will not be included in this initiative.

## *Effective Approaches*

In the settings described above, effective approaches to early learning and child care are based on the following principles:

### *Available and accessible:*

Flexible and responsive early learning and child care options should be broadly available to promote early childhood development and to support parents to participate in employment or training. Examples of initiatives that support availability and

accessibility could include increasing early learning and child care spaces, supporting extended and flexible hours of operation and parent information and referral.

### *Affordable:*

Early learning and child care services should be affordable. Governments have established mechanisms to assist parents in meeting the costs of early learning and child care. Examples of initiatives that support affordability could include enhancing fee subsidies that take into account parents' ability to pay and operational funding.

### *Quality:*

Early learning and child care should be of high quality to support optimal child development. Examples of initiatives that support high quality early learning and child care could include enhancements to training and support, child/caregiver ratios and group size, compensation, recruitment and retention, physical environment, health and safety, and learning environment.

### *Inclusive:*

Early learning and child care should be inclusive of, and responsive to, the needs of children with differing abilities; Aboriginal (i.e. Indian, Inuit and Métis) children; and children in various cultural and linguistic circumstances. Examples of initiatives that support inclusiveness could include special needs programming and supports, and culturally and linguistically appropriate resources and training.

### *Parental Choice:*

Early learning and child care services should provide the flexibility to respond to the varying needs and preferences of parents and children. Examples of initiatives that support parental choice could include innovative approaches to service provision in rural and remote communities, and flexible approaches that address a range of family and employment circumstances.

## *Working Together*

Consistent with commitments made by First Ministers, governments will work together in full respect of each other's responsibilities, recognizing that provinces and territories have the primary responsibility for early learning and child care. Each government will determine its priorities within this initiative. Each government agrees to publicly recognize and explain the respective roles and contributions of governments to this initiative.

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

Governments will ensure effective mechanisms for Canadians to participate in developing early learning and child care priorities and reviewing outcomes.

## *Funding*

First Ministers agreed that investments for early childhood development should be incremental, predictable and sustained over the long-term.

Federal, Provincial and Territorial Ministers Responsible for Social Services agree that support for early learning and child care is a critical investment in our children's future. Ministers agree that further investments in early learning and child care should also be incremental, predictable and sustained over the long-term.

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



## *Public Reporting*

Ministers believe in the importance of being accountable to Canadians for early learning and child care programs and services. Clear public reporting will enhance accountability and will allow the public to track progress in improving access to affordable, quality early learning and child care programs and services.

In the First Ministers' communiqué on Early Childhood Development, governments committed to report annually to Canadians on investments and progress in the area of early childhood development. Consistent with that commitment, and with early childhood development reporting by jurisdictions, Ministers commit to report annually to Canadians on their progress in improving access to affordable, quality early learning and child care programs and services.

