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VISION STATEMENT

PEI Healthy Child Development Strategy 2000

Children in Prince Edward Island will thrive in an atmosphere of love, care and understanding. They will be valued as individuals in childhood and will be given a sense of hope, pride in themselves and our Island, as well as opportunities to reach their full potential as adults.

Respected and protected, Island children will respect and protect the rights of others. Valued, nurtured and loved, they will grow up able to contribute to a society that appreciates literacy, diversity, supports the less able, and shares its resources.

Given the opportunity to develop their physical, creative, intellectual, emotional, social and spiritual capacities to the fullest, children in Prince Edward Island will become tomorrow's successful and enthusiastic parents, care givers, workers and citizens.



PEI'S HEALTHY CHILD DEVELOPMENT STRATEGY

How did it develop?

The Strategy was developed by an advisory committee led by the Early Childhood Development Association of PEI. The committee included representatives from the Regional Health Authorities, schools and provincial government. The Strategy was based on provincial consultations on young children, previous government and community documents, and recent research on child development, with particular emphasis on findings from new brain research.

Islanders told the Advisory Committee that:

- ❖ there is fascinating new information about how children develop — **everyone needs to hear this**, especially parents;
- ❖ there are many excellent programs for children and families in PEI — **build on our success**, rather than starting over; and
- ❖ everyone needs to work together on this — parents cannot do it alone, and neither can communities, or business, or government; however, **we need government to provide some leadership so we can work together**.

In addition, Islanders looked at the vision proposed by Canada's National Children's Agenda, and then shared their own beliefs about what was important to them about children. Across the Island, Islanders shared their dreams about how they

wanted their children to grow up. These ideas were the basis for the PEI *Vision for Children*, and the *Values* upon which the Strategy was developed.

The Premier's Council will protect the Vision and Values, and make sure that they guide all our efforts on behalf of healthy child development.

What does the Strategy do?

This Strategy focuses on children from the prenatal stage until early school years. The Strategy will concentrate on:

- ❖ **Sharing Information** — collectively, we will share information on:
 - ▶ how children develop, and what we can learn from the latest research;
 - ▶ what kinds of programs and policies appear to be making a difference;
 - ▶ what kinds of initiatives have been undertaken by PEI communities — and communities in other places; and
 - ▶ how children in PEI are doing — what is going well, and where do we need to concentrate our efforts.

- ❖ **Building Connections** — with community organizations, with other levels of government, and across the five provincial government departments involved in the Strategy.

- ❖ **Improving Outcomes for Children** — in the four key goal areas of good health, safety and security, success at learning, and social engagement and responsibility.



The Premier's Council will be paying particular attention to how well our children in Prince Edward Island are doing. We will be monitoring improvements in measurements that tell us how children are developing and whether they are reaching their potential in the four key goal areas listed above.

Premier's Council on Healthy Child Development

In November 2000 Premier Pat Binns announced that he would establish a Premier's Council on Healthy Child Development as one demonstration of the provincial government's commitment to the Healthy Child Development Strategy — and to young children and their families.

The Council was established in March 2001. The Premier introduced Council members to the community at the Healthy Child Development Planning Conference in Charlottetown. The Council members are individual Islanders who collectively bring a wealth of experience and knowledge about children.

The Council's role is to advise the Premier on issues affecting young children in PEI. The Council will be monitoring the implementation of the Strategy by monitoring how well children in PEI are doing, and whether the various measurements we use to study child development are showing that we're making progress. The Council will specifically be concentrating on child outcomes in the four goal areas identified by the Healthy Child Development Strategy — good health, safety and security, success at learning, and social engaged and responsible.

Who else is involved?

In addition to the Premier's Council on Healthy Child Development, there are many people involved with the Strategy:

❖ **Children's Secretariat:** involves five provincial government departments (Health and Social Services, Education, Office of Attorney General, Community and Cultural Affairs, Development and Technology) at the staff and Deputy Minister levels. The Secretariat is housed in the Department of Health and Social Services and includes three core staff.

*Each year, the Council will be reporting to the Premier and all Islanders on the progress toward improving outcomes for children. The Council's **Annual Report on Children** will develop over the years, as methods for gathering and analysing data on child development continue to improve.*

❖ **Children's Working Group:** a broad, intersectoral group which includes community representatives who focus on key areas of action, as well as representatives of key groups who are involved with children. The Children's Working Group is a "network of

networks" and links with other existing networks and coalitions who are working on behalf of young children and their families. The Children's Secretariat is part of the Children's Working Group.

