

Early Childhood Development Initiative

Annual Reports 2003-2004:



Early Childhood Development
Early Learning and Child Care
Indicators of Young Children's Well Being
Activities and Expenditures



Message From the Ministers

It is our pleasure to share with you, the Northwest Territories' (NWT) report on Early Childhood Development. This report includes the annual reports on Early Learning and Child Care, Early Childhood Development, plus the Indicators on the Well Being of Young Children.

The vision of the Government of the Northwest Territories for early childhood development is:

The NWT will be a place where children are born healthy and raised in safe and respectful families and communities, which support them in developing to their fullest potential. (GNWT, 2001, Framework for Action: Early Childhood Development, p. 21).

The achievement of this vision starts with our youngest citizens, the children.

To support the Government of the Northwest Territories' (GNWT) commitment to the Federal/Provincial/Territorial Early Childhood Development Agreement, the Early Childhood Development Framework for Action was created to provide direction for services to be delivered in a comprehensive and coordinated manner. During 2003/2004, a number of activities and accomplishments have taken place including:

- Healthy Family Kit Series (2800 kits) provided to community agencies and Health Centres for universal distribution
- Family Learning Kits (450) distributed to four-and five-year-old children
- Establishment of pilot Healthy Family Programs in two communities
- Northern Parenting and Literacy Training Program (37 people from 18 communities participated in the January 2004 training). Implementation of the Infant Hearing Screening Program training in two hospital settings.
- The funding of 18 Language Nests with at least one language nest in each of the official Aboriginal languages of the NWT

In 2003/2004 the Government continues to report on five common indicators of child well being. The GNWT is committed to providing residents of the NWT with information related to the health and development of our children. We will endeavor to expand on the existing data that we are able to collect.

This document also reports on the GNWT's current commitment to Early Learning Child Care and provides a foundation for future investment in quality early learning.

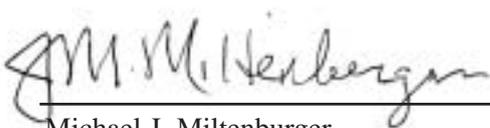
The government of the NWT recognizes that the development of healthy children and families is a long-term process. Commitment is essential and involves a collaborative approach to ensure children are supported to development to their greatest potential.

As Ministers responsible for the services that promote the well being of children, we will continue to support families and communities to raise healthy children.

Sincerely,



Charles Dent
Minister of Education,
Culture and Employment



Michael J. Miltenburger
Minister of Health and Social Services

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PART ONE: Early Childhood Development Agreements

Early Childhood Development Framework for Action

In September 2000, the NWT Premier joined Canada's First Ministers (with the exception of the Province of Quebec) in recognizing the importance of investments in early childhood development, and supporting families and communities in their efforts to ensure the best possible future for their children. (see Appendix for details)

The GNWT, in keeping with the First Minister's commitment to early childhood development, developed and published *Early Childhood Development Framework for Action* in May 2001 (the *Framework*).

This key document lays out the context, vision and components of a comprehensive strategy to address the needs of young children in the NWT. The following four areas were established to guide early childhood development initiatives and correspond with the First Ministers agreed upon key areas of action:

- health and wellness and risk prevention;
- parenting and family supports;
- child development - care and learning; and
- community supports and community building.

The Early Childhood Development (ECD) Action Plan along with the Framework provides the foundational vision for future investments in ECD.

Early Learning and Childcare Multilateral Framework

In March 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."¹

The Multilateral Framework suggests that effective approaches to early learning and child care are:

- Available and Accessible;
- Affordable;
- Quality;
- Inclusive; and
- Offer Parental Choice.

In response to this agreement, the GNWT supports the development of a comprehensive child care and development system that assists parents in enhancing the growth and development of children from birth to six years of age.

¹ *Early Learning and Child Care Multilateral Framework*, March 2003

PART TWO:

Highlights of Programs and Services

Early Childhood Development

Infant Hearing Screening Program

The Early Childhood Development Initiative has supported the development and implementation of the Infant Hearing Program (IHP) in the NWT. The IHP intends to screen 95% of babies born in the NWT for the purpose of identifying newborns at risk for hearing loss.

The Hearing Foundation of Canada² reports that six in 1000 infants born in Canada have some degree of hearing loss and 10% of Canadian hospitals have infant hearing programs.

Early detection of hearing loss can minimize the impact of missed critical windows of opportunities for speech/language and social development.

Two NWT hospital sites (with obstetrical services) are participating in this three stage screening program. A three stage screening process is used to minimize the number of referrals and medical travel costs for diagnostic services which occur only in the Territorial Hospital.

Nipissing District Developmental Screen

Universal developmental screening was implemented in June 2002 with the Nipissing District Developmental Screen (NDDS). The NDDS is a broad based general screen designed to identify potential developmental delays in children from birth to six years of age. Nurses and community health representatives have been trained to administer the screen and to provide feedback to families.

The NDDS includes parent education of child development into the assessment process in the form of a parent handout. This is appreciated by parents. As one parent says,

*"The tear-off sheet gave me the tools so I could know for myself if my baby was doing okay...It made me feel independent and that I could do things on my own and not call the nurses all the time."*³

² Hearing Foundation of Canada web reporting: www.thfc.ca

³ Hume, S., Hubberstey, C., Rutman, D., Warrender, B., & Tate, B. 2004. *Final Evaluation Report Northwest Territories Early Childhood Development Action Plan.*



Healthy Family Program

The Early Childhood Development Initiative has enabled the development of a home visitation pilot program, called the Healthy Family Program. The Healthy Family Program is an intensive, home-based, early intervention program that is directed and managed within health and social service authorities. The intent of the Healthy Family Program is to optimize the home environment for the physical, mental and emotional well-being of children (birth to six years) who are at risk of being developmentally delayed.

