



Early Childhood Development Initiative

Early Learning and Child Care Baseline Indicators 2002-2003

Indicators of Young Children's Well-Being

Early Childhood Development Annual Report

Activities and Expenditures 2002-2003

MESSAGE FROM THE MINISTERS

It is our pleasure to share the Northwest Territories' report on Early Childhood Development. This report includes the baseline Early Learning and Child Care (ELCC) information, the annual report on Early Childhood Investment, and the Indicators on the Well Being of Young Children for 2002/03.

To support the Government of the Northwest Territories' (GNWT) commitment to the Federal/Provincial/Territorial 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 2002 - 2003, a number of activities have taken place including:

- Healthy Family Kit Series (1000) to community agencies and health centres for universal distribution;
- Family Learning Kits (1600) distributed to 4 and 5 year old children;
- Foundational training and community awareness of the benefits of a home visitation program (25 people, representing five communities, trained);
- Nipissing District Developmental Screening Tool was universally adopted as the NWT developmental screening tool;
- Northern parenting and literacy training program (84 individuals, representing 15 communities, trained);
- Training of audiologist in preparation for the universal newborn hearing screening program; and
- The funding of 14 language nests.

We are committed to providing residents with information related to the health and development of our children. We will endeavour to expand on the existing data that we are able to collect.

This document also reports on the GNWT's current commitment to ELCC and provides a foundation for future investment in quality early learning and child care.

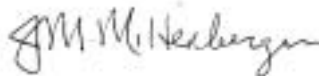
We recognize that the development of healthy children and families is a long-term process. Commitment is essential and involves a collaborative approach to ensure children are supported to develop to their greatest potential.

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



J. Michael Miltenberger
Minister of Health and Social Services

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PART ONE: THE IMPORTANCE OF THE EARLY YEARS

Early Childhood Development

The importance of early childhood development and the influential role of family and the environment are well documented in early childhood research. The most significant period of development, once thought to be from birth to six, is now refined to the time period between conception and three years of age.

“There is powerful new evidence from neuroscience that the early years of development from conception to age six, particularly for the first three years, set the base for competence and coping skills that will affect learning, behaviour and health through out life.”¹

Recent brain research has identified the existence of critical time periods within a child’s life for the development of many school readiness skills such as sight, control of behaviour and language development.² Critical periods are windows of opportunity in early life when the brain is ready to receive sensory information and develop advanced brain pathways. Once this critical time has passed, remedial intervention may have limited impact on the child’s ability to develop this skill.

Impact of the Family

Families play a key role in the development of children. Early stimulation and positive parenting practices all impact the development of the child. Positive parenting practices include a responsive, limit setting and a developmental independence approach to child rearing.



Positive parenting practices also decreases the chances of developmental delays in Canadian children by 25- 52% depending on the nature of developmental problem.³

Impact of Child Care and Early Learning Programs

The family is the child’s first teacher and primary care giver. Communities also play a role in the raising of a child. Community programs such as child care and early learning centres can be influential in the development of a child by providing peer/adult interactions and learning opportunities.

Learning in the early years must be based on quality, developmentally-attuned interactions with primary caregivers and opportunities for play-based problem solving with other children that stimulates brain development.⁴

Investments in prevention and early intervention can help to reduce the incidence of conditions which hinder optimal child development and the need for high-cost intervention services later in a child’s life. This supports the Government of the Northwest Territories (GNWT) rationale for investing in the early years.

Vision for Early Childhood Development

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.⁵

Through the *Early Childhood Development (ECD) Action Plan*, the GNWT is committed to the investment in programs and services that support the *Early Childhood Development Framework for Action*. The intent of this report is to provide information on the activities and expenditures of this initiative.

1. McCain, M. and Mustard, J. *Early Years Study*. April 1999, page 5.
2. Doherty, G. (1997) *Zero to Six: the Basics for School Readiness* Applied Research Branch R – 97-8E Ottawa: Human Resources Development Canada
3. Willms, J.D. (2002) *Vulnerable Children – Findings from Canada’s National Longitudinal Survey of Children and Youth Alberta*: University of Alberta Press.
4. McCain, M. and Mustard, J. *Early Years Study*. April 1999.
5. Government of the Northwest Territories (2001), *Framework for Action: Early Childhood Development*, p. 21.

PART TWO: EARLY LEARNING AND CHILD CARE MULTILATERAL FRAMEWORK

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.”⁶

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

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

Ministers committed to report to their public beginning with a 2002-2003 baseline report and continuing the following years with annual reports on investments under the Federal Framework.

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.

