

**EARLY  
CHILDHOOD  
DEVELOPMENT  
ACTIVITIES AND  
EXPENDITURES**

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**EARLY LEARNING  
AND CHILD CARE  
ACTIVITIES AND  
EXPENDITURES**

GOVERNMENT OF CANADA REPORTS  
2003–2004

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**SECTIONS**  
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## PREFACE



In September 2000, the Government of Canada and the provincial and territorial governments reached an historic agreement on Early Childhood Development (ECD). Under the ECD Agreement, the Government of Canada made an original commitment to provide \$2.2 billion to the provinces and territories over five years, to support investments in early childhood development programs and services for children under six and their families. As part of the Agreement, governments also committed to report annually on their progress.

In 2003–2004, the federal contribution reached \$500 million, which the Government of Canada committed in the 2003 Budget to provide annually after 2005–2006. Overall, federal contributions in support of the ECD Agreement will reach \$3.2 billion over the period of 2001–2002 to 2007–2008.

In March 2003, governments took another important step to support children and their families, when federal, provincial and territorial Ministers Responsible for Social Services reached agreement on a Multilateral Framework on Early Learning and Child Care.<sup>1</sup> The purpose of the framework is to improve access to affordable, quality, provincially and territorially regulated early learning and child care programs and services.

Originally, the Government of Canada agreed to provide \$900 million over five years to support provincial and territorial investments in early learning and child care. The Government of Canada announced in the 2004 Budget further investments of \$150 million over two years, bringing the total federal contribution under this initiative to \$1.05 billion over five years.

As part of the Multilateral Framework on Early Learning and Child Care, governments committed to transparent annual public reporting that would give Canadians a clear idea of the progress made to improve access to affordable, quality early learning and child care programs and services.

The two reports in this publication deliver on the Government of Canada's commitment to report to Canadians on activities and expenditures related to early childhood development and early learning and child care during 2003–2004.

While the progress is encouraging, more needs to be done to help families who are raising young children. Parents must have real choices, and children must have real opportunities to learn. As part of its commitment to children and families, the Government of Canada continues to work with provincial and territorial partners to support investments in early childhood development, and early learning and child care, to help give children the best possible start in life.

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<sup>1</sup> While the Government of Québec 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, Québec receives its share of federal funding and the Government of Québec is making major investments towards programs and services for families and children. All references to viewpoints shared by federal, provincial and territorial governments in this document do not include the views of Québec.

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

### *Direct Investments in Young Children*

The Government of Canada is committed to advancing the well-being of children and families and is making significant direct investments in early childhood development. The activities supported by these investments include a wide range of programs and services, such as:

- targeted community-based programs for children and families at risk (e.g., Community Action Program for Children, Canada Prenatal Nutrition Program);
- social, health and economic programs to improve outcomes for First Nations and Inuit children and families (e.g., First Nations and Inuit Child Care Initiative, Aboriginal Head Start On Reserve);
- programs for at-risk Aboriginal children living off reserve (e.g., Aboriginal Head Start in Urban and Northern Communities); and
- research and information activities, including public education campaigns (e.g., child safety programs, literacy initiatives and research into the effects of family violence on health).

The Government of Canada also contributes to the health and well-being of children through various income support and tax measures that benefit families and children of all ages. For example, the government provides significant income support through the Canada Child Tax Benefit (CCTB), including the National Child Benefit Supplement, which is paid to low-income families. In program year 2004, the CCTB will provide roughly \$9.1 billion in assistance to 3.5 million families with children.

In addition, the Government of Canada provides support for non-governmental organizations that work to enhance child health and well-being. For example, the government works in partnership with non-governmental organizations to produce knowledge and information about healthy childhood development through Canada's Centres of Excellence for Children's Well-Being.

Another example is the government's Social Development Partnerships Program, which provides grants and contributions (totalling more than \$5 million in 2003–2004) to non-profit organizations concerned with social development and inclusiveness for specific populations in Canada, including children and their families.

### *Federal Transfers Supporting Health and Social Programs*

In addition to the many direct activities described in this report, the Government of Canada also makes significant contributions to the health and well-being of young children and families through transfers to provinces and territories including the Canada Health Transfer (CHT) and the Canada Social Transfer (CST).

As part of the Health Accord, First Ministers agreed to restructure the Canada Health and Social Transfer (CHST) and to create separate transfers for health and other social programs, thereby enhancing the transparency and accountability of federal support for health while

continuing to provide provinces and territories with the flexibility to allocate funds among social programs according to their respective priorities. The Canada Health Transfer (CHT) is the primary federal transfer to provinces and territories in support of health care. The Canada Social Transfer (CST) supports provincial and territorial government expenditures in the areas of post-secondary education, social assistance and social services, including early childhood development and early learning and child care.

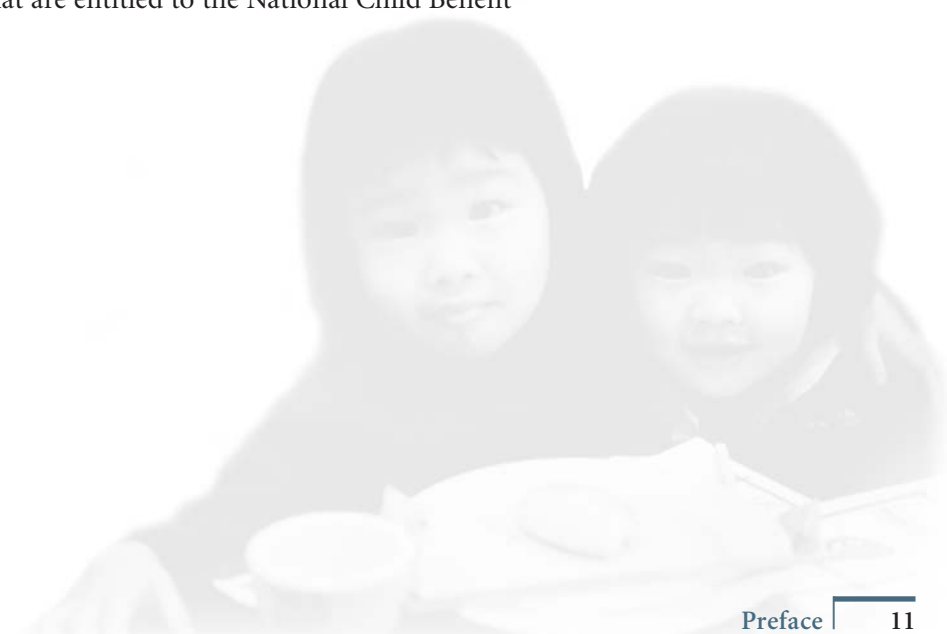
Provinces and territories are able to use health care funding under the CHT according to their respective priorities, providing direct support and services to young children and their families, especially during pregnancy and infancy, which are periods of high health care need. In addition, young children and their families have access to a range of provincial and territorial social services funded through the CST.

### *New Measures Introduced in the Federal Budget, March 2004*

In its 2004 Budget, the Government of Canada introduced new measures to support young children and their families. One measure increased cash transfers to the provinces and territories by \$150 million over the next two years to accelerate implementation of the Multilateral Framework on Early Learning and Child Care. Another provided additional federal funding for early learning and child care supports for First Nations children on reserve. Details about these measures are featured in Chapter 1 of Section II: Early Learning and Child Care Activities and Expenditures, Government of Canada Report for 2003–2004.

In addition, the 2004 Budget proposed an investment of \$14 million over the next two years as part of a plan to expand the successful community research pilot project, Understanding the Early Years (UEY). This project, which began in 1999, strengthens the capacity of communities to make informed decisions about the best policies and most appropriate programs to support families with young children. UEY's positive impact on communities is profiled in Chapter 7, Research and Information, of Section I.

Also, the 2004 Budget created a new Canada Learning Bond (CLB) to “kick-start” education savings for children in low-income families. The CLB will provide up to \$2,000 of education savings by age 16 for children in families that are entitled to the National Child Benefit Supplement.





SECTION I

# EARLY CHILDHOOD DEVELOPMENT ACTIVITIES AND EXPENDITURES

GOVERNMENT OF CANADA REPORT  
2003–2004

CHAPTERS

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## INTRODUCTION

### Federal/Provincial/Territorial Early Childhood Development Agreement

The federal/provincial/territorial Early Childhood Development (ECD) Agreement is focused on children under six and their families, and 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.

To meet these objectives, governments identified four key areas for action and agreed to invest in any or all of these areas according to their own priorities:

- promoting healthy pregnancy, birth and infancy;
- improving parenting and family supports;
- strengthening early childhood development, learning and care; and
- strengthening community supports.

Additional details about the ECD Agreement are featured in Annex B of this report, which contains the full text of the First Ministers' Meeting Communiqué, September 11, 2000.

#### *Public Reporting*

In announcing details of the ECD Agreement, First Ministers acknowledged the importance of being accountable to Canadians and made a commitment that governments would report annually on their investments and progress in enhancing early childhood development programs and services. They agreed to begin with baseline reports against which new investments could be tracked. They also made a commitment that governments would strive to improve the quality of reporting over time.

In addition, First Ministers agreed to develop a Shared Framework for Reporting on Progress in Improving and Expanding Early Childhood Development Programs and Services.

The shared framework outlines the purpose, principles and guidelines for public reporting on early childhood development programs and services, to help ensure consistency in the type of information governments provide to Canadians. The framework states that reports will include descriptive information about programs, as well as details about certain indicators, including expenditures, availability, accessibility, affordability and quality.

The full text of the shared framework for reporting is featured in Annex A of this report.

**This 2003–2004 report on activities and expenditures fulfils the Government of Canada's commitment to report annually on its investments and its progress in enhancing early childhood development programs and services, according to the principles and guidelines set out in the shared framework for reporting.**

As part of the ECD Agreement, First Ministers also made a commitment that governments would report regularly on the well-being of young children, using a common set of

outcome indicators. For additional details, please see *The Well-Being of Canada's Young Children: Government of Canada Report 2003*, available online at [www.socialunion.ca/ecd/2003/report2\\_e/toce.html](http://www.socialunion.ca/ecd/2003/report2_e/toce.html). It is the second and most recent Government of Canada report on the well-being of young children.

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

The Government of Canada makes a significant contribution annually to provinces and territories in support of their efforts to enhance programs and services for young children in their communities.

In September 2000, the Government of Canada committed to transferring \$2.2 billion to provinces and territories over five years to support their investment in early childhood development programs and services. Since April 1, 2004, funding for early childhood development is transferred to provinces and territories through the new Canada Social Transfer (CST). Prior to that, funding was transferred to provinces and territories through the Canada Health and Social Transfer (CHST). In 2003–2004, the amount transferred to the provinces and territories was \$500 million, an amount the Government of Canada committed to provide on an on-going basis after 2005–2006 in the 2003 Budget.

Table 1.1 provides details on the Government of Canada's cash transfers in support of the ECD Agreement.

**TABLE 1.1:**  
**CASH**  
**TRANSFERS IN**  
**SUPPORT OF**  
**THE EARLY**  
**CHILDHOOD**  
**DEVELOPMENT**  
**AGREEMENT**  
**(\$ MILLIONS)**

	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	TOTAL
Newfoundland and Labrador	5.1	6.6	8.2	8.1	8.0	7.9	7.8	51.8
Prince Edward Island	1.3	1.7	2.2	2.2	2.2	2.1	2.1	13.8
Nova Scotia	9.0	11.9	14.8	14.7	14.6	14.4	14.3	93.8
New Brunswick	7.3	9.6	11.9	11.8	11.7	11.6	11.5	75.2
Quebec	71.6	95.0	118.4	118.1	117.8	117.5	117.3	755.6
Ontario	115.0	154.2	193.5	193.9	194.3	194.7	195.2	1,240.8
Manitoba	11.1	14.7	18.3	18.3	18.3	18.3	18.2	117.3
Saskatchewan	9.7	12.7	15.7	15.6	15.5	15.3	15.2	99.7
Alberta	29.6	39.7	49.9	50.1	50.3	50.6	50.8	320.9
British Columbia	39.4	52.5	65.6	65.7	65.8	65.9	65.9	420.8
Nunavut	0.3	0.4	0.5	0.5	0.5	0.5	0.5	3.0
Northwest Territories	0.4	0.5	0.7	0.7	0.7	0.7	0.7	4.3
Yukon	0.3	0.4	0.5	0.5	0.5	0.5	0.5	3.1
<b>TOTAL</b>	<b>300.0</b>	<b>400.0</b>	<b>500.0</b>	<b>500.0</b>	<b>500.0</b>	<b>500.0</b>	<b>500.0</b>	<b>3,200.0</b>

Notes: Totals may not add due to rounding.

Payments for 2001–2002 to 2003–2004 flow through the Canada Health and Social Transfer (CHST) and payments for 2004–2005 onwards will flow through the Canada Social Transfer (CST), which came into effect on April 1, 2004 when the CHST was restructured into two transfers (Canada Health Transfer and CST).

Figures are based on Statistics Canada population estimates for 2001–2002 to 2004–2005 and Finance Canada population projections for 2005–2006 to 2007–2008. Figures beyond 2001–2002 are subject to revision upon periodic release of Statistics Canada official population estimates.



## Provincial and Territorial Government Areas of Investment under the Early Childhood Development Agreement, 2003–2004

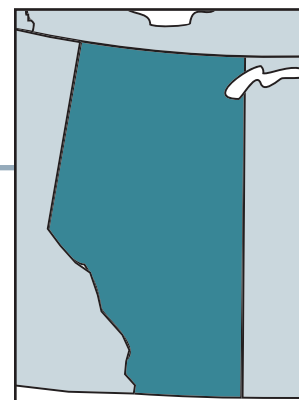
The provinces and territories are carrying out a wide range of early childhood development activities as a result of these federal cash transfers. Examples of broad provincial and territorial priorities for investments in early childhood development are outlined below.

Provincial and territorial governments also publish progress reports describing their investments in early childhood development.

Federal, provincial and territorial Ministers responsible for Social Services agreed to launch, on November 3, 2004, a new joint Web portal on early childhood development and early learning and child care ([www.ecd-elcc.ca](http://www.ecd-elcc.ca)). This site is intended as an access point to federal, provincial and territorial Web sites containing information about early childhood development, and early learning and child care initiatives, including their reports under the Early Childhood Development Agreement and Multilateral Framework on Early Learning and Child Care.

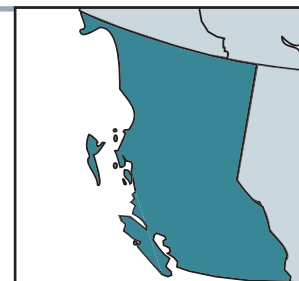
### *Alberta*

- Family resource centres
- Healthy pregnancy, birth and infancy
- Aboriginal family supports
- Parent-child literacy
- ECD programming in child care settings
- Early intervention (FASD\*, home visiting)
- Parent education
- Children who experience/witness family violence
- Breastfeeding support



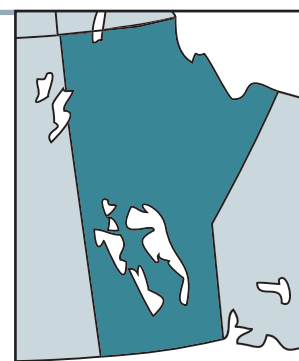
### *British Columbia*

- ECD in Aboriginal communities
- Child care
- FASD\*
- Infant development
- Childhood immunization
- Autism

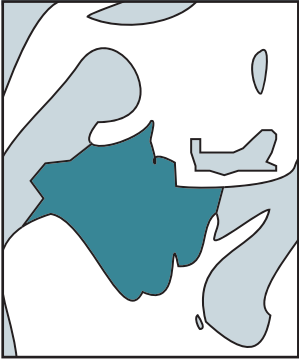


### *Manitoba*

- Prenatal benefit/community support programs
- Universal infant screening; targeted home visiting
- FASD\*
- Parent-child activities
- Child day-care
- Early childhood health promotion
- Readiness to learn/school transition
- Children with special needs
- National Child Benefit Restoration



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



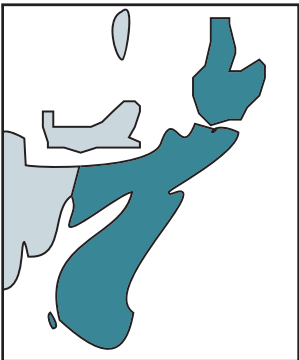
*New Brunswick*

- Community-based early language program
- Prenatal financial benefit
- Community capacity building
- Enhanced child day-care (wage enhancement and training)
- Early intervention/integrated day care for special needs children
- Parenting education and resources
- Support for children witnessing family violence
- Infant-parent attachment



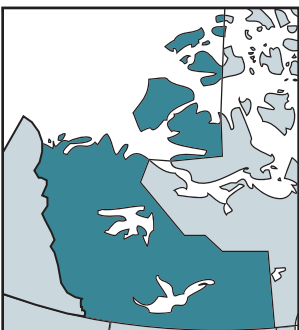
*Newfoundland and Labrador*

- Prenatal/postnatal benefit
- Early literacy and pre-kindergarten orientation
- Family resource programs and healthy baby clubs
- Child care services and supports
- Early intervention/autism



*Nova Scotia*

- Home visiting
- Stabilizing and enhancing child care through wage enhancements, training opportunities, increased supported child care, increased portable subsidized seats, inclusion of children with special needs and part-day child care equipment grant
- Increased parent education programs
- Expanded child care information and support services in the community
- Early language and learning program
- Community collaboration and information systems

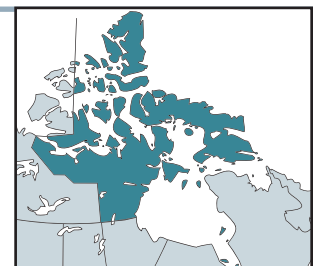


*Northwest Territories*

- “Healthy Family” home visitation program
- Parenting and family literacy
- “Child Development” resources kits
- Aboriginal language development and retention
- Universal newborn hearing screening
- Universal developmental screening
- Public awareness

*Nunavut*

- Healthy pregnancy, birth and infancy
- Parenting and family supports



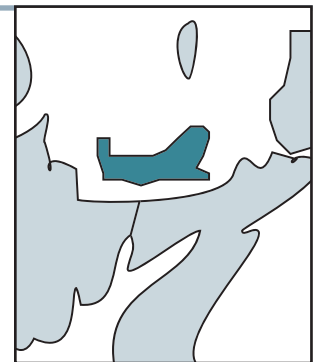
## Ontario

- Ontario Early Years Centres
- Early literacy
- Infant development
- Children’s mental health
- Autism
- Teen parents
- Healthy Babies Healthy Children program (enhanced screening at 18 months)
- Aboriginal child nutrition
- FASD\*
- Prenatal and postnatal services
- Public education and awareness
- Injury and abuse prevention/treatment
- Screening and risk assessments



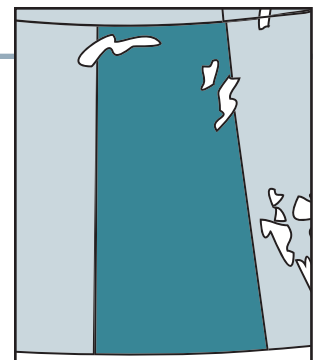
## Prince Edward Island

- “Healthy Child Development Strategy—Partnerships for Children” and community development
- Publicly funded, community-based kindergarten
- “Measuring and Improving Kids’ Environments”—early childhood education
- Support to children with special needs
- Disability supports for children ages 0 to 6
- Early intervention—“Best Start Home Visiting”
- Newborn auditory screening



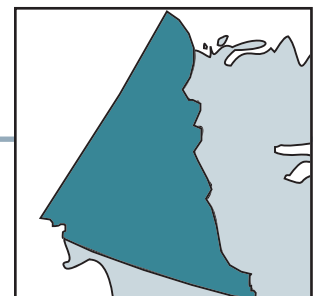
## Québec

- Since Québec does not participate in the ECD Agreement, its priorities are not reflected here.



## Saskatchewan

- Universal newborn screening
  - Early intervention
  - Infant mortality
  - Child care
- In targeted communities:
- FASD\*
  - Home visiting
  - Enhanced child care
  - Early learning programs
  - Parenting supports



## Yukon

- Healthy families (including home visits, parent education and FASD\*)
- Children with disabilities



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

## A CANADA FIT FOR CHILDREN

### REAFFIRMS COMMITMENT TO CHILDREN

On May 10, 2004, the Government of Canada announced the release of *A Canada Fit for Children*, its official response to the commitments made on May 10, 2002, at the United Nations General Assembly Special Session on Children.

*A Canada Fit for Children* reaffirms the importance that all sectors of Canadian society—including governments, organizations and individuals—place on children. In particular, *A Canada Fit for Children* reaffirms the government's commitment to making children and families a national priority and to continuing to work with governments, stakeholders and the public.

*A Canada Fit for Children* outlines goals, strategies and opportunities under four central themes: supporting families and strengthening communities; promoting healthy lives; protecting from harm; and promoting education and learning. *A Canada Fit for Children* also identifies a number of priority areas for children, which are consistent with the Government of Canada's agenda on children and families.

Senator Landon Pearson, who was instrumental in developing the document with the Minister of Social Development and the Minister of Health, submitted it to the United Nations in New York City on April 22, 2004, on behalf of the Government of Canada.

*A Canada Fit for Children* is consistent with Canada's National Children's Agenda, the framework under which governments, non-governmental organizations and other stakeholders work together on behalf of children. As a signatory to the United Nations Convention on the Rights of the Child, Canada is committed to ensuring that the best interests of its children are considered in all its programs and policies. *A Canada Fit for Children* confirms our commitment to the Convention.

The full document is available at  
[www11.sdc.gc.ca/en/cs/sp/sdc/socpol/publications/2002-002483/page00.shtml](http://www11.sdc.gc.ca/en/cs/sp/sdc/socpol/publications/2002-002483/page00.shtml)

## Scope of Section I

This section focuses on Government of Canada activities and expenditures that have a direct impact on children under six and their families. It covers direct investments, including salaries, operating and management costs, as well as grants and contributions, from April 1, 2003 to March 31, 2004.

It includes activities for Canadian children and for immigrant and refugee children living in Canada, but does not include the government's investments in international programs and aid to help young children and their families in other countries.

The expenditures listed cover direct investments, including salary and operating costs, as well as grants and contributions. Capital investments, such as technology and infrastructure, are not included.

This section represents the fourth edition of the *Early Childhood Development Activities and Expenditures* report. Previous editions, starting with the Baseline Report (2000–2001), are available online at [www.socialunion.ca/ecd\\_e.html](http://www.socialunion.ca/ecd_e.html), along with various backgrounders and other reports related to the federal/provincial/territorial ECD Agreement.

## Format of Section I

### *The Text*

As in previous years, information in the report on the ECD Agreement is organized according to the four key areas for action, as follows:

- promoting healthy pregnancy, birth and infancy (Chapter 2);
- improving parenting and family supports (Chapter 3);
- strengthening early childhood development, learning and care (Chapter 4); and,
- strengthening community supports (Chapter 5).

There are also separate chapters on dedicated services and programs for First Nations and other Aboriginal children and their families (Chapter 6), and on research and information (Chapter 7).

Some activities in the report are relevant to two or more of the four areas for action; however, a particular activity is described in only one chapter.

There have been a number of changes in the format this year, prompted primarily by advice from a Federal Advisory Committee on ECD Public Reporting, comprised of specialists and others interested in the field of early childhood development. In particular, there is more emphasis on reporting key results and benefits that programs and services provide to Canadians. There are also more references to Web sites containing additional information, including links to relevant reports, fact sheets and research findings related to emerging issues in early childhood development.

Each report on a specific activity begins with a short description of the program or service, followed by a section called “**What’s New,**” which features major developments and/or changes and key results for 2003–2004. The descriptive information is organized according to government departments or agencies. For programs that provide direct support, descriptive information is based on the program indicators outlined in the shared framework, where possible and applicable. For programs that do not provide direct support (for example, research, public education, information and related activities), reports include descriptive information and expenditures. This year, information on expenditures is also included in the description for each activity.

Activities that are new are identified as such in the text. As part of the government's commitment to improve reporting, an environmental scan to identify federal early childhood development activities was widened in 2003–2004 and it revealed new information about a number of activities that have been under way for some time.

### *The Tables*

The activities and expenditures tables at the end of each chapter are organized according to federal department or agency. All information on program expenditures and availability are for children from the prenatal period up to age six and their families, unless otherwise indicated. Some programs and services are not able to confirm precise figures for this age group. In some cases, the expenditures they report are for a broader group (e.g., children up to 12 or 18 years old) or an estimated expenditure for children under six is provided.

The expenditures listed are direct investments that include one or more of the following three elements:

- salaries;
- grants and contributions; and
- operations and management costs.

All expenditures listed are actual amounts unless otherwise indicated. Expenditures do not include capital investments such as technology and infrastructure.

For programs providing direct support to children, information on program availability includes the number of clients served (i.e., number of children served, number of families served, and/or number of program “spaces” or equivalent), as well as the number of program sites. For programs that do not provide direct support (including research, public education, information and related activities), information on organizations and groups that government departments or agencies rely upon in order to mediate the activity and reach their intended audience may be listed.

There have been changes to the format of the tables this year. For example:

- All activity and expenditure data have been brought forward from previous Government of Canada reports on *Early Childhood Development Activities and Expenditures* for ease of tracking.
- The tables track programs or services that were mentioned in earlier reports but have since been discontinued or replaced.
- Expenditure data from previous years have been re-reported when new information has become available (e.g., an estimate has been changed to an actual amount).
- There are also instances in which previously reported expenditures have been changed due to corrections.

These changes reflect the government's commitment to continually improve reporting over time. A concerted effort has been made to ensure that the information in the activities and expenditures tables is accurate and complete.



## HEALTHY PREGNANCY, BIRTH AND INFANCY

“How many children smoke and drink before they are born?”

That question was posed in the August 2003 *Bulletin* published by the Centre of Excellence for Early Childhood Development. The short answer is, “Too many.”

According to the *Bulletin*:

*Almost 20 percent of pregnant women report drinking alcohol; one quarter of women smoke during their pregnancy. Each year, thousands of babies are born suffering from physical, cognitive and social deficiencies caused by in utero exposure to these substances. As researchers discover the long-term consequences of prenatal alcohol and tobacco use, the need for more effective programs and policies becomes ever more evident. The future of the world’s youngest citizens depends on it.<sup>1</sup>*

In 2003–2004, the Government of Canada continued to invest in programs, services and information campaigns to promote healthy pregnancy, birth and infancy. Some programs featured in this chapter are directed at reducing risks associated with prenatal exposure to alcohol and tobacco, while others provide information and supports to help ensure healthy births and infancy.

Certain activities that have an impact on healthy pregnancy, birth and infancy are covered in other chapters in this section. Examples include the Child Health Record (Chapter 3) and the Canadian Perinatal Surveillance System (Chapter 7).

### ACTIVITIES AND EXPENDITURES

## Health Canada

### Canada Prenatal Nutrition Program

The Canada Prenatal Nutrition Program (CPNP) provides funding to community agencies and coalitions to help develop and enhance programs for pregnant women facing circumstances that threaten their health and their babies’ development.

During 2003–2004, more than 47 000 women used programs and services at 330 CPNP project sites across Canada. These community-based projects offer comprehensive services tailored to meet women’s needs, including food supplements; counselling on nutrition and other health practices; education about breastfeeding, infant attachment and child development; social support and skill development; and referral on health and social issues.

Additional information about the CPNP is available online at [www.hc-sc.gc.ca/dca-dea/programs-mes/cpnp\\_main\\_e.html](http://www.hc-sc.gc.ca/dca-dea/programs-mes/cpnp_main_e.html). The Web site features links to additional information, including:

- a project directory, which can be searched by project name or by province, city and area of focus (e.g., breastfeeding, nutrition, literacy, family violence, substance abuse);
- a catalogue of resources (e.g., books, videos, pamphlets, fact sheets, CDs); and
- profiles of participants.

<sup>1</sup> Liz Warwick, “No Smoking, No Drinking: A Healthy Start To A Healthy Life,” *Bulletin of the Centre of Excellence for Early Childhood Development*, Vol. 2, No. 2 (August 2003), p. 2.



**What's New:** During 2003–2004, there were significant changes to the program's reach in several regions of the country. For example:

- Three CPNP projects received funding from the government of Newfoundland and Labrador to establish nine new Healthy Baby Clubs in communities the program had not previously served.
- Some projects for Aboriginal people living off reserve in Ontario attracted a large number of male participants by incorporating the traditional role of the father into their programs.

Also, there were reports from CPNP projects in Alberta about a significant increase during 2003–2004 in the incidence of such issues as:

- food insecurity;
- family violence;
- homelessness;
- drug, alcohol and tobacco use; and
- parents diagnosed with Fetal Alcohol Spectrum Disorder.