Families are assessed and invited to participate in the program prenatally or at birth of the child. Specially trained Family Home Visitors provide this early intervention and follow the families through the program.

There are two Healthy Family Program pilot sites in communities of 1,800 and 18,600 people. Each program has a coordinator and a complement of home visitors related to the community birth rate. All Healthy Family Program staff are trained in core program areas of home visitation, family assessment and child development.

Northern Parenting and Literacy Program

The Northern Parenting and Family Literacy Training programs, developed and conducted by the NWT Literacy Council, provide 'train the trainer' training sessions for community members. This training provides enhanced skill development and capacity building for community members involved with their local family literacy programs, projects and resource development. The NWT Literacy Council also develops resources to support families and community literacy programs.

Four hundred and fifty Family Learning Kits were distributed to all NW children five years of age. Literacy resource development included a tool kit and nine individual "how to" kits. These resources are available to all programs in the NWT.

Training was provided to representatives from all NWT communities in addition to two community-focused training sessions.

Language Nests

Language Nests immerse children in an environment of the community's first language and culture. Language and culture is fostered within the early learning and child care setting by the provision of speakers of Aboriginal languages including elders, language training of Early Learning and Child Care (ELCC) workers, plus production and introduction of materials/activities in Aboriginal languages. The involvement and commitment of the community is key to the establishment and success of each Language Nest.

The Language Nests are situated within licensed early learning and child care settings. In 2003/2004 there were 18 Language Nest programs with at least one Language Nest in each of the nine official Aboriginal languages of the NWT. Training was provided to Language Nest staff focusing on language and identity, first and second language acquisition, and structuring language components into daily child care routines. Language learning for non-Aboriginal language speaking staff and interested parents were offered by many sites. The expansion of resource materials in more of the Aboriginal languages including children's books was a focus this year.

Rehabilitation Review

In 2002, a review of rehabilitation services, including pediatric rehabilitation was undertaken with the purpose of developing a vision for how services could be delivered more effectively.

Key changes outlined in the report (Ile Royale Interprises Ltd. 2002) including changing the way rehabilitation is offered in the smaller more remote communities and a change to the existing staffing configuration in the territories.

The Department of Health and Social Services has included recommendations from the rehabilitation report within the newly developed NWT Integrated Service Delivery Model (ISDM). Rehabilitation has been identified as one of the core services. The ISDM is a team based, client focused approach to the provision of health and social services (Integrated Service Delivery Model for the NWT, March 2004). A core service is a health and social program or service that is available to all NWT residents.

Primarily, the development of a vision and a service delivery plan for rehabilitation services are the key outcomes that have been incorporated in the ISDM. The development of rehabilitation staff clusters in three regional centres, development of community rehabilitation aides and the integration of existing services (telehealth, schools, and child care) will impact the effectiveness of services for children within the NWT. The rehabilitation plan will start to unfold in 2006.

Early Learning and Childcare

Early Childhood Development Certificate Program

The GNWT recognizes the need for trained early childhood educators to ensure these environments and programs deliver quality experience for young children. To support the development of a qualified field of early childhood educators and child care providers, the Government provides \$240,000 to Aurora College for the delivery of the Early Childhood Education Certificate Program. This program is delivered by distance delivery in cooperation with Yukon College. This program began in September 1998, and recognized the first graduates in the spring of 2003.

Aurora College delivers courses and information to students through a variety of means enabling the students to remain in their home communities and/or regions.

During the 2003-2004 academic year, the following courses were delivered via teleconference with a regional tutor available to assist students:

- Health, Safety and Nutrition;
- Understanding Self-Esteem;
- Practicum 1 and Seminar 1;
- Introduction to Early Childhood;
- Child Growth and Development 2; and
- Communications.

In addition to the distant education courses, on-site professional development workshops on a variety of topics are delivered to students within the NWT.



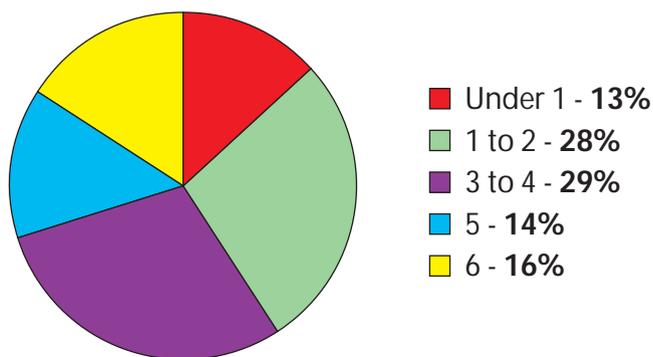
PART THREE: Our Children

Reporting on the Status of Northern Children

Northwest Territories Population

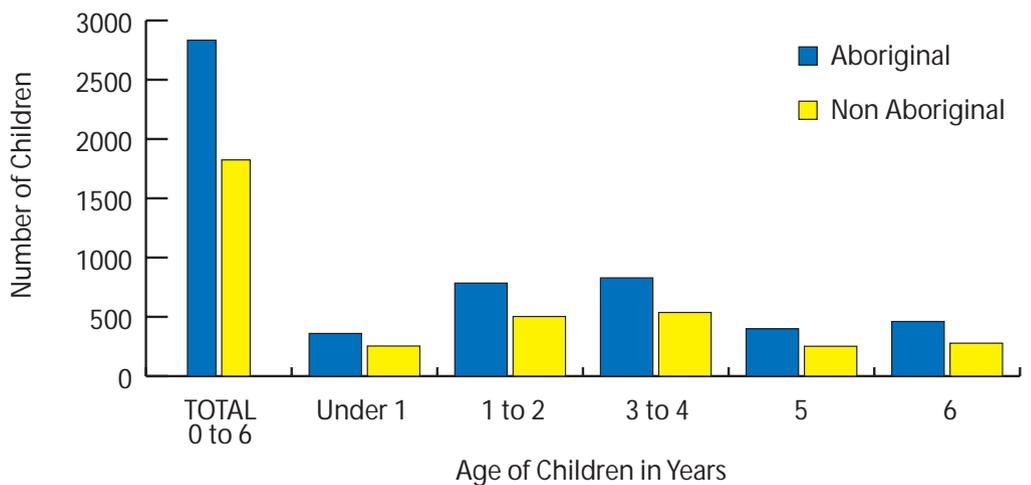
The total population of the NWT in 2003 was 41,872 (NWT Bureau of Statistics). In 2003, the NWT had a population of 4,658 children birth to six years of age, representing 11 % of the total population.