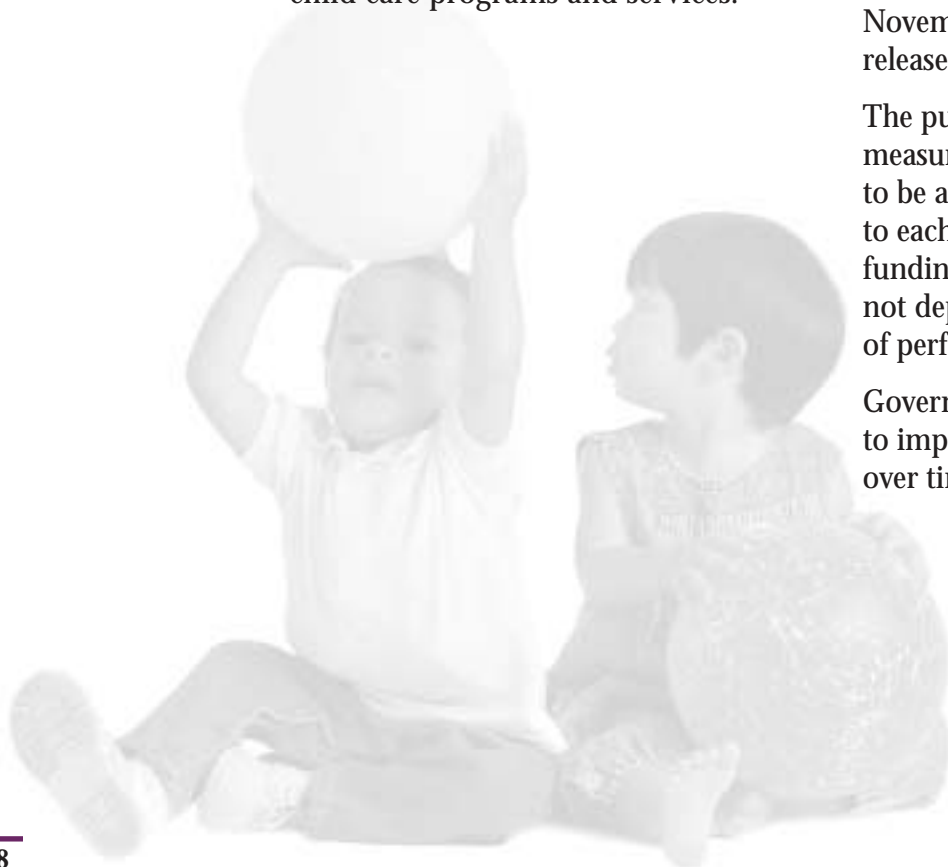
More specifically, Ministers will report annually to Canadians on all early learning and child care programs and services as defined in this framework, beginning with a baseline report for 2002–2003. Reports will include:

- Descriptive and expenditure information on all early learning and child care programs and services;
- Indicators of availability, such as number of spaces in early learning and child care settings broken down by age of child and type of setting;
- Indicators of affordability, such as number of children receiving subsidies, income and social eligibility for fee subsidies, and maximum subsidy by age of child; and
- Indicators of quality, such as training requirements, child/caregiver ratios and group size, where available.

Governments commit to publicly release baseline information by the end of November 2003; annual reports will be released beginning in November 2004.

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

Governments will strive to continue to improve the quality of reporting over time.