As a result, many participants are requiring services for longer periods of time.

There was good news from Alberta about the results of a smoking cessation program for participants at six CPNP project sites. Ninety-one women who took part in the program later completed questionnaires indicating that:

- 28% had quit smoking during their pregnancies; and
- 55% had decreased their smoking.

National evaluation of CPNP is ongoing, and this information, along with other sources (e.g., case studies and participant interviews), was used in a departmental evaluation of CPNP during 2003–2004. Key findings included the following:

- The program is reaching its intended target group. It serves an estimated 60% of low-income pregnant women and 40% of teens delivering live births in Canada each year.
- Studies on program impact suggest that mothers taking part in CPNP are nearly twice as likely to initiate breastfeeding than women from a similar risk group who did not participate in the program.
- Women who take part in CPNP value the program and report a range of outcomes that are consistent with program objectives, including:
  - › healthier pregnancies and healthier babies;
  - › improved access to services;
  - › more information about breastfeeding;
  - › reduced isolation;
  - › better parenting;
  - › reduced stress; and
  - › more self-confidence.

The outcomes are perhaps best summarized in the words of women who received help and support from CPNP:

*I didn't know before that if you drink a glass of wine, so does your baby.  
I am glad I know that now.*



*Just to know that someone does understand and does care has helped me be the best Mom that I can be.*

*If it hadn't been for the outreach worker and the pregnancy outreach program I wouldn't be where I am today. I would still be on the streets, using drugs and living with an abusive boyfriend.*

**Expenditure:** The 2003–2004 expenditure on the Canada Prenatal Nutrition Program was \$29,544,353.

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

This program is available to all First Nations and Inuit communities. Communities tailor services to meet local needs and priorities with the objective of improving birth outcomes. The program is for pregnant women and women with infants up to one year of age living on reserve or in Inuit communities. Typical activities within the program include: provision of food; counselling on nutrition and other health practices; education about pregnancy, breastfeeding, infant feeding and infant development; and social support and skill development.

In 2003–2004, an estimated 6 000 women (and families) participated in the program at approximately 450 project sites, which served more than 600 communities.

**What's New:** During 2003–2004, the program published and distributed *Building Healthy Babies*, a prenatal nutrition resource manual for community health workers in First Nations communities. The program also developed the initial content for an Inuit version, scheduled for distribution in early 2005.

*Building Health Babies* brings together essential information in a practical format on the topics of nutrition, pregnancy, infant feeding, gestational diabetes and physical activity. Care was taken to address concerns specific to First Nations and Inuit people and to deliver the information in a culturally relevant manner. Information about ordering this and other program resources is available at [www.hc-sc.gc.ca/fnihb/bpm/prc/prc\\_printed.htm](http://www.hc-sc.gc.ca/fnihb/bpm/prc/prc_printed.htm).

The program also developed a user-friendly guidebook and a 'recipe box' with information, tips and activity ideas for the design and delivery of effective community-based activities. These items were scheduled for distribution to all First Nations and Inuit communities in the winter of 2004. Front-line workers are the primary target audience. The content is based on scientific evidence of effective interventions and incorporates best practices from almost 10 years of service delivery.

In addition, regionally based training initiatives during the year focused on topics ranging from infant feeding and gestational diabetes to program management and evaluation. Front-line workers from almost all communities (approximately 500) participated in these training sessions.

During 2003–2004, the program also developed an overall plan and the preliminary content for an awareness project to help prevent iron deficiency anemia among infants. The project will be launched in 2005–2006. The project responds to evidence that iron deficiency anemia is a serious public health concern in First Nations and Inuit communities.

Also, a program evaluation was completed in 2003–2004 and a report on the results will be ready for release in 2005. Some preliminary findings from the evaluation indicate that women taking part in the Canada Prenatal Nutrition Program (CPNP):

- have access to services earlier in their pregnancy than women not in CPNP;
- appear more likely to breastfeed and breastfed longer, than women not in CPNP;
- who receive nutrition counseling appear to be more likely to make positive changes to their eating habits than women not in CPNP; and
- are more likely to feel satisfied with CPNP when Elders are involved.

The preliminary findings also indicate that:

- CPNP funding supports services that might otherwise not be available in First Nations and Inuit communities; and
- home visits and other types of one-on-one support may help reach women who are at higher risk.

The value of the program is perhaps best expressed through the words of women who received help and support from the program:

From the participants

*I came for the milk. I stayed because of the other moms to talk to.*

*I have been pregnant four times and I still have a lot to learn. I would never have thought about making my own baby food. It could have saved me a lot of money.*

*Hearing from the other moms helps me learn.*

From the workers

*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.*

*One mom quit smoking, started eating better and exercised two times per week. She also decided to breastfeed her baby. It has been six months and she has 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 the baby's life.*

**Expenditure:** The 2003–2004 expenditure for the Canada Prenatal Nutrition Program: First Nations and Inuit Component, was \$14.2 million. Of this, \$10.7 million was allocated to community-based programming and the remaining funds to supporting activities (including evaluation, training and resource development).

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

These national guidelines were widely distributed in 2000 to health professionals and programs offering maternal and newborn care to Canadians. The objective is a healthy and satisfying pregnancy, birth and postpartum experience for all mothers, babies and families. The guidelines are based on research evidence and represent the “gold standard”

for family-centred maternal and newborn care. Copies of the guidelines are available on Health Canada's Web site at [www.hc-sc.gc.ca/dca-dea/prenatal/fcmcl\\_e.html](http://www.hc-sc.gc.ca/dca-dea/prenatal/fcmcl_e.html).

**Expenditure:** There was no expenditure on this activity during 2003–2004.

### **Fetal Alcohol Spectrum Disorder Program: First Nations and Inuit Component**

Under the Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children, announced in October 2002, new investments in the amount of \$10 million were provided in 2002–2003 and \$15 million annually thereafter, to intensify efforts to address FASD in First Nations communities.

The goals of the program are to reduce FASD and to increase the quality of life for those affected by prenatal exposure to alcohol. The four key areas for program expansion are:

- targeted programming for populations at risk;
- early identification, assessment and diagnosis;
- education and training related to FASD; and
- supports for parents and families affected by FASD.

**What's New:** The primary focus during 2003–2004 was on prevention and raising awareness. The targeted populations were women of childbearing age and their families. The enhanced funding supported such activities as:

- design, production and distribution of culturally relevant and appropriate FASD awareness and promotional material, videos and campaigns;
- parent-specific workshops about FASD;
- community workshops in awareness and education, including targeted workshops for specific audiences, such as Elders and mental health workers;
- development and delivery of FASD training modules; and
- “Train the Facilitator” sessions in asset mapping. An asset map is an inventory of the people, skills, services and other resources that can help a community become healthier and stronger.

In 2003–2004, the Fetal Alcohol Spectrum Disorder Program: First Nations and Inuit Component reported a number of important successes that had been made possible, in large part, by increased funding. For example, the program reached more of its targeted population in a larger number of communities and sent out more information packages to help increase the knowledge and skills of community members, including health professionals.

In addition, the program conducted a national “Train the Facilitator” workshop in asset mapping. The facilitators were provided with tools and training to assist them in facilitating the development of community-based asset maps.

**Expenditure:** The expenditure for the Fetal Alcohol Spectrum Disorder Program: First Nations and Inuit Component for 2003–2004 was approximately \$7.2 million. Given the need to design the enhanced FASD Program in collaboration with FASD experts, national Aboriginal organizations, and First Nations and Inuit representatives and regions,

much of the enhanced allocations were delayed in 2003–2004. First Nations and Inuit health programs redirected the portion of the allocation that could not be used to other regional health programs, including services First Nations have identified as priorities.

### **Folic Acid Awareness Campaign**

Folic acid is essential to the normal development of a baby's spine, brain and skull, especially during the first four weeks of pregnancy. To reduce the risk of neural tube defects, it is important for women to start taking folic acid before getting pregnant. This awareness campaign delivers the message that all women who could become pregnant should be taking folic acid on a daily basis.

The Folic Acid Awareness Campaign was a partnership between Health Canada, the Spina Bifida and Hydrocephalus Association of Canada, and the Folic Acid Alliance of Ontario.

Campaign materials are available online at [www.healthcanada.ca/folicacid](http://www.healthcanada.ca/folicacid). During 2003–2004, Health Canada continued to distribute these materials at various conferences, including one held by the Association of Women's Health, Obstetric and Neonatal Nurses. The materials were also sent to health professionals, schools and members of the public, upon request.

**Expenditure:** There was no expenditure on this activity during 2003–2004.

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

This campaign aims to raise awareness among women who are pregnant or planning a pregnancy, and to convey the message that there are major steps they can take to ensure the pregnancy is healthy.

**What's New:** During 2003–2004, efforts focused on identifying the most appropriate target audience for the campaign and making sure the proposed strategy would assist health professionals in delivering “healthy pregnancy” messages to their patients.

An analysis revealed that, among women of childbearing age, the group with the greatest need for behavioural change to ensure a healthy pregnancy consists of women from ages 18 to 29 who have less than a university education, are urban dwellers, and are married or living with a partner. The specialists designing the Healthy Pregnancy Social Marketing Campaign also contacted health professionals, including school counsellors, family doctors and gynecologists, for feedback about the potential effectiveness of the proposed strategy. The response to the proposed strategy for the campaign was positive, as most health professionals were in agreement that it would help them get information to their patients.

The information gathered in 2003–2004 will be used to develop effective tactics to reach the target audience. One of the communications tools will be a Healthy Pregnancy Web site.

**Expenditure:** The 2003–2004 expenditure on activities to refine and validate the Health Pregnancy Social Marketing Campaign was \$51,765.

## National Fetal Alcohol Spectrum Disorder Initiative

The National Fetal Alcohol Spectrum Disorder (FASD) Initiative provides a focal point for the coordination of work to prevent FASD and improve outcomes throughout the life span of those affected by prenatal exposure to alcohol. The initiative supports prevention, public and professional education and training, capacity building, and the development of practical tools and resources. It does not provide direct services to children and families affected by FASD.

**What's New:** During 2003–2004, Health Canada, in partnership with a panel of Canadian experts, finalized the Canadian diagnostic guidelines for FASD and related disabilities.

The Canadian Medical Association (CMA) sent the guidelines to members for peer review and intends to publish the guidelines in the *CMA Journal* before the end of the year.

The significance of the guidelines is that they provide a uniform approach and method for diagnosing FASD. This will lead to better data about the extent of the disorder in Canada and will also provide a clearer picture of where to direct efforts aimed at prevention.

During 2003–2004, the national FASD Initiative finalized the report on a survey that revealed some surprising information about the attitudes and approaches of health care providers to preconception counselling and prevention of FASD. The survey was mailed to a random sample of pediatricians, psychiatrists, obstetricians and gynecologists, midwives and family physicians. It asked what kind of information they provide to patients of childbearing age.

The answers were as follows:

- 86% provide information about birth control;
- 50% provide information about folic acid; and
- 40% provide information about the risks of alcohol.

The survey also revealed that only 60% of health care providers use a standardized screening tool (e.g., a standard set of questions) to obtain information from their pregnant patients about patterns and amounts of alcohol consumption.

The survey results were a “call to action.” The national FASD Initiative is working with CMA to develop accredited training programs for health care providers on prevention of alcohol use during pregnancy. There are also plans to develop a training course for health care providers on identifying and providing referrals for patients who may have FASD themselves.

Also, in December 2003, Health Canada published *Fetal Alcohol Spectrum Disorder (FASD): A Framework for Action*. This document reflects the shared vision, goals and objectives expressed during a series of consultations in 2002–2003 with stakeholders from community organizations, families and other government departments. A number of groups are using the framework as the basis for community-specific action plans; however, the consultations clearly pointed out that “readiness” to take action varies from community to community, region to region, and sector to sector.

The *Framework for Action* is available online at [www.hc-sc.gc.ca/dca-dea/programs-mes/fas-fae\\_main\\_e.html](http://www.hc-sc.gc.ca/dca-dea/programs-mes/fas-fae_main_e.html) in the “Publications” section.

**Expenditure:** The 2003–2004 expenditure for the National Fetal Alcohol Spectrum Disorder Initiative was \$1,901,600.

### **Postpartum Parent Support Program**

In this community-based program, hospital and community health nurses act as health educators by providing consistent parenting information to families of newborn infants. Health Canada's role is to provide information resources, including fact sheets for parents, which are written in plain language, and a reference manual for health professionals.

**What's New:** During 2003–2004, Health Canada completed revision of information sheets for parents and developed new ones, including *Postpartum Adjustment, Blues and Depression*. It explains the difference between a case of “the baby blues” and postpartum depression, and suggests resources that can help with postpartum adjustment. Another information sheet, called *Especially for Grandparents*, complements this information sheet by outlining some of the ways grandparents can help families adjust to postpartum situations, including sibling rivalry.

Hospitals, community health and other agencies may order a master set of the new and revised information sheets by visiting [www.fedpubs.com/subject/health/postpartum.htm](http://www.fedpubs.com/subject/health/postpartum.htm). During the coming year, Health Canada will publish the series on its Web site to give parents direct access to the information sheets.

**Expenditure:** The 2003–2004 expenditure for the Postpartum Parent Support Program was \$3,000.

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

The objective of this program is to give parents of newborns practical information about ways to reduce the risk of Sudden Infant Death Syndrome (SIDS). The ultimate goal is to reduce the number of SIDS deaths in Canada. Health Canada's partners in the program are the Canadian Foundation for the Study of Infant Deaths, the Canadian Institute of Child Health and the Canadian Paediatric Society.

The primary resource is *Back to Sleep*, a brochure that advises parents that there are fewer cases of SIDS in babies who sleep on their backs. The brochure also outlines other factors known to increase the risk of SIDS, such as smoking. Additional information is available online at [www.hc-sc.gc.ca/dca-dea/prenatal/sids\\_e.html](http://www.hc-sc.gc.ca/dca-dea/prenatal/sids_e.html).

**What's New:** During 2003–2004, Health Canada printed and sent copies of *Back to Sleep* to health professionals (e.g., nurses, midwives, physicians), with a request that they discuss SIDS with prospective parents and give them copies of the brochure.

**Expenditure:** The 2003–2004 expenditure for this program was \$20,000.

## **Human Resources and Skills Development Canada**

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

Maternity and parental benefits provide temporary income replacement for working parents of newborns 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 child's 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. Prior to December 31, 2000, parental benefits were available for only 10 weeks.

The Employment Insurance program is reviewed every year through a monitoring process to assess the impact on individuals, communities and the economy.

**What's New:** The 2003 *Monitoring and Assessment Report* was tabled in Parliament in April 2004. Among the report's findings were the following:

- In 2002–2003, there were 190 720 new claims for maternity benefits and 214 850 new claims for parental benefits. This was the third consecutive year that the number of parental claims exceeded maternity claims. The share of claims made by male biological parents increased from 11.1% in 2001–2002 to 13.7% in 2002–2003. This demonstrates that parents are increasingly sharing the enhanced parental benefit.
- Even though a high proportion of women worked part-time, the vast majority of women in paid employment were able to access maternity and parental benefits. An analysis using the Employment Insurance Coverage Survey showed that, among women with children age 12 months or less in 2002, 85.1% of those with insurable employment had received maternity and/or parental benefits.
- Women used maternity benefits for an average of 14.5 weeks. This is 96.7% of the 15-week maximum.
- The average duration of parental benefit leave taken by biological parents went down slightly (1.4%) from the previous year, but remained high at 27.8 weeks. This is 79.4% of the 35-week maximum.

The 2003 *Monitoring and Assessment Report* is available online at [www.hrsdc.gc.ca/en/ei/reports/eimar\\_2003.pdf](http://www.hrsdc.gc.ca/en/ei/reports/eimar_2003.pdf).

*Note:* Last year's report on *Early Childhood Development Activities and Expenditures* indicated that results from a broad evaluation of the extended parental leave program would be available in 2004; however, the final report is not ready for publication.

**Expenditure:** The 2003–2004 expenditure for maternity benefits was \$909 million and the expenditure for parental benefits was \$2.015 billion.

## ACTIVITIES AND EXPENDITURES TABLES

CHAPTER 2

**TABLE 2.1:**  
**PROGRAMS**  
**PROVIDING**  
**DIRECT**  
**SUPPORT**

### Health Canada

#### Canada Prenatal Nutrition Program

	Expenditures	Sites	Children under 6 and their families
2000–2001	\$27,366,000	301 projects	34 000 women
2001–2002	\$31,000,000	325 projects	45 600 women
2002–2003	\$31,000,000	320 projects	44 000 women
2003–2004	\$29,544,353	330 projects	>47 000 women

Expenditures from 2000–2003 are allocations and include: grants and contributions, operations and management costs; and salaries.

The CPNP programs serve pregnant women and women with infants up to one year of age.

2003–2004: Expenditures for 2003–2004 include: grants and contributions (actuals); operations and management costs (allocations); and salaries (allocations). The reduction in expenditures is due to a decrease in actual grants and contributions in response to departmental budgetary pressures.

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

	Expenditures	Sites	Children under 6 and their families
2000–2001	\$14,200,000	Over 400 projects (serving more than 550 communities)	6 000 women (and families) (estimate)
2001–2002	\$14,200,000	439 projects (estimate)	6 000 women (and families) (estimate)
2002–2003	\$14,200,000	450 projects (estimate)	6 000 women (and families) (estimate)
2003–2004	\$14,200,000	450 projects (estimate)	6 000 women (and families) (estimate)

Expenditures are allocations and include: grants and contributions; and operations and management costs.

The CPNP programs serve pregnant women and women with infants up to one year of age.

Data on the number of sites and women reached is estimated. Up to 50% of projects have been included in Health Services Transfer Agreements in which the community has greater flexibility in the management of its resources and final reporting to this level of detail is not mandatory.

### Human Resources and Skills Development Canada

#### Employment Insurance: Maternity Benefits

	Expenditures	Sites	Children under 6 and their families
2000–2001	\$752,000,000	Not applicable	176 000 children
2001–2002	\$848,000,000	Not applicable	193 020 children
2002–2003	\$845,000,000	Not applicable	190 720 children
2003–2004	\$909,000,000	Not applicable	Not available at time of printing

Expenditures: The expenditures reflect the amounts paid out to claimants and do not include: operations and management costs; and salaries.

Children under 6 and their families: The estimated number of children is based on the number of new maternity claims filed in each fiscal year.

2002–2003: These expenditures have been revised from estimates to actuals after the 2002–2003 Government of Canada report on Early Childhood Development Activities and Expenditures was published.

2003–2004: The increase in expenditure is due to the increased access to maternity benefits.



### Employment Insurance: Parental Benefits

	Expenditures	Sites	Children under 6 and their families
2000–2001	\$502,000,000	Not applicable	178 000 children
2001–2002	\$1,311,000,000	Not applicable	196 000 children
2002–2003	\$1,880,000,000	Not applicable	190 720 children
2003–2004	\$2,015,000,000	Not applicable	Not available at time of printing

Expenditures: The expenditures reflect the amounts paid out to claimants and do not include: operations and management costs; and salaries.

Children under 6 and their families: The estimated number of children is based on the actual number of new claims filed for maternity and adoption benefits. The exact number of families that received these benefits is not known because sharing of parental benefits between parents can result in two claims per family instead of one.

2002–2003: These expenditures have been revised from estimates to actuals after the latest report was published. The increase is due to the success of the enhancements to benefits—Canadians are using more of their benefits over a longer period.

2003–2004: The increase is due to the success of the enhancements to benefits—Canadians are using more of their benefits over a longer period.

### Health Canada

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

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$15,000	Health Canada (Web site)	Health professionals, health care facilities, public health and other planning, implemental and evaluating maternal and newborn care programs and services
2001–2002	\$0		
2002–2003	\$0		
2003–2004	\$0		

While no new funds were committed to the guidelines after 2000–2001, copies of the report continue to be distributed.

**TABLE 2.2:**  
**OTHER**  
**SUPPORTING**  
**PROGRAMS**

### Fetal Alcohol Spectrum Disorder Program: First Nations and Inuit Component

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$1,350,000	National Aboriginal	Women, children and their families
2001–2002	\$1,700,000	organizations; federal and	
2002–2003	\$1,700,000	regional departments,	
2003–2004	\$7,251,413	Health Canada programs; day-cares; doctors; regional Inuit organizations; all Chiefs committees	

Expenditures above include: grants and contributions; operations and management costs; and salaries. Financial figures for 2000–2001, 2001–2002, 2002–2003 are allocations.

2001–2002: Expenditures include an average of three projects per Health Canada region, and Health Canada headquarters activities, including an awareness campaign, evaluation and the National Advisory Committee.

2002–2003: Due to the late announcement of the Federal Strategy for ECD for First Nations and Other Aboriginal Children (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 to those services that First Nations have identified as priorities.

2003–2004: Given the need to design the enhanced FASD Program, the full \$16.7 million allocated in 2003–2004 (comprised of enhancement funding of \$15 million and the base funding of \$1.7 million annually) was not spent. First Nations and Inuit health programs redirected the portion of the allocation that could not be used to other regional health programs, including to services that First Nations have identified as priorities.

### Folic Acid Awareness Campaign

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not available	Family physicians	Health professionals
2001–2002	\$600,000	neonatologists, obstetricians,	
2002–2003	\$85,000	midwives, hospitals	
2003–2004	\$0	pharmacists, dieticians, geneticists, nursing schools, public health units	

Expenditures above include: operations and management costs; and salaries.

2002–2003: There were no new materials produced in 2002–2003, resulting in a decrease in expenditures.

2003–2004: There were no expenditures due to financial constraints for fiscal year 2003–2004, but copies of information materials continue to be distributed.

### Healthy Pregnancy Social Marketing Campaign

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not applicable	Health professionals	Women, aged 18 to 29, who are pregnant or planning a pregnancy, and health professionals including family physicians, nurses, obstetricians and gynecologists
2001–2002	\$12,000	including family physicians,	
2002–2003	\$125,000	nurses, obstetrician-	
2003–2004	\$51,765	gynecologists and school counsellors	

Expenditures above include: operations and management costs only.

2002–2003: The increase in expenditure was a result of an agreement with programs to pursue needed research.

2003–2004: Due to fiscal restraints, programs were unable to contribute as much as in the previous year. However, marketing pursued further research of the target audience and health professionals in preparation for future campaign launch.

### National Fetal Alcohol Spectrum Disorder Initiative

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$912,600	Community-based	Stakeholders who serve families and children
2001–2002	\$1,421,100	program workers,	
2002–2003	\$1,853,000	health professionals,	
2003–2004	\$1,901,600	vintners, brewers, other government departments, other levels of government.	

All amounts above from 2000–2001 to 2002–2003 have been revised from the previous report to reflect actual expenditures and include: grants and contributions; operations and management costs; and salaries.

### National Fetal Alcohol Spectrum Disorder Social Marketing Campaign

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not available	Not applicable	Not applicable
2001–2002	\$240,000		
2002–2003	\$120,000		
2003–2004	\$0		

Expenditures above include: operations and management costs only.

2002–2003: Health Canada's role changed from supporting implementation and monitoring to providing resource materials to the program, resulting in a decrease in expenditures.

2003–2004: There was no budget for public education (marketing) in 2003–2004.

### Postpartum Parent Support Program

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$100,000	Hospitals, public/ community health centres,	Health professionals, parents
2001–2002	\$35,000	health agencies	
2002–2003	\$5,500		
2003–2004	\$3,000		

Expenditures above include: operations and management costs only.

2001–2002: While financial support for national-level activities (e.g., program maintenance) had declined, a study of hospital and community health sites was conducted to assess the status of the program in these implementing sites and to gain information that would help in setting future directions for the program.

2002–2003: Health Canada's role changed from supporting implementation and monitoring to providing resource materials to the program, resulting in a decrease in expenditures.

2003–2004: Amount related to publishing costs.

### Reducing the Risk of Sudden Infant Death Syndrome

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$40,000	Health professionals,	Parents of newborn children
2001–2002	\$50,000	nurses, midwives, physicians,	
2002–2003	\$5,000	hospitals, public and	
2003–2004	\$20,000	community health centres	

Expenditures above include: operations and management costs only.

2000–2001: This is based on the quantities of resources disseminated. Potentially, parents of all newborn infants will receive this information.

2001–2002: \$10,000 for resource dissemination and \$40,000 for tracking survey.

2002–2003: Health Canada continued to disseminate materials; however, no new materials were developed in 2002–2003, resulting in a decrease in expenditures.

2003–2004: Funds used to reprint resources for continued distribution.





## PARENTING AND FAMILY SUPPORTS

The February 2004 Speech from the Throne was clear about the Government of Canada's commitment to providing parenting and family supports:

*The future of our children is, quite literally, Canada's future. Science teaches that the early years can shape—or limit—one's future, that early and effective intervention can have enduring benefits.*

*Governments are not parents, but they have a role to play in helping to make sure that families get the supports and tools that they need and in protecting children from exploitation and abuse.*

The programs and services described in this chapter have the same overall objective: to provide parents and families with practical tools, guidance and supports to minimize risks to children and give them the opportunity to grow and learn in environments that are safe, healthy and nurturing.

### ACTIVITIES AND EXPENDITURES

#### Canadian Food Inspection Agency

##### Food Safety Activity Book **NEW**

This bilingual booklet features fun activities, along with simple but important messages about food safety, for children age five to eight. The booklet was produced in March 2004, with assistance from Ontario Agri-Food Education, in response to requests from teachers for a resource to help educate young children about such food safety issues as washing hands before eating. The booklet also suggests to children that they share the safety messages with their parents.

Regional officers from the Canadian Food Inspection Agency (CFIA) distributed the activity book at fairs and other events, and copies were also sent to teachers and members of the public upon request. Response has been very positive. The first print run was 50 000 copies and CFIA will be printing additional copies to meet demand. The activity book is also available online at [www.inspection.gc.ca/english/corpaffr/educ/active5-8e.shtml](http://www.inspection.gc.ca/english/corpaffr/educ/active5-8e.shtml).

**Expenditure:** The 2003–2004 expenditure for the Food Safety Activity Book was \$10,800.

#### Health Canada

##### A Parent's Guide to Sun Protection

This series of public education pamphlets explains risks related to ultraviolet radiation and outlines what parents and caregivers can do to keep babies, toddlers and other children safe from the sun's harmful rays.

Health Canada works with partners, such as public health units and community nurses, to ensure that the information reaches its target audience. *A Parent's Guide to Sun Protection* was originally published in 1992 and was developed into a Web-based resource ([www.hc-sc.gc.ca/hecs-sesc/ccrpb/careful.htm](http://www.hc-sc.gc.ca/hecs-sesc/ccrpb/careful.htm)) in 1998.

**Expenditure:** There was no expenditure for this activity in 2003–2004.

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

The guides were developed as resources to help families, physicians, community leaders, caregivers and teachers understand the importance of physical activity to the healthy growth and development of children. The publications feature goals, guidelines and tools to help boost children's active time and reduce their sedentary time. The guides and additional resource materials are available through a toll-free number (1 888 334-9769) and are also published online at [www.hc-sc.gc.ca/hppb/paguide/child\\_youth/index.html](http://www.hc-sc.gc.ca/hppb/paguide/child_youth/index.html).

**What's New:** During 2003–2004, results came in from Phase One of a national evaluation of the physical activity guides. Questionnaires had been sent to approximately 1 000 adults (e.g., parents, teachers and organizers of youth groups) who had called the toll-free number to request copies of the guides. A large majority of respondents said the guides are a useful tool and the guidelines for increasing physical activity are helpful.

Additional evaluations are under way and full results will be available in 2005. Health Canada will use the feedback from Canadians to assist in the development of implementation strategies to increase the utility of the guides to increase physical activity levels and help to reduce obesity among children and youth.

**Expenditure:** The 2003–2004 expenditure on this activity was estimated to have been \$300,000.

### Canada's Child Health Record

*Canada's Child Health Record* is a booklet that gives parents an easy way to keep track of their children's health information, including illnesses and injuries, vaccinations, allergies, growth and development, family medical problems, dental health and health appointments.

The record is useful when parents need to convey accurate information about their children's health to doctors and nurses, teachers, child care providers and other family members. Parents may order up to five copies in English or French, free of charge, by calling the Government of Canada toll-free at 1 800 O-Canada (1 800 622-6232).

**Expenditure:** There was no expenditure on this activity in 2003–2004.

### Community Action Program for Children

The Community Action Program for Children (CAPC) provides long-term funding to community-based groups and coalitions to develop and deliver programs that address the health and development of children age zero to six living in conditions of risk. CAPC targets children living in low-income families and teenage-parent families; children experiencing developmental delays, or social, emotional or behavioral problems; and abused and neglected children.