2003 NWT Population of Children Birth to Six Years of Age



In 2003, there were 21,306 Aboriginal people and 20,900 Non Aboriginal people in the Northwest Territories. The ethnicity of children, birth to six years of age is reflected below.

2003 NWT Population of Children 0-6 Years of Age by Ethnicity

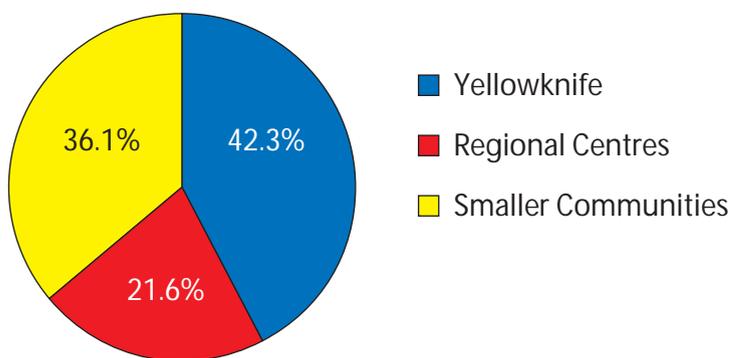


Where Our Children Live

The largest grouping of children six or less years of age live in Yellowknife, the capital city of the NWT. In 2003, there were 18,808 people living in Yellowknife (NWT Bureau of Statistics).

The next largest grouping is in the three regional centres of Inuvik, (population 3,435 in 2003), Hay River (population 3,620 in 2003) and Fort Smith (population 2,473 in 2003) with a total population of 9,657 in 2003. There is road access to Yellowknife from all of the regional centres, though the driving distance between Yellowknife and Inuvik is 3,565km. For this reason, flying is more time efficient than travel by road. Some of the smaller communities have no road access to the closest regional centre. The smallest community in this category, Jean Marie River, had a population of 71 in 2003 (NWT Bureau of Statistics).

Where Children Birth to Six Years of Age Live



Indicators of Young Children's Well-Being in the NWT

The *National Longitudinal Study of Children and Youth* is the primary source for data on the indicators of children's well being.

The sample size for the National Longitudinal Survey of Child and Youth in each territory is too small to produce reliable indicators selected for the comparable reporting. Consequently, the NWT is not able to report on the full set of indicators at this time. In 2003-2004, the GNWT is able to report on one of the five common indicators of Early Development - this indicator is Physical Health and Development. The Departments of ECE and HSS are working together with the NWT Bureau of Statistics to address these reporting gaps.



Indicators of Physical Health NWT 2000-2002*

Physical Health and Development

Healthy Birth Weight

A key determinant of child health is a healthy birth weight. Low birth weight (<2500g) is associated with risk for developmental delays and health problems. Babies born with high birth weight (>4000g) are more likely to experience difficult births. The incidence of low birth weight in the NWT in 2001* was 4.5⁴ and the incidence of high birth weight was 19.9⁴. Research suggests that First Nations (Indian) and Inuit children have different growth patterns than standardized norms and are more likely to be heavier at birth.⁵

Birth Weights in the NWT and Canada 1998-2001

Indicator	1998		1999		2000		2001	
	NWT*	Canada	NWT*	Canada	NWT*	Canada	NWT*	Canada
Incidence of Low Birth Weight ¹	5.0	5.7	5.6	5.6	4.8	5.6	4.5	5.5
Incidence of High Birth Weight ²	16.3	12.8	17.9	13.1	19.5	13.8	19.9	n/a

Sources: NWT: Statistics Canada, Vital Statistics: Prepared by the NWT Department of Health and Social Services
Canada: Canadian Vital Statistics -Birth Database

* Due to the small number of annual events, the data was aggregated into three-year periods in order to provide more stable estimates of the rates.

¹ Proportion of live births weighing under 2500 grams to the total number of live births per 1,000 births

² Proportion of live births weighing over 4,000 grams to the total number of live births per 1,000 births

Pre Term Births

Pre term or premature births, are those births with gestational periods of less than 37 weeks. At birth, premature infants may experience difficulties with breathing, feeding and staying warm. Children who are born premature are at greater risk for growth and developmental delays.

Pre Term Births in the NWT and Canada 1998-2001

Indicator	1998		1999		2000		2001	
	NWT*	Canada	NWT*	Canada	NWT*	Canada	NWT*	Canada
Incidence of Preterm Births ¹	7.5	7.2	8.2	7.3	8.1	7.5	7.7	n/a

Sources: NWT: Statistics Canada, Vital Statistics: Prepared by the NWT Department of Health and Social Services
Canada: Canadian Vital Statistics-Birth Database

* Due to the small number of annual events, the data was aggregated into three-year periods in order to provide more stable estimates of the rates.