Funding for the NWT

Year	2003-04	2004-05	2005-06	2006-07	2007-08	Total
Funding	\$30,000	\$100,000	\$200,000	\$400,000	\$500,000	\$1.230 M

Statement of Action

The GNWT supports a comprehensive child care and development 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.

Available and Accessible Early Learning and Child Care

April 2002, the GNWT Early Childhood Program's budget was increased to \$1.5 million. This funding assists licensed programs to purchase materials and supplies, and 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.

Funding is 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 Funding is 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.

Lump sum payments are made up to three months prior to the expected opening of the program.

On-going Funding is based on:

- the number and type of spaces;
- community daily rates, and
- maximum possible attendance in the program.

6. *Early Learning and Child Care Multilateral Framework*, March 2003

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

In 2002-2003, there were 75 licensed early childhood programs in 24 of the 33 NWT communities. These programs included child care programs in 12 communities, preschool/nursery school programs in 17 communities, after-school programs in two communities and family day homes in three communities.

A total of 1,234 child care spaces were available: 113 infant spaces (0-2 years), 915 preschool spaces (2-5 years) and 206 after school spaces (5-11 years).

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 2002-2003, \$580,000 was accessed by approximately 165 clients.

Quality Early Learning and Child Care

Indicators of quality include staff training requirements, group size, staff/child ratios and appropriate learning environments. Many of these indicators are monitored through the *NWT Child Day Care Act* and Standards Regulations. Early childhood programs that meet the licensing requirements are supported and monitored by government consultants. Consultants assist programs to deliver quality learning opportunities while complying with the legislation.

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 \$170,000 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. The program began in September 1998, with the expectation of 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 2002-2003 academic year, the following courses were delivered via teleconference with a regional tutor available to assist students during the duration of the course:

- Family Systems and Dynamics;
- Practicum 1 and Seminar 1;
- Child Growth and Development 1; and
- Special Needs.

In addition to the distance education courses, several Early Childhood Education professional workshops are offered each year in communities in the NWT. These workshops support the learning outcomes of the distance education courses and participants are welcome to attend, whether enrolled in the Aurora College program or not. In 2002-2003, an Introduction to Child Development and Special Needs was offered in the workshop format.

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 *ECD 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 immersed in their language and culture through the involvement of elders and language speakers. Fourteen 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 thus 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.

PART THREE: THE EARLY CHILDHOOD DEVELOPMENT INITIATIVE

Background

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	2001-02	2002-03	2003-04	2004-05	2005-06	Total
Funding	\$413,000	\$556,000	\$700,000	\$705,000	\$713,000	\$3.086 M

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”⁷

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 *Early Childhood Development Framework for Action* 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 key areas of action as agreed to by First Ministers:

- health and wellness and risk prevention;
- parenting and family supports;

- child development – care and learning; and
- community supports and community building.

Investment in Early Childhood Development

With the development of the Framework document, the GNWT committed \$2 million per year for 2001-2004 to “build a comprehensive and coordinated framework of activities.”⁸, which would focus on improving outcomes for young children by emphasizing strategies that support or enhance access to good nutrition, positive social interactions, positive parenting, and acquisition of language skills and fluency. This funding has been allocated between the Departments of Education, Culture and Employment (ECE) and Health and Social Services (HSS).

The *ECD Action Plan* describes in more detail how the government intends to move the vision forward.

The Action Plan outlined the following initiatives:

Health and Wellness and Risk Prevention

- Universal Developmental Screening
- Healthy Family Kits
- Enhanced Rehabilitation Services

Parenting and Family Supports

- The NWT Healthy Family (Home Visitation) Program
- Family Learning Kits

Child Development

- Child Development Resource Kit

Community Supports and Community Building

- Language Nests
- Northern Parenting and Literacy Program
- Public Awareness Campaign

As part of Action Plan implementation, a formative and summative evaluation spanning the same time frame (2001 - 2004) was initiated. The evaluation documents the process as well as achievement of short-term and long-term outcomes associated with each initiative of the Action Plan (with the exclusion of the public awareness campaign).