## *Knowledge, Information and Effective Practices*

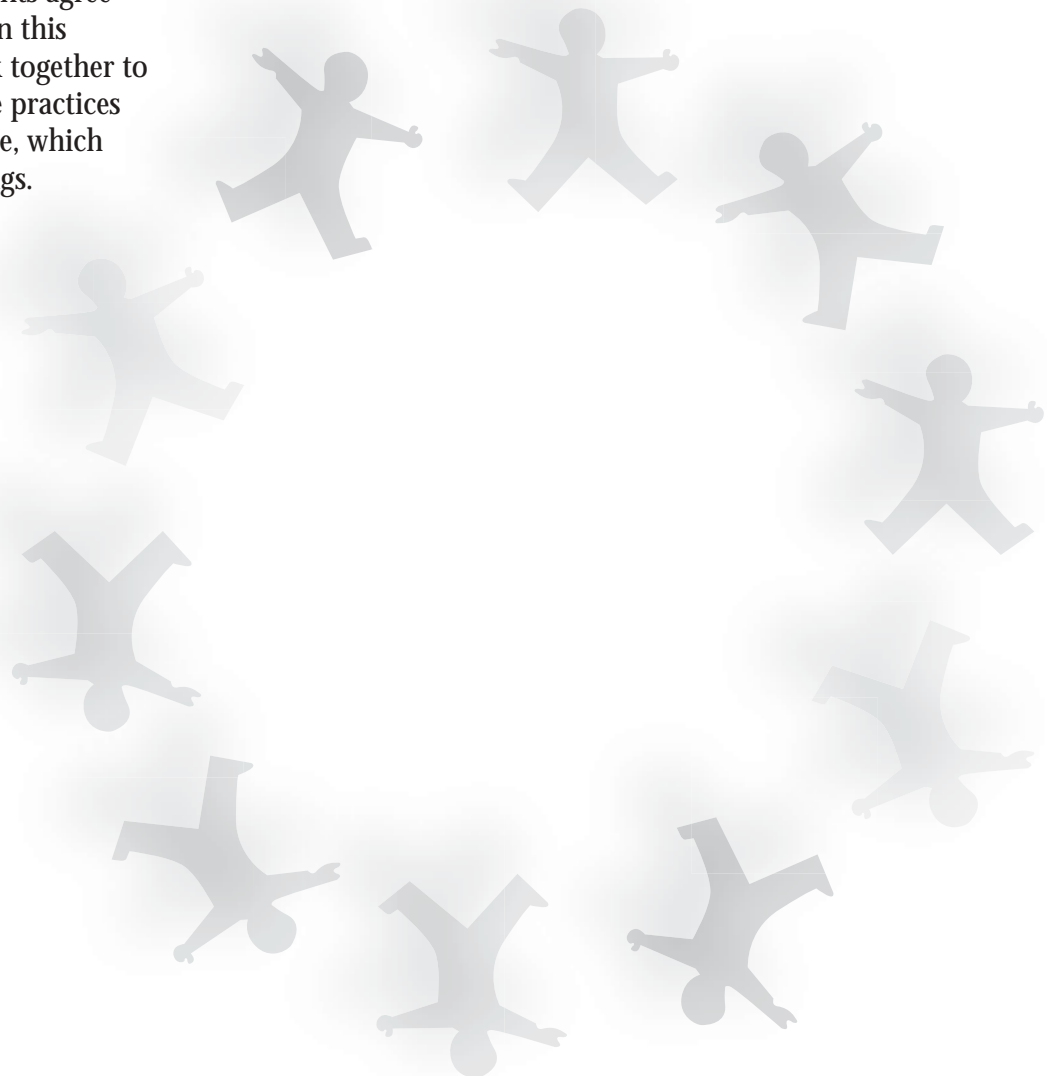
Research, knowledge and information are the foundations of evidence-based decision-making and are critical to informed policy development.

Governments recognize the importance of evaluation in determining the effectiveness and outcomes of initiatives in early learning and child care and agree to work together to develop an evaluation framework within one year of federal funding being received.

Where appropriate, governments agree to pursue evaluations based on this framework, and agree to work together to share information on effective practices in early learning and child care, which may include evaluation findings.

## *Next Steps*

Federal, Provincial and Territorial Ministers Responsible for Social Services will begin implementation as soon as possible of the commitments and priorities outlined in this framework





## Annex E – Contact Information

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

*Services for Children: Guide to Government of Canada Services for Children and Their Families*

Available at: [www.cio-bic.gc.ca/children-enfants](http://www.cio-bic.gc.ca/children-enfants) or by calling 1 800 O-Canada

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

For General Tax Enquiries: 1 800 959-8281

TTY Enquiry Service: 1 800 665-0354

Website: [www.ccr-aadrc.gc.ca](http://www.ccr-aadrc.gc.ca)

Tax Information Phone Services

(T.I.P.S.): 1 800 267-6999

(24 hours/7 days a week)

T.I.P.S. Online: [www.ccr-aadrc.gc.ca/tips](http://www.ccr-aadrc.gc.ca/tips)

Or visit your local tax services office

### **Health Canada:**

Division of Childhood and Adolescence

Health Canada

Jeanne Mance Building

Postal Locator 1909C2

Ottawa, Ontario K1A 0K9

Telephone: (613) 946-1683

Facsimile: (613) 952-7042

Email: [children@hwcweb.hc-sc.gc.ca](mailto:children@hwcweb.hc-sc.gc.ca)

