

Improving and Expanding Early Childhood Development (ECD) Programs and Services in the NWT

Baseline Indicators of Young Children's Well-Being



Northwest
Territories

Health and Social Services
Education, Culture and Employment
November 2002

TABLE OF CONTENTS

Introduction	2
Federal/Provincial/Territorial Early Childhood Development	2
Early Childhood Development in the NWT	2
Funding Relationships for Existing ECD Programs and Services ..	3
The Northwest Territories' Commitment to Early Childhood Development (ECD) 2001 - 2002	4
Government of the Northwest Territories' Vision	4
Guiding Principles	4
Government of the Northwest Territories' Investment	4
Early Childhood Development Program Linkages	6
Major Activities and Accomplishments	6
Nipissing District Developmental Screening Tool	7
Resource Material Development	8
Home Support Program	8
Child Development Resource Kit	8
Healthy Family Kits	10
Family Learning Kits	11
Enhanced Rehabilitation Supports	12
Language Nests	12
Child and Family Resource Centres	14
Northern Parenting and Literacy Program	14
Public Awareness Campaign	15
Evaluation	16
Baseline Indicators of Young Children's Well-Being 1998 - 1999 ..	17
Indicators of Young Children's Well-Being	18
Indicators of Physical Health	18
Injury Hospitalization Rate	19



INTRODUCTION

Federal/Provincial/Territorial Early Childhood Development

In September 2000, the Northwest Territories Premier joined Canada's First Ministers in recognizing the importance of investments in early childhood development, 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.

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]...beginning with establishing a baseline of current early childhood development expenditures and activities. Governments will begin reporting within one year and will strive to continue to improve the quality of reporting over time." (*September 2000 First Ministers' Meeting Communiqué on Early Childhood Development*).

By way of recognizing the importance of early childhood development, the federal government agreed to invest \$2.2 billion over five years to provincial and territorial governments. Within this national allocation, the Northwest Territories' receives a per capita allocation of:

Year	01-20	02-03	03-04	04-05	05-06	Total
Funding	\$413,000	\$556,000	\$700,000	\$705,000	\$713,000	\$3.086 mil

Early Childhood Development in the NWT

In the past few years, a number of territorial documents have been produced following consultation with communities and service providers, which identified early childhood development as a priority, suggested strategic direction and actions to be taken.



Key documents produced by the departments of Education, Culture and Employment (ECE) and Health and Social Services (HSS) have also been reviewed to ensure that an ECD action plan be congruent with strategic directions or recommendations made with respect to early childhood development.

Common NWT strategic direction themes are:

- Cultural and linguistic relevance of all programs/services;
- integration of programs and services;
- strengthening and supporting parents and families;
- providing a continuum of programs and services;
- facilitating community partnerships and improving community capacity;
- providing early intervention for children with identified needs;
- funding arrangements that support and sustain programs/services; and
- community identification of priorities.

Legislation, Policies and Guidelines

Current legislation, policies or directives and guidelines, which guide, govern and/or influence the area of early childhood development, are as follows:

- *Access to Information and Privacy Act*
- *Child Day Care Act*
- *Child and Family Services Act*
- *Children's Law Act*
- *Education Act*
- *Family Law Act*
- Non-government Organizations Grants and Contributions Policies (HSS)
- Core Services of the Department of Health and Social Services
- Child Day Care Standards Regulations
- Early Childhood Program Start-up Contribution Operational Guidelines
- Early Childhood Program Ongoing Contribution Operational Guidelines
- Healthy Children Initiative Operational Guidelines
- NWT Food Guide
- Directive on Inclusive Schooling