¹ Proportion of live births with gestational period under 37 weeks to the total number of live births per 1,000 births

⁴ Sources: NWT: Statistics Canada, Vital Statistics: Prepared by the NWT Department of Health and Social Services (per 1,000 births)

⁵ Canadian Medical Association Journal, 1987 Jan 15; 136: 118-119

Immunization (Occurrence of three Vaccine Preventable Diseases)

Immunization is an effective way to give children protection against a number of potentially serious diseases. Immunization during childhood helps the immune system to build up resistance to disease. The NWT immunization programs include vaccines to prevent the following diseases: diphtheria, tetanus (lockjaw), pertussis (whooping cough), polio, rubella (German measles), measles (red measles), mumps, hepatitis B, varicella (chicken pox), meningitis, and Haemophilus influenza type b (Hib) disease. The NLSYC reports on the incidence of measles, Hib and meningococcal Group C Disease.

Occurrence of three Vaccine Preventable Diseases in NWT and Canada 1998-2001

Disease ¹	1998		1999		2000		2001									
	NWT		CN		NWT		CN									
	#	Rate	#	Rate	#	Rate	#	Rate								
Measles	0	0.0	6	0.3	0	0.0	11	0.5	0	0.0	80	3.7	0	0.0	7	0.3
Meningococcal Group C	0	0.0	8	0.4	0	0.0	10	0.5	0	0.0	15	0.7	0	0.0	27	1.3
Hib ²	0	0.0	15	0.8	0	0.0	14	0.8	0	0.0	7	0.4	0	0.0	16	0.9

Source: Immunization and Respiratory Infections Division, Centre for Infectious Disease Prevention and Control, PPHB, Health Canada

¹ Rate per 1,000 births

² Hib = Haemophilus Influenza type b disease

Infant Mortality

The infant mortality rate is a recognized measure in the determination of the status of child and maternal health.

Infant Mortality Rate in the NWT and Canada 1998 to 2001

Indicator	1998		1999		2000		2001	
	NWT*	Canada	NWT*	Canada	NWT*	Canada	NWT*	Canada
Infant Mortality ¹	12.0	5.3	12.8	5.3	8.7	5.3	8.3	5.2

Source: NWT: Statistics Canada, Vital Statistics: Prepared by the NWT Department of Health and Social Services

Canada: Canadian Vital Statistics - Mortality, Summary List of Causes

* Due to the small number of annual events, the data was aggregated into three-year periods in order to provide more stable estimates of the rates.

¹ Rate per 1,000 births



Safety and Security

Injury mortality and injury hospitalization rates are public health measures of reported hospitalization or death due to injury.

Rate of Hospitalizations¹ per 100,000 due to Injury, Children Less than Six Years of Age, 1998-2001

	1998		1999		2000		2001	
	NWT	Canada	NWT	Canada	NWT	Canada	NWT	Canada
	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate
All Injuries	655.7	471.51	632.9	453.6	590.6	429.08	551.8	N/a

Source: NWT:

Canada: CIHI Hospital Morbidity Database

1 a) Province/Territory of hospitalization used

- Figures based on the number of patients (0-5 years) who were admitted -for at least overnight - to an acute-care facility in Canada and subsequently discharged (alive or dead) from that facility. Out-patient and Emergency Department visits excluded.

c) Causes of injury are based on the first reported external cause of injury code

d) Stillborns are excluded.

e) The year represents the fiscal year of discharge.

- Population denominators are < 6 years of age by fiscal year midpoint (October 1) and are specific to gender, province and fiscal year.
- Injury hospitalization data for the Northwest Territories should be treated with caution. Cases where the child was transported for treatment to a hospital in Edmonton or Northern British Columbia may not be included.

Injury Mortality Rates¹ in Canada and the NWT (per 100,000 population aged 0-5), 1998-2001

	1998		1999		2000		2001	
	NWT	Canada	NWT	Canada	NWT	Canada	NWT	Canada
	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate
Injury Mortality Rate ²	29.0	9.3	45.8	9.3	31.5	7.9	24.3	N/a

Source: NWT: Statistics Canada, Vital Statistics: Prepared by NWT Department of Health and Social Services

Statistics Canada, Canadian Vital Statistics - Mortality, Summary List of Causes, 1998, 1999, 2000

Mid-year (July 1) population estimates were used to calculate the rates.

NWT: Statistics Canada, Vital Statistics: Prepared by the NWT Department of Health and Social Services

1 Province/Territory of residence used.

2 Rate per 100,000 person-years 0-5 years of age: due to the very small number of events, these rates should be interpreted with extreme caution

* Due to the small number of annual events, the data was aggregated into three-year periods in order to provide more stable estimates of the rates.

PART FOUR: Evaluation

An evaluation component was included in the Framework as an indication of the GNWT's commitment to the residents of the NWT for the Early Childhood Development Framework for Action.

The Year Three Evaluation Report was completed in March 2004. The evaluation process consisted of yearly formative reporting and a summative report was provided in March 2004.

Lessons learned from the three year *Early Childhood Development Framework for Action* are summarized below.

Lessons Learned	Comments
Time is needed to fully determine the impacts of the various activities.	Measuring the impact/effectiveness of programs in early childhood development requires longitudinal study. Objectives including criteria such as school readiness require five years of implementation prior to evaluation. GNWT initiatives like this include: Language Nests, NDDS, and the Healthy Family Programs (HPF).
Adequate Staff Supports must be in place to conduct the necessary research, and to develop and implement such a broad range of initiatives.	Programs with dedicated staff (Language Nests, Literacy Training) made significant progress toward achieving language based goals. New programs with resource challenges (Healthy Family, Rehab) influenced the ability of outcomes to be achieved.
Activities with the most visible results are those that utilized a community development approach.	The importance of community development was highlighted in the Action Plan. Initiatives such as the Language Nests, Family Learning Kits and Language Nests adopted this framework. Healthy Family Program also followed this model. These activities encouraged collaboration, and integration with existing programs such as schools, preschools, child development centres and family resource centres.
Greater understanding and awareness of the importance of early childhood development was accomplished through community based initiatives.	From focus group discussions parents and community members indicated they are noticing and appreciating the importance of books, reading, and learning traditional languages. Also report greater understanding of child development through healthy family kits, parenting and literacy programs, language nests and in some communities, NDDS.
Through the Language Nest initiative, communities have increased appreciation to the extent of the loss of their traditional languages.	At the same time, the importance of encouraging language in the early years was noted.
The integration of services can be enhanced by developing activities that support local community goals.	Northern Parenting and Literacy (NPL) and Language Nest programs utilized existing programs and personnel to achieve local goals in addition to the Action Plan. Healthy Family Program is thought to achieve this as well.