7. September 2000 First Ministers' Meeting Communiqué on Early Childhood Development

8. Government of the Northwest Territories (2001), *Action Plan: Early Childhood Development*, p. i

PART FOUR: OUR CHILDREN

Reporting on the Status of Northern Children

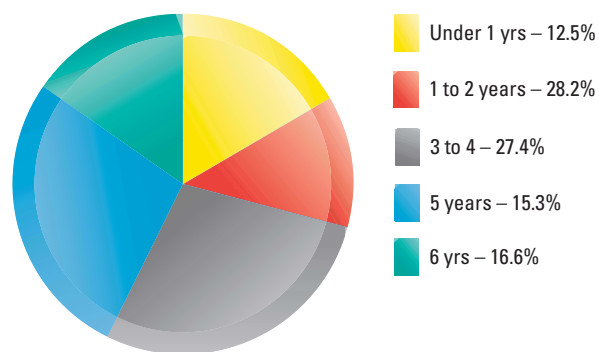
The *National Longitudinal Study of Children and Youth* (NLSYC) is the primary source for data on the indicators of children’s well-being (see Annex 1). The sample size in each of the Territories is too small to produce reliable indicators selected for comparable reporting.

Consequently, the number of indicators that the NWT is able to report on is limited as the data for the NWT is compiled with data from the other two territories. The three territories agree that this information does not effectively reflect the progress of children within each jurisdiction.

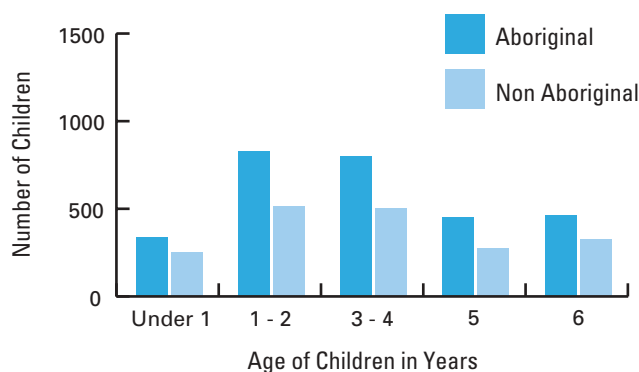
Northwest Territories Population

The total population of the NWT in 2002 was 41,434 (NWT Bureau of Statistics). In 2002, the NWT had a population of 4,764 children between 0-6 years of age, representing 11.5% of the total population.

2002 NWT Population of Children 0-6 Years of Age



2002 NWT Population of Children 0-6 Years of Age by Ethnicity



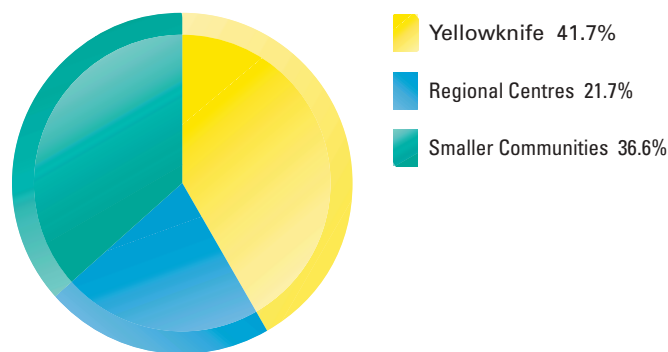
In 2002, there were 20,972 Aboriginal people and 20,462 Non-Aboriginal people in the Northwest Territories. The ethnicity of children, 0 to 6 years of age is reflected on charts in previous column.

Where Our Children Live

The largest grouping of children ages 0-6 years of age live in Yellowknife, the capital city of the NWT. In 2002, there were 18,193 people living in Yellowknife (NWT Bureau of Statistics).

The next largest grouping is in the three regional centres of Inuvik, (population 3,504 in 2002), Hay River (population 3,527 in 2002) and Fort Smith (population 2,394 in 2002). There is road access to Yellowknife from all of the regional centres, though driving distance between Yellowknife and Inuvik is 3,565 km. 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, Enterprise, has a population of 69 in 2002 (NWT Bureau of Statistics).

Where Children 0-6 Years of Age Live



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

In 2001-2002, the GNWT is able to report on five indicators:

- healthy birth weight;
- occurrence of three vaccine preventable diseases; and
- infant mortality rate.

The GNWT will endeavor to report on as many of the indicators as possible in subsequent reports.

Indicators of Physical Health NWT 1997-1999 to 1999-2001

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 between 1999-2001 was 4.8⁹ and the incidence of high birth weight was 19.5.¹⁰ Research suggests that First Nations and Inuit children have different growth patterns than standardized norms and are more likely to be heavier at birth.¹¹

Birth Weights in the NWT and Canada 2000

	NWT*	Canada
Indicator		
Incidence of Low Birth Weight ¹	4.8	5.6
Incidence of High Birth Weight ²	19.5	13.8

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. The year 2000 represents the midpoint of the three-year period.