Funding Relationships for Existing ECD Programs and Services

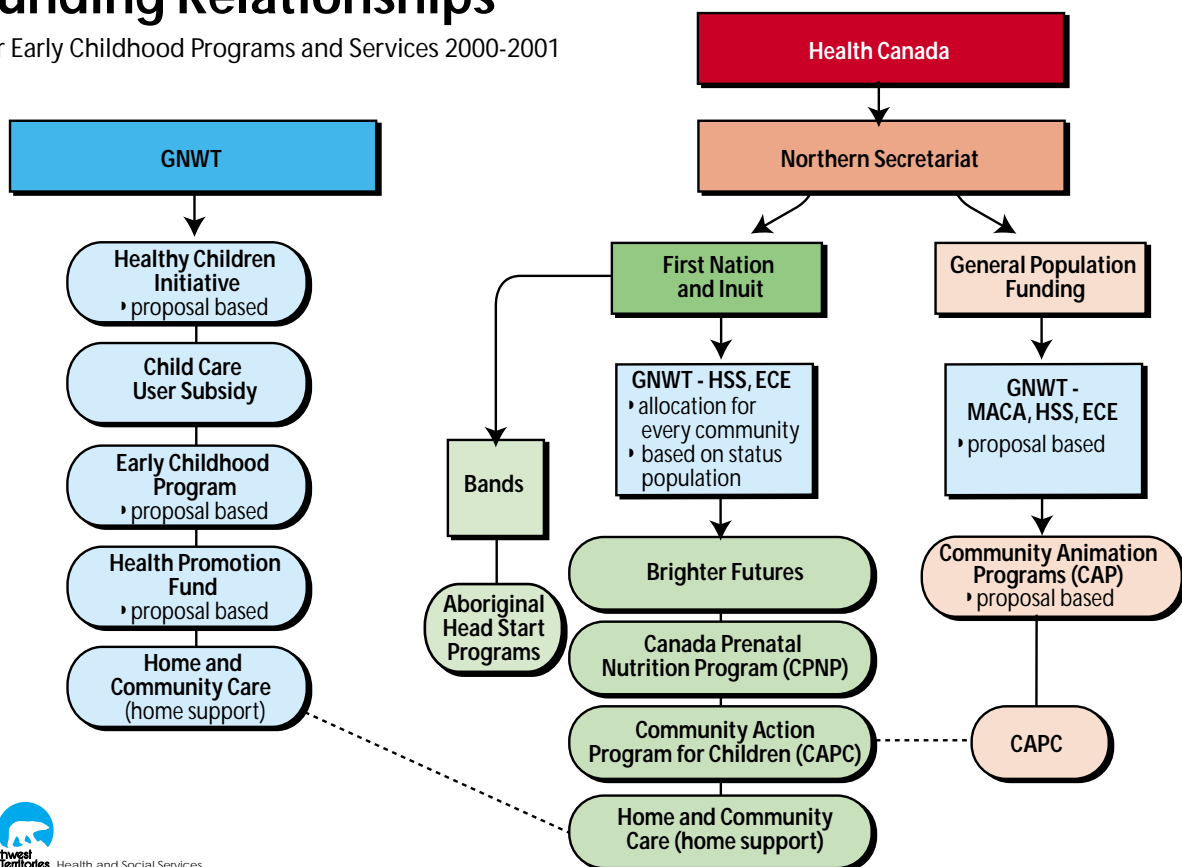
Prior to the federal investment resulting from the September 2000 First Ministers meeting, the GNWT and the federal government both invested in children's early years in the NWT. A variety of programs and services including prenatal care and public health, health promotion, early literacy programs, child care, preschool education, recreation and supports for families at high risk and who are already experiencing difficulties were available. This system, while fragmented, had many strengths upon which to build a better system. The invaluable services provided by front-line workers, volunteers and non-government organizations cannot be diminished nor overlooked when examining the status of programs and services.

Funds for early childhood development programs and services come from the federal government and GNWT departments of Health and Social Services and Education, Culture and Employment. Access, administration and accountability relationships required by government funds are complex. The funding chart (fig.1) illustrates the myriad of funding agencies and programs in the NWT.



Funding Relationships

For Early Childhood Programs and Services 2000-2001



THE NORTHWEST TERRITORIES' COMMITMENT TO EARLY CHILDHOOD DEVELOPMENT (ECD) 2001 - 2002

Government of the Northwest Territories' Vision

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.