There were approximately 450 CAPC projects operating throughout the country in 2003–2004. Preliminary results from the National Program Profile (NPP) process evaluation of CAPC projects reveal that they served more than 72 000 children and parents/caregivers in a typical month during 2003–2004. Since this evaluation did not include about 50 Aboriginal projects in Ontario, which take part in a separate evaluation, the total number of children and parents/caregivers served in a typical month may therefore be underestimated.

The program's Web site ([www.hc-sc.gc.ca/dca-dea/programs-mes/capc\\_main\\_e.html](http://www.hc-sc.gc.ca/dca-dea/programs-mes/capc_main_e.html)) features links to a directory of projects, as well as information about funding, past evaluations and various resources developed by the projects (e.g., calendars with healthy eating tips, parenting pamphlets, CDs and videos).

**What's New:** In 2003–2004, CAPC celebrated its tenth anniversary, and initial findings from the NPP process evaluation point to a number of significant program accomplishments, including the following:

- In 2003–2004, CAPC projects successfully engaged more than 6 000 partners from multiple sectors.
- On average, each CAPC project reported having 15 partnerships. Health organizations were cited as the most frequent partner (87.6%), followed by educational institutions (66.0%), neighbourhood and community associations (65.7%), early childhood or family resource centres (52.1%) and child protection services (51.8%).
- Throughout the year, CAPC projects received more than \$6.1 million in in-kind donations from supporters, including community partners, and over \$19.3 million in additional funds from other sources, including provincial and territorial governments.
- In a typical month, more than 9 900 people donated or volunteered more than 70 000 hours of their time to work on CAPC projects.

As noted, partnerships are a major feature in the success of CAPC projects. In Ontario, for example, many CAPC projects have developed partnerships with the Ontario Early Years Centres (OEYC), which have opened over the past two fiscal years. All partners in these relationships benefit from the expertise and resources of the others, and the end result is an increase in effective programs and services to help parents and young children. In addition, these partnerships act as a bridge that helps vulnerable parents and children make a transition from the targeted programs offered by CAPC to the universal programs offered by OEYC.

Another example of an innovative CAPC partnership at the community level was the arrangement established by the Children's Centre in Fort McMurray, Alberta with Lens Crafters. Through the "Gift of Sight" program, optometrists test all children under seven years of age who attend the children's centre. Children who need glasses get them, at no cost.

Training has been another key to the CAPC success story, and during 2003–2004, part of the CAPC/CPNP National Projects Fund was directed specifically to training initiatives and sharing best practices. The objective of the training workshops, which covered such topics as Fetal Alcohol Spectrum Disorder and "Sharing Attachment Practices across Cultures," was to help staff members improve their ability to meet the increasingly complex needs of parents and children who attend CAPC programs. (More information about the CAPC/CPNP National Projects Fund is provided below.)

Over the last decade, the government's investments in CAPC have helped parents make tangible changes that have improved their own lives and the lives of their children. This is illustrated in the following excerpt from Saskatchewan's CAPC storybook, *Celebrating the First Ten Years of Success Through Stories and Pictures*:

*Ever since I started attending programs at CAPC, I learned a lot of homemaking skills, crafts, sewing, also cooking and baking. I attended the workshops and meetings to better understand my addictions and how I could help and improve the way I was living.*



*The best thing that ever happened to me is that I can visit my daughter every chance I get and am planning on keeping her and being a part of her life. I can be the responsible parent I wanted to be.*

**Expenditure:** The 2003–2004 expenditure for the Community Action Program for Children was \$58,509,249.

### **CAPC/CPNP National Projects Fund**

The National Projects Fund (NPF) was created in 1997 to support the staff in community projects for two other programs, the Canada Prenatal Nutrition Program (CPNP, described in Chapter 2) and the Community Action Program for Children (CAPC, described above).

Each year, the NPF supports time-limited projects sponsored by voluntary, non-profit organizations. To qualify for funding, the projects must be national in scope and designed to produce results that will strengthen the CAPC/CPNP programs.

**What's New:** As noted above, part of the NPF was directed towards training workshops for CAPC and CPNP staff during 2003–2004. Other projects supported by NPF in 2003–2004 included an Inventory of Literacy Programs, sponsored by the University of New Brunswick, and the Family Front and Centre Tool Kit, sponsored by Jewish Family Services in Montreal. The latter project produced a boxed set of five resource booklets on Attachment, Attention, Anxiety, Aggression and Self-Esteem. The purpose of the booklets is to help CAPC/CPNP staff and families understand and promote healthy early childhood development. Every CAPC and CPNP project in the country received its own Family Front and Centre Tool Kit.

For additional information about the NPF, including a project directory and details about various resource materials, visit [www.hc-sc.gc.ca/dca-dea/programs-mes/npf\\_main\\_e.html](http://www.hc-sc.gc.ca/dca-dea/programs-mes/npf_main_e.html).

**Expenditure:** The 2003–2004 National Projects Fund expenditure was \$1,709,016.

### **Consumer Product Safety Activities: Six Activities**

Injuries leading to death are the single biggest threat to the well-being of Canada's children. The objectives of Health Canada's Consumer Product Safety activities are to raise awareness among parents, grandparents, caregivers, educators, children and others about the risks of injury associated with consumer products, and to offer safety tips about minimizing risks.

The six activities in this section work together to accomplish these objectives, and while five of the activities are new to the report, several have been under way for a number of years. Unless otherwise indicated, all of the fact sheets, booklets and brochures referred to in this section are available online at [www.hc-sc.gc.ca/hecs-sesc/cps/publications.htm](http://www.hc-sc.gc.ca/hecs-sesc/cps/publications.htm).

#### **• Consumer Product Safety Education Bulletins**

This is a series of user-friendly public education bulletins that focus on protecting young children from product-related injuries. The various fact sheets highlight the risks related to the use of cribs, lighters, matches, bunk beds, sleepwear and other products, and each bulletin offers safety tips to prevent injuries to children.

The first bulletins were produced in the late 1990s, and others have been added to the series as new safety issues emerge. Physicians, public health nurses, teachers, social workers and



community services groups all play a role in making sure this information gets into the hands of parents and caregivers.

**Expenditure:** The 2003–2004 expenditure for the Consumer Product Safety Education Bulletins was \$41,631.

### • **Consumer Product Safety Industry and Professional Guides**

The Industry Guides are booklets that advise manufacturers, importers and retailers about safety requirements that products must meet before they can be sold in Canada. Examples include the *Quick Reference Guide to the Hazardous Products Act for Manufacturers, Importers, Distributors and Retailers* and *Information to Dealers of Second-Hand Children's Products*.

The objective is to reduce injuries by encouraging industry to make children's safety an integral part of the way products are designed, manufactured, labelled and advertised in Canada. The Industry Guides were introduced in 2002–2003.

The Professional Guides are booklets, such as *Crib Safety*, that assist professionals (doctors, public health nurses and social workers) in counselling parents and caregivers about ways to minimize the risk of injuries to children.

**What's New:** In December 2003, Health Canada updated the Industry Guide, *Children's Sleepwear: Flammability Requirement Guidelines*, to reflect current policy on product safety.

**Expenditure:** The 2003–2004 expenditure for the Industry and Professional Guides was \$12,570.

### • ***Is Your Child Safe?***

This booklet helps parents and caregivers provide a safe environment for infants and young children by explaining how to minimize the risk of injuries related to cribs, pacifiers, strollers and toys. The overall goal is to improve the quality of children's lives by reducing product-related injuries.

Doctors, public health nurses, social workers and hospital personnel give the booklet to parents and caregivers. Public health officials have told Health Canada that they put this resource in their neonatal packages because it is a “one-stop-shop” that make parents aware of important child safety issues.

**What's New:** During 2003–2004, *Is Your Child Safe?* was reprinted in a larger quantity to meet the demand.

**Expenditure:** The 2003–2004 expenditure for this resource was \$29,900.

### • **Safety with “Radar” Activity Book**

“Radar” is Health Canada's mascot for injury prevention. The *Safety with Radar Activity Book* features word games, puzzles and pictures that teach children in a fun way how to take safety precautions in their everyday lives to reduce the risk of injuries. Specific features include *Radar's Safety Tips* for playground safety, bike safety, safety at bath-time and what to do in case of fire.

The booklet was revised and reprinted in 2002–2003. It is given to families and children free of charge by public health nurses, social workers, teachers, community services representatives

(e.g., fire/police) and hospital workers. It is also available online at [www.hc-sc.gc.ca/hecs-sesc/cps/childrens\\_corner.htm](http://www.hc-sc.gc.ca/hecs-sesc/cps/childrens_corner.htm).

**Expenditure:** There was no expenditure on this activity during 2003–2004.

- **Stay Safe Program** **NEW**

Stay Safe is a multi-component education program about household chemical safety. There is one teaching guide for child care providers/educators of preschool children, and another for elementary school teachers. Each teaching activity is linked to specific learning outcomes. There is also an interactive Web site ([www.hc-sc.gc.ca/hecs-sesc/cps/staysafe/preschool/toc.htm](http://www.hc-sc.gc.ca/hecs-sesc/cps/staysafe/preschool/toc.htm)) to complement the teaching guides. The Web site invites users to provide feedback through an electronic questionnaire, which assists in ongoing program evaluation.

The Stay Safe preschool component uses games, puppet shows, songs and stories to teach young children to recognize the four hazard symbols for household chemicals and to follow three simple steps:

*Stop! ... when you see a container. Don't touch!*

*Look! ... for a hazard symbol.*

*Stay safe! ... go get a grown-up.*

The school-age guide builds on the preschool program and suggests ways in which older children can interact with younger ones to teach them the meaning of the hazard symbols.

As the Stay Safe program was being developed, Health Canada consulted with early childhood educators, public health nurses and injury prevention specialists, and incorporated their feedback into the teaching materials. Educators have reported that children enjoy the Stay Safe activities and that preschool teachers and caregivers are likely to use the teaching guide.

The preschool teaching guide was developed in 2002 and the first copies were distributed in November 2003. The school-age guide was developed in 2003 and released in the spring of 2004. During 2003–2004, work also began on translating the preschool program into Inuktitut. This is part of an ongoing initiative to make sure the Stay Safe program will be an effective and culturally appropriate way to teach First Nations and Inuit children about household chemical safety.

**Expenditure:** The 2003–2004 expenditure on Stay Safe was \$133,065.

- **Toy Safety** **NEW**

Toy Safety activities revolve around the wide distribution of two publications aimed at reducing child injuries related to toys. The first publication is an *Industry Guide to Canadian Safety Requirements for Toys and Related Products*, which provides guidance to manufacturers, importers and retailers about safety regulations for toys sold in Canada. The second publication is *Toy Safety Tips*, a flyer that provides parents and other adults with guidance on purchasing and maintaining toys for young children.

The Industry Guide was developed in 2002. When it was released in April 2003, it was circulated to 5 000 members of the toy industry through *Toys and Games Magazine*.

Health Canada's product safety officers also distributed the guide at various trade shows throughout the year, and toy industry representatives have described the guide as a compact reference that is easy to use.

The *Toy Safety Tips* flyer was developed in 2003 and is distributed by doctors, public health nurses, social workers and hospital personnel.

**Expenditure:** The 2003–2004 expenditure for Toy Safety activities was \$21,093.

### **Nobody's Perfect**

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

The program reaches approximately 12 000 parents every year at 1 000 different project sites. Quite often, parents who take part in Nobody's Perfect also participate in complementary programs, such as the Canada Prenatal Nutrition Program (Chapter 2), the Community Action Program for Children (Chapter 3) or Aboriginal Head Start (Chapter 6), all of which are profiled in this section.

Additional information about Nobody's Perfect is available online at [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).

**What's New:** In 2003–2004, program staff worked with the Department of Justice and child development experts to produce a new pamphlet, *What's Wrong with Spanking?* It explains effective, non-physical forms of discipline and offers positive parenting tips, such as putting dangerous things out of reach instead of slapping a toddler's hand.

The pamphlet was distributed through Ontario Early Years Centres and Military Family Resource Centres (see Chapter 4). It is also available online through the National Clearinghouse on Family Violence (see Chapter 7) at [www.hc-sc.gc.ca/hppb/familyviolence/index.html](http://www.hc-sc.gc.ca/hppb/familyviolence/index.html).

**Expenditure:** The 2003–2004 expenditure for Nobody's Perfect was \$109,442.

## **Human Resources and Skills Development Canada**

### **National Literacy Secretariat—Family Literacy Projects**

The National Literacy Secretariat—Family Literacy Projects (NLS) funds various family literacy projects and encourages other organizations throughout Canada to invest in literacy. The objective is to ensure that families, including parents, children and extended family members, have opportunities to develop literacy skills.

NLS recognizes that the family setting is where literacy begins, and that support for family literacy builds skills and fosters a commitment to continuous learning for the entire family. Additional information about NLS is available at [www.nald.ca/nls.htm](http://www.nald.ca/nls.htm).

**What's New:** As part of the Government of Canada's Official Languages Action Plan, funds totalling \$7.4 million over five years have been dedicated to strengthening family literacy in "official language minority communities."

An “official language minority community” in Canada is a community of people who use one of Canada’s two official languages (English or French) and who are in a minority in their province or territory. According to the 2001 Census, such communities constitute a total population of nearly two million people in Canada.

During 2003–2004, NLS supported five national projects and 11 projects at the provincial/territorial level as part of this initiative. The overall objectives of the projects are to improve school readiness among young children, to improve parenting skills, and to improve the ability of older family members to participate in the labour market through increased literacy skills.

One provincial project funded by NLS under the Official Languages Action Plan was designed by Pluri-elles (Manitoba). This non-profit organization delivers skills upgrading and job preparation programs for women, and is also responsible for delivering adult literacy programs across the province.

For the project in question, Pluri-elles is borrowing the basics from a community partnership model for family literacy that was successful in Québec, but is adapting the model to meet the needs of franco-Manitobans. Results of the work done in 2003–2004 include an assessment of family literacy needs in Manitoba and identification of potential partners in urban, rural and immigrant communities.

In 2003–2004, NLS continued to support a longitudinal study in Alberta to determine if a specific family literacy model is responsible for any beneficial effects on children’s and parents’ literacy, and on the ability of parents to assist in developing their children’s literacy. The model is “Learning Together,” which is adapted from a program in the United Kingdom. A total of 183 urban and rural families in Alberta are taking part in the study. They all have low incomes, low educational backgrounds and children from ages three to five-plus years, who are considered to be at risk for school failure.

The interim results of the study show that parents are unequivocal about wanting to help their children succeed in school. This conclusion appears to support the importance of taking a family approach to literacy. In the words of one young mother taking part in the study:

*I feel every day that there is another world in the words that I can’t read and it is not a good feeling. I want my children never to feel it, and that’s why I am here, I want help for my children and for me.*

Final results from the longitudinal study are scheduled for release in 2006 and will provide valuable direction for future practices in family literacy at the provincial/territorial, national and international levels.

**Expenditure:** The 2003–2004 NLS expenditure was \$3,839,749. This funding covered 51 projects. Most were focused on young children and their families.

## Transport Canada

### Keep Kids Safe: Car Time 1–2–3–4

Keep Kids Safe: Car Time 1–2–3–4 is a public awareness campaign to provide parents and caregivers with information about the four stages of car seat use and to give tips on making

car time a safe time for children. Children under the age of 12 should sit in the “Kid Zone”, the rear seat of your vehicle, which is safest for children.

The four stages of car seat use for children are:

- Stage One: Use a rear-facing infant seat from birth until your baby is around one year old.
  - Stage Two: Use a forward-facing child seat when your child weighs from 10 kg (22 lb.) to 18 kg (40 lb.), generally from about age one to four and a half years.
  - Stage Three: Use a booster seat when your child weighs from 18 kg (40 lb.), generally from about age four and a half to eight years.
  - Stage Four: Use the vehicle rear seat (the “Kid Zone”) and a seat belt (ideally with a shoulder strap) when your child weighs more than 27 kg (60 lb.), from about age eight.
- No one under the age of 12 should sit in the front seat in a vehicle.

The campaign, which started in 1999, includes fact sheets and a booklet for parents, as well as a companion video for use by health professionals in community settings, such as prenatal classes.

Over the years, the campaign materials have been widely distributed by such organizations as police agencies, Health Canada, the Canada Safety Council and the Canadian Automobile Association. Free copies of the video and booklet may be ordered through a toll-free number (1 800 333–0371), and print materials are also available online at [www.tc.gc.ca/roadsafety/childsafety/menu.htm](http://www.tc.gc.ca/roadsafety/childsafety/menu.htm).

**Expenditure:** The 2003–2004 expenditure on this campaign was \$72,200.

## Road Safety

Transport Canada’s Road Safety and Motor Vehicle Regulation Directorate dates back to 1969 and encompasses a wide variety of activities, including responsibility for regulations and standards related to the safety of new vehicles, tires and child restraints. The Road Safety program also works with provincial and territorial partners to promote awareness about such issues as school bus safety and the correct use of appropriate child restraints for children travelling in motor vehicles. Additional information is available online at [www.tc.gc.ca/roadsafety/menu.htm](http://www.tc.gc.ca/roadsafety/menu.htm).

**What’s New:** During 2003–2004, the Road Safety program worked with Daimler-Chrysler and the St. John Ambulance organization to develop a training and certification program for people who assess the safety of infant and child seats in such settings as public clinics.

The program also carried out a series of tests, including crash tests, to assess the safety of child restraints. In addition, officials from the Road Safety program helped to write a report entitled *Keeping Kids Safe in Traffic*, which was published by the Organisation for Economic Co-operation and Development. One of the key findings of the report was that:

*Road safety education is a lifelong learning process that neither begins nor ends in schools. All road users have a duty to keep children safe, and parents have a vital role to play through teaching and example in the early years.*

**Expenditure:** The estimated 2003–2004 expenditure for Road Safety activities related directly to children age zero to six and their families was \$469,400.

## ACTIVITIES AND EXPENDITURES TABLES

CHAPTER 3

**TABLE 3.1:  
PROGRAMS  
PROVIDING  
DIRECT  
SUPPORT**

### Health Canada

#### Community Action Program for Children

	Expenditures	Sites	Children under 6 and their families
2000–2001	\$59,500,000	409	57 038 children – 47 234 parents/caregivers
2001–2002	\$59,500,000	410	60 729 children – 50 435 parents/caregivers
2002–2003	\$59,500,000	408 (estimate)	66 468 children – 52 136 parents/caregivers
2003–2004	\$58,509,249	398 (estimate)	59 039 children – 52 483 parents/caregivers

Expenditures for 2000 to 2003 are allocations and include: grants and contributions; operations and management costs; and salaries. Numbers of sites, children and parents/caregivers reported do not include information from Aboriginal projects in Ontario. Numbers of participants (children and parents/caregivers) are based on counts for each program. Any one participant may access more than one program during the year and, as a result, may be counted more than once. Numbers of child participants may include children older than 6 years of age.

2003–2004: Expenditures for 2003–2004 include: grants and contributions (actuals); operations and management costs (allocations); and salaries (allocations). The reduction in expenditures is due to a decrease in actual grants and contributions in response to departmental budgetary pressures.

### Nobody's Perfect

	Expenditures	Sites	Children under 6 and their families
2000–2001	\$140,000	1 000+	12 000 parents
2001–2002	\$70,000	1 000	12 000 parents
2002–2003	\$132,112	1 000	12 000 parents
2003–2004	\$109,442	1 000	12 000 parents

Expenditures for 2000–2001 and 2001–2002 include: operations and management costs only.

2000–2001: Health Canada funding only. Additional implementation costs were covered by provincial and territorial governments.

2001–2002: Includes national and administrative tasks and facilitating national networking to support initiatives. In addition to these activities, Health Canada also funded a status report on Nobody's Perfect (\$40,000), and revised a training manual and a facilitator's manual (\$30,000).

2002–2003: Expenditures have been revised to include salaries.

2003–2004: Expenditures include: operations and management costs; and salaries. Reduction in expenditures is due to a decrease in operations and management costs in response to departmental budgetary pressures.

### Human Resources and Skills Development Canada

#### National Literacy Secretariat—Family Literacy Projects

	Expenditures	Sites	Children under 6 and their families
2000–2001	\$3,507,000	104 projects	Not available
2001–2002	\$3,123,000	90 projects	Not available
2002–2003	\$4,578,000	67 projects	Not available
2003–2004	\$3,839,749	51 projects	Not available

Expenditures above include: grants and contributions only.

While most of the projects focus on developing literacy skills and tools for young children and their parents prior to school entry, some also include components not directly related to children, but which could not be separated from the overall expenditure figure.

Expenditure amounts for 2000 to 2003 have been adjusted to reflect revised reporting categories.

2000–2001: Expenditures are budgetary allocations.

2001–2002: Expenditures are budgetary allocations.

2002–2003: Expenditures are budgetary allocations. The number of projects declined, since a select number were given increased funding for substantial initiatives.

2003–2004: Expenditure decreased due to one-time funding in 2002–2003.

**TABLE 3.2:**  
**OTHER**  
**SUPPORTING**  
**PROGRAMS**

## Canadian Food Inspection Agency

### Food Safety Activity Book

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not applicable	Canadian Food Inspection Agency Web site	Teachers, general public, children
2001–2002	Not applicable		
2002–2003	Not applicable		
2003–2004	\$10,800		

Expenditure above includes the amount spent to develop and print the publication.

## Health Canada

### A Parent's Guide to Sun Protection

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not applicable	Health Canada Web site	Parents
2001–2002	Not applicable		
2002–2003	Not applicable		
2003–2004	Not applicable		

*Note:* Original expenses were incurred in 1992 (\$250,000). In 1993, \$20,000 was used to reprint copies. In 1998, the guide was developed into a Web-based resource.

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

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$100,000 (estimate)	Children and youth intermediaries	Teachers, children, parents, caregivers, physicians, community leaders
2001–2002	\$200,000 (estimate)		
2002–2003	\$500,000 (estimate)		
2003–2004	\$300,000 (estimate)		

Expenditures include: grants and contributions; and operations and management costs.

Expenditures includes children age 6 to 9.

2002–2003: Increase in expenditure due to printing costs.

2003–2004: Decrease in expenditures due to no expenditure for development/productions. Costs incurred were for printing only.



### Canada's Child Health Record

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$105,000	Health professionals, public and community health agencies, social service agencies	Health professionals, public and community health agencies, social service agencies
2001–2002	\$85,000		
2002–2003	\$0		
2003–2004	\$0		

Expenditures include: operations and management costs.

2000–2001: The Child Health Record was first published in 2000.

2001–2002: Health Canada funding only. In addition, Procter & Gamble—Pampers contributed approximately \$300,000 for printing, dissemination through hospital gift packs and the media event.

2002–2003: Health Canada distributes the record; however, it has not been reprinted or updated.

### CAPC/CPNP National Projects Fund

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$398,311	CAPC/CPNP project staff	CAPC/CPNP project participants
2001–2002	\$947,621		
2002–2003	\$1,355,616		
2003–2004	\$1,709,016		

Expenditures above include: grants and contributions dollars only.

2003–2004: The allocation was \$1.9 million of which \$1,709,016 was spent. In other years, the National Projects Fund was unable to spend the full allocation.

### Consumer Product Safety Activities:

#### • Consumer Product Safety Education Bulletins

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$54,635	Physicians, public health nurses, teachers, community services (e.g., resource centres), social workers, hospital personnel	Families, children
2001–2002	\$46,935		
2002–2003	\$35,823		
2003–2004	\$41,631		

Expenditures above include: operations and management costs for reprinting various bulletins.

#### • Consumer Product Safety Industry and Professional Guides

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not applicable	Industry Guide: Manufacturers, importers, retailers.	Manufacturers, importers, retailers of products to be sold in Canada.
2001–2002	Not applicable		
2002–2003	\$21,435	Professional Guide: Public health nurses, doctors, social workers, etc.	Professionals working with families that include young children.
2003–2004	\$12,570		

Expenditures above include: operations and management costs for printing and desktop publishing.



### • *Is Your Child Safe?*

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not applicable	Physicians, public health nurses, social workers, hospital personnel	Child care providers, families
2001–2002	\$47,474		
2002–2003	Not applicable		
2003–2004	\$29,900		

Expenditures above include: operations and management costs only.

2002–2003: Expenditure was revised because the reprint was delayed until 2003–2004.

2003–2004: Increase in funding is due to reprinting to meet the demand.

### • *Safety with “Radar” Activity Book*

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not applicable	Physicians, public health nurses, social workers, teachers, hospital personnel, community services (e.g., fire/police)	Children
2001–2002	\$16,100		
2002–2003	\$46,595		
2003–2004	Not applicable		

Expenditures above include: operations and management costs only.

2002–2003: Resource was revised and printed.

### • *Stay Safe Program*

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not applicable	Preschool teachers, social workers at resource centres, public health nurses, injury prevention specialists	Child care providers of preschool children.
2001–2002	\$31,132		
2002–2003	\$208,330		Primary teachers of young school-age children.
2003–2004	\$133,065		

Expenditures above include: operations and management costs only.

2001–2003: Expenditures related to development costs; program was launched in 2003–2004.

### • *Toy Safety*

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not applicable	Industry Guide: product safety officers, Consumer Product Safety Bureau	Manufacturers, importers and retailers of children’s play products.
2001–2002	Not applicable		
2002–2003	\$12,700	Toy Safety flyer: Physicians, public health nurses, social workers, hospital personnel	Adults who purchase toys for young children.
2003–2004	\$21,093		

Expenditures above include: operations and management costs only.

2002–2003: Expenditures related to development costs; activity was launched in 2003–2004.

### Get Set for Life

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$100,000	Not applicable	Not applicable
2001–2002	\$50,000		
2002–2003	Not applicable		
2003–2004	Not applicable		

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

### Partnership with Parents d’Aujourd’hui

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$25,000		
2001–2002	\$25,000		
2002–2003	Not applicable		
2003–2004	Not applicable		

2002–2003 and 2003–2004: Due to changing priorities, social marketing campaigns with parents as the target audience were not carried out. Therefore, a partnership with Parents d’Aujourd’hui did not occur.

### Safe Seasons Calendar

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not applicable		
2001–2002	\$135,000		
2002–2003	Not applicable		
2003–2004	Not applicable		

Due to budgetary pressures, no calendars were developed after 2001–2002.

### Social Marketing Campaign on Children’s Health

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not applicable	Not applicable	
2001–2002	\$25,000		
2002–2003	Not applicable		
2003–2004	Not applicable		

Expenditures above include: operations and management costs only.

2002–2003: Due to changing priorities, an overarching campaign on children’s health has been postponed and there was no campaign held after 2002–2003.

## Transport Canada

### Keep Kids Safe: Car Time 1–2–3–4

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$101,000	Video, booklet, Web site	Parents and caregivers of children
2001–2002	Not available		
2002–2003	Not available		
2003–2004	\$72,200		

Expenditures above include: operations and management costs; and salaries.

### Road Safety

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$356,000	Video, booklet, Web site	Parents and caregivers of children
2001–2002	Not available		
2002–2003	Not available		
2003–2004	\$469,400		

Expenditures above include: operations and management costs; and salaries.







## EARLY CHILDHOOD DEVELOPMENT, LEARNING AND CHILD CARE

According to the Mission Statement of Canada’s Centre of Excellence for Early Childhood Development:

*Between the ages of 0 and 5, children experience a phase of accelerated growth. The education, care and attention they receive during this crucial period of development have a decisive effect on their future.*

The best scientific research suggests that providing young children with quality learning opportunities and care will enhance their physical, language and motor skills development, along with their social, emotional and cognitive development.

To help strengthen early childhood development, the Government of Canada provides families with financial support and tax measures to recognize the costs of early childhood learning and care. The government also provides early learning and child care programs and services for First Nations and other Aboriginal Children, for families of Canadian Forces members and for adult immigrants with young children.

The programs described in this chapter respond to the diverse and changing needs of families by providing opportunities for children to interact and play in environments that foster healthy early childhood development.

Many programs described in other chapters of this section provide quality early learning and care for children. Examples include the Community Action Program for Children (Chapter 3) and a number of the dedicated services for First Nations and other Aboriginal children and families (Chapter 6).

Additional information about the Government of Canada’s investments in early learning opportunities and child care for children is available in Section II: Early Learning and Child Care Activities and Expenditures, Government of Canada Report 2003–2004.

### ACTIVITIES AND EXPENDITURES

#### Canada Revenue Agency

#### Canada Child Tax Benefit Supplement

The Canada Child Tax Benefit (CCTB) is a tax-free monthly payment made to eligible low- and middle-income families to help them with the cost of raising children under age 18. Families receiving the CCTB also receive a supplement if they are providing care for children under the age of seven at home. The amount of this CCTB supplement is reduced according to child care expenses that are claimed as an income tax deduction. This report focuses only on the expenditure related to the CCTB supplement and does not track the government’s expenditure on the full CCTB.

**What’s New:** Because it is indexed to inflation, the CCTB supplement increased in July 2003 to \$232 per year for each child under the age of seven. The supplement is reduced by 25% of any amount a recipient (or a recipient’s spouse or common-law partner) claims for child care expenses.