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

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

9. Proportion of live births weighing under 2500 grams to the total number of live births

10. Proportion of live births weighing over 4,000 grams to the total number of live births

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

Pre Term Births in the NWT and Canada 2000

	NWT*	Canada
Indicator		
Incidence of Preterm Births ¹	8.1	7.5

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. The year 2000 represents the midpoint of the three-year period.

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

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 2001

Disease ¹	NWT		Canada	
	Number	Rate	Number	Rate
Measles	0	0.0	7	0.3
Meningococcal Group C Disease	0	0.0	27	1.3
Hib	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

Infant Mortality

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

Infant Mortality¹ in the NWT and Canada 2000

	NWT*	Canada
Indicator		
Infant Mortality Rate ¹	8.7	5.3

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. The year 2000 represents the midpoint of the three-year period.

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.

Number of Hospitalizations and Rate¹ per 100,000 due to Injury, Children Less than Six Years of Age in 2000

	NWT*	Canada
Indicator		
All Injuries	590.6	429.0

Source: NWT: CIHI Discharge Abstract Database; provided by the NWT Department of Health and Social Services

Canada: Canadian Vital Statistics – Mortality, Summary of Causes

¹ Hospitalizations for the NWT include residents of the Northwest Territories hospitalized in acute care institutions in the NWT, Edmonton AB, and Fort Liard BC.

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

Injury Mortality Rates¹ in Canada and the NWT 2000 (per 100,000 population aged 0-5)

	NWT*	Canada
Indicator		
Injury Mortality Rate ² (0 to 5 years of Age)	31.5	7.9

Source: 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 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. The year 2000 represents the midpoint of the three-year period.



PART FIVE: ACTIVITIES AND EXPENDITURES

A. Health, Wellness and Risk Prevention

Universal Developmental Screening

Program Objective

To support early identification and intervention of childhood developmental delays through universal developmental screening.

Target Population

Universal for children birth to six years.

Program Description

Early childhood developmental screening is accomplished through the use of the Nipissing District Developmental Screen (NDDS). The NDDS is a culturally adaptable questionnaire, and was developed at a grade five reading level for ease of use by parents and community health and social service workers.

The NDDS consists of 13 different age-specific parent questionnaires with yes/no responses. Two 'no' answers will identify a child whose developmental milestones are below the norm and, therefore, possibly delayed.

Hearing, vision, fine and gross motor skills, communication, cognitive, social-emotional and self-help skills are screened in children from birth to six years of age. The screen may be administered by interview, informal observation of the child, or by requesting that the child perform a specific skill.

Training sessions for implementation of the screen were held in regional centres with representatives from most community health centres and public health units.

NDDS kits were distributed in June 2002 to all health centres. Data collection for screen use was implemented June 2002.

Department Responsible

Department of HSS

Delivery Agents

Community Health Centres

Community Public Health Units

ECD Linkages

Parenting and Family Supports

Child Development

Intersectoral Linkages

Department of ECE

Voluntary or Private Sector Participation

The Yellowknife Women's Centre delivered the train-the-trainer sessions focusing on the implementation and administration of the NDDS. The training took place in the winter of 2002.

Program Evaluation Findings

Program evaluation indicators include:

- increased number of children referred appropriately for services;
- number of children identified with potential developmental delays per age category;
- 90 per cent of NWT children are screened for potential developmental delays by age three; and
- yearly report summarizing the developmental status of children birth to six years of age in the NWT.

Indicators will be evaluated in subsequent reporting periods.

Program Indicators

For 2002-2003, the following indicators can be reported on:

Availability:

- the NDDS is administered by Health Centres or Public Health Units in the NWT.

Accessibility:

- the NDDS is administered universally to all children from birth to school entry age in all 33 communities in the NWT.

Affordability:

- developmental screening using the NDDS is a GNWT funded program.

Quality:

- indicators related to client satisfaction will be applicable in subsequent reporting periods.

Expenditures 2002-2003: \$127,408

Healthy Family Kits

Program Objectives

Families will be provided 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.

Target Population

Universal to children birth to five years and parents.

Program Description

The Healthy Family Kits address four developmental milestone stages. These kits also help promote parent-child interaction and the importance of reading with a child.

- The Healthy Pregnancy Kit informs expectant mothers and their partners on the importance of good nutrition, healthy lifestyle choices and family support, to ensure a healthy pregnancy and a healthy baby.
- The Birth Kit provides information on topics such as nutrition and healthy choices, and the immunization schedule. It also includes items such as a board book, a baby memory book, and a first year calendar, all contained in a combination diaper bag/change pad.
- The Six Month Kit provides age appropriate activity information in the form of activity cards. Other materials included are: an infant training toothbrush/teething ring to support healthy dental development and children's books to promote the awareness of early literacy skills.
- The One Year Kit includes items such as a sippy cup to assist with the transition between breast and cup feeding, activity cards promoting creative play and a children's book.