On November 19, 2001 the Council will be hosting the First Annual Think Tank on Children. This will be an annual event in years to come. The Think Tank discussions will build on the excellent work being coordinated by the Children's Working Group across the Island.

Canada's Early Childhood Development Initiative

Prince Edward Island has joined with other provinces and territories and the federal government in a commitment to support families and communities in their efforts to ensure the best possible future for their children. In April 2001, the Government of Canada began transferring \$2.2 billion over five years to provincial and territorial governments, to improve and expand early childhood development programs and services.

In Prince Edward Island, funding of approximately \$1.2 million for the period from April 1, 2001 to March 31, 2002 contributes to the Healthy Child Development Strategy. For this year, these funds have been allocated to the kindergarten program, early intervention services for children with Autism, and the Healthy Child Development Strategy.

❖ PEI's publicly-funded community-based kindergarten program

PEI introduced a unique kindergarten program in September 2000. The program builds on the community-based kindergarten system that has been in place since the mid-1970s. The Department of Education provides funding for a half-day core kindergarten program, develops curriculum, and provides in-service training to early childhood educators. The Department of Health and Social Services licenses kindergartens as early childhood centres, certifies staff and provides funding for supports for children with special needs.

In our community-based kindergarten system, parents have flexibility to select the program of their choice; for example, parents may opt to register children in full day early childhood centres that offer the core kindergarten program as part of the day. As part of the early childhood system, kindergarten programs continue to provide small classes with a ratio of one teacher for every twelve children. The participation rate of five-year-olds in kindergarten programs has increased from 85 per cent in 1999 to 97 per cent in 2000. Our Annual Report for 2002 will provide information on the evaluation of this unique approach to kindergarten.

The Department of Education has provided a substantial increase in funding for the kindergarten program. Prince Edward Island has invested \$500,000 of the Early Childhood Development Initiative funding toward the total provincial 2001/02 expenditure of \$3.2 million for this program.

❖ **Early intervention services for children diagnosed with Autism**

Autism is a *congenital disorder* present at and probably before birth. In 80 per cent of affected children, symptoms are evident within the first year of life. Autism is a *neurological disorder*, the causes of which are not yet understood. Genetic factors have been shown to be significantly involved in these cases. Autism is a *developmental disorder* that is characterized by problems in three areas: social development, communication and behaviour. Associated symptoms are seizure disorders, marked sensory disturbances, and motor abnormalities.

Currently, on PEI, we are aware of 94 children and youth with Autism Spectrum Disorders. These children range in age from 21 months to 21 years; however, 17 of the children are younger than six years old. We expect approximately four to seven new children to be diagnosed each year given present incidence figures.

In the past several years, there has been a good deal of progress in PEI in developing appropriate early intervention services for children with autism. While there is still work to be done, the ongoing collaboration of parents and professionals on this issue is an encouraging sign that work will continue to move forward.

In 2001/02, Prince Edward Island invested \$720,000 of its Early Childhood Development Initiative (ECDI) funding to support early intervention services for children with Autism.

❖ **Healthy Child Development Strategy**

One of the basic principles of the Healthy Child Development Strategy is the importance of community involvement and ownership in any initiatives for children. The Premier's Council provides an opportunity for community representatives to monitor the effectiveness of the Strategy by measuring progress on meeting the goals and objectives, and in improving outcomes for children.

The Children's Working Group also provides an opportunity for community representatives to work closely with government staff of the Children's Secretariat. The Children's Working Group actively participates in identifying priorities, goals and next steps in the implementation of the Strategy.

The Children's Secretariat will also be working in close partnership with the Early Childhood Development Association's *Understanding the Early Years* project. Staff of both organizations will be working jointly to support community action plans for healthy child development. This work has already begun with community coalitions in Southern Kings and West Prince regions; community development activities are planned for other areas of the province in the coming months.

Prince Edward Island has invested \$110,000 of the Early Childhood Development Initiative (ECDI) funding for this work.



OUR GOALS FOR CHILDREN

Islanders are becoming more and more interested in understanding what conditions work for children, rather than continuing to focus on what does not work. Therefore, the Strategic Model for the Healthy Child Development Strategy looks at positive outcomes for children that highlight their developmental potentials.

Islanders endorsed the four goals of the National Children's Agenda, which outline a set of positive indicators of child well-being. In September 2000 all Premiers and the Prime Minister of Canada also endorsed these goals and adopted them as key objectives of their Early Childhood Development Initiative.

Good Health

Children will be physically, emotionally, and spiritually healthy as possible, with strong self esteem, coping skills and enthusiasm.