Guiding Principles

In keeping with the First Ministers commitment to early childhood development, the Government of the Northwest Territories (GNWT) published its *Framework for Action: Early Childhood Development* 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 Northwest Territories (NWT). The following four areas were established to guide the NWT ECD 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
- Community Supports and Community Building



Government of the Northwest Territories' Investment

With the development of the *Framework* document, the GNWT committed \$2 million per year for three years to "build a comprehensive and coordinated framework of activities", 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 publication of the Framework document was followed by the release of a companion document, the Action Plan: Early Childhood Development. The Action Plan describes in more detail how the government intends to move the vision forward, focusing on a variety of activities.

Specific activities were then identified to support communities, families and individuals. These are:

- Nipissing District Developmental Screening Tool
- Home Visitor Program - Family Support
- Child Development Resource Kit
- Healthy Family Kits
- Family Learning Kits
- Northern Parenting and Literacy Program
- Language Nests
- Enhanced Rehabilitation Support
- Speech and Language Services
- Child and Family Resource Centres
- Public Awareness Campaign

Also, as part of the *Action Plan* implementation, a formative and summative evaluation spanning the same time frame as the implementation of the Action Plan (2001 - 2004) was initiated. The evaluation documents the process, short-term, and long-term outcomes associated with each activity/component of the *Action Plan*.

Since April 1, 2001, a number of accomplishments and activities have taken place. Given the short timeframe and scarce staff resources, the completion of the work, noted below, is significant.

- Creating the framework document, action plan and detailed work plans.
- May 2001, the release of the framework document, Framework for Action: Early Childhood Development.
- July 2001, the ECD Steering Committee was formed to oversee the implementation of the Action Plan.
- August 2001, the release of the companion document, Action Plan: Early Childhood Development
- Completing the Request for Proposals and contracts to develop:
 - Home Visitor Program
 - Nipissing District Developmental Screen training
 - To assemble and supply the components of the Healthy Family kits
 - To evaluate the Action Plan
 - To develop a public awareness campaign

¹ Government of the Northwest Territories (2001), Action Plan: Early Childhood Development, p.i.

-
- Activities around the implementation of the Nipissing District Developmental Screen into the NWT, such as:
 - Reviewed and evaluated the Nipissing for suitability and adaptability for NWT
 - Pilot and field testing via Yellowknife Association for Community Living
 - Develop a NWT-specific training manual and training through the Yellowknife Women's Centre
 - Delivered training for the screening tool so that at least one person in every community in the NWT is now trained to use the tool and has knowledge to train others.
 - Developing and assembling the various resource materials required for the Healthy Family kit series, the Child Development Resource kit and the Family Learning kit.
 - This activity includes planning the logistics of assembling each kit and distribution management issues.
 - Convening a second Community Wellness Forum to bring together practitioners and government staff to brainstorm options for integrated service delivery and the Child and Family Resource Centre concept.
 - Contracting the Yellowknife Women's Centre to research successful models of language nests in Canada, Hawaii and New Zealand.
 - Collaborating with the NWT Literacy Council in delivering regional training of the Northern Parenting and Literacy Program.



MAJOR ACTIVITIES AND ACCOMPLISHMENTS

Beginning in 2001/02 fiscal year, the specific activities identified in the ECD's Framework for Action and Action Plan documents began to take shape, to support the forming and strengthening of linkages for children and families accessing a continuum of services and programs in the NWT. These specific activities became the NWT ECD Initiatives.

The Early Childhood Development Program Linkages graph (fig.2) illustrates how the initiatives support the four key areas. As well, a number of initiatives are interrelated. An example of this is the Northern Parenting and Literacy program which, as one component, trains community Family Literacy Coordinators who then deliver the literacy component of the Healthy Family Kit, known as the Family Learning kit, as well as parenting workshops and community literacy workshops.