Department Responsible

Department of HSS

Delivery Agents

The Healthy Pregnancy Kits are distributed by community Canada Prenatal Nutrition Programs programs and in Yellowknife by medical clinics. The Birth Kits are distributed at the hospitals and the Six

Month and the One Year Kits are distributed through the community health centres or the public health units by those care providers administering immunization and the Nipissing District Development Screen.

ECD Linkages

Parenting and Family Supports
Child Development
Community Supports and Community Building

Intersectoral Linkages

Department of ECE

Program Evaluation Findings

Program evaluation indicators include:

- parents knowledge about healthy prenatal nutrition, child dental health, healthy infant nutrition, developmental stages and child safety; and
- increased parent-child interactions.

The Birth Kit is formally evaluated using a questionnaire format. Preliminary feedback from families indicates that parents' knowledge about early visual attention skill development has increased. As one parent says,

"Everyday, I take out the black and white book and show the baby all the pictures in the book. He really watches the book as I am talking."

Evaluation indicators will be reviewed and reported upon in subsequent reporting periods.

Program Indicators

The following indicators can be reported on in 2002-2003:

Availability:

- the Healthy Family Kit series is available to all mothers and children across the NWT.

Accessibility:

- the Healthy Family Kit series is universally distributed to all children in the NWT.

Affordability:

- the Healthy Family Kit Series is a GNWT funded program.

Quality:

- preliminary feedback from parents is positive for most of the contents of the Birth Kit including the bag/change pad.

Expenditures 2002- 2003: \$242,290

Enhanced Rehabilitation Services

Program Objectives

Enhancing rehabilitation services will result in earlier detection and intervention of developmental delays in children, with a specific focus on hearing.

Target Population

Universal for:

- babies born at Stanton Territorial Hospital, pilot site for Universal Newborn Hearing Screening.
- children, birth to six years of age for hearing screening program.

Program Description

The GNWT has initiated work to establish a universal hearing screening program for all newborns in the NWT. Newborn Distorted Products Otoacoustic Emission (DPOAE) units were purchased. Nurses working in the Obstetrical Unit will receive training in the operation this equipment. Implementation will take place in 2003.

Twenty-one replacement Pure Tone Screening Audiometers were purchased for the community health centres to allow greater accessibility for hearing screening to young children.

A review of rehabilitation supports throughout the NWT was completed in July 2002. Recommendations for improved service delivery were included in the review.

Responsible Department

Department of HSS

Delivery Agents

Stanton Territorial Hospital

ECD Linkages

Child development
Parenting and family supports

Consultation and Community Involvement

Stanton Territorial HSS Authority
Inuvik Regional HSS Authority

Program Evaluation Findings

The report, *Review of NWT Rehabilitation Services*, was completed in June 2002. The report includes a picture of the current delivery system of rehabilitation services and its results, limitations and issues. The report articulates a vision of how rehabilitation services could be delivered more effectively in the future.

The implementation of the Universal Newborn Hearing Screening pilot is underway at the Stanton Territorial Hospital. Program evaluation indicators will be developed and be evaluated in subsequent reporting periods.

Program Indicators

The following indicators can be reported on in 2002-2003:

Availability:

- twenty one replacement audiometers were purchased for use in all NWT communities.
- DPOAEs were purchased for Universal Newborn Hearing Screening pilot site.

Accessibility:

- babies born at Stanton Territorial Hospital and Inuvik Regional Hospital, pilot site for Universal Newborn Hearing Screening.
- universal for children, birth to six years of age for pure tone hearing screening programs at the community health centres.

Affordability:

- Hearing Screening Programs are funded by the GNWT.

Quality:

- one Territorial audiologist has been trained to use the DPOAE.

Expenditures 2002-2003: \$47,217



B. Parenting and Family Supports

Healthy Family (Home Visitation) Program

Program Objective

The Healthy Family (Home Visitation) Program will facilitate the development of parenting skills, healthy child growth and development and healthy parent child relationships. The Healthy Family Program will provide communities with a specially trained individual(s) who is able to provide the “hands-on” support to families at risk.

Target Population

The program will universally screen each family with a newborn child. The opportunity for increased support will be offered to those families screened to be at risk.

Program Description

The Healthy Family Program is an enhancement to the existing Home Care Program. Family Home Visitors will receive additional training in the area of early childhood and family support in order to become a trained Family Home Visitor.