Safe and Secure

Children's basic needs for food, shelter, clothing and safe physical environment will be met. Children will be protected from abuse, neglect, discrimination, exploitation and danger.

Successful at Learning

Children will have opportunities to reach their potential for good physical and social development, artistic development, language skills, literacy, numeracy and general knowledge. Throughout their lives, they will have opportunities to learn so they can develop the skills, knowledge and coping skills they need for a successful transition to adulthood.

Social Belonging and Responsibility

Young children will be helped to form stable attachments to nurturing adults, including strong supportive relationships within and outside their families. All children will be encouraged to develop an understanding of the rights and responsibilities of belonging to a wider community and to understand the personal and social consequences of their choices.

How are PEI children doing?

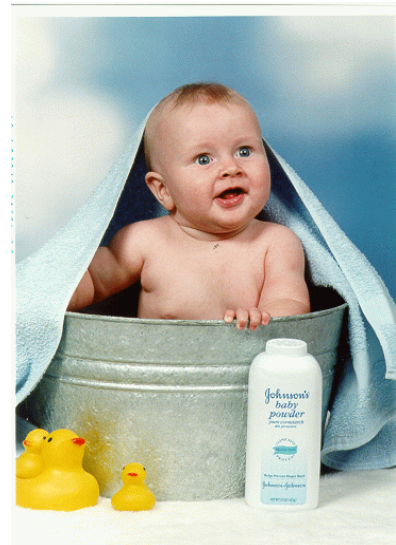
In our first Annual Report, we will be reporting on how well our children are doing in working toward two of our goals: *Good Health and Success in Learning*. In reporting on these two areas, we have used reliable measurements to indicate how children in PEI are doing. In some cases, we have presented this information in relation to measurements for children across Canada. In other cases, we were able to examine how children in PEI have progressed over the past several years.

While this section reports on actual numbers of children, we wish to acknowledge that there are many more initiatives underway that are sponsored by both community and government. There are many considerations as to how we report on these outcome areas, including the reliability of data and our ability to gather information on a regular basis so that we can monitor progress. As the Council proceeds with its work, we will further develop our capacity to report on outcomes, and will be reporting to Islanders in subsequent years about how well our children are doing in all of the four goal areas.

Goal: PEI Children will enjoy good health.

In this Goal area, we will be reporting on indicators of:

- ✓ Incidence of Low Birth Weight
- ✓ Incidence of Infant Mortality
- ✓ Number of Children who are Breastfed
- ✓ Breastfeeding Rates from 1990 - 1998
- ✓ Children Exposed to Second Hand Smoke
- ✓ Children Living in Low Income Families
- ✓ Physical Activity Rates



1. Low Birth Weight

Low birth weight refers to an infant weighing less than 2500 grams (5 lbs. 8 oz.) at birth (PEI RCP 1998).

The low birth weight rate serves as a key determinant of infant survival, health and development and is considered to be a major community health indicator by the World Health Organization (Health Canada, 2000(a)).

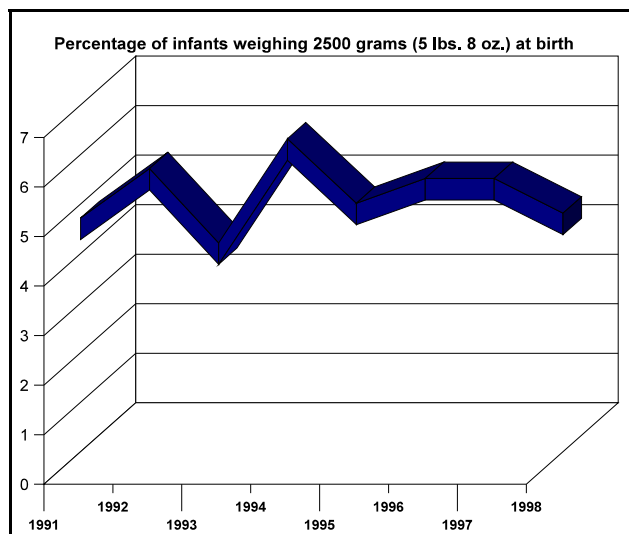
Low birth weight is a significant contributor to early neo-natal mortality and infant and childhood morbidity in Canada (Statistics Canada, 1996) and is also an indicator of maternal health and lifestyle.

Table 1 below shows the low birth weight trend in PEI from 1991 to 1998. "The fluctuation over the eight year period may be attributed to the random variation due to relatively small numbers of births" (PEI RCP, 1998). In 1997, the PEI average was 5.3 per cent and the national average was 5.8 per cent.