Additional information about the CCTB supplement, including a Child and Family Benefits Online Calculator, is available online at [www.cra-arc.gc.ca/benefits/childbenefit-e.html](http://www.cra-arc.gc.ca/benefits/childbenefit-e.html).

**Expenditure:** The expenditure for the CCTB supplement totalled \$338,136,267 for the July 2003 to June 2004 program year. This amount represents supplementary benefits for children under seven years of age. The expenditure helped support 2 446 970 children in 1 754 902 families.

*Note:* In addition to the CCTB base benefit (which may include the CCTB supplement), CCTB entitlements may also include the National Child Benefit Supplement, a monthly benefit for low-income families with children. Detailed information on the Government of Canada's contributions through the CCTB and the National Child Benefit Supplement are published in the *National Child Benefit Progress Report*, available online at [www.nationalchildbenefit.ca](http://www.nationalchildbenefit.ca).

Finally, CCTB entitlements may also include the Child Disability Benefit (CDB), a monthly benefit that provides financial assistance for eligible families caring for children with severe and prolonged mental or physical impairments. In March 2004, the Canada Revenue Agency started paying the CDB, with payments retroactive to July 2003. The CDB is a \$50-million-per-year investment by the Government of Canada and provides up to \$1,600 annually (indexed to inflation) for a child qualifying for the disability tax credit.

### Child Care Expense Deduction

The Child Care Expense Deduction (CCED) is an income tax measure that recognizes child care expenses are a necessary cost many parents incur to enable them to be employed, carry on a business or pursue education. It defines child care expenses as the amounts a parent or another supporting person pays to the following for the care of an eligible child:

- individuals providing child care services;
- a day nursery school or day-care centre;
- a day camp or day sports school;
- a boarding school or camp (including a sports school where lodging is involved); and
- an educational institution for the purpose of providing child care services.

The CCED provides a deduction for income tax purposes from a parent's or supporting person's income of up to \$7,000 for each child under age seven, \$4,000 for each child age seven to 16, and \$10,000 for each child eligible for the disability tax credit.

**Expenditure:** According to preliminary estimates from the Canada Revenue Agency, in the 2003 tax year 1 097 950 individual (Canadian) tax filers were allowed income deductions for child care expenses. This represents deductions for children of all ages, since there is no data available for children by age. In the same year, the total child care claims by parents or supporting persons under this income tax measure are estimated to be \$2,951,198,000. Finance Canada projected the tax expenditure on this income tax measure to be \$545 million.

## Citizenship and Immigration Canada

### Language Instruction for Newcomers to Canada

Language Instruction for Newcomers to Canada (LINC) provides language training so that newcomers may become participating members of Canadian society as soon as possible. Fifty thousand adult immigrants attended LINC classes at 300 sites during 2003–2004. Additional information about LINC is available online at [www.cic.gc.ca/english/newcomer/linc-1e.html](http://www.cic.gc.ca/english/newcomer/linc-1e.html).

The program has a childminding component, which helps parents attend LINC classes by covering the cost of either licensed day-care or on-site child care. The on-site LINC childminding programs benefit the children as well, because they have an opportunity to learn some English or French in a safe environment, with their parents nearby.

Organizations that offer the on-site childminding services must meet national LINC childminding standards.

**What's New:** During 2003–2004, Citizenship and Immigration Canada worked closely with Childminding Monitoring, Advisory and Support (CMAS) to make sure that the childminding service providers at LINC sites thoroughly understand and comply with all national LINC childminding requirements.

In particular, CMAS helped service providers learn about, and implement, appropriate policies and procedures with regard to such matters as fire safety, sanitary practices, group size and ratios. This work ensures the standard of care offered at LINC sites protects the health and safety of children while their parents attend classes.

**Expenditure:** The 2003–2004 expenditure for the LINC program, including adult language training, child care and transportation, was \$92,620,700.

## National Defence

### Military Family Services Program

As part of the Military Family Services Program, there are 42 Canadian/Military Family Resource Centres (C/MFRCs) at Canadian Forces bases, wings and stations, which provide a wide variety of programs for families, including information and referral, services for children and youth, and prevention and intervention services, including emergency child care. These programs and services are used by Canadian Forces families in Canada, Europe, the United Kingdom and the United States.

According to the program's records for 2003–2004:

- 18 070 children and 13 417 adults attended 2 179 parent and tot groups;
  - 38 180 children and 8 622 adults took part in 3 876 preschool play groups; and
  - an estimated 70 507 children in total attended activities organized by the C/MFRC.
- (Note: the number of children does not indicate individual participation—the same child can participate in a number of activities and be counted each time.)

**What's New:** After consulting with Canadian Forces families and experts in the field of child development, program leaders decided during 2003–2004 to switch to a community development model for the design and delivery of services for children and families. This is a significant change because, previously, programs offered through the C/MFRCs were prescriptive and were required to be the same in every community.

The new approach is outlined in *Parameters for Practice*, a guidance document that gives families and communities a real influence on local priorities and local services. The C/MFRCs will have a year to adapt to the new model, and will implement community-specific programs and services on April 1, 2005.

Additional information about *Parameters for Practice*, including descriptions of objectives for such programs as Parent/Caregiver Education and Emergency Respite Child Care, is available at [www.cfpsa.com/en/psp/DMFS/index.asp](http://www.cfpsa.com/en/psp/DMFS/index.asp) under the “Resources” section.

**Note:** More information about the Military Family Services Program is available in Section II: Early Learning and Child Care Activities and Expenditures, Government of Canada Report 2003–2004.

**Expenditure:** The estimated expenditure in 2003–2004 on services under the Military Family Services Program for children age zero to six and their families was \$4,000,000.

## ACTIVITIES AND EXPENDITURES TABLES

CHAPTER 4

**TABLE 4.1:**  
**INCOME**  
**TAX**  
**MEASURES**

### Canada Revenue Agency

#### Child Care Expense Deduction

	Expenditures	Claims by individual tax filers
2000	\$595,000,000	1 072 780 claims
2001	\$530,000,000	1 080 210 claims
2002	\$540,000,000	1 109 040 claims
2003	\$545,000,000	1 097 950 claims

The expenditure amounts are the tax expenditures (or foregone taxes) related to the deduction, and not the total child care expense claims.

Estimates of federal tax expenditures are produced annually by the Department of Finance, and represent expenditures over a calendar year. See [www.fin.gc.ca/toce/2004/taxexp04\\_e.html](http://www.fin.gc.ca/toce/2004/taxexp04_e.html).

Tax expenditure figures and the number of claims are for children of all ages. Data is not available for children under age 6. These figures do not include operating expenditures to administer the deduction.

The number of claims reported is the total claims on which child care expenses were allowed as deductions for tax purposes.

Data about program expenditures have been revised since the latest report to show the tax expenditures (or foregone taxes) related to the deduction. Last year's report indicated the total child care expense claims.

2002: Expenditure figures are projections. Data on the number of claims have been revised since last year's report, from preliminary information to actual figures.

2003: Figures for expenditures and the number of claims are preliminary.

**TABLE 4.2:**  
**PROGRAMS**  
**PROVIDING**  
**DIRECT**  
**SUPPORT**

### Canada Revenue Agency

#### Canada Child Tax Benefit Supplement

	Expenditures	Sites	Children under 6 and their families
2000–2001	\$365,899,543	Not applicable	2 624 151 children – 1 858 234 families
2001–2002	\$353,723,791	Not applicable	2 564 117 children – 1 823 654 families
2002–2003	\$341,764,682	Not applicable	2 487 363 children – 1 781 903 families
2003–2004	\$338,136,267	Not applicable	2 446 970 children – 1 754 902 families

All expenses above are based on benefit years, July 1 to June 30 of each year.

Expenditure figures and the number of claims are for children under 7 years of age.

Data about program expenditures and program availability have been revised since the latest report, from estimates of the number of claims for children under 6 to the actual number of claims for children under 7 years of age.

### Citizenship and Immigration Canada

#### Language Instruction for Newcomers to Canada

	Expenditures	Sites	Children under 6 and their families
2000–2001	\$93,543,000	300	50 000 adult immigrants
2001–2002	\$90,717,900	300	50 000 adult immigrants
2002–2003	\$91,781,000	300	50 000 adult immigrants
2003–2004	\$92,620,700	300	50 000 adult immigrants

Expenditures are allocations and include: grants and contributions only.

All amounts above include adult language training, child care and transportation.



## National Defence

### Military Family Services Program

	Expenditures	Sites	Children under 6 and their families
2000–2001	\$4,000,000 (estimate)	15 000 services in 45 sites (estimates)	8 000 children; 35 000 families
2001–2002	\$4,000,000 (estimate)	15 000 services in 45 sites (estimates)	8 000 children; 35 000 families
2002–2003	\$4,000,000 (estimate)	Not available	Not available
2003–2004	\$4,000,000 (estimate)	42 sites	70 507 children (estimate)

Expenditures above include: grants and contributions; operations and management costs; and salaries and are estimates for children age 0 to 6 years.

2000–2001 and 2001–2002: The number of sites includes universal mandated services (available at every site) and site-specific services based on local need and supported by the local Commanding Officer and/or other sources of funding. It also indicates the total frequency of programs and not the number of programs offered (e.g., the same program might be offered several times throughout the year). Includes 36 sites in Canada, plus two Canadian/Military Family Resource Centres in the United States and seven in Europe.

2003–2004: The number of children does not indicate individual participation—the same child can participate in a number of activities and be counted each time.







## COMMUNITY SUPPORTS

Children and families are more likely to be healthy if the communities they live in are healthy. For optimal development, children need secure homes, violence-free family environments and protection from victimization. They also need healthy communities with safe neighbourhoods, play spaces and clean environments.

Research has shown that growing up in a community that is perceived to have higher levels of cohesion, stability and social supports will lead to healthier child development.

The Government of Canada makes significant investments in programs and services to strengthen communities and community supports. Many of these programs are featured in other chapters, including the Brighter Futures and Aboriginal Head Start programs (Chapter 6), the Community Action Plan for Children (Chapter 3) and the Understanding the Early Years pilot project (Chapter 7).

The programs described in this chapter also promote healthy early childhood development by strengthening supports for young children in communities.

## ACTIVITIES AND EXPENDITURES

### National Police Services, Royal Canadian Mounted Police

#### National Missing Children Services

National Missing Children Services (NMCS) is one component of a program called “Our Missing Children.” The program dates back to 1986, when the Royal Canadian Mounted Police (RCMP) officially opened the Missing Children’s Registry. Over time, other federal partners joined the program, including the Canada Border Services Agency, Citizenship and Immigration Canada, the Department of Foreign Affairs and International Trade, and the Department of Justice. Collectively, this partnership provides a unique and powerful force in locating and recovering missing children.

The role played by NMCS is to assist in the search, recovery and return of missing children, and to train police in these activities. In addition, NMCS conducts original research, which is shared with governments, non-governmental organizations, the legal community and the media, and also develops and distributes reader-friendly information to help Canadians keep their children safe.

**What’s New:** In 2003, NMCS assisted with 142 investigations involving 191 children in Canada. Twenty-four of these missing children were under the age of six.

During 2003–2004, NMCS also published an important new research study, *The Abduction of Children by Strangers in Canada: Nature and Scope*, and produced new fact sheets to help parents protect their children. One example is *Child Safety Tips for Families*, which offers the following advice:

*Never leave a small child unattended in a car or vehicle. Children have been known to perish in a car fire, wander away from the vehicle and become lost, and traumatized by an accidental abduction if the vehicle was stolen. Never justify to yourself that it is safe to leave your child ‘just for a minute.’*

This fact sheet and other reports and brochures from NMCS, including a colouring book with safety information for children, are available online at [www.ourmissingchildren.ca/en/publications/brochures.html](http://www.ourmissingchildren.ca/en/publications/brochures.html). NMCS also operates a toll-free information line (1 877 318–3576).

**Expenditure:** The 2003–2004 expenditure for young children under National Missing Children Services was estimated at \$57,000. It is not possible to determine a precise figure related to children age zero to six and their families.

## Public Safety and Emergency Preparedness Canada

### National Crime Prevention Strategy

The National Crime Prevention Strategy (NCPS) focuses on crime prevention through social development. The approach is based on the principle that the surest way to reduce crime is to focus on the factors that put individuals at risk. The NCPS provides grants and contribution funding, along with tools, knowledge and expertise, to communities dealing with the root causes of crime at a local level.

NCPS has identified children, youth, Aboriginal people, and the personal security of women and girls among its key priorities for investing in community-based responses to crime. In the area of public outreach, NCPS has developed videos, public service announcements (e.g., on bullying), fact sheets and other publications for children, youth and their families. The NCPS Web site at [www.prevention.gc.ca/en/index.asp](http://www.prevention.gc.ca/en/index.asp) features links to these and other resources.

**What's New:** In December 2003, the NCPS became part of the newly created department of Public Safety and Emergency Preparedness Canada. Previously, the Strategy was part of the Department of Justice.

Throughout 2003–2004, the NCPS conducted comprehensive evaluations of a number of large-scale, multi-year projects funded by its Crime Prevention Investment Fund. The projects that are child-based tend to focus on reducing risk factors associated with future criminal behaviour, such as child abuse or neglect, exposure to domestic violence and parental criminality. Overall, the project evaluations showed interventions that targeted early childhood development by working closely with families had positive impacts on participants.

One example is a crime prevention pilot project targeting high-need, under-resourced families with children ages two to six. The project blended outdoor education with family therapy. Phase One of this multi-phase project took place at a wilderness facility near Ottawa, Ontario. The project evaluation showed that children demonstrated reduced levels of aggressive and defiant behaviour, and showed improved levels of confidence and social functioning. The parents also gained confidence and have reported feeling less isolated.

Another example of positive results came from the Strong Families, Strong Children project in New Brunswick. This project is helping families develop the necessary skills to stabilize family functioning. The evaluation conducted during 2003–2004 indicated

that the children were displaying decreases in anxiety, inattention, anger, impulsiveness and aggression, while showing increases in their levels of happiness and their abilities to solve problems.

During 2003–2004, the NCPS also funded a new three-year pilot project involving 60 low-income single mothers and their children in Surrey, British Columbia. The participants have all suffered abuse in the home, and the objective of the program is to strengthen the protective factors in their lives by helping them connect with the broader community. In addition to home visits, this project will include field trips to community resources. The first report on the outcomes of this project is expected in 2006.

**Expenditure:** The 2003–2004 expenditure for related projects targeting children funded by the National Crime Prevention Strategy was \$1,946,592. It is not possible to identify a precise sum related to children under six and their families.

## Royal Canadian Mounted Police (RCMP)

### Kidz Printz

Kidz Printz is an easy-to-use identification kit for parents with children age 12 and under. The pocket-sized kit includes a non-toxic ink strip for fingerprinting, spaces for parents to keep a current photo and written description of their child, plus a spot to tape strands of hair (pulled from the root) as a DNA sample. If a child goes missing, the completed kit would provide investigators with the information they need to begin their search.

The RCMP launched a nation-wide Kidz Printz campaign in 2001, and has since worked with partners and sponsors (e.g., Global Profiles Inc., AOL Canada, Our Missing Children and Zellers) to make these kits available to parents free of charge at all RCMP detachments. An estimated 300 000 kits were distributed to families with children age zero to six during 2003–2004.

In some parts of the country, such as the Ottawa region, RCMP staff volunteer their time to take Kidz Printz kits to schools and also to community events, where they show parents how to do the fingerprinting. For more information about Kidz Printz, visit [www.rcmp-grc.gc.ca/html/kidzprintz\\_e.htm](http://www.rcmp-grc.gc.ca/html/kidzprintz_e.htm).

**What's New:** The RCMP's contract with the major sponsor of Kidz Printz ended in December 2003, and no new kits have been provided to RCMP detachments since then. However, the Mounted Police Foundation has begun to explore options that would allow this program to continue nation-wide.

**Expenditure:** There was no expenditure for the Kidz Printz program in 2003–2004. As in previous years, the identification kits were donated by sponsors and were distributed by RCMP staff acting as volunteers.

## ACTIVITIES AND EXPENDITURES TABLES

CHAPTER 5

**TABLE 5.1:**  
**PROGRAMS**  
**PROVIDING**  
**DIRECT**  
**SUPPORT**

### National Police Services, Royal Canadian Mounted Police

#### National Missing Children Services

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$57,000	Police	Canada's children and families
2001–2002	\$57,000		
2002–2003	\$57,000		
2003–2004	\$57,000		

These expenditures are consistent every fiscal year and are allocations for operations and management costs based on what was spent in previous years.

It is not possible to determine a precise figure related to children age 0 to 6 and their families.

### Public Safety and Emergency Preparedness Canada

#### National Crime Prevention Strategy (NCPS)

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$1,370,000	Teachers, early childhood	Canada's children and families
2001–2002	\$1,378,000	educators, police, health	
2002–2003	\$2,628,000	and recreation community	
2003–2004	\$1,946,592		

This program was formerly part of the Department of Justice.

The amounts above represent the funding provided by the NCPS (through grants and contributions) for projects related to children age 0 to 12 years. It was difficult to distinguish the exact amount of money which went to children under 6 and their families, since the Strategy defines children as those from 0 to 12 years of age.

2002–2003: Increase in expenditures due to an increased number of projects funded.

2003–2004: Decrease in expenditures due to a decrease in number of projects funded or a decrease in funds required by funding recipients.

### Royal Canadian Mounted Police (RCMP)

#### Kidz Printz

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not applicable	Royal Canadian	Parents, children
2001–2002	Not applicable	Mounted Police	
2002–2003	Not applicable		
2003–2004	Not applicable		

There are no costs associated with this program. RCMP personnel volunteer for activities related to this program.



## DEDICATED SERVICES FOR FIRST NATIONS AND OTHER ABORIGINAL CHILDREN AND FAMILIES

*This is the type of program I was hoping was around so my children could learn their culture, and not be ashamed of it like I was when I was a little child growing up. It took until I was a young teen before I started to actually not care that I was native, and until now to learn and know more about the native history. I am so thankful that this program does this for Bailey who absolutely loves it and everything about it.*

This excerpt is taken from *Creation Stories—Personal Reflections about Aboriginal Head Start in Urban and Northern Communities*, published by Health Canada.

The overall objective of Aboriginal Head Start, and other programs and services featured in this chapter, is to contribute to the health and social development of Aboriginal preschool children and their families.

Some programs outlined in other chapters also provide services for First Nations, Inuit and Métis children and families. For example, the Canada Prenatal Nutrition Program and the National Fetal Alcohol Spectrum Disorder Initiative provide services to children and families in communities across Canada, including Aboriginal children and families. These programs, described in Chapter 2, also have a program component dedicated to First Nations on reserve and Inuit.

In addition to describing programs and services, this chapter also features an update on activities and expenditures related to the Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children.

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

Early childhood development for Aboriginal children is recognized as a priority in Canada. The goal of the Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children is to address the gap in life chances between Aboriginal and non-Aboriginal children. Announced in October 2002, it provides \$320 million over five years for work in four areas of activity as follows:

- new investments to enhance existing programs (Aboriginal Head Start in Urban and Northern Communities, Aboriginal Head Start On Reserve, and the First Nations and Inuit Child Care Initiative) and to intensify efforts to address Fetal Alcohol Spectrum Disorder in First Nations communities;
- advancing research and knowledge;
- building capacity and networks; and
- working towards better integration of federal early childhood development programs and services.

Information (including expenditures) related to Aboriginal Head Start in Urban and Northern Communities, Aboriginal Head Start On Reserve and the First Nations and Inuit Child Care Initiative, is presented later in this chapter, while information related to Fetal Alcohol Spectrum Disorder in First Nations communities, is outlined previously in Chapter 2.



The following descriptions provide a brief update on activities and expenditures for the three remaining areas under the Federal Strategy.

### **Advancing Research and Knowledge**

During 2003–2004, efforts focused on developing an Aboriginal Children’s Survey to provide ongoing information about early childhood development and well-being of young Aboriginal children. A feasibility study, which was completed in January 2004, explored strategies for collecting information and detailed a survey process. The study results were guided by discussions with national Aboriginal organizations as well as researchers working in the field of Aboriginal early childhood development.

Social Development Canada is leading this research project. Next steps will include additional discussions with national Aboriginal organizations, and establishing an expert advisory group to provide advice on the content of the Aboriginal Children’s Survey.

**Expenditure:** The 2003–2004 expenditure for advancing research and knowledge was \$4,212,600.

### **Building Capacity and Networks**

As part of the Federal Strategy’s capacity-building component, funding is provided annually to six national Aboriginal organizations: the Congress of Aboriginal Peoples; the Métis National Council; the Assembly of First Nations; the Native Women’s Association of Canada; Inuit Tapiriit Kanatami; and Pauktuutit Inuit Women’s Association. In 2003–2004, funding supported their continuing involvement in the strategy, including participation in meetings with federal departments to share information and provide feedback, input and advice.

The second part of the component is to create an early childhood development Aboriginal Service Providers’ Network (ASPN). As a first step, a contract was awarded in July 2003, and an interactive survey was developed in 2003–2004. A culturally sensitive, bilingual Web site, intended for Aboriginal early childhood development service providers, was created. Developed as a demonstration Web site, it included the interactive survey to assess their information and training needs, process information received from the survey and provide online reports. Recommendations for a bulletin board and real time chat service to be included on the Web site were also developed. In May 2004, management of the Web site was transferred to the First Nations Child and Family Caring Society of Canada. The Web site was re-launched as the Aboriginal Children’s Circle of Early Learning Web site at [www.accel-capea.ca](http://www.accel-capea.ca) on November 19, 2004.

**Expenditure:** The 2003–2004 expenditure for building capacity and networks was \$1,373,200.

### **Working Towards Better Integration of Federal Early Childhood Development Programs and Services**

Health Canada, Human Resources and Skills Development Canada, Social Development Canada, and Indian and Northern Affairs Canada are working together to develop options to improve the integration and coordination of federal Aboriginal Early Childhood Development (ECD) programming.

To advance this work, the four departments completed an environmental scan; community planning pilot projects; evaluation tools pilot projects; and a national dialogue. The data



collected as part of the environmental scan was validated and, as a next step, a report on the environmental scan will be finalized and distributed. For the community pilot projects, training was delivered to participating communities and, in September 2003, a workshop was held to share progress and best practices. Evaluation tools pilot projects were also completed and tested the transferability of evaluation tools from one ECD program to another. Next steps include presenting the summary reports from both the community planning and evaluation tools pilot projects to participating communities and seeking their additional input and feedback. The national dialogue engaged more than 500 stakeholders at local, regional and national levels.

The four departments involved in the Federal Strategy are now analysing the information and input gathered through these activities. They will use the findings to develop recommendations for a more integrated approach (or “single window”) to ECD programming.

**Expenditure:** The 2003–2004 expenditure on working towards better integration of Early Childhood Development programs and services was \$993,500.

## OTHER ACTIVITIES AND EXPENDITURES

### 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 a preschool program that prepares young Aboriginal children for school by meeting their spiritual, emotional, intellectual and physical needs.

Additional information about the program’s values, components and project sites is available online at [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).

**What’s New:** Under the Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children, AHSUNC has received an additional \$12.5 million per year beginning in 2002–2003. As a result of the increased funding, the AHSUNC program expanded during 2003–2004 and provided services to 3 616 children by the end of June 2003. This represents the number of children at project sites that were “fully operational”.

The number of project sites increased from 114 sites in December 2003 to 128 sites as of March 2004, but most of the sites did not enrol children until the fall of 2004.

AHSUNC initiated two evaluations on a national level during 2003–2004. The first provided statistical information about the nature of the program, including the following:

- 82% of full-time program staff are Aboriginal;
- 24 different Aboriginal languages are taught in AHSUNC projects; and
- 90% of AHSUNC projects have Parent Advisory Councils.

The second is a National Impact Evaluation that tracks children and families at 10 diverse AHSUNC sites from the time they entered the program (fall 2003) through to the time the children will enter kindergarten (fall 2005). The evaluation includes interviews with parents,

staff, Elders, kindergarten teachers, health professionals and other key community members. Among the interim findings are the following:

- Kindergarten teachers, parents and community members report that AHSUNC graduates show increasing school readiness skills, which they attribute to participation in Aboriginal Head Start.
- Early childhood educators report that the children are making positive progress in all areas being monitored, including personal and social development, language and literacy, mathematical thinking, and physical development and health.

It is also reported that many Aboriginal parents are learning their Aboriginal languages as a result of the language having been introduced to their children as part of the Head Start program.

AHSUNC initiated a number of pilot projects during 2003–2004, including one to measure the effects of an iron-rich diet on Inuit children. A traditional Inuit diet that includes caribou and other traditional foods can decrease iron-deficiency anemia. Partners in this project include the Kativik Regional Government, the Québec Research Institute for Public Health, the Avataq Institute and Hunter's Support. Initial data from the pilot is expected during 2004–2005.

*Note:* Information about AHSUNC training initiatives and regional expansion plans is provided in Section II: Early Learning and Child Care Activities and Expenditures, Government of Canada Report 2003–2004.

**Expenditure:** The 2003–2004 expenditure for Aboriginal Head Start in Urban and Northern Communities was \$31,241,000.

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

Aboriginal Head Start On-Reserve (AHSOR) is an early intervention program for First Nations children (age zero to six) living on reserve, and their families. It is intended to prepare these children for their school years by meeting their emotional, social, health, nutritional and psychological needs.

Additional information, including a description of program standards and links to newsletters and Annual Reports, is available online at [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).

**What's New:** Under the Federal Strategy, Aboriginal Head Start On Reserve has received additional funding of \$21.5 million per year beginning in 2002–2003, which brings the total funding available for 2003–2004 to \$46.5 million.

The AHSOR program in 2003–2004 provided services to 9 101 children at 354 project sites serving 383 communities. Additionally, new information received in 2003–2004 as part of a 2003 Progress Report confirmed that 7 429 children had attended programs at 307 project sites during 2002–2003, and the total number of programming hours that year was 201 169.

The 2003 Progress Report also noted that:

- All project sites promote culture and language through talking circles, involvement of Elders, songs or other activities.
- Most AHSOR programs offer language classes in the First Nations languages of the community, and in some sites, such as the Saga-Da'Agaas Obigi'Asogameg in Ontario, all staff members speak their First Nations languages. The variety of languages spoken

during instruction at project sites in Québec, for example, includes Cree, Algonquin, English, French, Montagnais, Mohawk, Naskapi, Innu and Atikamekw.

- An increasing number of communities are inquiring about AHSOR in the hope that they will also be able to participate in the program.

Also during 2003–2004, a National Evaluation Summary Report became available.

The evaluation was conducted during 2001–2003, and the findings included the following:

- 55% of projects have some or all staff trained in addressing special needs; and
- 97% of parents are satisfied with what Head Start is doing for their children in the areas of social development, helping develop healthy eating habits and developing school readiness.

In addition, kindergarten teachers are impressed with the behaviour and achievement of the Head Start children, and have noted that:

- there is a huge difference in the children's self-esteem;
- the children are stronger learners and have better basic skills (compared with those who did not have the opportunity to attend the program); and,
- the children are more independent and confident.

Another significant benefit AHSOR provides to children is improved interaction with their parents. In many cases, parents are spending more time with their children, both at school and at home. Parents involved in Head Start projects report they are becoming increasingly comfortable in their role as the children's first teachers. They also say they enjoy their time with the children more, are coping better with stress and are making positive changes in their own lives.

*Note:* Additional information about Aboriginal Head Start On Reserve, including details about staff training initiatives, is provided in Section II: Early Learning and Child Care Activities and Expenditures, Government of Canada Report 2003–2004.

**Expenditure:** The 2003–2004 expenditure on Aboriginal Head Start On Reserve was \$35,095,244.

## 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 especially for the children, the program recognizes that children's needs cannot be separated from those of their families and communities.

Communities may use the funding for awareness and prevention activities related to such matters as family violence, suicide and its aftermath, counselling and parenting courses, as well as cultural activities. During 2003–2004, the Brighter Futures program provided these kinds of services at 650 community sites.

**What's New:** An evaluation of Brighter Futures took place in 2003–2004, and the results are scheduled for release in 2005. The evaluation process gave participating First Nations and Inuit communities an opportunity to share their experiences and provide recommendations to shape the future direction of the program.

**Expenditure:** The 2003–2004 expenditure for Brighter Futures for non-transferred communities was \$17.1 million.

## Human Resources and Skills Development Canada

### First Nations and Inuit Child Care Initiative

The First Nations and Inuit Child Care Initiative (FNICCI) supports First Nations and Inuit communities in developing and implementing child care programs designed to address their local and regional needs. The objective is to increase the supply of quality child care services in First Nations and Inuit communities.