In 2001-2002, activities under this initiative entailed researching several home visitation models being used in other jurisdictions. The Great Kids, Inc. model was chosen based on its training program and ease of adaptability for use in the NWT.

Department Responsible

Department of HSS

Delivery Agents

HSS Authority Home Care Programs (selected sites)

Intersectoral Linkages

Department of ECE

ECD Linkages

Health and Wellness and Risk Prevention
 Child Development
 Community Supports and Community Building

Program Evaluation Findings

Program evaluation indicators have been developed and include:

- development of a training manual;
- development of a policy and procedure manual; and

- development of an implementation plan for the Healthy Family Program in the pilot communities.

Indicators will be evaluated in subsequent reporting periods.

Program Indicators

The following indicators will be reported on:

Availability:

- five communities have been chosen for pilot sites; three communities have confirmed their participation.
- four training courses have been completed (two Core Home Visitation, one Core Family Assessment and one Growing Great Kids).
- representatives from five HSS Authorities have participated in the training.
- nineteen individuals participated in the training courses.

Affordability:

- training and support for the Healthy Family Program is GNWT funded.

Quality:

- The following professionals received training for the Healthy Family Program:
 - regional home care coordinators5
 - nursing supervisors2
 - home support workers4
 - community health representative . . .2
 - HSS representatives5

Expenditures for 2002-2003: \$58,000



Family Learning Kits

Program Objectives

Families will be provided with tools to promote the importance of language and literacy development for young children.

Target Population

Universal to children four years of age.

Program Description

The Family Learning Kit includes resources such as a number of age appropriate books in English, French and/or the Aboriginal language of the family. Other resources include items such as crayons and paper, games, and activity cards for parents to use to support their children's early learning. The kit is packaged in a child-sized backpack.

Department Responsible

Department of ECE

Delivery Agents

ECE in collaboration with the NWT Literacy Council developed the Family Learning Kit. Community-based Family Literacy Coordinators distribute the Family Learning Kit. The training of the Community Family Literacy Coordinator is done through another of the Early Childhood Development initiatives, the Northern Parenting and Literacy Program, which is delivered by the NWT Literacy Council.

ECD Linkages

Child Development
Community Supports and Community Building

Intersectoral Linkages

Department of HSS

Voluntary or Private Sector Participation

The community-based Family Literacy Coordinators are often employees of community-based organizations such as local Aboriginal Bands, Friendship Centres and resource centres.

Program Evaluation Findings

The Family Learning Kits are expected to have an impact on parents' knowledge about child development and increase parent-child interactions.

Although there is not enough data available yet to determine the impact on parents' knowledge about child development, initial data suggest that the Family Learning Kits are beginning to make a difference with respect to increased parent-child interactions. One parent reported that their family appeared to be watching less television and spending more time together. In addition, there appears to be positive outcomes related to literacy development such as reading, writing, and language. Parents reported that using items in the backpack increased their reading and playtime with their children. Books were appreciated by those in small communities with limited access to books or library services.

Program Indicators

The following indicators can be reported on in 2002-2003:

Availability:

- a Family Literacy Coordinator in each of the 33 NWT communities has been trained to distribute the kits.
- thirty parent information sessions have been held.
- one thousand seven hundred kits have been assembled and distributed to children in all NWT communities.

Accessibility:

- the Family Learning Kit initiative is a universal program for all four year old children in the NWT.

Affordability:

- all costs associated with this initiative are the responsibility of the GNWT.

Quality:

- parents were satisfied with the contents of the backpack, particularly the activity cards as the activities were clearly described and easily implemented with their children.

Expenditures 2002-2003: \$195,000

C. Child Development

Child Development Resource Kit

Program Objectives

Early intervention programs and services will be strengthened by the addition of developmental resource materials.

Target Population

The Child Development Resource Kit is available to early intervention programs, such as those programs provided in women's shelters, the NWT Council for Persons with Disabilities, the Stanton Territorial Hospital Child Development Team, and the Healthy Family Program. Further kit distribution will be phased-in to address preschool programs providing early intervention services.

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.

The Child Development Resource Kit was developed to enhance the services provided by those who work with children on a one-on-one basis. The kit will offer enhanced resource materials for early intervention and opportunities for parents to work with their child through the modeling of activities to stimulate developmental growth.

The kit also includes an instruction manual, which clearly illustrates what developmental stage the tool is designed for, how each tool will address a specific delay and how best to utilize the tool to attain optimum benefit.