Table 1. PEI Low Birth Weight Rates 1991-1998

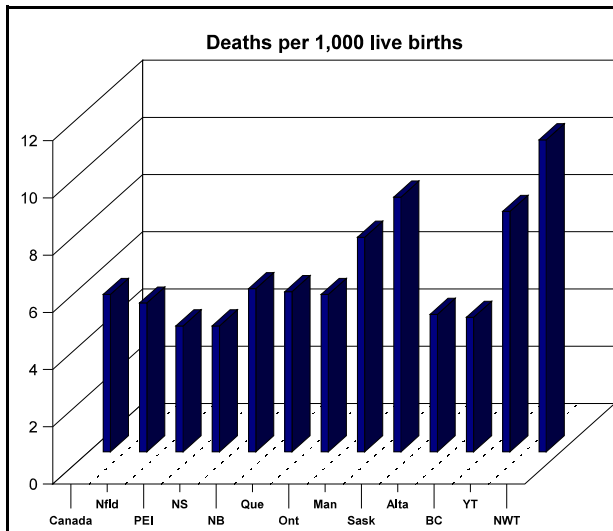
Source: PEI Reproductive Care Program, 1998 p 33.



2. Infant Mortality

Infant mortality refers to babies who die before their first birthday. The infant mortality rate refers to the number of those babies (deaths of live-born babies prior to the 364th completed day of life) per 1,000 live births (in a given place and time) (Health Canada, 2000(b)).

Table 2. Infant Mortality Rate by Province/Territory



Source: Based on data provided in Health Canada, 2000(a) p127.

The infant mortality rate is considered a key measure of health in a society. Estimates of preventable infant mortality enable us to better understand the nature of the disparities between population sub-groups and the factors that may be responsible. These estimates can help to direct interventions towards areas where improvement is possible (Health Canada, 2000(a)).

As Table 2 indicates, PEI has one of the lowest number of infant deaths per 100,000 births of the provinces of territories and is below the national average. In 1997, PEI's infant mortality rate was 4.4 per 1,000, whereas the national average was 5.5 per 1,000.

Determinants of Health Indicators

In addition to the indicators that actually measure health status, such as incidence of low birth weight and infant mortality rate, there are indicators we can measure that are considered to be "determinants of health". These indicators tell us about things children experience which have a strong effect on their health status.

Breastfeeding

"The prevalence of breastfeeding is defined as the number of women who delivered and ever breastfed a live born child expressed as a proportion of all women who delivered a live born child (in a given place and time)." (Health Canada, 2000(a) p9)

"Breastfeeding is acknowledged to be an ideal source of nutrition for human infants. Breast milk contains immunoglobulins and antibodies that fight infection and as a result, breastfed infants exhibit fewer instances of early childhood illness notably respiratory infections, asthma, eczema and food allergies" (PEI RCP, 1998 p25). As well, "human milk protects the infant from gastrointestinal and respiratory infections and otitis media and has also been associated with enhanced cognitive development." (Health Canada, 2000(a) p9)