Website: [www.hc-sc.gc.ca/childhood-youth](http://www.hc-sc.gc.ca/childhood-youth)

First Nations and Inuit Health Branch

Community Programs Directorate

Children and Youth Division

Jeanne Mance Building

Postal Locator 1919B

Ottawa, Ontario K1A 0K9

Telephone: (613) 946-4622

Facsimile: (613) 946-4625

Email: [annie\\_villeneuve@hc-sc.gc.ca](mailto:annie_villeneuve@hc-sc.gc.ca)

Website: [www.hc-sc.gc.ca/fnihb-dgspni](http://www.hc-sc.gc.ca/fnihb-dgspni)

### **Human Resources Development Canada:**

Social Policy

Human Resources Development Canada

3rd Floor, Place du Portage, Phase IV

140 Promenade du Portage

Gatineau, Quebec K1A 0J9

Telephone: (819) 997-9922

Facsimile: (819) 994-1506

Email:

[childrenspolicy-politiquesenfants@hrdc-drhc.gc.ca](mailto:childrenspolicy-politiquesenfants@hrdc-drhc.gc.ca)

Website: [www.hrdc-drhc.gc.ca](http://www.hrdc-drhc.gc.ca)

### **Indian and Northern Affairs Canada:**

Children's Programs

Indian and Northern Affairs Canada

19th Floor, 10 Wellington Street

Gatineau, Quebec K1A 0H4

INAC Toll-free Number: 1-800-567-9604

TTY: 1-866-553-0554

Telephone: (819) 953-2523

Facsimile: (819) 953-9139

Email: [ChildrensPrograms@ainc-inac.gc.ca](mailto:ChildrensPrograms@ainc-inac.gc.ca)

### **Justice Canada:**

National Crime Prevention Centre

Department of Justice Canada

284 Wellington Street

Ottawa, Ontario K1A 0H8

Telephone: 1 877 302-NCPC

Or (613) 941-9306

Facsimile: (613) 952-3515

Email: [ncpc@crime-prevention.org](mailto:ncpc@crime-prevention.org)

Website: [www.prevention.gc.ca](http://www.prevention.gc.ca)

### **National Defence:**

Director Military Family Services

Canadian Forces Personnel Support

Department of National Defence

245 Cooper Street

Ottawa, Ontario K2P 0G2

Telephone: (613) 995-6792

Facsimile: (613) 995-2178

Website: [www.cfpsa.com](http://www.cfpsa.com)





## **Annex F – Related Websites and Information**

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If readers have difficulty accessing a website, please use the main departmental website address (found in Annex E) and search for the specific program.

### **Aboriginal Head Start in Urban and Northern Communities**

[http://www.hc-sc.gc.ca/dca-dea/programs-mes/ahs\\_main\\_e.html](http://www.hc-sc.gc.ca/dca-dea/programs-mes/ahs_main_e.html)

[http://www.hc-sc.gc.ca/dca-dea/programs-mes/papa\\_acceuil\\_f.html](http://www.hc-sc.gc.ca/dca-dea/programs-mes/papa_acceuil_f.html)

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

[www.ccr-aadrc.gc.ca/benefits](http://www.ccr-aadrc.gc.ca/benefits) or call 1 800 387-1193

### **Canada Prenatal Nutrition Program**

[www.hc-sc.gc.ca/dca-dea/family\\_famille/nobody\\_e.html](http://www.hc-sc.gc.ca/dca-dea/family_famille/nobody_e.html)

[www.hc-sc.gc.ca/dca-dea/family\\_famille/personne\\_f.html](http://www.hc-sc.gc.ca/dca-dea/family_famille/personne_f.html)

choose “Community Based Programs” in the menu on the left.  
For more information on the CPNP

### **First Nations and Inuit Component**

[www.hc-sc.gc.ca/fnihb-dgspni/fnihb/cp/ahsor/index.htm](http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/cp/ahsor/index.htm)