The ECD initiatives and the activities for the first year of ECD investment are highlighted below:

Early Childhood Development Program Linkages

	1 health and wellness and risk prevention	2 parenting and family supports	3 child development	4 community supports and building
Family Support Program	Red	Green	Blue	Yellow
Nipissing District Developmental Screen	Red	Green	Blue	
Child Development Resource Kit		Green	Blue	
Healthy Family Kits	Red	Green	Blue	Yellow
Family Learning Kits		Green	Blue	
Northern Parenting and Literacy Program		Green	Blue	Yellow
Language Nests		Green	Blue	Yellow
Child and Family Resource Centres	Red	Green	Blue	Yellow
Enhanced Rehabilitation Supports	Red	Green	Blue	
Public Awareness Campaign	Red	Green	Blue	Yellow

1. Nipissing District Developmental Screening Tool

Program Objective

To implement a universal and culturally adaptable developmental screen for use throughout the NWT to every NWT child from birth to school-aged. The screen will identify developmental delays earlier and where necessary, the remediation can begin earlier.

Target Population

Universal for children, birth to six years.

Program Description

An ECD Screening Working Group was established to review all early childhood developmental screens commonly used across Canada and Alaska. Numerous tools, each with pros and cons, have emerged over the years for use by public health officials who conduct screening-type activities. In recent years, interest has moved towards tools that are more inclusive of parents and/or that reflect cultural diversity. Studies indicate that encouraging parents to be active participants in monitoring their children's growth and development through the use of screening tools and parent questionnaires can encourage families' sense of responsibility and empowerment while at the same time promoting primary prevention.

The screening tools were comparatively assessed against the following criteria:

- The tool is quick to administer.
- The screening procedure is simple.
- The tool is culturally appropriate (or can be adapted without altering the integrity of the instrument).
- The tool is valid.
- The tool is reliable.
- The tool can measure the full range of developmental skills from infancy until school age.

The Nipissing District Developmental Screen met the greatest number of criteria.

The Nipissing screen consists of 13 different age-specific parent questionnaires with yes/no responses. A 'no' answer 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 for from birth to six years of age. As a questionnaire, the screen may be administered by interview, informal observation of the child, or by requesting that the child perform a specific skill. This flexibility, without compromising the reliability and validity, was considered important for the NWT.

Another important consideration for choosing the Nipissing screen was the literacy level of the materials. The Nipissing was developed at a Grade Five reading level for ease of use by parents and community health and social service workers.

Training sessions have been held in regional centers with representatives from most community health centers and public health units attending the Train-the-Trainer sessions. Nipissing Kits will be distributed in June 2002, to all centers for the change-over from the various screens utilized in the NWT.

Department Responsible

The Department of Health and Social Services

Delivery Agent

Community Health Centres, Public Health Units

Intersectoral Linkages

Department of Education, Culture and Employment

Voluntary or Private Sector Participation

A contracted Speech Language Pathologist, through the Yellowknife Association for Community Living, did field-testing.

The Yellowknife Women's Centre was contracted to deliver the Train-the-Trainer sessions for the implementation and use of the Nipissing District Developmental Screen. The training took place in the winter of 2002.

Program evaluation findings

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

Program indicators

In 2001 - 2002, work on planning, training and implementing was completed. Reporting on indicators such as availability, accessibility, affordability, and quality will be applicable in subsequent reporting periods.

Expenditures 2001 - 2002: \$80,808.00



RESOURCE MATERIAL DEVELOPMENT

Numerous kits have been developed under the ECD Action Plan and they are highlighted as follows:

2. Home Support Program

Program Objective

A home visitor program is intended to increase assistance to support families at risk and to facilitate the development of parent skills to support their child's development. As well, a home visitor program will provide communities with a multi-skilled individual who is able to provide the "hands-on" support to high-risk families.

Target Population

The program will universally provide one visit per family with a newborn child, as well as the opportunity for continued involvement to the age of three, for those families screened for risk.

Program Description

The home visitor program will be an enhancement to the existing Home Care Program. Home Support Workers will receive additional training in the area of early childhood and family support in order to become a certified Family Support Worker.

Currently four pilot sites have been identified in which to implement the home visitor program, using criteria based on birth rate, child protection rate and location and size of community. The pilot sites will serve as a model for a phased-in approach.

As part of the overall Family Support training, a component on the use of all resource materials and kits will be included.