Department Responsible

Department of HSS

Delivery Agents

Early childhood intervention workers
Early childhood educators
Pediatric rehabilitation specialists

ECD Linkages

Health and Wellness and Risk Prevention
Parenting and Family Supports
Community Supports and Community Building

Intersectoral Linkages

Department of ECE

Voluntary or Private Sector Participation

Nonprofit early childhood programs
NWT Council of Persons with Disabilities

Program Evaluation Findings

Program evaluation indicators have been developed and will be evaluated in subsequent reporting periods.

Program Indicators

In 2002-2003, the distribution of the kits was initiated through onsite visits and workshops on kit utilization.

The following indicators can be reported on:

Availability:

- early intervention programs and childcare/learning centres have been identified for distribution of Child Development Resource Kits. Forty kits have been delivered to date.

Accessibility:

- this initiative is targeted for programs that service children with developmental delays.

Affordability:

- the Child Development Resource Kit is a GNWT funded program.

Quality:

- client satisfaction indicators have been developed and will be reported in subsequent reporting periods.

Expenditures for 2002-2003: \$13,207



D. Community Supports and Community Building

Language Nests

Program Objectives

Language Nests will support the opportunity for culture and language to become the foundation of early childhood programs.

Target Population

Young children in licenced Aboriginal early child care and learning programs.

Program Description

In 2002-2003, a total of 14 pilot sites were established, with at least one site within each of the eight official NWT Aboriginal language groups. These language groups were Chipewyan, Cree, Dogrib, Gwich'in, Inuinnaqtun, Inuvialuktun, North Slavey and South Slavey.

Criteria for site selection included licensed early childhood programs (either preschool or day care) from each language group with:

- an established interest in providing Aboriginal language instruction/immersion to participants;
- Aboriginal management; and
- community/parental support.

Each Language Nest Site focused on:

- providing speakers of the Aboriginal languages including elders;
- training Early Childhood Education staff in the area of linguistics/language;
- producing materials in the Aboriginal languages;
- introducing traditional games and activities; and
- involving the community in the concept and implementation of language revitalization in the preschool.

Department Responsible

Department of ECE

Delivery Agents

Existing licensed Aboriginal early childhood programs such as child care centres and preschools.

ECD Linkages

Parenting and Family Supports
Child Development

Intersectoral Linkages

NWT language communities
Dogrib Language Centre
Cree Language Program
Inuvialuit Regional Corporation – language resource staff

Consultation and Community Involvement

Community involvement includes:

- focus group meetings for community members;
- elders and other Aboriginal language speakers participation in the early childhood programs;
- the development of 'language kits'; and
- the processing of stories and legends into booklets and CD format.

Program Evaluation Findings

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.

In collaboration with the Language Nest sites, program evaluation indicators have been developed and will be evaluated in subsequent reporting periods.

Program Indicators

The following indicators can be reported on.

Availability:

- Language Nests are located within 14 existing Aboriginal preschools and child care centres across the NWT, comprising of eight Aboriginal languages.

Accessibility:

- preschool age children, ranging from birth to six years in the 14 programs.

Affordability:

- many of the sites have no attendance fee and subsidies are available for children attending the other sites.

Quality:

- indicators related to client satisfaction will be applicable in subsequent reporting periods.

Expenditures 2002-2003: \$201,930

E. Child and Family Resource Centres

Program Objectives

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.

Target Population

Universal for children, families and communities

Program Description

Using a facilitated community development process, the community will create a plan to address the gaps including both human and financial resource requirements.

Department Responsible

Department of ECE

Delivery Agents

Using a community development process, the delivery agents are local organizations, programs and services.

ECD Linkages

Health and Wellness and Risk Prevention
Parenting and Family Supports
Child Development

Intersectoral Linkages

Department of HSS

Program Evaluation Findings

The expected outcomes are that communities create a local plan for the integration of early childhood programs and services. Communities will receive support in the development and implementation phase of their plan.

Many of the other initiatives are implemented and communities are becoming more aware of the importance of investing in early childhood development it is expected that this component will move forward in 2003-2004.



Program Indicators

The following indicators can be reported on.

Availability:

- one community expressed interest in developing an integrated plan and received seed money.

Accessibility:

- the GNWT approached interested communities.

Affordability:

- limited government funds are available to interested communities.

Quality:

- indicators related to client satisfaction will be applicable in subsequent reporting periods.

Expenditures 2002-2003: \$46,582

Northern Parenting and Literacy Program

Program Objective

The program trains Community Family Literacy Coordinators who, in turn provide family literacy activities and workshops for community members.

Target Population

Universal for children, families and communities

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 throughout the NWT.