The program is focused on children up to age six, but children age seven to 12 are eligible for after-school care. Additional information is available in the “Child Care” section at [www17.hrdc-drhc.gc.ca/ARO-BRA/ARO.cfm](http://www17.hrdc-drhc.gc.ca/ARO-BRA/ARO.cfm).

**What’s New:** During 2003–2004, FNICCI created 500 new child care spaces, both in communities previously served and in 18 new communities. This brought the total number of subsidized child care spaces to 7 500 at 407 different sites. The expansion was made possible by enhanced funding in the amount of \$9 million per year (for program and operating resources) beginning in 2002–2003 under the Federal Strategy for Early Childhood Development for First Nations and Other Aboriginal Children.

In 2002–2003 the subsidy rate was raised from \$6,000 to \$6,500 per space, and was used for infrastructure, supplies and human resources. In 2003–2004, this higher subsidy rate applied to the existing spaces and the 500 new ones.

To receive funding from FNICCI, child care centres must adhere to specific guiding principles. For example, they must be inclusive and comprehensive, and must provide flexible programs. A success story from the Eskasoni Ksite’taqnk Day Care in Nova Scotia is a good illustration of this principle in action.

A special boy named Connor started going to day-care when he was two years old. Connor was facing a number of health and developmental challenges, and at first, day care staff wondered whether he would be able to fit in with the other children.

They did not have to wonder for long. The other children not only accepted Connor, but also paid attention when he was learning sign language, so they would be able to communicate with him.

Over the course of several years, the early intervention program at Eskasoni Ksite’taqnk Day Care assisted Connor with his social, intellectual, emotional and physical development. When he first arrived at the centre, he had difficulty with small motor skills. The centre installed a handrail to help Connor with his walking, and by the end of the year, he was walking on his own.

Connor is developing above the level his doctors and therapists had expected and, in 2003–2004, he graduated from day-care and started the primary program at Eskasoni Middle School.

Another guiding principle for child care centres funded by FNICCI is to be reflective of the community’s cultural values, beliefs and traditions. The Inkameep Preschool Day Care

in British Columbia put this principle into action during 2003–2004 in a number of ways, including the following:

- using nature as a teaching tool for children through such actions as a field trip to a Desert Heritage Centre and by observing birds that nest near the day-care;
- using such learning tools as drums and a baby backboard to give children new First Nations experiences; and
- inviting community members and parents to give hands-on health and safety presentations to the children.

The increased availability of affordable, high-quality child care in First Nations and Inuit communities has allowed more parents to take advantage of training and employment opportunities, which otherwise may not have been available to them.

High-quality child care had a direct impact on the life and career path of a woman named Melanie. She first realized that she wanted to be an early childhood educator when volunteering at her daughter's preschool four years ago.

With sponsorship from the North East Native Advancing Society in British Columbia, Melanie was able to pursue her dream by enrolling in the Northern Lights College/Saulteau First Nations Early Childhood Education Certificate Program. She graduated with a grade A average at the end of 2003–2004 and began working as an Early Childhood Educator Assistant. Melanie gives credit to the Early Childhood Education program for helping her improve her life:

*I have gained confidence and self-esteem. I am more positive, outspoken, and present my ideas and what I believe in.*

*Note:* Additional information about the FNICCI is provided in Section II: Early Learning and Child Care Activities and Expenditures, Government of Canada Report 2003–2004.

**Expenditure:** The 2003–2004 budgetary allocation for the First Nations and Inuit Child Care Initiative was \$50,140,000. This includes funding for children age six to 12, but mostly for children under six.

## 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 through which Canada directly funds over 750 First Nations child care spaces on reserve. The purpose is to provide early childhood development programming and learning services that are comparable to the services offered by the provincial government to people living off reserve.

During 2003–2004, the program funded 762 spaces, which were available to 976 children under age 12 in 15 First Nations communities.

*Note:* This program is also featured in Section II: Early Learning and Child Care Activities and Expenditures, Government of Canada Report 2003–2004.

**Expenditure:** The 2003–2004 expenditure for the Child/Day-care Program—Alberta was \$2,502,620.

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

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

During 2003–2004, the program provided services for 2 797 children under age six at 57 sites in 51 First Nations communities. Information about the number of regulated spaces was not available.

*Note:* This program is also featured in Section II: Early Learning and Child Care Activities and Expenditures, Government of Canada Report 2003–2004.

**Expenditure:** The 2003–2004 expenditure for the Child/Day-care Program—Ontario was \$15,367,292.

### **Elementary/Secondary Education Program (Kindergarten–Grade 12)**

Indian and Northern Affairs Canada (INAC) supports First Nations in the delivery of elementary and secondary programs (K–12) to students on reserve. The support is to provide programs comparable to those required in the province or territory of residence, or to arrange for students living on reserve to attend provincial schools. The objective is to provide students on reserve with high-quality, culturally relevant education that supports lifelong learning, from early childhood to post-secondary education.

First Nations use the Elementary/Secondary Education Program funding for the following purposes:

- instructional costs in First Nations-operated and federal schools;
- reimbursement of costs of on-reserve students attending provincial and territorial schools;
- student support services, such as transportation, counselling and accommodation; and
- school-board type services.

In 2003–2004, the Elementary/Secondary Education Program supported 13 483 children under age six to attend kindergarten classes at First Nations, federal, provincial and private schools. Approximately 85% of these students attended the 380 First Nations schools that offer kindergarten classes; the remainder attended provincial, federal and private schools.

Additional information about the Education Program is available at [www.ainc-inac.gc.ca/ps/edu/index\\_e.html](http://www.ainc-inac.gc.ca/ps/edu/index_e.html). The Web site features links to a number of important reports, including the *Education Program Report* from December 2003 and the *Final Report of the Minister's National Working Group on Education* from December 2002.



**What's New:** Following the recommendations of the Minister's National Working Group, the Government of Canada made new investments in First Nations Education during 2003–2004, including:

- \$8 million to increase the ability of Band-operated schools to recruit and retain qualified teachers by narrowing the gap between on-reserve and provincial teachers' salaries; and
- \$2 million to affirm, through practical measures, the importance of parental and community involvement in education.

The funding for practical measures to affirm the importance of parental and community involvement in education was directed towards 17 pilot projects, which included such activities as:

- a First Nations Parents Conference, with workshops on nutrition, how to assist with homework, how to recognize and address bullying, anti-racism, literacy, and active and healthy lifestyles;
- support for parenting workshops, presentations from guest speakers, support groups, school volunteer activities, participation in school assessment processes; and
- literacy initiatives, including support to provide culturally appropriate reading material for First Nations parents and children.

Some of these pilot projects involve multiple stages from one school year to the next. The data from the pilots will be analysed over a two-year period up to the end of the 2004–2005 school year.

**Expenditure:** The 2003–2004 expenditure on the Elementary Education (Kindergarten) for children under age six was \$51,408,500. This figure represents a change over the previous year's expenditure, which was \$34,615,000. However, much of the change is because per student costs were calculated differently to include a larger range of expenditures such as professional salaries, books and supplies, and transportation, resulting in a higher per student cost.

### *Special Education*

In the area of Special Education, work continued on a Special Education Results Indicators Pilot Project, which began in 2002–2003, to provide data to policy makers on program effectiveness and management. The work is being undertaken by INAC in collaboration with First Nations and the governments of Manitoba and Saskatchewan.

Activities to date have included developing a set of indicators to enable aggregate reporting of individual student achievements against their own individual goals. The process used to develop measures of student learning outcomes included three stages:

- identifying types of learning outcomes;
- developing the measurement technique; and
- field-testing the measurement technique.

Five domain areas for special education indicators were identified, including academics, self-care and health skills, responsibility/independence/citizenship, personal well-being and social well-being. The findings of this pilot project are expected towards the end of 2004.

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

The main objectives of this program 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.

The First Nation Child and Family Services Head Start—New Brunswick program continues to operate at 15 different sites and offers centre- or home-based care for children under six, as well as services for parents. Since Head Start in New Brunswick is part of an integrated Child and Family Services program, no specific breakdown of Head Start data is available.

**What's New:** In 2003–2004, Indian and Northern Affairs Canada, Health Canada and the Union of New Brunswick Indians conducted a review of the services provided by this program. The review involved on-site visits and interviews with staff at five Child and Family Services agencies, which the review team agreed were representative of all INAC-funded Head Start programs in New Brunswick.

At the conclusion of this review, it was determined that the First Nation Child and Family Services Head Start—New Brunswick program should continue in its present form until further notice.

*Note:* Information about the First Nation Child and Family Services Head Start—New Brunswick program is also featured in Section II: Early Learning and Child Care Activities and Expenditures, Government of Canada Report 2003–2004.

**Expenditure:** The 2003–2004 expenditure for the First Nation Child and Family Services Head Start—New Brunswick program was \$1,408,000.

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

The National Child Benefit (NCB) Initiative is a partnership among 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 Initiative, 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 income assistance benefits provided on behalf of children by the full or partial amount provided under the NCB Supplement. These income 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 income assistance experienced a reduction in its overall level of income support as a result of the NCB Initiative. Additional information explaining how the Reinvestment program works is available at [www.ainc-inac.gc.ca/pe-cp/ncb\\_e.html](http://www.ainc-inac.gc.ca/pe-cp/ncb_e.html).

**What's New:** Information about 2003–2004 reinvestment projects in First Nations communities will not be available until December 2004. However, new information on the 2002–2003 reinvestment projects became available for this year's reporting. During that year, First Nations communities directed NCB reinvestment funds into 1 334 different



projects that helped 57 967 families with 117 734 children. These projects were divided into five different activity areas: Child/Day Care, Child Nutrition, Early Childhood Development, Employment/Training Opportunities, and Community Enrichment. For purposes of this section, amounts and figures reported will only encompass two of the five activity areas, namely Child/Day Care and Early Childhood Development. Although, the figures provided may include other age groups, it is safe to assume that these two activity areas are geared towards children age zero to six. It is important to keep in mind that the NCB Initiative is for all children under 18 and their families living on reserve and that reporting is done by reinvestment project, not by age group. Finally, there may be some expenditures for children age zero to six in the other three activity areas, but due to the nature of this reporting, a breakdown of these figures is unavailable.

This tally included:

- 65 Child/Day Care projects, affecting 808 families and 1 715 children (numbers may include duplicates where a family benefits from more than one project in the community); and
- 51 Early Childhood Development projects, affecting 1 485 families and 3 188 children (numbers may include duplicates where a family benefits from more than one project in the community).

The expenditure for these two activity areas in 2002–2003 was \$1,931,483.

During 2002–2003, First Nations communities also directed reinvestment funds into:

- 808 Community Enrichment projects, affecting 37 646 families and 71 485 children;
- 245 Child Nutrition projects, affecting 11 914 families and 28 564 children; and
- 165 Employment/Training Opportunities, affecting 6 114 families and 12 782 children (for details on these expenditures, please consult Indian and Northern Affairs Canada's *First Nations' National Child Benefit Reinvestment Initiative Progress Report for the Year Ending March 31, 2003*).

There was a significant change in the province of Manitoba in January 2004. At that time, the full income assistance and the NCB Supplement began to flow directly to families in the province. This eliminated the base from which savings for “reinvestment” could be drawn, and the end result is that the province no longer has reinvestment projects. First Nations in Manitoba have followed suit.

Also new in 2003–2004 was publication of the *Proposal Development and Reporting Guide*, a management tool for First Nations administrators developed jointly by Indian and Northern Affairs Canada and First Nations workers with experience in NCB reinvestment projects.

The *Guide*, which is available on the Web site at [www.ainc-inac.gc.ca/pe-cp/ncb\\_e.html](http://www.ainc-inac.gc.ca/pe-cp/ncb_e.html), outlines minimum requirements for proposals for NCB reinvestment projects and promotes sound accountability practices by showing examples of reports and what they should contain. The *Guide* was designed to be as generic as possible so that all First Nations could use it, regardless of the reinvestment model in place in their particular province or territory.

**Expenditure:** Information about the 2003–2004 expenditure for the First Nations National Child Benefit Reinvestment Initiative will be available in the summer of 2005.

# ACTIVITIES AND EXPENDITURES TABLES

**TABLE 6.1:**  
**FEDERAL STRATEGY ACTIVITIES**

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

Information on the following four programs, which receive enhanced funding under the Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children, is presented both in Section I: Early Childhood Development Activities and Expenditures and Section II: Early Learning and Child Care Activities and Expenditures:

- Aboriginal Head Start in Urban and Northern Communities (Section I, Chapter 6; Section II, Chapter 2);
- Aboriginal Head Start On Reserve (Section I, Chapter 6; Section II, Chapter 2);
- Fetal Alcohol Spectrum Disorder Program: First Nations and Inuit Component (Section I, Chapter 2); and
- First Nations and Inuit Child Care Initiative (Section I, Chapter 6; Section II, Chapter 2).

In addition to the above programs that provide direct support, the Federal Strategy supports work in the three areas of activity that provide support as follows:

- advancing research and knowledge;
- building capacity and networks; and
- working towards better integration of federal early childhood development programs and services.

### Advancing Research and Knowledge

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not applicable	Not applicable	Not applicable
2001–2002	Not applicable		
2002–2003	\$4,212,600		
2003–2004	\$4,212,600		

Expenditures are allocations and include: contributions; operations and management costs; and salaries.

### Building Capacity and Networks

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not applicable	National Aboriginal	Other Aboriginal organizations,
2001–2002	Not applicable	organizations, Aboriginal	Service providers
2002–2003	\$1,373,200	contractor	
2003–2004	\$1,373,200		

Expenditures are allocations and include: contributions; operations and management costs; and salaries.

### Working Towards Better Integration of Federal Early Childhood Development Programs and Services

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not applicable	Not applicable	Not applicable
2001–2002	Not applicable		
2002–2003	\$1,003,100		
2003–2004	\$993,500		

Expenditures are allocations and include: contributions; operations and management costs; and salaries.

**TABLE 6.2:**  
**PROGRAMS**  
**PROVIDING**  
**DIRECT**  
**SUPPORT**

## Health Canada

### Aboriginal Head Start in Urban and Northern Communities

	Expenditures	Sites	Children under 6 and their families
2000–2001	\$22,500,000	114	3 200 children
2001–2002	\$22,500,000	114	3 536 children
2002–2003	\$25,821,117	114	3 536 children
2003–2004	\$31,241,000	128	3 616 children

2002–2003: Due to the late announcement (October 2002), full annual funding of \$35 million could not be fully allocated in fiscal year. Actual expenditure for contributions was \$25,821,117. Expenditures for 2002–2003 were revised from allocations to actuals.

2003–2004: Expenditures include: actual contributions (including regions); salaries and other operating costs for national office only. The number of sites has increased since December 2003 to 128 sites as of March 2004, but most of the new sites did not enrol children until the fall of 2004.

### Aboriginal Head Start On Reserve

	Expenditures	Sites	Children under 6 and their families
2000–2001	\$24,398,500	314	6 467 children
2001–2002	\$22,625,300	307	7 150 children
2002–2003	\$34,727,000	307	7 429 children
2003–2004	\$35,095,244	354	9 101 children

Expenditures include: grants and contributions; operations and management costs; and salaries.

Figures for 2000–2001 and 2001–2002 were revised to reflect actual expenditures.

2001–2002: This does not include Northern Equity Funds transferred by Health Canada's Population and Public Health Branch.

2002–2003: Due to the late announcement (October 2002), full annual funding of \$46.5 million could not be expended in this fiscal year. All available funding was allocated to meet regional health program needs, including to those services that First Nations have identified as priorities.

2003–2004: Full annual funding of \$46.5 million could not be expended in this fiscal year. All available funding was allocated to meet regional health program needs, including to those services that First Nations have identified as priorities.

### Brighter Futures

	Expenditures	Sites	Children under 6 and their families
2000–2001	\$20,000,000	650	45 000 children (estimate)
2001–2002	\$18,300,000	650	Not available
2002–2003	\$17,600,000	650	Not available
2003–2004	\$17,100,000	650	Not available

Expenditures above include: grants and contributions; operations and management costs; and salaries. The allocation for Brighter Futures remains the same since 1992.

It is not possible to accurately determine how many children are served.

2001–2004: Some First Nations communities assumed control over their health services through the Health Services Transfer process and no longer provide information on Brighter Futures. Through the Health Services Transfer Agreements, funds are removed from the Brighter Futures allocation and placed in the Transfer allocation. Therefore, while the expenditure allocated to Brighter Futures may appear to have decreased, there has been no loss of funds to the community or the Brighter Futures program.

## Human Resources and Skills Development Canada

### First Nations and Inuit Child Care Initiative

	Expenditures	Sites	Children under 6 and their families
2000–2001	\$41,000,000	389	7 000 spaces
2001–2002	\$41,000,000	389	7 000 spaces
2002–2003	\$50,140,000	389	7 000 spaces
2003–2004	\$50,140,000	407	7 500 spaces

Expenditures are budgetary allocations and include program and operating resources (including Employee Benefit Plan). Also included are infrastructure dollars.

All amounts above are for children under age 12, but are mostly for children under 6.

Data about the number of children served is not available. The unit of accountability is child care spaces.

2002–2003: Funding was increased by \$9 million under the Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children.

## Indian and Northern Affairs Canada

### Child/Day-care Program—Alberta

	Expenditures	Sites	Children under 6 and their families
2000–2001	\$2,665,000	17	1 046 children
2001–2002	\$2,665,000	17	1 113 children
2002–2003	\$2,665,000	17	1 006 children (estimate); 812 spaces
2003–2004	\$2,502,620	15	976 children; 762 spaces

Expenditures are allocations and include: grants and contributions only.

Some of the children accessing the service are from ages 6 to 12.

2003–2004: Expenditure decreased due to two day care centres not meeting provincial licensing standards. Day care centres are not funded unless provincial standards are met.

### Child/Day-care Program—Ontario

	Expenditures	Sites	Children under 6 and their families
2000–2001	\$12,177,000	67 programs	2 097 spaces
2001–2002	\$13,407,000	51 First Nations with 57 programs	3 243 children
2002–2003	\$14,291,000	51 First Nations with 57 programs	3 018 children
2003–2004	\$15,367,292	51 First Nations with 57 programs	2 797 children

Expenditures are allocations and include: grants and contributions only.

2001–2002: Expenditures do not include provincial share of expenditures. In 2001–2002, Indian and Northern Affairs Canada's regional office in Ontario began collecting and reporting data for this program by the number of First Nations sites offering child care programs. A single First Nations community can offer multiple child care programs.

### Elementary Education (Kindergarten)

	Expenditures	Sites	Children under 6 and their families
2000–2001	\$33,055,000	384	13 793 children
2001–2002	\$32,388,000	387	13 409 children
2002–2003	\$34,615,000	387	13 846 children
2003–2004	\$51,408,500	380 First Nations schools	13 483 children

Expenditures are allocations and include: contributions funding only.

2000–2001: The expenditure represents a per capita expenditure (junior kindergarten and kindergarten are funded on a half-day basis).

2002–2003: Increase due to an increase in student population.

2003–2004: Expenditures are based on the number of full-time equivalents aged 3 to 6 funded on a half-day basis attending kindergarten classes in First Nations, federal, provincial or private schools. Expenditures have been calculated differently from previous years, using an average per student cost that incorporates a larger range of expenditures, such as professional salaries, books and supplies, curriculum and transportation, resulting in a higher per student cost. The number of children under 6 represents the number of children enrolled in First Nations, federal, provincial or private schools.

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

	Expenditures	Sites	Children under 6 and their families
2000–2001	\$1,544,000	15	Not available
2001–2002	\$1,466,000	15	381 children
2002–2003	\$1,408,000	15	Not available
2003–2004	\$1,408,000	15	Not available

Expenditures above are allocations and include: contributions only.

This funding is calculated using the registered on-reserve population 0 to 6 years of age. If a child becomes 7 years of age prior to completion of the case plan, their case will still be considered.

### Indian and Northern Affairs Canada

#### First Nations National Child Benefit Reinvestment Initiative

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$4,080,000	Health centres, family	Families, children under 18 on reserve
2001–2002	\$2,102,735	resource centres, child care	
2002–2003	\$1,931,483	providers	
2003–2004	Not available at time of publication		

Expenditures above include: contributions only. Amounts were revised from estimates to actuals since the 2002–2003 Government of Canada report on Early Childhood Development Activities and Expenditures was published. The figures provided may include other age groups, but it is safe to assume that the two activity areas (Child/Day Care and Early Childhood Development) are geared towards children age 0 to 6. The variation in these expenditures may be attributed to the fact that, beginning in 2003–2004, Manitoba put a stop to clawing back on reinvestment monies; as well, First Nations have the flexibility to choose to reinvest in other areas not directly affecting children in the 0 to 6 or 0 to 12 age categories. It is important to note that the NCB Initiative is for all children under 18 and their families living on reserve and that reporting is done by reinvestment project rather than by age group. Also, there may be some expenditures for children age 0 to 6 in the other three activity areas (Child Nutrition, Employment Opportunities/Training, and Community Enrichment), but due to the nature of this reporting, activities geared to children 0 to 6 are not available.

**TABLE 6.3:**  
**OTHER**  
**SUPPORTING**  
**PROGRAMS**





## RESEARCH AND INFORMATION

A toddler's parents read a pamphlet about the health effects of family violence and decide to take courses in anger management.

A doctor visits a Web site about treatment options for pregnant women who smoke, and finds a program that helps a patient quit smoking during pregnancy.

A child care educator displays a calendar in the classroom, reads the weekly tips from experts in early childhood language and literacy, and comes away with an idea that finally gets that shy little boy to open up and participate during story time.

These may appear to be small victories, but they can make a lifetime of difference to the toddler whose parents learn to manage their anger, to the baby whose mother stops smoking, and to the young boy who overcomes his shyness and participates in literacy learning. Victories like these are unfolding every day throughout the country as a result of the Government of Canada's investments in research and information.

The activities described in this chapter produce knowledge and information that is widely shared and contributes to the understanding of healthy child development. This, in turn, provides the foundation for sound public policy to advance the long-term health and well-being of Canada's children.

## ACTIVITIES AND EXPENDITURES

### Canadian Institutes of Health Research

#### **Institute of Human Development, Child and Youth Health**

The Institute of Human Development, Child and Youth Health (IHDCYH) supports research to enhance maternal, child and youth health and to address causes, prevention, screening, diagnosis, treatment, short- and long-term support needs, and palliation for a wide range of health concerns associated with reproduction, early development, childhood and adolescence.

As a virtual institute, IHDCYH supports and links researchers located in universities, hospitals and other research centres across Canada. It is one of the 13 institutes of the Canadian Institutes of Health Research (CIHR).

**What's New:** During 2003–2004, IHDCYH approved funding of \$3,750,000 over five years for a new project as part of its “Healthy Pregnancy and Great Life Beginnings” research initiative.

The project entitled “Maternal Adversity, Vulnerability and Neurodevelopment” was prompted by increasing evidence that many forms of chronic illness have perinatal origins. For example, the risk for illnesses such as diabetes, heart disease and depression are increased in children who are small for their gestational age. However, there is considerable variation in the outcomes associated with fetal growth restriction, and the project will investigate how the quality of the postnatal environment affects these outcomes.

Also during 2003–2004, IHDCYH launched a Request for Application for new research projects that would advance Canada’s National Children’s Agenda by answering such questions as:

- Are there specific interventions or policies that can modify or improve developmental trajectories of infants, children and youth?
- What are the roles played, and interactions among, children, family, schools, neighbourhoods, community and cultural institutions in modifying the developmental trajectories of infants, children and youth?

In 2003–2004, CIHR continued to fund a number of training initiatives and workshops, and provided support to IHDCYH-affiliated researchers engaged in groundbreaking work in the field of early childhood development.

One of these researchers is Dr. Ruth Grunau of the University of British Columbia, who is studying the effects of early pain and stress on the long-term development of infants born very prematurely. The infants in this study were at least two months premature and many were born much earlier during the pregnancy. They were therefore exposed to stress (lights, noise and handling) and pain (skin-breaking procedures, such as needles for drawing blood) in hospital at a crucial time during their development.

Dr. Grunau’s research is very complex and not yet complete, but the early findings suggest that:

- There may be multiple factors (prenatal and postnatal) affecting stress levels, including, perhaps, the home environment after the babies were discharged from hospital.
- Lower stress levels in the mothers of very premature infants may play a role over time in ameliorating the effects of early pain and stress on children.

Additional information about IHDCYH is available online at [www.cihr-irsc.gc.ca/e/8688.html](http://www.cihr-irsc.gc.ca/e/8688.html).

**Expenditure:** The estimated 2003–2004 expenditure for Institute of Human Development, Child and Youth Health activities related to pregnancy, birth and early childhood was \$37 million.

## Networks of Centres of Excellence Canada

### Canadian Language and Literacy Research Network

The Canadian Language and Literacy Research Network is an integrated network of 150 researchers from 11 disciplines at 29 universities and research institutions from coast to coast, together with more than 250 students. The Network’s mandate is to generate, integrate and disseminate bias-free scientific research and knowledge focused on improving and sustaining children’s language and literacy development in Canada.

The Network was formed in March 2001 when a group of leading Canadian researchers, with a long-standing scientific interest in language and literacy, received a four-year, \$14.2-million grant from the Networks of Centres of Excellence Canada.



**What's New:** In 2003–2004, the network provided funding for 49 research projects, which were organized within five themes:

- biological factors underlying the development of language and literacy skills;
- sensory processes and environment;
- language development;
- literacy; and
- social, economic and program influences/families, schools and communities.

The Canadian Language and Literacy Research Network's efforts are tightly linked to partnerships, which are largely, but not exclusively, within the public sector. Last year, the network confirmed 100 partnerships at both the project and corporate levels. A full listing of research projects, programs and participants can be found at the Web site ([www.cllrnet.ca](http://www.cllrnet.ca)).

One of these partnerships, for the research project entitled "Enhancing Caregiver Language Facilitation in Child Care Settings," developed the *Canadian Language and Literacy Calendar*. This 16-month calendar is a tool that shares the most up-to-date research findings on how to facilitate children's language development in child care settings. The calendar features tips, such as asking children to make up stories based on picture books, or reading a story and then asking children how they would feel if they were in the same situation as the main character.

The Network produced 30 000 calendars, which were distributed to child care professionals throughout Canada. An electronic version is available online in the "Resources" section of the Web site. During 2003–2004, the Canadian Language and Literacy Research Network designed an impact study on the uptake of knowledge from the calendar and the effectiveness of the calendar's dissemination. The results of this study will be available in July 2005.

**Expenditure:** The 2003–2004 expenditure for the Canadian Language and Literacy Research Network's language and literacy research projects focused on children age zero to six was \$2,000,000.

## Health Canada

### Canadian Childhood Cancer Surveillance and Control Program

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

**What's New:** In the summer of 2003, the CCCSCP released a report, *Diagnosis and Initial Treatment of Cancer in Canadian Children 0 to 14 years, 1995–2000*. It provided important new information, including the following:

- Approximately 540 infants (one year or less) were diagnosed with cancer between 1995 and 2000. The majority had neuroblastoma, a type of cancer that affects immature nerve cells and is found most often in the brain or adrenal glands (just above the kidneys).
- Approximately 1 950 young children (one to four years) were diagnosed with cancer between 1995 and 2000. The majority had lymphoid leukemia, which affects white blood cells.

The objectives of the report were to generate awareness about childhood cancer and provide the basis for new research questions. The full report is available at [www.hc-sc.gc.ca/pphb-dgsp/ccdpc-cpcmc/cancer/publications/diag\\_treat\\_cancer\\_e.html](http://www.hc-sc.gc.ca/pphb-dgsp/ccdpc-cpcmc/cancer/publications/diag_treat_cancer_e.html).

**Expenditure:** The estimated 2003–2004 expenditure for the Canadian Childhood Cancer Surveillance and Control Program’s activities related to children age zero to six was \$142,000. It is impossible to determine a precise figure because the program does not differentiate costs for children under age 6.

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

The Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) is a computerized information system that collects and analyses data on injuries and poisonings from the emergency departments of 10 paediatric and four general hospitals in Canada.

The Program helps to identify hazards and high-risk situations for children, and the information is provided to a wide range of interested parties who are striving to make childhood safer, including policy makers, public health units, hospitals, non-governmental organizations and researchers. They use the data to set priorities and to develop targeted strategies to prevent injuries to children. Such strategies could include timely warnings to the public, education of parents and caregivers, and changes to legislation.

**What’s New:** CHIRPP information about injuries related to the use of baby walkers served as a key piece of the evidence that prompted Health Canada to call for comments, in September 2003, on a proposed ban on the importation, sale and advertising of baby walkers. CHIRPP data had shown that infants in baby walkers were at risk for serious head injuries resulting from falls down stairs and were also at increased risk for such injuries as scalds, because baby walkers enabled them to reach up and pull down dangerous objects.

Later in 2004, Canada became the first country in the world to ban baby walkers, a move that was welcomed by such organizations as Safe Kids Canada and the Canadian Paediatric Society.