<p>Ongoing Challenges</p>	<p>Sustainability remains an ongoing problem for community programs that do not have ongoing funding. These programs include (NPL, Language Nests, HFP). It will be difficult for these programs to achieve the goal: "to form and strengthen linkages..."The Action Plan is intended to contribute to long term outcomes that would indicate that programs/initiatives are making a difference in the lives of young children and their families. For some programs, it is too early to tell, for others, there is movement toward this. The Action Plan has heightened the awareness of early childhood development in the NWT leading to the initiation of activities to support healthy childhood development. Sustaining and building upon these activities may be a challenge at the end of the Action Plan.</p>
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APPENDIX I:

Early Childhood Development Initiative

In September 2000, the NWT Premier joined Canada's First Ministers (with the exception of the Province of Quebec) in recognizing the importance of investments in early childhood development, and supporting families and communities in their efforts to ensure the best possible future for their children. First Ministers agreed on four key areas for action:

- Promoting Healthy Pregnancy, Birth and Infancy;
- Improving Parenting and Family Supports;
- Strengthening Early Childhood Development, Learning and Care; and
- Strengthening Community Supports.

The importance of early childhood development is recognized by the Federal Government agreement to invest \$2.2 billion over five years to provincial and territorial governments. Within this national allocation, the NWT receives a per capita allocation of:

Year	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	Total
Funding	\$413,000	\$556,000	\$700,000	\$705,000	\$713,000	\$3.086 mil

Annual Reporting

In addition, First Ministers agreed to *"report annually to Canadians on their investments and their progress in enhancing early childhood development programs and services in the four key areas for action"* ⁶

The agreed upon reporting for programs providing direct services to clients are to include the following indicators:

- Availability;
- Accessibility;
- Affordability; and
- Quality.

Guiding Principles

In keeping with the First Ministers commitment in early childhood development, the GNWT published its *Framework for Action: Early Childhood Development* (hereafter called Framework) in May 2001. This key document lays out the context, vision and components of a comprehensive strategy to address the needs of young children in the NWT. The following four areas were established to guide early childhood development initiatives and correspond with the First Ministers agreed upon key areas of action:

- health and wellness and risk prevention;
- parenting and family supports;
- child development - care and learning; and
- community supports and community building.

APPENDIX II:

Early Learning and Child Care (ELCC) Multilateral Framework 2003/2004

Background

In March 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."⁷

Through annual reporting each jurisdiction demonstrates how funding was used to support the effective approaches to Early Learning and Child Care outline in the Multilateral Framework. These approaches as outlined are:

- Available and Accessible;
- Affordable;
- Quality;
- Inclusive; and
- Offer Parental Choice.

Through this Framework, the Federal government has committed to invest funds in regulated child care. This funding will enhance the investments made by Provincial/Territorial governments supporting quality child care provided by regulated early childhood programs. The Federal commitment is for five years, beginning in 2003-2004.

Funding is based on population estimates for 2003-04 and on projections for 2004-05 to 2007-08.

Year	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	Total
Funding	\$30,000	\$100,000	\$200,000	\$400,000	\$500,000	\$1.230 mil

Statement of Action

The GNWT supports the development of a comprehensive early childhood program that assists parents in enhancing the growth and development of children from the time they are born until they are six years old. Licensed early childhood programs enable parents to access employment and learning opportunities by supporting child care initiatives for children from infancy to six years of age, and after-school care for children up to and including 11 years of age. These programs also provide a safe, nurturing and learning environment for children, and promote their balanced growth and development during the early, critical years of life.

Guiding Principles

Parents and other family members are their children's primary care givers and teachers. For those parents who choose to access child care and development programs, the programs should support and complement them in those roles.

Child care and development programs should be community based and shaped by the culture of the community. They should involve parents, the community and community agencies in their design and delivery.

Every child care and development program should provide a secure, nurturing environment and promote the balanced development of the children. They should be of high quality and based on established standards.

⁷ Early Learning - Child Care Multilateral Framework, March 2003

Available and Accessible Early Learning and Child Care

The Territories' Early Childhood Program annual budget is \$1.5 million. These contributions are targeted to licensed non-profit early childhood programs to assist with the purchase of materials and supplies, off set staff expenditures, insurance and other administrative costs. The Early Childhood Program operates on a first come first serve basis until the budget is expended.

Contributions are based on a sliding scale reflective of factors related to living in Northern Canada. These factors include food costs and cost of living within an individual community.

Start Up Contributions are based on:

- The number and type (infant, preschool, after-school, full/part time or for a child with identified needs) of spaces created; and
- The community in which the spaces are created.

Contributions are paid in lump sums, up to three months prior to the expected opening of the program.

On-going Contributions are based on:

- The number and type of spaces,
- Community daily rates, and
- Maximum possible attendance in the program.

Payments are made quarterly, in advance, based on expected occupied spaces and adjustments are reconciled according to submitted actual attendance numbers.

In 2003-2004, there were 81 licensed early childhood programs in 24 of the 33 NWT communities. These programs included child care programs in 13 communities, preschool/nursery school programs in 15 communities, after-school programs in three communities and family day homes in three communities.