Department Responsible

Department of ECE

Delivery Agents

The NWT Literacy Council developed and facilitated the training of the Northern Parenting and Literacy Program.

Early Childhood Development Framework Linkages

Parenting and Family Supports

Child Development

Intersectoral Linkages

Department of HSS

Consultation and Community Involvement

Family Literacy Coordinators are employees of community-based organizations.

Voluntary or Private Sector Participation

The NWT Literacy Council has been contracted to provide program development and training.

Program Evaluation Findings

The expected outcomes of this program are that 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.



Thirty-two communities accessed funding to deliver community programs. Coordinators provided some outcomes of the community literacy programs, they include:

- increased knowledge and skills in English and Aboriginal languages, writing, parenting, community and culture;
- increased literacy and language acquisition for community members of all ages;
- people reading more;
- children beginning to write stories;
- more books circulating in the community;
- increased involvement and confidence in community members; and
- increased awareness of each community's literacy needs.

Coordinators who had consistent participation rates commented that providing transportation and food and developing partnerships with others in the community were key factors in program success.

Program Indicators

The following indicators can be reported on:

Availability:

- sites for training3
- communities who had “members” involved in training18
- family literacy coordinators trained84
- communities funded to deliver programs ...32
- communities funded for Books in the Home .. 8
- communities funded for parenting sessions ...7
- communities funded for reading circles6
- communities funded for storytelling6
- communities funded for book sharing5
- communities funded for literacy events3
- communities funded for development of materials 2
- communities funded for Parents as Literacy Supporters2
- other projects funded2 (computer literacy and Aboriginal language development).

Accessibility:

- 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.

Affordability:

- all costs associated with this initiative are the responsibility of the GNWT.

Quality

- this initiative provided specialized literacy training to:
 - teachers
 - Aboriginal language teachers
 - adult educators
 - librarians
 - community health representatives
 - teacher’s assistants
 - parents
 - drug and alcohol workers
 - early childhood staff
 - family support workers
 - volunteers
 - district education council/authority members
 - literacy workers

Expenditures 2002-2003: \$161,700

F. Public Awareness

Public Awareness Campaign

Program Objective

To increase the awareness of investing in early childhood development and the difference early intervention can make in preparing children for school readiness.

Target Population

Universal for children, families and communities.

Program Description

The public awareness campaign consists of a number of public service announcements in several mediums, namely television, radio and print. The messaging reinforces the importance strong family ties, healthy lifestyle choices, and the importance of the early years through public service announcements on play, social, emotional and physical development of infants and children.

Departments Responsible

Department of HSS
Department of ECE

Delivery Agents

The public awareness information will be aired on television and local radio stations. Printed material will be distributed to the community health centres, public health units, band offices, prenatal programs, hospitals, early childhood programs and general distribution to places where young children and their families frequent.

ECD Linkages

Health and Wellness and Risk Prevention
Parenting and Family Supports
Child Development



Descriptive Information

The 2002-2003 campaign consisted of the following images:

- Make Every Step Count (poster), translated into nine of the official languages;
- All Generations Play a Role in the Development of Children (poster), translated into nine of the official languages;
- four public service announcements and ten radio spots, translated into nine of the official languages; and
- newspaper insert describing the initiatives, translated into English and French.

Expenditures 2002-2003: \$116,076

G. Evaluation

Evaluation

Objective

An evaluation component is included in the Framework as an indication of the GNWT's commitment to the residents of the NWT for early childhood development. The evaluation is being conducted by an external consulting firm. An evaluation of both the Framework and Action Plan occurred during the first year of the initiative. Subsequent year reporting will evaluate initiatives contained within the Action Plan.

Target Population

Government of the Northwest Territories
Department of HSS
Department of ECE
Stakeholders

Description

An evaluation of the overall Framework and each initiative has been initiated. Formative reports will be provided at the end of each fiscal year and a summative report will be provided at the end of the third year. The consulting firm hired to complete the evaluation has also initiated work with each working group to identify outcomes and outputs for measure.

The Year Two Evaluation Report was completed in March 2003, and reported progress in achieving the expected outcomes related to the first year of the Action Plan as significant.

Department Responsible

Department of ECE
Department of HSS

Delivery agents

A consultant was contracted to develop and carry out the multi-year evaluation.

Consultation and Community Involvement

Contracted consultants will consult with community stakeholders involved in the delivery of the initiatives.

Expenditure 2002-2003: \$209,900



ANNEX 1: 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

* *Indicators of Young Children's Well-being Supplemental Technical Documentaries*, FPT/ECD Waking Group, September 12, 2003.