Table 3. Prevalence of Breastfeeding by region/province

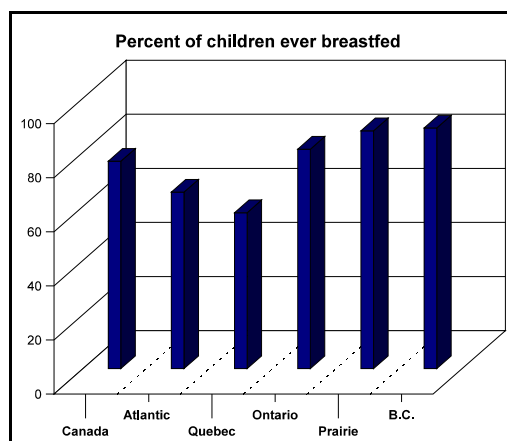


Table 4. PEI Breastfeeding Rates at Discharge 1990---1998

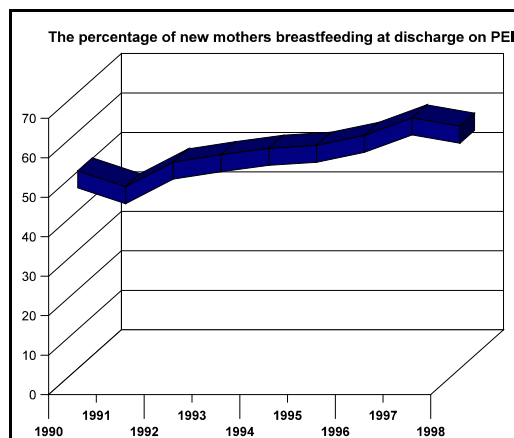


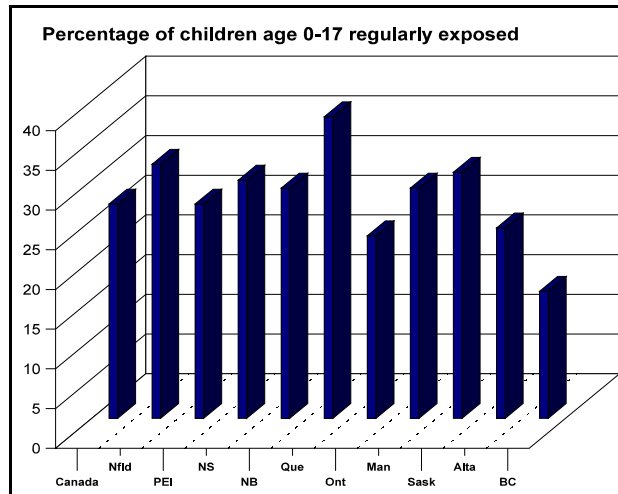
Table 3 puts together data for the four Atlantic Provinces and shows a low breast feeding rate for this region. Only Quebec is lower. Despite this, there has been a steady improvement in PEI. The PEI Reproductive Care Program (RPC) tracks breastfeeding rates "at discharge." Table 4 shows that since 1990, there has been a steady increase in the number of new mothers who breastfeed.

Children Exposed to Second Hand Smoke

Children exposed to second hand smoke refers to the percentage of children in the overall population (eg. provincial or national) who are regularly exposed to environmental tobacco smoke (ETS) in their home.

Exposure to second hand smoke is a determinant of children's health. Table 5 shows that compared to other provinces, PEI has a rating in keeping with the national average.

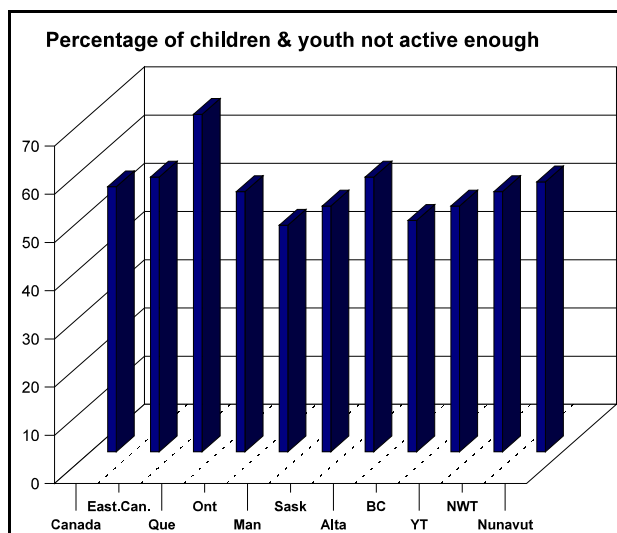
Table 5. Exposure of children at home to Environmental Tobacco Smoke (ETS) by province, Canada, 2000
Source: Health Canada, 2000(c)



Physical Activity Rates

Active Enough is equivalent to an energy expenditure of at least 8 kilocalories per kilogram of body weight per day (KKD).

Table 7. Children and Youth who are not "Active Enough" by province/territory, Canada, 2000



Source: Canadian Fitness and Lifestyle Research Institute, 2000

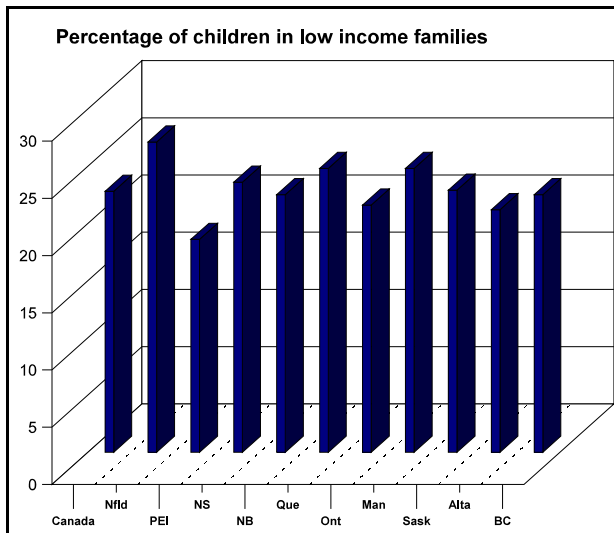
Source

A survey carried out by the Canadian Fitness and Lifestyle Research Institute has aggregated the data for Eastern Canada. According to the findings shown in Table 7, parents in Eastern Canada report that over half (57 per cent) of children and youth aged 5-17 years are not active enough for optimal growth and development. The same applies to the national average. Looked at another way, in Eastern Canada, and on average in Canada, children and youth aged 5-17 spend 15 hours on physical activity every week.