A total of 1,219 child care spaces were available: 145 infant spaces (0-2 years), 849 preschool spaces (2-5 years) and 225 after school spaces (5-11 years).

*Statistics as of March 2004

Affordable Early Learning and Child Care

Through the Income Support Program, the GNWT delivers the Child Care User Subsidy Program. This program provides financial support to low-income families to assist with the cost of child care.

In 2003-2004, \$162,000 was accessed.

Quality Early Learning and Child Care

Indicators of quality include staff training requirements, group size, staff/child ratios and appropriate learning environments. In the NWT, these are monitored by regional Early Childhood Consultants. The Consultants monitor programs for compliance with the Child Day Care Act and Standards Regulations. Early childhood programs that meet the licensing requirements are supported and monitored by government consultants. The Consultants support programs to deliver quality learning opportunities while complying with the legislation.

Recognizing the importance of staff training for those working with young children, the GNWT supports Aurora College's distance delivery of the Early Childhood Education certificate program. In addition to the distance education courses, several Early Childhood Education professional workshops are offered each year in communities throughout the NWT, that support the learning outcomes of the distance education courses. Participants are welcome to attend, whether enrolled in the Aurora College program or not. In 2003-2004, two day workshops, Behaviour Management and Programming a Child's Day were delivered in regional centers.

Some of these courses were offered for students who were beginning their studies and some were for those who have been with the program since its inception and were preparing for graduation.

Inclusive Early Learning and Child Care

The GNWT encourages early childhood programs to develop inclusive programming that recognizes local cultures and needs of all children in their community.

The GNWT is aware that first languages play a vital role in child development. As part of the *Action Plan: Early Childhood Development* (hereafter called the Action Plan), the Government launched the Language Nest initiative to enhance first language development in Northern communities. This initiative makes funding available to interested licensed early childhood programs to provide opportunities for young children to be exposed to and immersed in their language and culture through the involvement of Elders and language speakers. Eighteen early childhood programs have become involved this initiative.

Parental Choice in Early Learning and Child Care

It is important that parents choose the early childhood program that best suits their children and family. Parents often have limited early learning and child care choices in the small Northern communities due to the low population and the low number of children requiring programs. Communities often have a need for one or two child care services. Parents are encouraged to participate in the development and management of the local early childhood program by becoming board members, to ensure programming reflects their needs. To support programs and parent boards, the GNWT has been developing a resource to assist boards managing early childhood programs.

APPENDIX III:

An Overview of the NWT's Investments in Early Childhood Development 2003-2004

The following table provides a summary of the investment of the GNWT on early childhood development for 2003-2004. The Federal Government through the Canada Health and Social Transfer provided \$700,000.00 for the Northwest Territories Early Childhood Development Initiative.

Service/Program	Expenditure
Health and Wellness and Risk Prevention: <ul style="list-style-type: none">• Universal Developmental Screening• Healthy Family Kits	231,299.00
Enhanced Rehabilitation Services <ul style="list-style-type: none">• Infant Hearing Program	31,268.00
Parenting and Family Supports <ul style="list-style-type: none">• Healthy Family Program• Family Learning Kits-Distribution	515,063.00
Child Development <ul style="list-style-type: none">• Child Development Resource Kits• Language Nests	799,222.00
Community Supports and Community Building <ul style="list-style-type: none">• Child and Family Resource Centres• Northern Parenting and Literacy Program• Public Awareness	629,480.00
Evaluation	211,190.00
Total	2,417,522.00

APPENDIX IV:

Early Childhood Development Programs: Descriptions and Indicators

ECD ACTION AREA Health and Wellness and Risk Prevention

DESCRIPTIVE INFORMATION

ECD Program Name	Universal Developmental Screening (includes Nipissing District Developmental Screen (NDDS))	Infant Hearing Program (IHP)	Hearing Screening Program
Launch Date:	June 2002	Program development 2003	Ongoing
Target Population:	Universal for Children birth to six years	Universal for babies born at Stanton Territorial and Inuvik Regional Hospitals	Universal for children birth to six years of age
Program Description:	Universal developmental screening is intended to support early identification and intervention of childhood developmental delays. Ongoing from 2002.	This program is in the early stages of development. The intent of the program is to support early identification and intervention of hearing loss in children. The initial screening pilot is underway at the Stanton Territorial Hospital	This program is an ongoing program within Community Health Well Child Program. Replacement of pure tone audiometers for community health centres were purchased to allow greater accessibility for hearing screening for young children.
Program Objectives:	To ensure that children achieve their potential for growth and development in a supportive, nurturing and safe environment. Specifically: <ul style="list-style-type: none"> · increased number of children referred appropriately for services · 90 per cent of NWT children are screened for potential developmental delays by age three · yearly report summarizing the developmental status of children birth to six years of age in the NWT 	The program objectives are the early identification of hearing loss and early initiation of services. Specifically: <ul style="list-style-type: none"> · # of infants screened · # requiring full audiological assessment · # infants diagnosed with hearing loss · # infants identified at birth to be at risk · # infants "at risk" that later develop hearing loss 	To ensure that children achieve their potential for growth and development in a supportive, nurturing and safe environment through the elimination of preventable illnesses or conditions. Hearing screening is included in the NWT Community Health Nursing Program Standards and Protocols (May 2002).