Information from CHIRPP continues to provide the basis for presentations to professional health and research communities. For example, research analyst Steven McFaull used CHIRPP data on stroller/pram injuries for a presentation to the Annual Meeting of the Canadian Paediatric Society in June 2003.

The data illustrated that stroller-related injuries are one of the most frequent kinds of injuries associated with nursery products for children age zero to 23 months, and that certain design considerations (e.g., factors related to stroller stability, safety belts and braking systems) could reduce injuries.

Additional information about CHIRPP is available at [www.hc-sc.gc.ca/pphb-dgsp/injury-bles/chirpp/index.html](http://www.hc-sc.gc.ca/pphb-dgsp/injury-bles/chirpp/index.html).

**Expenditure:** The estimated expenditure for the portion of the Canadian Hospitals Injury Reporting and Prevention Program that served children age zero to six in 2003–2004 was \$207,000. It is impossible to determine a precise figure because CHIRPP collects information on emergency department patients of all ages.

## Canadian Perinatal Surveillance System

The Canadian Perinatal Surveillance System (CPSS) monitors and reports on maternal and infant health determinants and outcomes. It does this through an ongoing cycle that includes data collection, expert analysis and interpretation, and communication of information for action. The objective is to contribute to improved health for pregnant women, mothers and infants in Canada. Users of CPSS include health professionals, health departments and agencies, health research institutions, health departments at universities and colleges, researchers and individuals.

**What's New:** In the past year, CPSS published the *Canadian Perinatal Health Report, 2003*. This report assists policymakers in the field of perinatal health by providing accurate scientific information on issues affecting mothers and babies. Among the report's key findings were the following:

- The Canadian infant mortality rate continues to decrease, with a rate of 5.1 infant deaths per 1 000 live births in year 2000. The leading cause of infant mortality in Canada is congenital anomalies (birth defects). Infant mortality due to congenital anomalies has decreased significantly in recent years.
- Maternal mortality in Canada is among the lowest in the world. The maternal mortality ratio from 1997 to 1999 was 2.5 maternal deaths per 100 000 live births. Severe maternal morbidity (very serious, life-threatening illness) is also an important health issue that requires surveillance. Maternal mortality and severe maternal morbidity will be the focus of the next CPSS report.

In February 2004, CPSS published a new Fact Sheet, *Physical Abuse During Pregnancy*, which pointed out the following:

- Two Canadian studies have estimated the prevalence of physical abuse during pregnancy to be 5.7% and 6.6%. These rates are similar to rates reported in other countries, such as the United States, South Africa and Sweden.
- Studies indicate that a past history of abuse is one of the strongest predictors of abuse in pregnancy. Other risk factors include social instability, unhealthy lifestyle, and physical and psychological health problems.

A number of CPSS publications, including the *Canadian Perinatal Health Report, 2003* and *Physical Abuse During Pregnancy*, are available online at [www.hc-sc.gc.ca/pphb-dgsp/rhs-ssg/index.html](http://www.hc-sc.gc.ca/pphb-dgsp/rhs-ssg/index.html).

**Expenditure:** The 2003–2004 expenditure for the Canadian Perinatal Surveillance System was \$1,550,000.

## 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. An overall evaluation of the Centres was undertaken at the end of 2003–2004, and a public report is expected by the winter of 2004.

Of the four Centres of Excellence for Children’s Well-Being, three carry out research-related activities on issues affecting early childhood development. They are described below.

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

This Centre’s objective is to produce knowledge about children and adolescents with special needs in rural and northern Canada, and to transfer it effectively to those who can use it to make a difference in the lives of these children. The target audience includes researchers, service providers, parents, teachers and policy makers.

**What’s New:** During 2003–2004, the Centre released findings from two important studies. The first was *The young mothers project: Prevention of otitis media through breastfeeding and second-hand smoke abatement*.

In this project, Dr. Alan Bowd conducted an investigation with 42 young mothers and pregnant adolescents attending a special program at the Adolescent Parent Centre in Winnipeg. Eighty percent of the young women in the study were of Aboriginal descent.

The purpose was to encourage the young women to choose to breastfeed for as long as possible and to reduce their babies’ exposure to second-hand smoke, because both of these behaviours are known to reduce the prevalence of chronic otitis media (a form of middle ear disease). The investigation was essentially descriptive, but the following core conclusions were noted:

- A need for school-based health-related services that are not only available, but also more “visible.” Services should promote health-enhancing behaviour regarding sexual activity and the avoidance of smoking, alcohol and drugs.
- The importance of promoting breastfeeding among Aboriginal Canadians by emphasizing the benefits of exclusive breastfeeding, as well as the benefits of a lengthier breastfeeding period.

The second study looked at *Overweight and obesity in preschool children in Newfoundland and Labrador*, using measured heights and weights as opposed to parental reports. The project relied on data from the records of children born in 1997, who had taken part in a province-wide screening program conducted by public health nurses before the children started school. The sample size was 4 161, representing 77% of the 1997 birth cohort.

According to the project findings:

- The most conservative estimate is that one in four preschool children in Newfoundland and Labrador is already overweight or obese.
- The rates of overweight and obesity in this study may be indicative of the extent of the problem nationally.

The study suggests that overweight and obesity monitoring and prevention measures should be incorporated into existing prenatal and child health programs.

Additional details about these and other projects are available online in the Centre’s Annual Report, at [www.coespecialneeds.ca/PDF/annualreport04.pdf](http://www.coespecialneeds.ca/PDF/annualreport04.pdf).

The Centre also hosted conferences; produced workshops, reports, pamphlets and posters; and maintained an online directory of resources and information for children and adolescents with special needs in Nova Scotia ([www.snis.ca](http://www.snis.ca)).

**Expenditure:** The estimated 2003–2004 expenditure on early childhood development by the Centre of Excellence for Children and Adolescents with Special Needs was \$353,752. This represents 55% of the Centre’s budget for the year.

### • Centre of Excellence for Child Welfare

The Centre of Excellence for Child Welfare (CECW) encourages collaborative projects that integrate prevention of and interventions in child maltreatment across a number of sectors, including health care, education, justice and recreation. The Centre’s target audience includes service planners, service providers and policy makers.

**What’s New:** During 2003–2004, CECW took steps to augment its activities in the Prairies in collaboration with the Prairie Child Welfare Consortium. The work will involve expanding the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) to strengthen data pertaining to Aboriginal populations.

In addition, the Centre funded four new projects, including one in which the Awasis Agency of Northern Manitoba will collaborate with the University of Manitoba to evaluate factors that contribute to positive outcomes in children and youth who are placed in kinship care.

The Centre also published a book, *Community collaboration and differential response: Canadian and international research and emerging models of practice*. The book synthesizes the research presented at a two-day forum in Banff, Alberta in March 2003 on emerging approaches to child protection in Canada, the United States, England and Australia. It also describes differential response models, often referred to as “multi-track” systems.

Most differential response systems employ two streams, with the investigative track handling high-risk cases (sexual abuse, serious physical or emotional harm). Less urgent cases are shifted to an alternative “assessment” or “community” track, in which the focus of intervention is on brokering and coordinating services to address short- and long-term needs of the children.

Additional information about the forum presentations and about the book is available at [www.cecw-cepb.ca/Events/DifferentialResponse.shtml](http://www.cecw-cepb.ca/Events/DifferentialResponse.shtml), while information about the Centre’s other projects and publications can be found at [www.cecw-cepb.ca/home.shtml](http://www.cecw-cepb.ca/home.shtml).

**Expenditure:** The estimated 2003–2004 expenditure on early childhood development by the Centre of Excellence for Child Welfare was \$474,000. This represents 60% of the Centre’s budget for the year.

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

The mandate of the Centre of Excellence for Early Childhood Development (CEECD) is to foster the dissemination of scientific knowledge on:

- the social and emotional development of young children; and
- the policies and services that influence this development.

The Centre also makes recommendations on the services children need to ensure optimum early childhood development.

**What's New:** In September 2003, CEECD hosted a colloquium called “Prevention of Maltreatment—From Vivaldi’s Foundlings to Today.” The organizers chose prevention as their theme because most resources are invested to help children after they have been maltreated, and it is now obvious that providing help after the damage is done is much less effective and much more costly than providing help before maltreatment occurs.

Presentations from this colloquium are available at [www.excellence-earlychildhood.ca/colloques.asp?EN](http://www.excellence-earlychildhood.ca/colloques.asp?EN).

During the past year, the Centre also published newsletters that synthesized leading-edge research and best practices related to issues described below.

*Young Children and Aggression* (April 2003): The newsletter published the results of a recent public opinion poll regarding adolescents and violence. According to the poll, commissioned by the Centre, a majority of Canadians perceive adolescents as being prone to physical violence and, as such, would prefer to see funding to help prevent violence with this age group. These results are contrary to existing research, which clearly suggest that Canadians who use physical aggression most often are preschoolers. Consequently, preventive interventions during the preschool years are probably the best way to prevent subsequent problems with school-yard bullying, violent juvenile delinquency, biker gang violence and spousal violence.

*Tobacco and Alcohol during Pregnancy* (August 2003): This newsletter noted that even moderate drinking during pregnancy can cause emotional, behavioural and learning disorders in children. It also pointed out that prenatal exposure to tobacco has been shown to have serious consequences for children, including higher rates of conduct problems and hyperactivity, as well as problems with learning, memory and problem solving.

Other newsletters published by the Centre in 2003–2004 focused on *Best Research in the Field of Early Childhood in 2002* (November 2003) and *Child Care Services* (March 2004). Electronic versions of all four newsletters are available at [www.excellence-earlychildhood.ca/bulletins.asp?lang=EN](http://www.excellence-earlychildhood.ca/bulletins.asp?lang=EN).

The Centre’s Web site also features an Encyclopedia, along with Voices from the Field—a selection of papers in which experts and practitioners share their research findings and opinions about such issues as autism, parental leave, preschool programs and prenatal stress. The Encyclopedia topics are listed online at [www.excellence-earlychildhood.ca/liste\\_theme.asp?lang=EN&act=32](http://www.excellence-earlychildhood.ca/liste_theme.asp?lang=EN&act=32).

**Expenditure:** This Centre’s 2003–2004 expenditure on early childhood development was \$680,000.



## Child Maltreatment Surveillance Activity

A major component of the Child Maltreatment Surveillance Activity is the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS). This is a national study of the incidence of child abuse and neglect reported to and investigated by child welfare services across Canada.

The data and reports from CIS increase public and professional awareness of the types and severity of child abuse and neglect. They also provide scientifically sound research for the development of policies and programs aimed at preventing child maltreatment.

**What's New:** During 2003, data were collected for the second cycle of the CIS study, which involved an estimated 10 000 investigations into child maltreatment at 63 sites across the country. The analysis of data is under way and a final report on CIS 2003 is expected in 2005.

An article in the winter 2003–2004 edition of *Canada's Children*, published by the Child Welfare League of Canada, highlighted some of the findings from the first cycle of the CIS study, which was conducted in 1998. The article, written by Valérie Gaston, Megan McCormack and Lil Tonmyr, noted that:

- In 1998, there were an estimated 21.52 investigations of child maltreatment per 1 000 children in Canada. Maltreatment was substantiated in 45% of cases.
- Of the substantiated cases, neglect was most often noted as the primary form of maltreatment (40%). Of these cases, 48% involved situations in which failure to supervise led to physical harm.
- Twenty-five percent of substantiated cases involved emotional abuse, primarily (in 58% of these cases) in the form of exposure to domestic violence.

The article also reported that selected results from CIS have been featured in high school textbooks and material for university courses, and that authors have used CIS data in close to 30 articles and book chapters.

Additional information about the Child Maltreatment Surveillance Activity, including a list of relevant publications, is available at [www.hc-sc.gc.ca/pphb-dgspssp/cm-vee/index.html](http://www.hc-sc.gc.ca/pphb-dgspssp/cm-vee/index.html).

**Expenditure:** The 2003–2004 expenditure on the Child Maltreatment Surveillance Activity was \$245,000. This figure covers activities for children up to age 15. A separate figure for children age zero to six is not available.

## Children's Health and the Environment

The Office of Children's Environmental Health is the focal point within Health Canada for activities aimed at both understanding the special sensitivity of children to environmental threats and promoting action to reduce the risk of these threats to children's health. Its responsibilities include identifying research needs; analysing and integrating scientific information for decision-makers; and promoting appropriate measures and practices to protect children's health.

**What's New:** In 2003–2004, Health Canada worked with other federal partners to produce and distribute a colourful, plain-language brochure called *Healthy Environments for Children—What You Can Do!* This booklet outlines actions that parents and caregivers can take to provide children with healthy environments. It covers a wide variety of topics, including how to protect children from too much sun, how to prevent breathing problems both indoors and outdoors, and how to protect children from carbon monoxide poisoning.

Chief Medical Officers of Health from across Canada were given the opportunity to review the brochure before it was released. Approximately 300 000 copies were distributed nationwide through maternity stores and Toys R Us in the spring of 2004.

Electronic versions of the brochure and other publications about children's health and the environment are available online at [www.hc-sc.gc.ca/hecs-sesc/oceh/related\\_pubs.htm](http://www.hc-sc.gc.ca/hecs-sesc/oceh/related_pubs.htm).

**Expenditure:** The 2003–2004 overall expenditure on the Office of Children's Health and the Environment was \$220,000. The expenditure benefits all children, but was mostly directed towards children age zero to six.

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

The Family Violence Initiative promotes public awareness of the risk factors of family violence and the need for public involvement in responding to the problem. It also works to strengthen the ability of the criminal justice, housing and health systems to respond to the problem, and supports data collection, research and evaluation to identify effective interventions.

**What's New:** Every year, the Family Violence Initiative provides funding for a statistical profile on family violence in Canada. The 2003 edition, released in June of that year, focused on system responses to domestic violence and featured data from the Transition Home Survey, which collects a one-day "snapshot" of activity in shelters for women and children escaping abuse. The snapshot was taken on April 15, 2002, and it revealed the following:

- A total of 3 287 women and 2 999 children were residing in shelters in Canada that day.
- On that day, a total of 115 shelters referred 295 women and 257 children elsewhere.

In three-quarters of these cases, the shelters were full.

On behalf of the Government of Canada and its Family Violence Initiative, Health Canada operates the National Clearinghouse on Family Violence (NCFV). The NCFV is Canada's resource centre for information on violence within relationships of kinship, intimacy, dependency and trust.

In 2003, NCFV published a paper on *Health Effects of Family Violence*. This paper examines the impact of family violence on health and includes the following findings:

- Some studies have shown that child abuse may cause damage to the developing brain.
- Some research suggests that children living with family violence may be at greater risk of developing self-destructive and health-harming behaviour.
- These publications and many other resources may be ordered free of charge, in English or French, from the NCFV Web site at [www.hc-sc.gc.ca/nc-cn](http://www.hc-sc.gc.ca/nc-cn), by calling 1 800 267–1291 (toll-free) or through the following:
  - › the toll-free TTY number is 1 800 561–5643;
  - › Fax number (613) 941–8930;
  - › E-mail addresses: [ncfv-cnifv@hc-sc.gc.ca](mailto:ncfv-cnifv@hc-sc.gc.ca) and [national\\_clearinghouse@hc-sc.gc.ca](mailto:national_clearinghouse@hc-sc.gc.ca).

**Expenditure:** The 2003–2004 expenditure for Health Canada's activities related to the Family Violence Initiative was estimated at \$517,554. Please note, this figure includes children age zero to 18. It is not possible to extract an estimate for children age zero to six years.



*Note:* For more information about the impact of family violence on children, please refer to information on the National Longitudinal Survey of Children and Youth, under Social Development Canada, which is described later in this chapter.

## Healthy Images

Healthy Images is a collection of photographs and images that portray positive, healthy lifestyles by incorporating the safe use of equipment, clothing and physical environments (including sun safety), appropriate skill levels and adult supervision.

Groups such as the media and public health associations may use the images in their productions and publications free of charge, as long as they are promoting healthy lifestyles for non-commercial purposes. The objective is to foster a safety culture and reduce injuries to children.

The images are on view at [www.healthyimages.net](http://www.healthyimages.net). Selected photographs from the Healthy Images Web site have been used as illustrations throughout this report.

**Expenditure:** The 2003–2004 expenditure on Healthy Images was \$7,000.

## National Child Day

The Government of Canada's *Child Day Act* of 1993 designates November 20 of each year as the national day of the child. The purpose of National Child Day is to promote awareness in Canada of the United Nations Convention on the Rights of the Child.

Health Canada provides leadership and helps build momentum for National Child Day by developing and distributing educational and promotional materials to encourage schools, community groups, families and others to celebrate this day.

**What's New:** The theme for National Child Day in 2003 was "A Community Fit for Children." On its Web site, Health Canada invited communities to share descriptions of their National Child Day celebrations. Highlights from the responses received include the following:

- In Princeton, British Columbia, a Royal Canadian Mounted Police (RCMP) member conducted group discussions with Grade 6 and 7 students of a local high school on the concept of a "right" and children's rights in Canada. The students talked about local community issues related to children with the RCMP member and brought to light areas for improvement. A local school zone safety project is to be initiated as a result of these discussions.
- Members of a play group, along with parents and caregivers from an Ontario Early Years site in Thornbury, Ontario, created a colourful mural and composed their own song about what their community meant to them.
- A women's group, whose members come from isolated First Nations communities in Northwestern Ontario, presented a 30-minute radio show on increasing positive parenting skills for the betterment of their children.

In addition to providing general information about National Child Day, Health Canada sent out promotional items to help communities plan their celebrations. Additional information about National Child Day and children's rights is available online at [www.childday.gc.ca](http://www.childday.gc.ca).

**Expenditure:** The 2003–2004 expenditure on National Child Day was \$30,600. It is impossible to determine a precise figure related to children age zero to six.

## National Study on Balancing Work, Family and Lifestyle

This is a multi-year research project that examines critical issues associated with balancing work and family. The study findings, which are based on responses from employees in public, private and not-for-profit organizations, are expanding the knowledge base in this area.

**What's New:** In October 2003, the National Study released its second report, *Work–Life in Canada in the New Millennium: A Status Report*. It examines the impact of work–life conflict on Canadian families and organizations, noting that:

- Just over one in four Canadians report that the demands they face at work make it difficult to satisfy their non-work responsibilities.
- High work-life conflict is associated with diminished levels of family life and parental satisfaction, and impaired family functioning.
- The direct costs of absenteeism due to work–life conflict are estimated to be between \$3 billion and \$5 billion per year.

The report also recommends strategies that employers, employees, unions and governments could adopt to help reduce work–life conflict. Details are available online at [www.hc-sc.gc.ca/pphb-dgspsp/publicat/work-travail/report2](http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/work-travail/report2).

During 2003–2004, work also continued on a third report, *Exploring the Link Between Work-Life Conflict and Demands on Canada's Health Care System*, which is scheduled for release in 2004–2005.

**Expenditure:** The 2003–2004 expenditure of \$42,016 covered all work related to the National Study on Balancing Work, Family and Lifestyle. There is no specific figure relating to families with children age zero to six.

## Population Health Fund

This fund supports time-limited projects sponsored by Canadian not-for-profit organizations and educational institutions. Projects must apply a population health approach, which means they must aim to improve the health of the entire population and reduce health inequities among population groups. To qualify for funding, the projects must also address priorities identified by Health Canada in one or more of three life stages: childhood and adolescence, early to mid-adulthood, and later life.

**What's New:** Two projects supported by the Population Health Fund were completed on March 31, 2004. They were:

- An initiative to improve the management of allergies, asthma and anaphylaxis throughout Canada, sponsored by the Allergy/Asthma Information Association. The goal was to create a safer environment for children with allergies, asthma and anaphylaxis by providing medically correct information and training to those who are in contact with children in schools, day-cares, recreational facilities and other public places.
- Healthy Start for Life, sponsored by Dietitians of Canada. This project produced resources to assist parents and child care workers in promoting healthy eating and active lifestyles among toddlers and preschoolers. The resources are featured in a four-part online course at [www.dietitians.ca/healthystart/index.asp](http://www.dietitians.ca/healthystart/index.asp).

The Population Health Fund also continues to support a number of ongoing projects for children age zero to six during 2003–2004. Additional information is available online at [www.hc-sc.gc.ca/hppb/phdd/phfp/table.html](http://www.hc-sc.gc.ca/hppb/phdd/phfp/table.html).

**Expenditure:** The 2003–2004 expenditure on Population Health Fund projects was \$779,832.

### **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, cessation and harm reduction. In addition to funding specific national and regional projects, Health Canada conducts mass media campaigns and provides information for professionals and the public. FTCS is directed to the general public, researchers, health professionals, pregnant women, parents and young people.

This report provides an overview of activities and expenditures related to projects targeted at pregnant women, and at parents with young children.

The Tobacco Control Programme's Web site, [www.gosmokefree.ca](http://www.gosmokefree.ca), provides one-stop shopping for information, resources and activities related to tobacco control.

**What's New:** During 2003–2004, two new projects were funded through contribution agreements under FTCS, including:

- *The National Aboriginal Urban Tobacco Strategy Cessation Initiative.* This project will develop a cessation approach targeting young mothers and youth, and will focus test the approach and materials in six Friendship Centre sites across Canada.
- *"Smoke-free" for a new generation of non-smokers.* This will provide education about smoking prevention and healthy living to preschoolers and kindergarten children through colourful and creative resources, including a CD-Rom with narration and video, as well as a hard-copy storybook and handpuppets.

New developments in ongoing projects included the following:

- *Harm Reduction Strategies for Low-income Single Mothers Who Smoke.* Work began with Vancouver's Sarah Payne Hospital to test the effectiveness of the program with high-risk homeless women.
- *Kids Need Breathing Space.* A community grants component was added to encourage participation from local organizations in the campaign against second-hand smoke.
- *Pregnets.* Extra funding was provided to develop a sustainability plan for a Web site to distribute information to health care providers about treatment options for pregnant women who smoke and their families.

**Expenditure:** The expenditure on these five contribution-agreement projects during 2003–2004 was \$282,831.

## National Film Board of Canada

### Ludovic and Cuckoo! Web sites

The National Film Board (NFB) has created animated characters, Ludovic and Cuckoo, to guide children through a series of interactive games and learning modules online at [www.nfbkids.ca/kids/index.html](http://www.nfbkids.ca/kids/index.html).

Ludovic is a teddy bear and his Web site takes children age three to six through the *Four Seasons of Life*, with age-appropriate lessons about friendship, play, cooperation and dealing with grief. There are also modules about telling time and learning the days of the week. Young children are able to navigate their way through the site without being able to read, because Ludovic explains what to do and how to do it. The Web site also features nursery rhymes and pages to print and colour.

The Cuckoo! Web site features age-appropriate games for children age six to nine. Younger children may require assistance with some of the on-screen instructions. In addition to interactive games, this site features links to a selection of NFB animated films from the 1940s and 1950s.

**What's New:** There were roughly 200 000 visits to the English- and French-language versions of these Web sites during 2003–2004, and the feedback from parents has been very encouraging.

**Expenditure:** The National Film Board's 2003–2004 expenditure on the Ludovic and Cuckoo! Web sites was \$53,779.

## Social Development Canada

### National Longitudinal Survey of Children and Youth

The National Longitudinal Survey of Children and Youth (NLSCY) is a longitudinal study of Canadians that follows their development and well-being from birth to early adulthood. The NLSCY began in 1994. Every two years, it surveys more than 30 000 Canadian children and youth, about half of them children under six years of age.

The study is designed to collect information about factors (family, friends, schools and communities) influencing a child's physical, cognitive, social, emotional and behavioural development, and to monitor the impact of these factors on the child's development over time. Information from the NLSCY is used by a variety of people in all levels of government, in universities and in policy-making organizations.

**What's New:** Data from cycle four (2000–2001) was released by Statistics Canada in June and December of 2003. Work is now under way to analyse the information for significant findings related to early childhood development.

In 2003–2004, Statistics Canada used data from the first three cycles of the NLSCY as the basis for a new study called *Witnessing violence: aggression and anxiety in young children*. This study determined that both boys and girls who saw some form of physical violence at home in 1994/1995 were more likely to be aggressive later in childhood. For example, they were more likely to bully, threaten or physically attack someone two years later. The study

also determined that in 1998/1999, an estimated 120 000 children age four to seven witnessed some form of physical violence at home. More information about this study is available online at [www.statcan.ca/Daily/English/031201/d031201a.htm](http://www.statcan.ca/Daily/English/031201/d031201a.htm).

Social Development Canada has also sponsored a number of studies using the first three cycles of the NLSCY data. These studies examined gender differences, family income, family disruptions, timing of pubertal onset and school transitions in relation to the children's developmental outcomes. The reports of these studies are expected to be released in 2005.

Data from cycle five of the NLSCY is tentatively scheduled for release in the winter of 2005.

**Expenditure:** The 2003–2004 expenditure for the NLSCY was \$9 million. This includes components related to children of all ages and also includes expenditures for the Understanding the Early Years (UEY) research initiative. Details about UEY activities are reported below.

### **Social Development Partnerships Program**

The Social Development Partnerships Program (SDPP) is a national, centrally managed and delivered funding program. It provides grants and contributions to non-profit organizations concerned with advancing the social development and inclusion of persons with disabilities, children and their families, and other vulnerable or excluded populations.

In the area of children and families, the Program provides funding via two streams: early learning and child care, and social inclusion. The early learning and child care stream funds a range of projects that must have national application, including research on characteristics of quality child care; development of tools and models to improve service delivery; data on Canadian child care; policy dialogue on issues; and conferences. This work contributes to the enhancement of quality child care in Canada, and influences and informs policy and program development at all levels of government.

**What's New:** A new initiative under the early learning and child care component of SDPP is funding intended to strengthen the capacity of non-profit national organizations to enhance culturally and linguistically relevant early learning and child care for official language minority communities and to strengthen related policy dialogue with governments. This initiative is one of three measures to promote early childhood development under the Government of Canada's Action Plan for Official Languages.

*Towards a Best Practices Framework for Licensing Child Care Facilities in Canada* is an example of a project funded by SDPP, with continued funding until 2005–2006. Child Care Connections in Halifax, Nova Scotia sponsors the project, the results of which should enhance the licensing of early learning and child care facilities in Canada. The project steering committee is made up of provincial and territorial officials responsible for early childhood education and care. Tools and best practices will benefit provincial/territorial licensing staff, licensees and policy makers.

SDPP also funded the evaluation of *Toronto First Duty: Early Learning and Care for Every Child*, a pilot project in five sites that provided integrated collaborative services to address the unique needs of young children and their families at each site. The project was sponsored by the Atkinson Charitable Foundation. The success of Phase One of the project

led to subsequent funding to the University of Toronto until 2006–2007. This project will disseminate information on effective practices resulting from the pilots; data on children’s developmental outcomes at the sites; and resources for practitioners, educators and others. It is anticipated that *Toronto First Duty* will be a model for the integration of community and school programs for young children.

Through the *Bridge of Signs*, a new project in 2004, the Canadian Association of the Deaf is doing research to examine the use of sign language as a communication tool for non-deaf children between the ages of zero to six who have developmental disorders such as autism, Down syndrome, Fetal Alcohol Spectrum Disorder (FASD), developmental delays and learning disabilities. Innovative products will include model programs to teach children and their workers how to sign and kits to share lessons learned from the project’s research. These will benefit caregivers, professionals, organizations and parents.

Another project completed in 2003–2004 was *Partnering with Parents to Care for and Develop Our Children*, sponsored by Mawiw Council Inc. of Fredericton, New Brunswick. The project increased the number of individuals able to work in community child care settings in five pilot First Nations and Inuit communities. One marker of the project’s success was that centres included the use of parents to assist child care providers. Inclusion of the parents increased their level of confidence in and knowledge of quality child care. The project also developed a training curriculum, with modules on children’s safety, nutrition, child development and behaviour. The modules have been distributed to First Nations and Inuit communities and to relevant post-secondary institutions across Canada.

Funding delivered through the SDPP also supports the generation of reports that inform and promote quality child care. One example is *Research Connections Canada*, an anthology of current Canadian early childhood research and development papers published by the Canadian Child Care Federation. Volume 10 was published in December 2003. Information about *Research Connections Canada* is available online at [www.cccf-fcsge.ca/projects/rcc\\_en.html](http://www.cccf-fcsge.ca/projects/rcc_en.html).

Additional information about the SDPP is available online at: [www.sdc.gc.ca/en/hip/sd/05\\_SDPP.shtml](http://www.sdc.gc.ca/en/hip/sd/05_SDPP.shtml).

**Expenditure:** The 2003–2004 expenditure by the SDPP on early learning and child care projects was \$5,511,000.

### Understanding the Early Years

Understanding the Early Years (UEY) is a research pilot program that provides local data to communities on the “readiness to learn” of their five-year-old children and the factors (such as family background, neighbourhood characteristics and community resources) that influence child development.