Children in Low Income Families

Low income refers to economic families and unattached individuals who have incomes below Statistics Canada's low income cut-offs (LICOs) 1992 base. These cut-offs were selected on the basis that families and unattached individuals with incomes below these limits usually spend more than 54.7 per cent of their incomes on food, shelter and clothing, and hence are considered to live in strained circumstances" (Health Canada, 1999 p40).

Table 6. Children in Low Income Families by province, Canada, 1995 income



Source: Canadian Institute of Health Information (CIHI), 2000
Data Source: *National Population Health Survey and Census, 1996/97*. Statistics Canada.

Source

According to Health Canada (1999 p40) there is a close relationship between income status, health status and other determinants of health. High-income Canadians are more likely to be healthy than middle-income Canadians, who are in turn healthier than low-income Canadians. People with higher incomes generally live longer, healthier lives than people with lower incomes.

Table 6 shows that PEI, is not only lower than the national average, but also has the lowest percentage of children in low income families of all provinces.

Goal: PEI children will be successful at learning.

Prince Edward Island has had a unique opportunity to measure how well our five year old children are doing with respect to their readiness to learn. We know that there is not one measure, nor one test, that will predict how well a child will learn. Learning depends on a number of factors such as:

- ❖ **Physical health** — This includes not only illness, but also her energy level. How easily does she tire? Can she hold a pencil? Does she run and jump?
- ❖ **Social competence** — Is he self confident? How well does he tolerate frustration? Does he get along well with other children? Does he accept responsibility for his own actions?
- ❖ **Emotional health and maturity** — Does the child tend to be aggressive, sad, restless? Is this child easily distracted and inattentive?
- ❖ **Language and cognitive development** — Does he recognize numbers and count? Is he interested in books? Is he reading, or showing an understanding of the sounds of letters?
- ❖ **Communication skills and general knowledge** — Is her general knowledge appropriate for her age level? Is she able to articulate clearly? Is she able to understand and communicate in her first language?

The Early Childhood Development Association of Prince Edward Island has been coordinating some exciting research since 2000 in looking at how well five year old children are doing in each of the above areas of development that support success in learning. Based on data collected in March 2000 by PEI kindergarten teachers, we now know that, on average, PEI children are doing very well.

On average, PEI children scored significantly higher — in each area of development — than children in each of the other research sites across Canada. Out of a possible score of ten, PEI children scored the following:

Physical health and well-being	9.0
Social knowledge and competence	8.5
Emotional health and maturity	8.1
Language and cognitive development	8.3
Communication skills and general knowledge	8.4

In order to better understand what this means for PEI, we need to be able to analyze this information. The Early Childhood Development Association's *Understanding the Early Years* report gives us community-level information about how well our children are doing in these areas of readiness. We are now able to look at how five year old children are doing in individual regions of PEI.

The Understanding the Early Years data also allows us to look beyond the averages and see what the range of scores may tell us — how many children are scoring at the lower end of the scale and what other factors may be having an impact on those scores. The March 2000 research gives us a baseline of information so that we can look at our progress in improving these measures in years to come.

Meeting the Objectives

The Premier's Council is pleased to acknowledge the initiatives which have been implemented by government to address the objectives of the Healthy Child Development Strategy. While we are highlighting the work of the provincial government in this report, we are also impressed with the scope and quality of community initiatives across Prince Edward Island. In future reports, the Premier's Council intends to describe a fuller range of both community-based and government initiatives.