### **Canada’s Physical Activity Guides for Children and Youth**

[www.hc-sc.gc.ca/hppb/paguide/](http://www.hc-sc.gc.ca/hppb/paguide/)

### **Canadian Childhood Cancer Surveillance and Control Program**

[www.hc-sc.gc.ca/pphb-dgspsp/ch-se\\_e.html](http://www.hc-sc.gc.ca/pphb-dgspsp/ch-se_e.html)

### **Canadian Hospitals Injury Reporting and Prevention Program**

[www.hc-sc.gc.ca/pphb-dgspsp/injury-bles/chirpp/](http://www.hc-sc.gc.ca/pphb-dgspsp/injury-bles/chirpp/)

### **Canadian Incidence Study of Reported Child Abuse and Neglect**

[www.hc-sc.gc.ca/pphb-dgspsp/cm-vee/cis\\_e.html](http://www.hc-sc.gc.ca/pphb-dgspsp/cm-vee/cis_e.html)

### **Canadian Perinatal Surveillance System**

[www.hc-sc.gc.ca/pphb-dgspsp/rhs-ssg/factshts/index.html](http://www.hc-sc.gc.ca/pphb-dgspsp/rhs-ssg/factshts/index.html)

### **Centres of Excellence for Children’s Well-Being**

[www.hc-sc.gc.ca/dca-dea/allchildren\\_touslesenfants/centres\\_main\\_e.html](http://www.hc-sc.gc.ca/dca-dea/allchildren_touslesenfants/centres_main_e.html)

### **Child Care Expense Deduction**

[www.ccr-aadrc.gc.ca/benefits/menu-f.html](http://www.ccr-aadrc.gc.ca/benefits/menu-f.html) or call 1 800 959-8281

### **Child/Day-care Program – Alberta**

E-mail [ChildrensPrograms@ainc-inac.gc.ca](mailto:ChildrensPrograms@ainc-inac.gc.ca)

**Child/Day-care Program – Ontario**

E-mail [ChildrensPrograms@ainc-inac.gc.ca](mailto:ChildrensPrograms@ainc-inac.gc.ca)

**Child Health Record**

[www.hc-sc.gc.ca/dca-dea/allchildren\\_touslesenfants/chr\\_e.html](http://www.hc-sc.gc.ca/dca-dea/allchildren_touslesenfants/chr_e.html)

**Children’s Health and the Environment**

[www.hc-sc.gc.ca/hecs-sesc/oceh/index.htm](http://www.hc-sc.gc.ca/hecs-sesc/oceh/index.htm)

**Community Action Program for Children**

[www.hc-sc.gc.ca/dca-dea/programs-mes/pace\\_acceuil\\_f.html](http://www.hc-sc.gc.ca/dca-dea/programs-mes/pace_acceuil_f.html)  
choose “Community Based Programs” in the menu on the left

**Elementary Education (Junior Kindergarten and Kindergarten)**

E-mail [ChildrensPrograms@ainc-inac.gc.ca](mailto:ChildrensPrograms@ainc-inac.gc.ca)

**Employment Insurance: Maternity and Parental Benefits**

[www.hrdc-drhc.gc.ca/ae-ei](http://www.hrdc-drhc.gc.ca/ae-ei) click on “Types of Benefits”

**Family Violence Initiative and National Clearinghouse on Family Violence**

[www.hc-sc.gc.ca/hppb/familyviolence/index.html](http://www.hc-sc.gc.ca/hppb/familyviolence/index.html) or call 1 800 267-1291

**Fetal Alcohol Spectrum Disorder Initiative**

[www.hc-sc.gc.ca/english/lifestyles/fas.html](http://www.hc-sc.gc.ca/english/lifestyles/fas.html)

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

E-mail [ChildrensPrograms@ainc-inac.gc.ca](mailto:ChildrensPrograms@ainc-inac.gc.ca)