This data enables communities, as well as governments, to make informed decisions about the best policies and programs to improve early childhood development.

**What’s New:** The Government of Canada announced in the February 2004 Speech from the Throne that UEY would be expanded from 12 to as many as 100 communities across



Canada over the next seven years. This underscores the success of the UEY initiative and the positive impact it is having on the ability of communities to support early childhood development.

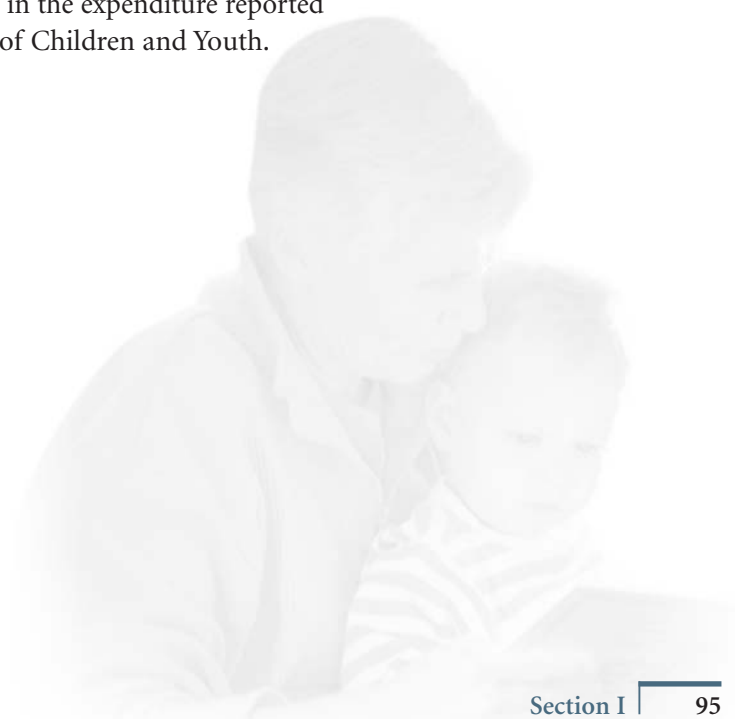
In 2003–2004, six UEY communities released their baseline reports, describing a number of indicators about the children, including their health, readiness to learn, and behaviour. These reports, along with reports released earlier by other UEY communities, are available online at [www11.sdc.gc.ca/en/cs/sp/sdc/pkrf.shtml](http://www11.sdc.gc.ca/en/cs/sp/sdc/pkrf.shtml). Scroll down to the sub-heading “Policy Research and Coordination” and then scroll down further to the various UEY headings.

Coordinators at UEY project sites have reported the following examples of UEY’s impact on the capacity of pilot communities to support and enhance early childhood development:

- In North York, Ontario, information from UEY was used in planning locations for the six provincially funded Early Years Centres in that area.
- Data from UEY in southwestern Newfoundland mobilized parents in the Port au Port Peninsula, resulting in the launch of several new preschool programs.
- Healthy Child Manitoba’s “Parent-Child Coalitions” have been using UEY data about the strengths and vulnerabilities of children in the community as part of the decision-making process when planning new programs.
- The Acadian francophone community in Prince Edward Island discovered through UEY that children entering French-language schools are not as ready to learn as their counterparts entering English-language schools. This information sparked advocacy efforts aimed at increasing early childhood programming for francophone children.
- UEY worked with the Saskatchewan government initiative, “Kids First,” to help identify vulnerable communities. Provincial programs for at-risk children were then targeted to these areas.

Planning for the UEY expansion is taking place in 2004–2005, and there is to be an intake of up to 25 communities per year for the following four years.

**Expenditure:** The UEY expenditure in 2003–2004 is included in the expenditure reported earlier in this chapter for the National Longitudinal Survey of Children and Youth.



## ACTIVITIES AND EXPENDITURES TABLES

CHAPTER 7

**TABLE 7.1:**  
**OTHER**  
**SUPPORTING**  
**PROGRAMS**

### Canadian Institutes of Health Research

#### Institute of Human Development, Child and Youth Health

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$14,600,000 (estimate)	Web site	Canadian health researchers
2001–2002	\$22,400,000 (estimate)		
2002–2003	\$31,800,000 (estimate)		
2003–2004	\$37,000,000 (estimate)		

Expenditures are estimates for activities related to pregnancy, birth and early childhood. Total expenditures could only be calculated to an amount of plus or minus \$500,000. Expenditures include: grants and contributions; and salaries for researchers or trainees.

2003–2004: Expenditures increased as there were increases in the total budget for the Canadian Institutes of Health Research.

### Networks of Centres of Excellence Canada

#### Canadian Language and Literacy Research Network

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not applicable	The Network's administrative centre, communications department and research project investigators and partners	Network internal members, researchers, (external) educators, clinicians, economic partners, media, government (all levels) Web site visitors
2001–2002	\$2,500,000		
2002–2003	\$2,160,000		
2003–2004	\$2,000,000		

Expenditures include research dollars.

Decreases in expenditures reflect budget allocation procedures of the Networks of Centres of Excellence.

### Health Canada

#### Canadian Childhood Cancer Surveillance and Control Program

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$263,000 (estimate)	Not applicable	Pediatric oncology community
2001–2002	\$223,000 (estimate)		
2002–2003	\$227,000 (estimate)		
2003–2004	\$142,000 (estimate)		

Expenditures above include: operations and management costs; and salaries.

For all fiscal years, the proportion of new cases of childhood cancer in children under age 6 from among total cases in children age 0 to 19 (35%) was used to estimate the expenditure for children under age 6 since the Program does not differentiate costs for children under age 6.

2001–2002: Funding for the Program has been in decline since 1997.

2003–2004: Funding for the Program has been in decline since 1997.



## Canadian Hospitals Injury Reporting and Prevention Program

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$400,000 (estimate)	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
2001–2002	\$480,000 (estimate)		
2002–2003	\$207,000 (estimate)		
2003–2004	\$207,000 (estimate)		

The expenditures provided for all years are estimates since the surveillance system collects data on emergency department patients of all ages. Therefore, the calculations are based on the estimated portion of the Program that serves children age 0 to 6 years.

2000–2001 and 2001–2002: Expenditures include: operations and management costs.

2002–2003: Decrease in expenditures due to fiscal pressures. Expenditures were revised since the 2002–2003 Government of Canada report on Early Childhood Development Activities and Expenditures was published to include salaries.

2002–2003 and 2003–2004: Expenditures include: operations and management costs; and salaries.

## Canadian Perinatal Surveillance System (including Canadian Congenital Anomalies Surveillance System)

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$2,600,000	Government at all levels	Health professional organizations, health departments and agencies, health research institutions, health departments at universities and colleges, individuals
2001–2002	\$3,000,000	Professional and non-governmental organizations	
2002–2003	\$2,125,502	Academic/research, hospitals, health centres, clinics	
2003–2004	\$1,550,000		

Expenditures above include: operations and management costs; and salaries.

Expenditures for all years have been revised after the 2002–2003 report was published and now include salaries.

2002–2003: Decrease in expenditures due to fiscal pressures.

2003–2004: Decrease in expenditures due to fiscal constraints.

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

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

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$165,000 (estimate)	Autism Society Canada, Provincial Children's Advocate, Council for Exceptional Children, Learning Disabilities Association of Canada	Parents, teachers, service providers, researchers, policy makers
2001–2002	\$355,230 (estimate)		
2002–2003	\$440,562 (estimate)		
2003–2004	\$353,752 (estimate)		

Expenditures above include: contributions only.

Figures for previous fiscal years have been revised after the 2002–2003 report was published.

The estimate of expenditures on early childhood development for this particular Centre is 55% of the Centre's total budget.

Variations of funding from year to year should not be considered as an increase or decrease. The Centre was allocated \$3.3 million over five years.

• **Centre of Excellence for Child Welfare**

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$179,430 (estimate)	Child Welfare League of Canada	Policy makers, researchers, health practitioners
2001–2002	\$430,041 (estimate)		
2002–2003	\$450,000 (estimate)		
2003–2004	\$474,000 (estimate)		

Expenditures above include: contributions only.

Figures for previous fiscal years have been revised after the 2002–2003 report was published.

The estimate of expenditures on early childhood development for this particular Centre is 60% of the Centre’s total budget.

Variations of funding from year to year should not be considered as an increase or decrease. The Centre was allocated \$3.3 million over five years.

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

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$300,000	Canadian Child Care	Policy makers
2001–2002	\$650,000	Federation—interaction;	Service planners
2002–2003	\$945,000	Canadian Institute of Child	Service providers
2003–2004	\$680,000	Health—Newsletter; Canadian Institute of Child Health—Web site; E-Parenting—Web site	

Expenditures above include: contributions only.

Figures for previous fiscal years have been revised after the 2002–2003 report was published.

Variations of funding from year to year should not be considered as an increase or decrease. The Centre was allocated \$3.3 million over five years.

**Child Maltreatment Surveillance Activity  
(including Canadian Incidence Study of Reported Child Abuse and Neglect)**

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$314,000	Child welfare agencies and social workers, policy makers, public health units, non-governmental organizations, professionals, researchers, media	Researchers, federal departments and agencies, provinces and territories,
2001–2002	\$268,000		public health units, non-governmental organizations, professionals, media,
2002–2003	\$85,000		public
2003–2004	\$245,000		

Expenditures above include: operations and management costs only.

Expenditures are for children age 0 to 15 since surveillance activities do not specifically target the 0 to 6 age group.

2002–2003: Decrease in expenditure due to fiscal pressures. This figure has been revised from an estimate to an actual amount after the 2002–2003 report was published.

2003–2004: Increase due to partially restored budget.

### Children's Health and the Environment

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$100,000	Provincial/territorial health departments	Parents and caregivers of children
2001–2002	\$200,000		
2002–2003	\$70,000		
2003–2004	\$220,000		

Expenditures above include: operations and management costs; and salaries.

Benefits all children, but mostly children under 6.

2002–2003: Decrease in expenditures due to staffing vacancy.

### Family Violence Initiative—National Clearinghouse on Family Violence

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$886,000	NCFV Web site, health and social service providers, students and academics, community groups, policy makers, media representatives	12 participating federal departments, health and social service providers, students and academics, community groups, policy makers, media representatives and the Canadian public
2001–2002	\$886,000		
2002–2003	\$701,000		
2003–2004	\$517,554		

Expenditures above include: operations and management costs; and salaries.

Includes all children age 0 to 18 years.

2002–2003: A shift in priorities within Health Canada has led to a portion of the budget being assigned to another part of Health Canada.

2003–2004: Decrease in expenditures is due to financial pressures.

### Healthy Images

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$25,000	Intermediaries such as media, public health workers, others who will include the images in their publications	
2001–2002	\$25,000		
2002–2003	\$25,000		
2003–2004	\$7,000		

Expenditures above are allocations and include: operations and management costs only.

2003–2004: Decrease due to budgetary restrictions.

### Mother-Net Pilot Project

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$259,000		
2001–2002	\$131,000		
2002–2003	Not applicable		
2003–2004	Not applicable		

2001–2002: Decrease from 2000–2001, but does not include salaries, which were included in the 2000–2001 expenditure figure.

2002–2003: Discontinued due to a shift in priorities at Health Canada.

### National Child Day

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not available	Web site, school agendas, various magazines	Children and their families
2001–2002	\$70,000		
2002–2003	\$40,000		
2003–2004	\$30,600		

Expenditures above include: operations and management costs only.

Includes children age 6 to 18 years. Figures cannot be broken down for children under 6.

2002–2003: Reduced budget is the result of sharing expenses with other federal departments and non-governmental organizations planning National Child Day.

2003–2004: Funding decrease due to budget pressures.

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

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not available	Health Canada Web site	Governments, businesses, public
2001–2002	\$77,000		
2002–2003	\$34,700		
2003–2004	\$42,016		

Expenditures above include: operations and management costs; and salaries.

2002–2003: Expenditure for the entire study is included, since data for families with children under 6 are not known.

2003–2004: Expenditure fluctuation from year to year is due to variation of costs for producing and disseminating reports.

### Population Health Fund

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$257,000 (estimate)	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	Health professionals and organizations; child care providers; early childhood educators; Aboriginal child welfare agency staff; foster, adoptive and birth families; youth groups
2001–2002	\$59,000 (estimate)		
2002–2003	\$524,329 (estimate)		
2003–2004	\$779,832		

Expenditures above include: grants and contributions only.

2000–2001: 11% of total value, (\$2,337,000), reflects expenditures for ages 0 to 6.

2001–2002: 6% of total value, (\$97,766), reflects expenditures for ages 0 to 6 for multi-year projects that began in 1999–2000. In 2001–2002, Health Canada solicited new proposals focused on children and youth under the Population Health Fund; however, funding for those proposals will begin to flow in 2002–2003.

2002–2003: Increase in expenditures is the result of funding new proposals approved in 2001–2002.

2003–2004: Increase in expenditures is the result of extended programs receiving additional funding.

## Tobacco Control Programme

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not applicable	Provincial and territorial	General public, researchers, health professionals, pregnant women, parents and young people
2001–2002	\$93,000	Friendship Centres, the	
2002–2003	\$165,000	Nechi Institute	
2003–2004	\$282,831		

Expenditures are for projects related to pregnant women, and parents with young children.

Expenditures above include: grants and contributions dollars only.

2001–2002: Figures for 2001–2002 have been revised after the 2002–2003 report was published.

2003–2004: Increase due to more approved projects that focus on this age group or on pregnancy.

## National Film Board of Canada

### Ludovic and Cuckoo! Web sites

	Expenditures	Activity mediated by	The activity reaches
2000–2001	Not applicable	Web site	Parents, children
2001–2002	Not applicable		
2002–2003	\$30,819		
2003–2004	\$53,779		

Expenditures above include: salaries only.

## Social Development Canada

### National Longitudinal Survey of Children and Youth/ Understanding the Early Years

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$7,742,000	Government of Canada, Provincial/territorial governments, Human Resources and Skills Development Canada, Statistics Canada	NLSCY: Research and policy community, governments, non-governmental organizations UEY: Communities
2001–2002	\$7,818,000		
2002–2003	\$8,500,000		
2003–2004	\$9,000,000		

Expenditures for the Survey and Understanding the Early Years include: operations and management costs; and salaries.

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

2002–2003: Increase due to increased charges by Statistics Canada to run the Survey.

2003–2004: Increase due to data collection costs.

**Social Development Partnerships Program**

	Expenditures	Activity mediated by	The activity reaches
2000–2001	\$5,224,000	Approximately 35 non-profit organizations in early childhood learning and care	Care providers, policy makers
2001–2002	\$5,224,000		
2002–2003	\$5,224,000		
2003–2004	\$5,511,000		

Expenditures above include: grants and contributions only.

2000–2001 to 2002–2003: Expenditures are budgetary allocations.

2003–2004: Expenditures are actuals and include a new early childhood development initiative under the Action Plan for Official Languages.

Although the early learning and child care focus of the Program is mostly on children under 6 years of age, some research and development related to after-school care, which may benefit older children, has been undertaken.



# EARLY LEARNING AND CHILD CARE ACTIVITIES AND EXPENDITURES

GOVERNMENT OF CANADA REPORT  
2003–2004







## INTRODUCTION

### Multilateral Framework on Early Learning and Child Care

On March 13, 2003, federal, provincial and territorial First Ministers Responsible for Social Services agreed on a framework for improving access to affordable, quality, provincially and territorially regulated early learning and child care services.

The agreement recognizes that quality early learning and child care programs play an important role in promoting the social, emotional, physical and cognitive development of young children. The Multilateral Framework on Early Learning and Child Care, which builds on the commitments made by governments in the Early Childhood Development (ECD) Agreement (reported in Section I), has two main objectives:

- to promote early childhood development; and
- to support the participation of parents in employment or training by improving access to affordable, quality early learning and child care programs and services.

The full text of the Multilateral Framework on Early Learning and Child Care, March 2003 is featured in Annex C of this report.

As part of the Multilateral Framework, the Government of Canada agreed in 2003 to transfer \$900 million to the provinces and territories over five years, to support their investments in early learning and child care. (The March 2004 Federal Budget subsequently increased the amount of these cash transfers. Details are explained later in this introduction).

For their part, the provinces and territories agreed to further invest in provincially and territorially regulated early learning and child care programs for children under six. In the context of the framework, regulated programs are defined as programs that meet quality standards established and monitored by provincial and territorial governments.

The early learning and child care programs funded through this initiative generally provide direct care and early learning for children in such settings as child care centres, family child care homes, preschools and nursery schools.

The types of investments being made under the framework include capital and operating funding, fee subsidies, wage enhancements, training, professional development and support, quality assurance, and parent information and referral.



### *Public Reporting*

As part of the Multilateral Framework, governments agreed to report to Canadians on their progress in improving access to affordable, quality early learning and child care programs. Specifically, they agreed to report annually on all early learning and child care programs that provide direct care to children, beginning with a baseline report for 2002–2003. In addition, they agreed that such reports would 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.

This 2003–2004 report on activities and expenditures fulfils the Government of Canada's commitment to report annually on all early learning and child care programs and services, as defined in the Multilateral Framework.

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

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

### *Direct Investments in Early Learning and Child Care*

The Government of Canada supports the delivery of early learning and child care services in First Nations and Inuit communities. The government also delivers a number of innovative programs for children and families, including early learning programs and child care services for Aboriginal children and for families of Canadian Forces members. These programs and services are the primary subjects of the report.

### *Federal Transfers to Support Provincial and Territorial Early Learning and Child Care Programs and Services*

As noted earlier, the Government of Canada agreed under the Multilateral Framework to transfer \$900 million to the provinces and territories over five years, to support their investments in early learning and child care programs and services. Since April 1, 2004, funding is transferred under the Canada Social Transfer (CST). Prior to that, funding was

transferred under the Canada Health and Social Transfer (CHST). In 2003–2004, the amount transferred to the provinces and territories was \$25 million.

The Government of Canada committed in the 2004 Budget to provide an additional \$150 million over the next two years in support of provincial and territorial investments in early learning and child care. This brings the total federal contribution under this initiative to \$1.05 billion over five years.

The additional funding supports provincial and territorial government efforts to act more quickly to address the early learning and child care needs of their communities. As a result, families will have better access to quality child care sooner.

Table 1.1 provides details on federal transfers to the provinces and territories in support of early learning and child care programs.

	2003–2004	2004–2005	2005–2006	2006–2007	2007–2008	TOTAL
Newfoundland and Labrador	0.4	2.4	3.6	4.8	5.5	16.7
Prince Edward Island	0.1	0.6	1.0	1.3	1.5	4.5
Nova Scotia	0.7	4.4	6.6	8.7	10.0	30.4
New Brunswick	0.6	3.5	5.3	6.9	8.0	24.4
Quebec	5.9	35.4	53.0	70.5	82.1	247.0
Ontario	9.7	58.2	87.4	116.8	136.6	408.8
Manitoba	0.9	5.5	8.2	11.0	12.8	38.3
Saskatchewan	0.8	4.7	7.0	9.2	10.6	32.3
Alberta	2.5	15.0	22.6	30.3	35.6	106.1
British Columbia	3.3	19.7	29.6	39.5	46.2	138.2
Nunavut	0.02	0.1	0.2	0.3	0.3	1.0
Northwest Territories	0.03	0.2	0.3	0.4	0.5	1.4
Yukon	0.02	0.1	0.2	0.3	0.4	1.0
<b>TOTAL</b>	<b>25.0</b>	<b>150.0</b>	<b>225.0</b>	<b>300.0</b>	<b>350.0</b>	<b>1,050.0</b>

**TABLE 1.1:**  
CASH  
TRANSFERS IN  
SUPPORT OF THE  
MULTILATERAL  
FRAMEWORK  
ON EARLY  
LEARNING AND  
CHILD CARE  
(\$ MILLIONS)

**Notes:**

Totals may not add due to rounding.

Payments for 2003–2004 flow through the Canada Health and Social Transfer (CHST). Payments for 2004–2005 onwards will flow through the Canada Social Transfer (CST), which came into effect on April 1, 2004 when the CHST was restructured into two transfers (Canada Health Transfer and CST).

Figures are based on Statistics Canada population estimates for 2003–2004 and 2004–2005 and Finance Canada population projections for 2005–2006 to 2007–2008. All figures are subject to revision upon periodic release of Statistics Canada official population estimates.

### *Additional Support for First Nations Children On Reserve*

To complement the Multilateral Framework, the Government of Canada committed an additional \$35 million over five years for early learning and child care services for First Nations children living on reserve. The March 2004 Budget made a commitment to add a further \$10 million to this funding over four years, bringing the total investment to \$45 million. The new funding complements investments being made by provincial and territorial governments under the Multilateral Framework. It also builds on investments under the 2002 Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children.

### *Early Childhood Development Agreement*

Early childhood development, learning and care is one of the four key areas for action identified in the Early Childhood Development (ECD) Agreement of 2000. Federal funding provided under the ECD Agreement can be used by provinces and territories for investments in early learning and child care. As outlined in Section I of this publication, in 2003–2004, the government provided \$500 million to provinces and territories in support of the ECD Agreement.

### *Other Government of Canada Investments in Early Learning and Child Care*

The Government of Canada makes a number of other significant investments in early learning and child care programs and services, as described in greater detail in Section I: Early Childhood Development Activities and Expenditures, Government of Canada Report 2003–2004. Examples of other investments include:

- the Canada Child Tax Benefit supplement and the Child Care Expense Deduction (Section I, Chapter 4);
- the First Nations National Child Benefit Reinvestment Initiative (Section I, Chapter 6); and
- a variety of research and information initiatives, including the Social Development Partnerships Program, the National Longitudinal Survey of Children and Youth, and Understanding the Early Years pilot project (Section I, Chapter 7).

In addition, the government has made significant investments in the National Child Benefit Initiative and the Child Care Human Resources Sector Council.

### **Provincial and Territorial Areas of Investment under the Multilateral Framework on Early Learning and Child Care (2003–2004)**

As indicated in the Multilateral Framework on Early Learning and Child Care, each government determines its own priorities within this initiative. Examples of broad provincial and territorial priorities for investments in early learning and child care are outlined below.

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

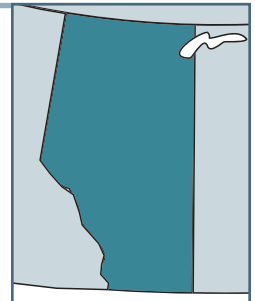
Canada was one of nine countries participating in the second round of the *Thematic Review of Early Childhood Education and Care Policy* by the Organisation for Economic Co-operation and Development (OECD). The Canadian review was completed in the fall of 2004, with the release of a report by an international team of Early Childhood Education and Care (ECEC) experts who examined the effectiveness of Canada's ECEC system. The report includes an analysis of the strengths and weaknesses of Canada's ECEC system and suggests recommendations for consideration in four areas: upstream ECEC policy; funding and financing; access; and quality. The report, and an accompanying background report, can be found at [www11.sdc.gc.ca/en/cs/sp/sdc/socpol/publications/reports/2004-002619/page00.shtml](http://www11.sdc.gc.ca/en/cs/sp/sdc/socpol/publications/reports/2004-002619/page00.shtml).

Provincial and territorial governments also publish progress reports describing their investments in early learning and child care.

Federal, provincial and territorial Ministers responsible for Social Services agreed to launch, on November 3, 2004, a new joint Web portal on early childhood development and early learning and child care ([www.ecd-elcc.ca](http://www.ecd-elcc.ca)). This site is intended as an access point to federal, provincial and territorial Web sites containing information about early childhood development, and early learning and child care initiatives, including their reports under the Early Childhood Development Agreement and Multilateral Framework on Early Learning and Child Care.

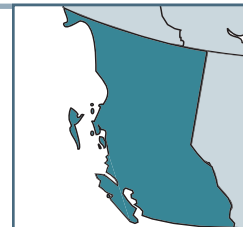
### *Alberta*

- Child Care Accreditation Initiative—model and standards development
- Staff Support Grant Funding for day-care staff and family day home providers—used to address issue of recruitment and retention
- Quality Grant Funding for day-care centres—to assist the programs in maintaining quality programming in preparation for accreditation



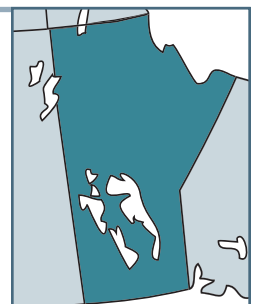
### *British Columbia*

- Supported Child Care Program—child care for children with special needs in Aboriginal communities



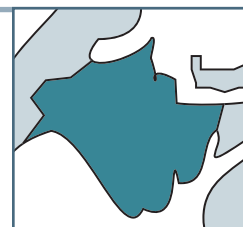
### *Manitoba*

- Support for Manitoba's Five-Year Plan for Child Care including:
  - › increased operating grants to improve the wages and incomes of service providers;
  - › new spaces;
  - › more fee subsidies;
  - › more training options; and
  - › continued public education and student recruitment campaign



### *New Brunswick*

- Policy and procedures manual for licensing and monitoring
- Management of illness guidelines
- Review of child day-care operator standards
- Implementation of quality assessment tool
- Inclusive child care for children with special needs



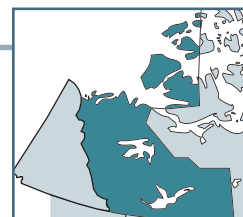


***Newfoundland and Labrador***

- Improvements to child care subsidy program
- Quality enhancement initiative
- Supports for inclusive child care

***Northwest Territories***

- Regulated child care board development
- Early childhood education training

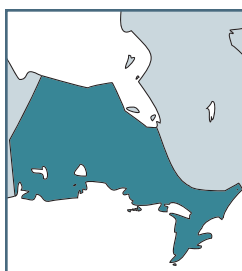
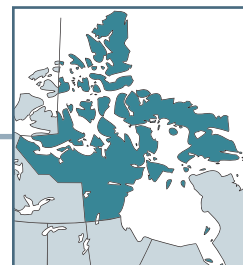


***Nova Scotia***

- Inclusion programs for children with special needs in child care
- Supported child care funding
- Part-day child care centre resource and equipment grant to promote increased physical activity in child care

***Nunavut***

- Subsidized day-care

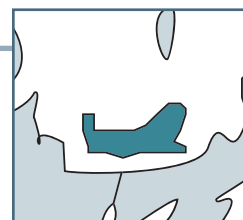


***Ontario***

- Investments in regulated non-profit child care centres including:
  - › Health and safety
  - › Furnishings and equipment
  - › Operating minor capital improvements

***Prince Edward Island***

- Special needs grants
- Revision of child care legislation and regulations

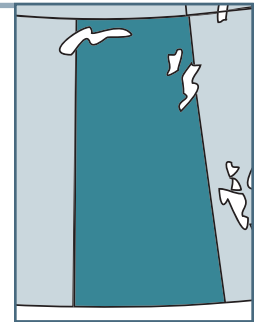


***Québec***

- Since Québec does not participate in the Multilateral Framework, its priorities are not reflected here.

## Saskatchewan

- Approved 500 new child care spaces
- Capital funding for development of these 500 spaces
- Early childhood services funding to 250 more spaces
- Increase to the early childhood services grant
- Increase to child care subsidies



## Yukon

- Support for licensed child care programs



## The Government of Canada's Baseline Report on Early Learning and Child Care Activities and Expenditures (2002–2003)

The Baseline Report on Early Learning and Child Care presented information about Government of Canada activities that provide direct support to children through access to early learning and child care programs and services.

Specifically, the Baseline Report described information about the six early learning and child care programs and services the government directly supports in Aboriginal communities, and one program on Canadian Forces bases. The report provided information about the objectives, target population, mandate, design and delivery of these programs and services. It also provided detailed information about the expenditures, licensing and regulation, availability, affordability and quality of these programs and services.

This information is available online at [www.socialunion.ca/ecd/2003/report1\\_e/c8e.html#1cat8](http://www.socialunion.ca/ecd/2003/report1_e/c8e.html#1cat8).

## Scope and Format of Section II

This report does not reiterate details from the Baseline Report regarding the mandate, design and delivery, and licensing and regulation of the early learning and child care programs and services. Rather, it focuses on major changes that have taken place during 2003–2004, especially those related to the indicators agreed upon in the Multilateral Framework—namely, availability, affordability and quality.

Please note that all programs and services in this report on Early Learning and Child Care are featured as well in Section I: Early Childhood Development Activities and Expenditures, Government of Canada Report 2003–2004. In particular, the six early learning and child care programs and services for Aboriginal communities are described in Section I, Chapter 6, while the program on Canadian Forces bases is featured in Section I, Chapter 4.



It is also important to note that the expenditure information for programs and services described in this report mirrors the expenditure information for these activities presented in Section I and does not represent additional expenditures for these programs and services in 2003–2004.