- ✓ In December 2000, the *PEI Employment Standards Act* was amended to allow parents to take unpaid parental leave up to 52 weeks. Birth mothers are allowed 17 weeks maternity leave, with a further 35 weeks parental leave which can be shared by both parents. In the case of adoptive leave, the period was also extended to 52 weeks and can be shared by both adoptive parents.
- ✓ The "Co-o-ol Pedal Gang," a project in partnership with the PEI Bike Helmet Coalition, carried out a province-wide public education campaign on bike helmet safety.
- ✓ The "Smoke-Free Homes" campaign was extended to include "Smoke-Free Vehicles."
- ✓ 14,000 books were read with 1026 children participating in the summer reading program offered through the provincial libraries in 2001.
- ✓ The *Family Health Benefit* to assist low income families with children under age 18 with the cost of prescription drugs was enhanced in May 2001 by expanding eligibility, reducing the co-pay portion, and making it easier to apply for the program.

- ✓ \$25,000 per year has been allocated for the purchase of assistive technology to support students with disabilities.
- ✓ Additional funding was provided to PEI's unique publicly-funded, community-based kindergarten program.
- ✓ The school milk program, which provides milk to elementary school students, has been extended to the kindergarten program.
- ✓ The Healthy Child Development Advisory Committee received a Public Service Excellence Award for Cooperative Efforts. The Committee was recognized for working across government departments and with community.
- ✓ The new *Recreation and Sport Facility Development Program* will assist with improving aging recreation and sport infrastructure in the province and provide ongoing opportunities for citizens, including children, to be active.
- ✓ Screening for risk factors has been incorporated as a routine part of prenatal assessments conducted by family physicians.

CONCLUSION

The Premier's Council is impressed with the range and scope of provincial activities. While progress is evident, we need to continue to explore new ways to promote healthy child development. The Council would like to encourage all Islanders to join with us in making this province a place where our youngest citizens are our priority.

Provincial Activities

The following are a number of programs and services delivered or funded by the Province that impact children and families within our four goal areas.

1. Safety and Security

Fire Office

Educational books are provided to kindergarten and elementary schools. In partnership with Fire Prevention Canada and local fire departments, *Fire Prevention Week* kits are distributed to every school in PEI.

Positive Parenting from Two Homes

This program is designed to lessen the impact of separation, divorce, and children's transitions between their homes. The program is delivered in Charlottetown, Summerside, Montague, Souris and Alberton and is a partnership with the Federal Government.

PEI Transition House Association

Funding is provided to PEI Transition House Association to assist in its work in providing shelter and support services for women and children who are victims of family violence.

Prenatal Screening

Screening for risk factors has been incorporated as a routine part of prenatal care conducted by family physicians.

Cradle Program

All newborn babies are visited as necessary during the first ten days of life. Both the mother and baby receive intensive assessments to identify families over-burdened or at risk of parenting challenges.

2. Successful at Learning

Provincial Libraries

A variety of programs for preschool and elementary school age children are offered through the Confederation Centre Public Library and the provincial public library system.

Child Care Centres

Funding is provided to child care centres to address the quality of care in relation to staff, availability of resources and equipment and standards (regulations for the *Child Care Facilities Act*). Funding for children with special needs is provided to 34 licensed child care facilities on behalf of 150 children with developmental delays.

Speech Therapy

Speech language pathologists provide services to preschool and school-aged children with speech and language difficulties.

Auditory

The Hearing Education and Auditory Resource (H.E.A.R) has a new half-time staff position for the 2001-2002 school year. Services from H.E.A.R. are being offered to 16 children under age eight and their families and caregivers.

Literacy in the Early School Years

Literacy development is an important part of the curriculum in the elementary grade levels. Early literacy assessment workshops are provided to elementary school teachers. There are currently six information brochures being developed for parents which discuss topics such as: English Language Arts, Reading Development, Learning to Read, Balanced Reading, Helping Your Child Become a Successful Reader and Reading Assessment. Through the Ben Wicks National Literacy Initiative, all children in kindergarten to grade three receive books encouraging parents to read to their young children.

Summer Tutoring

This program is coordinated through the PEI Literacy Alliance for children identified by their schools as needing extra support. To facilitate this initiative, packages of professional development materials were provided to the tutors and approximately 1000 books for young students.

Kindergarten

Publicly-funded, community-based kindergarten was first introduced in PEI in September 2000. Additional funding was provided for the 2001/02 school year.

Visual Impairment

Infants and young children who are blind or visually impaired are assessed and assigned to a teacher for home or preschool visits to assist with the transition into the regular school system. Parents and children also have access to a large collection of resources through the Atlantic Provinces Special Education Association (APSEA) Library.

Autism Spectrum Disorder

An Autism Consultant was hired in 2000 to work with families who have pre-school children diagnosed with an Autism Spectrum Disorder. The consultant is responsible to provide training to family members and in-home therapists and to work with multi disciplinary teams to develop structured programs for these children.