In 2001 - 2002, activities under this initiative entailed researching several home visitor models being used in other jurisdictions. The working group tasked with this work identified the Yukon Home Visitor Program model, adapted from the Hawaiian home visitation model, to be adapted to be relevant for the NWT population.

Department Responsible

Department of Health and Social Services

Intersectoral Linkages

Department of Education, Culture and Employment

Program evaluation findings

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

Program indicators

In 2001 - 2002, work on planning, training and implementing was completed. Reporting on indicators such as availability, accessibility, affordability, and quality will be applicable in subsequent reporting periods.

Expenditures for 2001 - 2002: \$73,907.00

3. Child Development Resource Kit

Program Objectives

The Child Development Resource Kit was developed to enhance the services provided by those who work with children one-on-one in an early intervention program. The kit will offer those working with a child, a wider range of resource materials and an opportunity to have parents work with their child by providing instructions and modeling of exercises to stimulate developmental growth.

Target Population

The Child Development Resource Kit will initially be available for children working one-on-one in an early intervention program, 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 Home Visitor program. Further kit distribution will be phased-in for use by preschool programs providing early intervention services to children.

Program Description

The Child Development Resource Kit contains a wide range of age-specific developmental tools, which address specific developmental delays. The age range spans from birth to six years or school age. The tools are to be used specifically by an early intervention worker, working one-on-one with a child identified with a developmental delay.

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

The Department of Health and Social Services

Delivery agents

Early Childhood Intervention workers

Intersectoral Linkages

Department of Education, Culture and Employment

Voluntary or Private Sector Participation

The working group tasked with the development of the Child Development Resource Kit consists of representatives of the Stanton Territorial Hospital rehabilitation team, the NWT Literacy Council, as well as Department of Health and Social Services.

Program Evaluation Findings

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

Program Indicators

In 2001 - 2002, work on planning and assembling the kit contents was completed. Reporting on indicators such as availability, accessibility, affordability, and quality will be applicable in subsequent reporting periods.

Expenditures for 2001 - 2002: \$177,604.00



4. Healthy Family Kits

Program Objectives

The Healthy Family Kits series was primarily developed to bring awareness to expectant moms and their families on how they are linked to the development of a baby; how the baby begins to develop long before birth; how birth is another beginning; the importance of awareness to 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 age five, and parents.

Program Description

The Healthy Family Kits address four developmental milestone stages. The Kits are designed to promote healthy early childhood, as well as to ensure parents are provided with pertinent information at critical transitions in their child's development. These kits will also be used to help promote parent-child interaction and the importance of reading to a child.

The kits consist of:

- The Healthy Pregnancy Kit developed provides expectant mothers and their partners with relevant information on the importance of good nutrition, healthy lifestyle choices and family support, to ensure a healthy pregnancy and a healthy baby.
- The Birth Kit (for newborn to six months) provides information on nutrition and healthy choices, immunization schedule, a board book and a number of items such as a baby memory book, a first year calendar, a diaper bag and a sleeper.
- The Six Month Kit provides information in the form of activity cards, a photo box, infant training toothbrush/teething ring, plug protectors and a children's book.
- The One Year Kit includes items such as a sippy cup and infant toothbrush to encourage good dental health, activity cards promoting creative play, good nutrition and healthy choices and a children's book.

Department Responsible

The Department of Health and Social Services

Delivery agents

The Healthy Pregnancy kits will be distributed by community CNCP programs and in Yellowknife by doctor's clinics.

The Birth Kit will be distributed at the hospitals and the Six Month Kit and the One Year Kit will be distributed through the community health centers or the public health units by those care providers administering immunization and Nipissing screening.

Intersectoral Linkages

Department of Education, Culture and Employment

Consultation and Community Involvement

Community focus groups utilized for development of materials.

Voluntary or Private Sector Participation

The NWT Literacy Council

Program Evaluation findings

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

Program Indicators

In 2001 - 2002, work on planning, developing materials and assembling contents of kits was completed. Reporting on indicators such as availability, accessibility, affordability, and quality will be applicable in subsequent reporting periods.