ECD Program Name	Universal Developmental Screening (includes Nipissing District Developmental Screen (NDDS))	Infant Hearing Program (IHP)	Hearing Screening Program
Delivery Agents:	Community Health Nurses, Public Health Nurses, Community Health Representatives, Territorial Audiologists	Community Health Nurses, Public Health Nurses, Community Health Representatives, Territorial Audiologists	Community Health Nurses, Public Health Nurses, Community Health Representatives, Territorial Audiologists
Lead Department:	Health and Social Services (HSS)	HSS	HSS
Investment Focus	Ongoing	2003-2004: Ongoing support for IHP	Ongoing
Availability Number of Clients Served	During the 2003 calendar year, approximately 425 screens were administered to three year old children not including those born in Yellowknife.	Not able to report on at this time.	Information not available to date
Total Number Program Sites	All community health centres	Two Hospital settings with obstetrical services	Ongoing screening
Accessibility	Universal for children birth to six years of age	Universal for children born at hospital pilot sites	Universal for children birth to six years of age
Affordability	Funded by the Government of the Northwest Territories.	Funded by the Government of the Northwest Territories.	Funded by the Government of the Northwest Territories.
Quality	Nurses and Community Health Representatives received training in the administration and scoring of the NDDS and Aurora College Nursing Program. A training video in the process of being developed for users of the screening tool.	Territorial audiologists have received training on the hearing assessment equipment. Ongoing training is being provided to the obstetrical nursing staff in preparation for program launch.	

ECD ACTION AREA Parenting and Family Supports

DESCRIPTIVE INFORMATION

ECD Program Name	NWT Healthy Family (Home Visitor) Program (includes Yellowknife Healthy Family Program, Rae Family Support Program)	Healthy Family Kits (includes Healthy Pregnancy, Birth, Six and Twelve Month Kits)	Family Learning Kits
Launch Date:	Pilot projects start up in 2002	2002	2002
Target Population:	Universal screening of all pregnant families in pilot communities; intensive home visiting will be offered to families assessed to be at risk.	Universal to pregnant women, children and their families, birth to 18 months of age	Universal for four year old children and their families
Program Description:	This program facilitates the development of parenting skills, healthy child growth and development and healthy parent child relationships through intensive home visiting.	The kits provide parents with information to increase their awareness of the many developmental stages that make up the first six years of life; and how parents, families and communities can positively influence the full range of development in a child. The kits address four developmental milestone stages. They also help promote parent-child interaction and the importance of reading with a child.	The Family Learning Kit provides families with tools to promote the importance of language and literacy development. The kit includes resources such as a number of age appropriate books in English, French and/or the Aboriginal language of the family, crayons and paper, games, and activity cards for parents to use to support their children's early learning.
Program Objectives:	<p>Evaluation indicators will be reviewed and reported upon in subsequent reporting periods. Indicators include:</p> <ul style="list-style-type: none"> · # babies/families screened for program eligibility · % of eligible families accept involvement in program · % of children in program that attain developmental milestones · % of families who report an increase in knowledge of parenting skills 	<ul style="list-style-type: none"> · Increase parents knowledge about healthy prenatal nutrition, child dental health, healthy infant nutrition, developmental stages and child safety · Increased parent-child interactions 	<ul style="list-style-type: none"> · increase parent knowledge about child development · increase parent-child interactions · increase opportunity to develop new skills for school entry

ECD Program Name	NWT Healthy Family (Home Visitor) Program (includes Yellowknife Healthy Family Program, Rae Family Support Program)	Healthy Family Kits (includes Healthy Pregnancy, Birth, Six and Twelve Month Kits)	Family Learning Kits
Delivery Agents:	Two Health and Social Service Authorities	Canada Prenatal Nutrition Programs, Hospitals, Community Health Centres and Public Health Units	NWT Literacy Council
Lead Department:	HSS	HSS	Education, Culture and Employment (ECE)
Investment Focus	2003/2004: Development of Healthy Family Program	Continued distribution of kits	Continued distribution of kits
Availability Number of Clients Served	program under development, no data	Approximately 2800 kits distributed	450 kits distributed
Total Number Program Sites	There is a healthy family program in two out of seven health and social service authorities. (Dogrib Community and Yellowknife Health and Social Service Authorities)	35 CPNP projects, 33 health centres/hospitals, 7 medical clinics	A Family Literacy Coordinator in each of the 33 NWT communities has been trained to distribute the kits.
Accessibility	Pilot program sites will universally screen each family with a newborn child for eligibility for increased support.	Universal distribution to pregnant women, children and their families, prenatal to 18 months	Universal to children four years of age
Affordability	Funded by the GNWT	Funded by the GNWT	Funded by the GNWT
Quality	Two training courses on the Healthy Family model occurred with representatives from four HSS Authorities Job evaluation standards have been developed. Parent Satisfaction Questionnaire included in program evaluation plan. Family Home Visitors and Program Managers receive specific training in the area of early childhood development and family support.	Evaluation questionnaires and focus group evaluations have yielded positive comments regarding the contents of the kits	Evaluation questionnaires and focus group evaluations have yielded positive comments for the contents of the kits and noted increase parent child interactions.

ECD ACTION AREA **Child Development**

DESCRIPTIVE INFORMATION

ECD Program Name	Child Development Resource Kits	Language Nests
Launch Date:	Pilot projects start up in 2002	2002
Target Population:	The kits are available to individuals working one-on-one with children in an early intervention program settings. Further kit distribution will be phased-in to address preschool programs providing early intervention services.	Young children in licensed early learning and child care settings
Program Description:	The Child Development Resource Kit contains a wide range of age-specific toys to be used as developmental tools, to address specific developmental delays.	Early learning and child care settings that embrace the community's culture and language as the base to all programs and activities.
Program Objectives:	The Child Development Resource Kit was developed to strengthen early intervention services and programs by the addition of developmental resource materials.	Language Nests will support the opportunity for culture and language to become the foundation of early childhood programs. The Language Nests are expected to immerse children within an environment of the community's first language and support the children's learning of that language.
Delivery Agent	Early Childhood Interventionists, Child Development Specialists, Healthy Family Home Visitors, Early Childhood Educators.	Existing licensed early childhood programs such as child care centres and preschools.
Lead Dept:	HSS	ECE
Investment Focus	Continued Distribution of Child Development Resource Kits	Continued Support for the development of Language Nests.
Availability # Clients Served	Approximately 45 kits have been delivered including the 4 to HFP sites.	# kids in programs
Total Number Program Sites	Continued 45 sites	In 2003-2004, a total of 18 pilot sites were established, with at least one site within each official NWT Aboriginal Language groups
Accessibility	This initiative is targeted for children with developmental delays.	Preschool age children, ranging from birth to six years attend the 18 programs.