A Special Education Autism Consultant was hired in April, 2001. Training on "Autism and Effective Teaching Strategies" is offered to teachers, teaching assistants, school administrators, resource teachers and special education staff.

Culture

The Cultural Development Program offers assistance to a variety of artists and cultural groups throughout PEI. Although not specifically related to children, this program has assisted in implementing programs and initiatives of a cultural nature that impact on children.

3. Good Health

Reproductive Care Program

A partnership with the PEI Medical Society, the Program aims to maximize fetal, maternal, newborn and family health during pre- and post-natal periods.

Recreation and Sport

Although not restrictive to children 0-8 years, these programs have a significant impact on this age group:

- ▶ the *Community Recreation Support Program* provides financial support to projects and facilities at the community level, including provision for hiring community recreation directors;
- ▶ the *Recreation and Sport Facility Development Program* provides assistance for the development of new facilities and major improvements to existing facilities;
- ▶ the *Provincial Amateur Sport Assistance Program* provides assistance to over forty provincial sport organizations to assist them in developing programs; and
- ▶ the *Provincial Active Living Initiative*, in partnership with the provincial Active Living Alliance, is intended to encourage all Islanders to become more physically active.

Nutrition and Health Education

Materials have been developed for the elementary health education curriculum as well as for parents with materials on feeding and immunizing your baby, healthy eating/healthy kids, and *Preparing for your Baby – A resource for expecting and new parents*. Support is also provided to community and public health nutritionists with the *Prenatal Nutrition Intervention Program*.

Tobacco Reduction Strategy

The *Smoke-Free Homes* and *Smoke-Free Vehicles* campaigns aim to reduce the number of Island children exposed to the harmful effects of second hand smoke.

Public Health Nursing

Public health nursing aims to ensure that community members live in healthy social, emotional, spiritual, physical and ecological environments. The preventative and primary health services offered through public health nursing contributing to maternal and child health include prenatal care, well baby clinics and immunization.

Children's Dental Care Program

Preventative services are provided by Dental Public Health staff in 32 schools and clinics across the Island. As well, 16-18 month old children are screened at the Public Health Nursing immunization clinics by a Public Health Dentist. Dental educational services are provided and children with treatment needs are referred to a dentist.

4. Social Engagement and Responsibility

Parental Leave Legislation

Amendments were made to the *PEI Employment Standards Act* to allow for up to 52 weeks of maternity and parental leave. This will help Islanders balance work and family responsibilities.

Diversity and Inclusion

Diversity and inclusion in the elementary school system is important. Some examples of initiatives are listed below:

- A transition worker has been hired to help Aboriginal children aged five to seven years transition into the school system.
- Professional development has been provided to teachers on respect and inclusion of all children in the classroom.
- Tutoring programs are running for 14 immigrant children in grades one to three in English as a Second Language.
- Resources are available to Island schools, especially geared for grades one to three on Verbal Abuse Prevention Week, Treaty Day, Aboriginal Day, Learning Disabilities, Race Relations, Racism, Respect, etc.

Disability Support Program

Supports and services to assist families in meeting special needs costs for their children are available through the new Disability Support Program. The supports are intended to help meet those costs determined to be above the normal costs of child rearing and which relate directly to their disability.

Children's Mental Health

In response to a growing demand, an enhanced multidisciplinary children's mental health clinical team was established. This is a first step towards a comprehensive children's mental health program for Island children and their families.

Nutrition Services Program

The Nutrition Services Program provides one to one counseling to high risk pregnant women, milk tickets and prenatal vitamins to those women in financial need, and nutrition counseling for families with infants and children with feeding difficulties.

Community Development Bureau

The Community Development Bureau recognizes that social, educational, economic and environmental matters are all a part of community life. It encourages citizens to come together to identify initiatives that will help their communities to grow and prosper. Six community development officers are working across the Island to help communities identify their needs and priorities.

Safe Schools

A number of initiatives are underway to promote safe school environments. The Bullying Prevention initiative, sponsored by the ED Foundation Program, has been expanded to 18 elementary schools in the Eastern School District. As well, through the League of Peaceful Schools initiative, concepts of positive interventions and active teaching of acceptable behaviour across school settings are promoted in order to enhance the development of self esteem and civic responsibility in students.

Adult Basic Education

Islanders wishing to improve their education levels and to prepare for post-secondary education requirements are able to free of charge. Socioeconomic status, which includes level of education, has been proven to be a determinant of health and child development. The program is funded by provincial and federal governments.

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