Please note as well that Chapters 4 and 6 of Section I provide links, where possible, to Web sites with additional information about the early learning and child care programs featured in this report. For the sake of brevity, the references to Web sites are not repeated here.

The early learning and child care activities in this report are organized by federal department. For each activity, there is a capsule description outlining the main focus of the program or service. This is followed by information, where available, about major changes that have taken place during 2003–2004.

The report concludes with tables summarizing the Government of Canada's direct investments in early learning and child care programs and services. These tables are organized according to federal department or agency. All program expenditures and information on program availability are for children up to age six, unless otherwise indicated. Some programs and services are not able to confirm precise figures for this age group. In some cases, an estimated expenditure for children under six is provided. Expenditures represent actual amounts unless otherwise indicated.

The expenditures listed are direct investments. Capital investments, such as technology and infrastructure, are not included. Expenditures include one or more of the following three elements:

- salaries;
- operations and management costs; and
- grants and contributions.

Information on availability includes the number of regulated child spaces. Consistent with the Multilateral Framework on Early Learning and Child Care, for the purposes of this report, a regulated program is defined as a program that meets established and monitored standards of quality.

The full text of the Multilateral Framework on Early Learning and Child Care, March 2003 is featured in Annex C. Contact information for the federal departments responsible for the activities outlined in this report can be found in Annex D.



# GOVERNMENT OF CANADA

## EARLY LEARNING AND CHILD CARE PROGRAMS AND SERVICES

### ACTIVITIES AND EXPENDITURES

#### 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.

There were no major changes during 2003–2004 in the program’s objectives, target population, mandate, delivery or design. The projects are required to follow provincial or territorial child care regulations.

#### *Expenditure*

As part of the Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children, announced in October 2002, Aboriginal Head Start in Urban and Northern Communities received additional funding of \$12.5 million per year beginning in 2002–2003. The total program budget for 2003–2004 was \$31,241,000.

Approximately 80% of the funding was directed towards staffing; however, exact proportions are difficult to assess because many AHSUNC projects receive “in-kind” contributions.

#### *Availability*

As a result of the increased funding, the AHSUNC program expanded during 2003–2004 and provided services to 3 616 children by the end of June 2003. This represents the number of children at project sites that were “fully operational”.

The following summary is based on reports from the regions about work undertaken during 2003–2004 to increase program availability:

- The Northern Secretariat is developing two new projects in Nunavut and establishing a new site in Inuvik, Northwest Territories.
- In British Columbia, all project sites received expansion/enhancement funding and three new sites were started. In total, 475 additional children are attending programs.
- Increased funding for project sites in Alberta meant that 135 additional children took part in the program in 2003–2004.
- The Manitoba program will be reaching 105 additional children.
- Ontario started work to create 174 new spaces throughout the province and finalized plans to offer services in four new communities—Fort Frances, Kenora, Moosonee and Niagara.
- In Saskatchewan, average attendance figures at the 16 AHSUNC sites increased from 622 children to 754 children.
- In Québec, two new sites are in development.
- In the Atlantic region, one new site is in development.

Spaces in the AHSUNC program are not dedicated to specific groups of children (e.g., children with special needs, children in French-language minority communities, or other specific groups). However, according to data collected during a national survey in 2003:

- 485 of children participating in AHSUNC were identified as having special needs;
- 22 Aboriginal Head Start sites deliver their program in Inuktitut; and
- four sites deliver their program in French.

### *Affordability*

There has been no change. All AHSUNC programs are provided at no cost to the parent.

### *Quality*

There have been no changes to the national principles and guidelines of AHSUNC, which were described in the 2002–2003 Baseline Report. Requirements for staff training and caregiver-to-child ratios vary according to provincial and territorial regulations.

The AHSUNC program continues to invest in training, both nationally and regionally, as a means of improving the quality of services. Some highlights of regional training during 2003–2004 included the following:

- 40 Aboriginal Head Start coordinators, parents and teacher assistants attended a Pan Territorial Aboriginal Head Start Training Conference in Inuvik, Northwest Territories. Workshop topics included sessions on working with children who have learning disabilities, how to bring language and culture to children in a way that supports holistic child development, and methods of increasing parental involvement in projects.
- AHSUNC staff in British Columbia took part in training on such issues as evaluation tools and techniques, curriculum development, Fetal Alcohol Spectrum Disorder and cultural protocol in teaching.

Another initiative to improve quality was a work plan developed by the Inuit Head Start Committee in Nunavut in March 2004 to address the lack of Inuit resources for children.

The quality of AHSUNC is monitored regularly through national and local evaluations, which measure not only statistical data, but also program impact. Details about the most recent national evaluations are featured in the section on AHSUNC in Chapter 6 of Section I: Early Childhood Development Activities and Expenditures, Government of Canada Report 2003–2004.

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

Aboriginal Head Start On Reserve (AHSOR) is an early intervention program for First Nations children (ages zero to six) on reserve and their families. It is intended to prepare children for their school years by meeting their emotional, social, health, nutritional and psychological needs.

There were no major changes during 2003–2004 in the program's objectives, target population, mandate, delivery or design. Also, there were no changes reported in relation to the regulation of projects.

### *Expenditure*

As part of the Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children, Aboriginal Head Start On Reserve received additional funding of \$21.5 million per year beginning in 2002–2003.

The 2003–2004 expenditure for AHSOR was \$35,095,244 million. This was an increase of \$368,244 compared with the previous year's actual expenditure of \$34,727,000.

### *Availability*

The AHSOR program in 2003–2004 provided services to 9 101 children at 354 project sites serving 383 communities. Additionally, new information received in 2003–2004 as part of a 2003 Progress Report confirmed that 7 429 children had attended programs at 307 project sites during 2002–2003, and the total number of programming hours that year was 201 169.

### *Affordability*

There has been no change. All AHSOR programs are provided at no cost to the parent. In fact, it is against policy to charge for participation.

### *Quality*

The national principles and guidelines of AHSOR were described in the 2002–2003 Baseline Report, and there have been no changes. Caregiver-to-child ratios and the maximum group size for projects are determined by provincial or territorial licensing requirements.

Quality of service for AHSOR is addressed continuously through regional and community-based training opportunities. The 2003 Progress Report indicates that, in 2003–2004, all Regions made professional development for staff a priority and provided training on a continuous basis. Some of the ongoing training included: infant CPR, first aid training, special needs training including training in FASD, and health and safety.

The first evaluation of AHSOR was conducted during 2001–2003. This was intended to be primarily a baseline report; however, it included some details about the positive impact the program is having on children and parents. This information is reported in Chapter 6 of Section I: Early Childhood Development Activities and Expenditures, Government of Canada Report 2003–2004.

## **Human Resources and Skills Development Canada**

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

The First Nations and Inuit Child Care Initiative (FNICCI) supports First Nations and Inuit communities in developing and implementing child care programs designed to address their local and regional needs. The objective is to increase the supply of quality child care services in First Nations and Inuit communities. This initiative also supports parents who are working, actively seeking work or taking part in educational or training programs.

There were no major changes during 2003–2004 in the program's objectives, target population, mandate, delivery or design. Licensing and monitoring procedures for the program were described in detail in the 2002–2003 Baseline Report, and no changes have been reported with regard to 2003–2004.

### *Expenditure*

As part of the Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children, announced in October 2002, the First Nations and Inuit Child Care Initiative received additional funding of \$9 million per year (for program and operating resources) beginning in 2002–2003.

The 2003–2004 budgetary allocation was \$50,140,000, which represents no change from the previous year's funding.

### *Availability*

The funding enhancement for 2003–2004 was used to create 500 new spaces, both in communities previously served and in 18 new communities. This brought the total number of spaces to 7 500 at 407 different sites. Most of the spaces are dedicated to children under age six, however children ages seven to 12 are eligible for after-school care.

### *Affordability*

Information about fees, subsidies and access to spaces was outlined in detail in the 2002–2003 Baseline Report. The average subsidy from FNICCI in 2002–2003 was \$6,500 per space. This same rate applied to all existing spaces, including the 500 new ones, in 2003–2004.

### *Quality*

There has been no change to the guiding principles for child care centres funded by FNICCI. The principles ensure that the centres provide quality, affordable and culturally appropriate care for children.

## 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 through which Canada directly funds over 750 First Nations child care spaces on reserve. The purpose is to provide early childhood development programming and learning services comparable to those offered by the provincial government to people living off reserve.

There were no changes reported for 2003–2004 with regard to licensing requirements, program objectives, target population or mandate.

### *Expenditure*

Two child/day-care facilities that received funding in previous years were not funded in 2003–2004 because they did not meet licensing requirements. The number of child/day-care facilities receiving funding decreased from 17 in 2002–2003 to 15 in 2003–2004.

The 2003–2004 expenditure on the Child/Day-care Program—Alberta was \$2,502,620. This is a decrease of \$162,380 from the previous year's expenditure.

### *Availability*

Due to the licensing issues noted above, the number of available spaces decreased from 812 in 2002–2003 to 762 spaces in 2003–2004. This meant there were 50 fewer spaces available.

There were 976 children under the age of 12 sharing the available spaces in 2003–2004. This means that, compared with the previous year, there were 30 fewer children with access to care.

### *Affordability*

No change in affordability was reported for 2003–2004.

### *Quality*

No changes were reported for 2003–2004 with regard to the quality of the Child/Day-care Program—Alberta.

## **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 purpose is to provide early childhood programming and learning services comparable to those offered by the provincial government to people living off reserve.

There were no changes reported for 2003–2004 with regard to licensing, program objectives, target population or mandate.

### *Expenditure*

The 2003–2004 expenditure for the Child/Day-care Program—Ontario was \$15,367,292. This represents an increase of \$1,076,292 over the 2002–2003 expenditure, which was \$14,291,000.

### *Availability*

Although the expenditure on this program increased and the number of program sites remained consistent (57 program sites in 51 First Nations communities), the number of children receiving services decreased from 3 018 in 2002–2003 to 2 797 in 2003–2004.

### *Affordability*

No change was reported for 2003–2004 with regard to the manner in which eligibility is determined for program subsidies.

### *Quality*

No changes were reported for 2003–2004 with regard to the quality of the Child/Day-care Program—Ontario.

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

The main objectives of the First Nation Child and Family Services Head Start—New Brunswick program 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. The program offers centre- or home-based care for children and services for parents.

There were no changes reported during 2003–2004 in the program's objectives, target population, mandate, delivery, design or guiding principles. Since Head Start in New Brunswick

is part of an integrated Child and Family Services program, no specific breakdown of Head Start data is available.

### *Expenditure*

The 2003–2004 expenditure for this program was \$1,408,000. This represents no change from the expenditure for 2002–2003.

### *Availability*

Entry to this program is determined by a risk assessment of the child. During 2003–2004, the program continued to operate at 15 sites; however, information about the number of children involved in the program is not available.

### *Affordability*

As in previous years, there was no fee for program services in 2003–2004.

### *Quality*

Quality requirements for this program were described in the 2002–2003 Baseline Report, and no changes were reported for 2003–2004.

The First Nation Child and Family Services Head Start—New Brunswick program underwent a review in 2003–2004. The results are reported in Chapter 6 of Section I: Early Childhood Development Activities and Expenditures, Government of Canada Report 2003–2004.

## National Defence

### **Military Family Services Program**

As part of the Military Family Services Program, Canadian/Military Family Resource Centres (C/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 C/MFRCs, including child care services.

There were no changes reported during 2003–2004 in the Program's objectives, target population, mandate, delivery, design or licensing arrangements.

### *Expenditure*

The approximate expenditure in 2003–2004 for children age zero to six was \$4 million. This represents no change from the expenditure reported in 2002–2003.

### *Availability*

As in previous years, the services provided depended on demand. The following is a summary of early learning activities and child care services provided at 42 program sites during 2003–2004:

- There were 2 179 parent and tot groups, attended by 13 417 adults and 18 070 children.
- There were 3 876 preschool play groups, attended by 8 622 adults and 38 180 children.



- There were 1 304 approved requests for emergency child care, resulting in 10 989 hours of emergency child care service.
- In total, the various activities organized by the C/MFRCs were attended by an estimated 70 507 children in total. (Note: the number of children does not indicate individual participation—the same child can participate in a number of activities and be counted each time.)

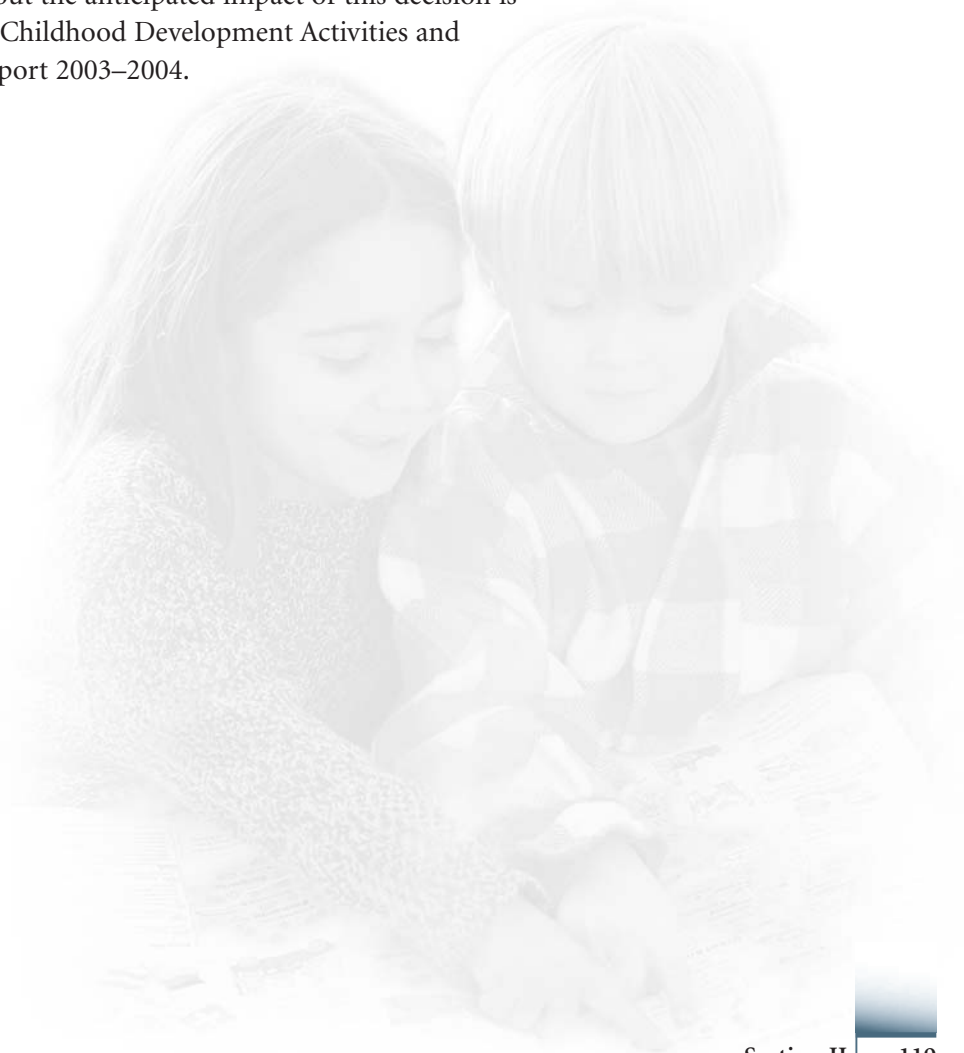
### *Affordability*

The fee structure for programs was outlined in the 2002–2003 Baseline Report, and there were no changes reported for 2003–2004.

### *Quality*

Although there were no changes reported with regard to such matters as training and program delivery in 2003–2004, there was a decision made during the year that will have a significant impact on the quality of programs offered by the C/MFRCs in the future.

After a series of consultations with Canadian Forces families and experts in the field of early childhood development, the Military Family Services Program decided to switch to a community development model for the design and delivery of programs, starting in April 2005. Additional information about the anticipated impact of this decision is provided in Chapter 4 of Section I: Early Childhood Development Activities and Expenditures, Government of Canada Report 2003–2004.



## ACTIVITIES AND EXPENDITURES TABLES

### CHAPTER 2

#### TABLE 2.1: PROGRAMS PROVIDING DIRECT SUPPORT

### Health Canada

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

	Expenditures	Regulated spaces
2002–2003	\$25,821,117	3 536 children
2003–2004	\$31,241,000	3 616 children

Data about the number of regulated spaces is not available.

2002–2003: Due to the late announcement (October 2002), full annual funding of \$35 million could not be fully allocated in fiscal year. Actual expenditures for contributions were \$25,821,117. Expenditures for 2002–2003 have been revised from allocations to actuals.

2003–2004: Expenditures include: actual contributions (including regions); salaries and other operating costs for national office only. The number of sites has increased since December 2003 to 128 sites as of March 2004, but most of the new sites did not enroll children until the fall of 2004.

#### Aboriginal Head Start On Reserve

	Expenditures	Regulated spaces
2002–2003	\$34,727,000	7 429 children
2003–2004	\$35,095,244	9 101 children

Expenditures include: grants and contributions; operations and management costs; and salaries.

Data about the number of regulated spaces is not available.

2002–2003: Due to the late announcement (October 2002), full annual funding of \$46.5 million could not be expended in this fiscal year. All available funding was allocated to meet regional health program needs, including to those services that First Nations have identified as priorities.

2003–2004: Full annual funding of \$46.5 million could not be expended in this fiscal year. All available funding was allocated to meet regional health program needs, including to those services that First Nations have identified as priorities.

### Human Resources and Skills Development Canada

#### First Nations and Inuit Child Care Initiative

	Expenditures	Regulated spaces
2002–2003	\$50,140,000	7 000 spaces
2003–2004	\$50,140,000	7 500 spaces

Expenditures are budgetary allocations and include program and operating resources (including Employee Benefit Plan). Also included are infrastructure dollars.

Data about the number of children served is not available.

All amounts above are for children under age 12, but are mostly for children under 6.

2002–2003: Funding was increased by \$9 million under the Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children.

## Indian and Northern Affairs Canada

### Child/Day-care Program—Alberta

	Expenditures	Regulated spaces
2002–2003	\$2,665,000	812 spaces
2003–2004	\$2,502,620	762 spaces

Expenditures are allocations and include: grants and contributions only.

Some of the children accessing the service are from ages 6 to 12.

2003–2004: Expenditures decreased due to two day-care centres not meeting provincial licensing standards. Day-care centres are not funded unless provincial standards are met.

### Child/Day-care Program—Ontario

	Expenditures	Regulated spaces
2002–2003	\$14,291,000	3 018 children
2003–2004	\$15,367,292	2 797 children

Expenditures are allocations and include: grants and contributions only.

Data about the number of regulated spaces is not available.

2001–2002: Expenditures do not include provincial share of expenditures.

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

	Expenditures	Regulated spaces
2002–2003	\$1,408,000	Not available
2003–2004	\$1,408,000	Not available

Expenditures above are allocations and include: contribution dollars only.

Data about the number of regulated child care spaces is not available.

This funding is calculated using the registered on-reserve population 0 to 6 years of age. If a child becomes 7 years of age prior to completion of the case plan, their case will still be considered.

## National Defence

### Military Family Services Program

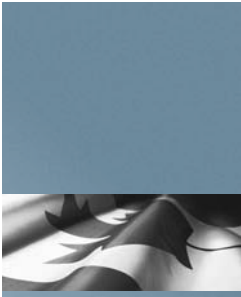
	Expenditures	Regulated spaces
2002–2003	\$4,000,000 (estimate)	Not available
2003–2004	\$4,000,000 (estimate)	70 507 children (estimate)

Expenditures above include: grants and contributions; operations and management costs; and salaries and are estimates for children aged 0 to 6 years.

Data about the number of regulated child care spaces is not available.

2003–2004: The number of children does not indicate individual participation—the same child can participate in a number of activities and be counted each time.





**EARLY  
CHILDHOOD  
DEVELOPMENT  
ACTIVITIES AND  
EXPENDITURES**

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**EARLY LEARNING  
AND CHILD CARE  
ACTIVITIES AND  
EXPENDITURES**

GOVERNMENT OF CANADA REPORTS  
2003–2004

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**ANNEXES**  
A|B|C|D



## SHARED FRAMEWORK FOR REPORTING ON PROGRESS IN IMPROVING AND EXPANDING EARLY CHILDHOOD DEVELOPMENT PROGRAMS AND SERVICES

*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 (ECD) 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.*

### 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 focused 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 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 programs and services..."*

<sup>1</sup> The Government of Québec has stated that while sharing the same concerns on early childhood development, Québec does not adhere to the Federal/Provincial/Territorial Early Childhood Development Initiative because sections of it infringe on its constitutional jurisdiction on social matters. Québec 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.



## 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** (for example, research, public education, information and related activities) related to the four areas for action:

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.



## **EARLY CHILDHOOD DEVELOPMENT FIRST MINISTERS' MEETING COMMUNIQUÉ, SEPTEMBER 11, 2000**

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

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

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

### **Introduction**

*First Ministers, with the exception of the Premier of Québec<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 fulfil their potential to be healthy, safe and secure, ready to learn, and socially engaged and responsible.*

<sup>1</sup> While sharing the same concerns on early childhood development, Québec does not adhere to the present Federal/Provincial/Territorial document because sections of it infringe on its constitutional jurisdiction on social matters. Québec intends to preserve its sole responsibility for developing, planning, managing and delivering early childhood development programs. Consequently, Québec 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

Focusing 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, childcare 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:*

- focused 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 focused 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.



## MULTILATERAL FRAMEWORK ON EARLY LEARNING AND CHILD CARE, MARCH 2003

*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.*

*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 towards 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.



## CONTACT INFORMATION

Contact information for the Government of Canada departments, agencies and institutes represented in this report is listed below.

Additional 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, Second Edition*, available at [www.communication.gc.ca/guides/children\\_enfants/index\\_e.html](http://www.communication.gc.ca/guides/children_enfants/index_e.html) or by calling 1 800 O-Canada

### CANADA REVENUE AGENCY

For general tax enquiries: 1 800 959-8281  
TTY enquiry service: 1 800 665-0354  
Web site: [www.cra-arc.gc.ca](http://www.cra-arc.gc.ca)

#### *Tax Information Phone Services (T.I.P.S.)*

Telephone: 1 800 267-6999  
(24 hours per day/7 days a week)  
T.I.P.S. online: [www.cra-arc.gc.ca/tips](http://www.cra-arc.gc.ca/tips)

Or visit your local tax services office

### CANADIAN FOOD INSPECTION AGENCY

59 Camelot Drive  
Ottawa, Ontario  
K1A 0Y9

Telephone: (613) 225-2342  
Facsimile: (613) 228-6125  
E-mail: [cfiamaster@inspection.gc.ca](mailto:cfiamaster@inspection.gc.ca)  
Web site: [www.inspection.gc.ca](http://www.inspection.gc.ca)

### CANADIAN INSTITUTES OF HEALTH RESEARCH

160 Elgin Street, 9<sup>th</sup> Floor  
Address Locator: 4809A  
Ottawa, Ontario  
K1A 0W9

Telephone: 1 888 603-4178  
and (613) 941-2672  
Facsimile: (613) 954-1800  
E-mail: [info@cihr-irsc.gc.ca](mailto:info@cihr-irsc.gc.ca)  
Web site: [www.cihr-irsc.gc.ca](http://www.cihr-irsc.gc.ca)

### CANADIAN LANGUAGE AND LITERACY RESEARCH NETWORK

c/o The University of Western Ontario  
Elborn College, 1201 Western Road  
London, Ontario  
N6G 1H1

Telephone: (519) 661-3619  
Facsimile: (519) 661-4223  
E-mail: [info@cllrnet.ca](mailto:info@cllrnet.ca)  
Web site: [www.cllrnet.ca](http://www.cllrnet.ca)

### CITIZENSHIP AND IMMIGRATION

Settlement Programs  
300 Slater Street, Jean Edmonds Building  
North Tower, 5<sup>th</sup> Floor  
Ottawa, Ontario  
K1A 1L1

Telephone: (613) 957-3680  
Facsimile: (613) 952-7416  
Web site: [www.cic.gc.ca](http://www.cic.gc.ca)

### HEALTH CANADA

Address Locator: 0900C2  
Ottawa, Ontario  
K1A 0K9

Telephone: (613) 957-2991  
Facsimile: (613) 941-5366  
TTY: 1 800 267-1245  
E-mail: [info@hc-sc.gc.ca](mailto:info@hc-sc.gc.ca)  
Web site: [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)

### HUMAN RESOURCES AND SKILLS DEVELOPMENT CANADA

Mail or in-person: You can write to or visit your local Human Resources Centre of Canada (HRCC) office.

For locations, go to [www.hrsdc.gc.ca/en/home.shtml](http://www.hrsdc.gc.ca/en/home.shtml) and scroll down to “Services where you live”.

Web site: [www.hrsdc.gc.ca](http://www.hrsdc.gc.ca)

#### *Employment Insurance (EI)*

Telephone: 1 800 206–7218

E-mail:

Written e-mail requests can be formulated at  
[www.hrsdc.gc.ca/asp/contact/contact\\_us.asp#E\\_mail](http://www.hrsdc.gc.ca/asp/contact/contact_us.asp#E_mail)

### INDIAN AND NORTHERN AFFAIRS CANADA

Les Terrasses de la Chaudière  
10 Wellington Street, North Tower  
Gatineau, Québec  
Postal Address: Ottawa, Ontario  
K1A 0H4

INAC toll-free number: 1 800 567–9604

TTY: 1 866 553–0554

Telephone: (819) 953–2523

Facsimile: (819) 953–9139

E-mail:

[ChildrensPrograms@ainc-inac.gc.ca](mailto:ChildrensPrograms@ainc-inac.gc.ca)

Web site: [www.ainc-inac.gc.ca](http://www.ainc-inac.gc.ca)

### NATIONAL DEFENCE

Director, Military Family Services  
1600 Star Top Road  
Ottawa, Ontario  
K1A 0K2

Telephone: (613) 995–6792

Facsimile: (613) 995–2178

Web site: [www.canex.ca/en/psp/dmfs](http://www.canex.ca/en/psp/dmfs)

### NATIONAL FILM BOARD

5 Blackburn Avenue  
Ottawa, Ontario  
K1N 8A2

Telephone: (613) 237–1066

Facsimile: (613) 237–5987

Web site: [www.nfb.ca](http://www.nfb.ca)

### PUBLIC HEALTH AGENCY OF CANADA

130 Colonnade Road  
A.L. 6501H  
Ottawa, Ontario  
K1A 0K9

or

1015 Arlington Street  
Winnipeg, Manitoba  
R3E 3R2

Telephone: (613) 957–2991

Facsimile: (613) 941–5366

TTY: 1 800 267–1245

E-mail: [info@phac-aspc.gc.ca](mailto:info@phac-aspc.gc.ca)

Web site: [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)

### PUBLIC SAFETY AND EMERGENCY PREPAREDNESS CANADA

National Crime Prevention Strategy  
222 Queen Street, 11<sup>th</sup> floor  
Ottawa, Ontario  
K1A 0P8

Telephone: 1 877 302–6272  
or (613) 941–9306

Facsimile: (613) 952–3515

E-mail: [info@prevention.gc.ca](mailto:info@prevention.gc.ca)

Web site: [www.prevention.gc.ca](http://www.prevention.gc.ca)

**ROYAL CANADIAN MOUNTED POLICE  
(RCMP)**

RCMP Headquarters  
1200 Vanier Parkway  
Ottawa, Ontario  
K1A 0R2

General Inquiries: (613) 993–7267  
TTY only: (613) 993–3887  
Public Relations: (613) 993–3032  
and (613) 993–2331  
Web site: [www.rcmp-grc.gc.ca](http://www.rcmp-grc.gc.ca)

*National Police Services, RCMP*

Web site:  
[www.rcmp-grc.gc.ca/nps/nps\\_e.htm](http://www.rcmp-grc.gc.ca/nps/nps_e.htm)

**SOCIAL DEVELOPMENT CANADA**

Strategic Policy  
140 Promenade du Portage, Phase IV, Level 3  
Gatineau, Québec  
K1A 0J9

Telephone: (819) 953–5612  
Facsimile: (819) 994–1506  
E-mail: [childrenspolicy-politiquesenfants@sdsc-dsc.gc.ca](mailto:childrenspolicy-politiquesenfants@sdsc-dsc.gc.ca)  
Web site: [www.sdc.gc.ca](http://www.sdc.gc.ca)

**TRANSPORT CANADA**

330 Sparks Street  
Ottawa, Ontario  
K1A 0N5

Telephone: (613) 990–2309  
TTY: 1 888 675–6863  
Facsimile: (613) 954–4731  
and (613) 998–8620  
E-mail: [webfeedback@tc.gc.ca](mailto:webfeedback@tc.gc.ca)  
Web site: [www.tc.gc.ca](http://www.tc.gc.ca)