ECD Program Name	Child Development Resource Kits	Language Nests
Affordability	This is a GNWT funded initiative	Many of the sites have no fee for attending and subsidies are available for children attending the other sites.
Quality	n/a	A questionnaire was developed to obtain baseline data to track the progress of the children. Preliminary results suggest that age, length of time in the child care or early learning centre and use of language in the home all contribute to the children's speaking and understanding of the Aboriginal language. All children were reported to able to say or understand some phrases and/or words in their Aboriginal language.

ECD ACTION AREA **Community Supports and Community Building**

DESCRIPTIVE INFORMATION

ECD Program Name	Northern Parenting and Literacy Program (includes training and resource development)	Public Awareness Program (Includes 2002-2003 campaign, Hands on Health Conference and Child Development Video)	Child and Family Resource Centres (seed money for community planning)
Launch Date:	ongoing since 2002	ongoing since 2002	2002
Target Population:	Children ages birth to five, their families, and communities.	<i>Conference:</i> Service delivery providers from Canada Prenatal Nutrition Program, health centres, early learning and childcare programs. <i>Campaign:</i> Individuals, families and community members.	Communities interested in coordinating the integration of service delivery of early childhood programs and services.
Program Description:	The Northern Parenting and Literacy Program is based on a train-the-trainer model to train facilitators to deliver parenting and literacy programs in communities.	<i>Conference:</i> Providing information on healthy lifestyles, child development, food safety and oral health. <i>Campaign:</i> Messaging reinforces importance of strong family relationships, child developmental stages, healthy lifestyle choices and the importance of the early years.	Using a facilitated community development process, the community will create a plan to address the gaps in services including both human and resource requirements.
Program Objectives:	<ul style="list-style-type: none"> · All communities will be represented at the regional training sessions and that parenting/literacy programs are implemented within each community. · Parenting/Literacy Programs are expected to increase parent and child interaction. 	<i>Conference:</i> Provides community workers with skill and knowledge regarding healthy early childhood development. <i>Campaign:</i> To increase the awareness of investing in early childhood development and the difference early intervention can make in preparing children for school.	Interested communities will be supported to consider the needs of the community and identify gaps in existing early childhood programs and services. These communities will be supported to coordinate the integration of service delivery.
Delivery Agent	The NWT Literacy Council; Community Literacy Coordinators	<i>Conference:</i> Northern Nutrition Association, Canada Prenatal Nutrition Program, HSS, ECE, Dene Nation, Breakfast for Learning, Canadian Living Foundation.	Dene Band Council, Community of Tulita

ECD Program Name	Northern Parenting and Literacy Program (includes training and resource development)	Public Awareness Program (Includes 2002-2003 campaign, Hands on Health Conference and Child Development Video)	Child and Family Resource Centres (seed money for community planning)
Lead Dept:	ECE	<i>Conference:</i> HSS and ECE <i>Campaign/Video:</i> HSS	ECE
Investment Focus	Continued support to Family Literacy Coordinator	Continued distribution of public resource materials	Support integraton of early childhood programs in Tulita
Availability # Clients Served	During the first two years of this initiative all 33 communities had the opportunity to send local community members to participate in the literacy training.	Territorial wide initiative. <i>Conference:</i> 100 conference participants <i>Video:</i> Families, Early Child Educators, Early Interventionists, Child Development Specialists	The community of Tulita expressed interest in working towards the integration of their early childhood programs, the Family Support and Toy Lending Library programs.
Total Number Program Sites	Ongoing in 33 number of communities	<i>Conference:</i> n/a <i>Campaign/Video:</i> 33 communities in the NWT	One community
Accessibility	Train the trainer programs have been available to all communities. Local literacy programs are available in all communities in the NWT. Resources are available to all communities.	<i>Conference:</i> open to all early child care and learning workers, CPNP workers, health centre staff <i>Campaign:</i> universal to families and communities	The Tulita Family Support and Toy Lending Library programs are available to all community members.
Affordability	GNWT funded position	<i>Conference:</i> Federal and Territorially Funded <i>Campaign/Video:</i> GNWT funded initiative	Limited government funds are available to interested communities as seed money.
Quality	A post conference evaluation questionnaire was developed for all course participants.	<i>Conference:</i> A post conference evaluation questionnaire was developed for all course participants. <i>Campaign:</i> n/a	Program evaluation of the Tulita program was completed.

APPENDIX V

The Early Childhood Development Agreement

Common Indicators of Young Children's Well-Being

A. Physical health and motor development: Is defined by the child's general state of health and gross motor skills, and includes:

1. Healthy Birthweight (available for NWT)
Occurrence of Three Vaccine Preventable Diseases:
2. Meningococcal Disease Immunization (available for NWT)
3. Measles (available for NWT)
4. Haemophilus Influenza b (Hib) (available for NWT)
5. Infant Mortality Rate (available for NWT)
6. Motor and Social Development

B. Emotional Health: Is defined by the child's self-esteem, coping skills, and overall emotion well-being and includes:

7. Emotional Problems/Anxiety
8. Hyperactivity

C. Social Knowledge and Competence: Refers to the way children behave and are able to communicate feelings and wants, and includes:

9. Physical Aggression/Conduct Problems
10. Ages and Stages - Personal Score

D. Cognitive Learning and Language Communication: Refers to the ways children perceive, organize and analyze information provided by their social and physical environment and their ability to communicate.

11. Language