**First Nations Head Start On-Reserve**

[www.hc-sc.gc.ca/fnihb/cp](http://www.hc-sc.gc.ca/fnihb/cp)

**First Nations and Inuit Child Care Initiative**

[www17.hrdc-drhc.gc.ca/](http://www17.hrdc-drhc.gc.ca/) click on “child care”

**First Nations National Child Benefit Reinvestment**

[www.nationalchildbenefit.ca](http://www.nationalchildbenefit.ca)

**Folic Acid Awareness Campaign**

[www.hc-sc.gc.ca/english/folicacid/](http://www.hc-sc.gc.ca/english/folicacid/)

**Healthy Pregnancy Marketing Strategy**

[www.hc-sc.gc.ca/english/socialmarketing/marketing\\_research/health\\_pregnancy.html](http://www.hc-sc.gc.ca/english/socialmarketing/marketing_research/health_pregnancy.html)

[www.hc-sc.gc.ca/francais/marketingsocial/recherche\\_surveillance/grossesse.html](http://www.hc-sc.gc.ca/francais/marketingsocial/recherche_surveillance/grossesse.html)

**Military Family Resource Centres**

[www.cfpsa.com](http://www.cfpsa.com)

**National Child Day**

[www.childday.gc.ca](http://www.childday.gc.ca)

**National Crime Prevention Strategy**

[www.prevention.gc.ca/en/](http://www.prevention.gc.ca/en/)

[www.prevention.gc.ca/fr/](http://www.prevention.gc.ca/fr/)

**National Literacy Secretariat - Family Literacy Projects**

[www.nald.ca/nls.htm](http://www.nald.ca/nls.htm)

**National Longitudinal Survey of Children and Youth**

[www.hrdc-drhc.gc.ca/nlscy-elnej](http://www.hrdc-drhc.gc.ca/nlscy-elnej)

**National Study on Balancing Work, Family and Lifestyle**

[labour-travail.hrdc-drhc.gc.ca/worklife/vcswlb-terctvp/presentation.cfm](http://labour-travail.hrdc-drhc.gc.ca/worklife/vcswlb-terctvp/presentation.cfm)

[labour-travail.hrdc-drhc.gc.ca/travailvie/vcswlb-terctvp/presentation.cfm](http://labour-travail.hrdc-drhc.gc.ca/travailvie/vcswlb-terctvp/presentation.cfm)

**Nobody's Perfect**

[www.hc-sc.gc.ca/dca-dea/family\\_famille/nobody\\_e.html](http://www.hc-sc.gc.ca/dca-dea/family_famille/nobody_e.html)

[www.hc-sc.gc.ca/dca-dea/family\\_famille/personne\\_f.html](http://www.hc-sc.gc.ca/dca-dea/family_famille/personne_f.html)

**Population Health Fund**

[www.hc-sc.gc.ca/hppb/phdd/funding/index.html](http://www.hc-sc.gc.ca/hppb/phdd/funding/index.html)

**Postpartum Parent Support Program**

E-mail [children@hwcweb.hc-sc.gc.ca](mailto:children@hwcweb.hc-sc.gc.ca)

**Reducing the Risk of Sudden Infant Death Syndrome (SIDS)**

[www.hc-sc.gc.ca/dca-dea/prenatal/sids\\_e.html](http://www.hc-sc.gc.ca/dca-dea/prenatal/sids_e.html)

**Tobacco Control Programme**

[www.hc-sc.gc.ca/hecs-sesc/tobacco](http://www.hc-sc.gc.ca/hecs-sesc/tobacco)

**Understanding the Early Years**

[www.hrdc-drhc.gc.ca/sp-ps/arb-dgra/nlscy-elnej/uey-cpe/uey.shtml](http://www.hrdc-drhc.gc.ca/sp-ps/arb-dgra/nlscy-elnej/uey-cpe/uey.shtml)