Expenditures 2001 - 2002: \$70,528.00



5. Family Learning Kits

Program Objectives

Family Learning kits have been developed to promote the importance of language and literacy to parents of children ages 0-6, and to provide tools to support learning in the home.

Target Population

Universal to children, 4 years old, and parents.

Program Description

The Family Learning Kit is the fifth kit in the Healthy Family Kits series. This kit includes 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

The Department of Education, Culture and Employment

Delivery agents

Community-based Family Literacy Coordinators will distribute the Family Learning Kit. The training of the Community Family Literacy Coordinator will be done through another of the ECD initiatives, the Northern Parenting and Literacy Program, which is delivered by the NWT Literacy Council.

Intersectoral Linkages

The Department of Health and Social Services

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 centers.

Program Evaluation findings

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

Program Indicators

In 2001 - 2002, work on planning, training and implementing is underway. Reporting on indicators such as availability, accessibility, affordability, and quality will be applicable in subsequent reporting periods.

Expenditures 2001 - 2002: \$185,000.00



6. Enhanced Rehabilitation Supports

Program Objectives:

Initially Language Support Workers and Speech Language Services were identified in the ECD Action Plan as one of the key areas for activity. Through the various focus groups, reports and research that were conducted for the writing of the ECD Framework for Action, this initiative was expanded to Enhanced Rehabilitation Supports. It was determined early in 2001 - 2002 that an investment to enhance and support rehabilitation services available to young children in the NWT be made a priority. Enhancing rehabilitation supports will result in earlier detection and intervention, as well as increased availability of those services.

Target Population

Universal to children, birth to age six.

Program Description

To address the identified gaps in the rehabilitation support area, the Enhanced Rehabilitation Working Group identified several specific areas of need within the rehabilitation support area.

The GNWT has begun work to establish a universal hearing screening program for all newborns in the NWT. Newborn AOE's (Otoacoustic Emissions) were purchased for each of the three regional hospitals. Nurses working in the OBS Wards will receive training in the operation of this equipment. Implementation will take place in 2003.

As well, 21 replacement Pure Tone Screening Audiometers were purchased for the community health centers. The old audiometers were cumbersome and outdated. Community health care providers will have increased mobility into smaller communities, thus allowing greater accessibility for hearing screening to young children.

A review of rehabilitation supports throughout the NWT has been undertaken. The report is due in July 2002 and recommendations for future improved service delivery are expected as part of the review.

Responsible Department

Department of Health and Social Services

Delivery Agents

Stanton Territorial Rehabilitation Team

Consultation and Community Involvement

Consultation with the Stanton Territorial Rehabilitation Team regarding addressing needs in the rehabilitation supports area.

Program Evaluation findings

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

Program Indicators

In 2001 - 2002, work on planning and purchasing equipment was completed. Reporting on indicators such as availability, accessibility, affordability, and quality will be applicable in subsequent reporting periods.

Expenditures 2001 - 2002: \$ 52,213.00

7. Language Nests

Program Objectives

The intent of developing Language Nests is to support the opportunity for a community's culture and language to become the base of early childhood programs, and to support integrated, family-based early childhood programs.

Target Population

Although site-based Language Nest programs traditionally target the early childhood years, the NWT believes that the target population is the community as a whole. Revitalizing and retaining Aboriginal languages ideally should be the focus of the entire community and, therefore, consideration will be given to programs and services that will meet needs of both young children as well as adults.

Currently, pilot sites are being identified for implementation of language nests and language based integrated programs and services. The pilot sites will serve as role models for other communities.

Program Description

Within this current fiscal year, research on existing models of language revitalization were completed and a survey of community interest in revitalizing and retaining Aboriginal languages began.

The research will provide information and direction in supporting communities to create an environment where a community's culture and language is the base of early childhood programming.

The survey targets the adult population, gathering information on successful, research-based models of adult language acquisition in communities throughout the NWT. The revitalization of Aboriginal languages in the adult population is vital to the success of children's ability to learn and retain their first language.

Department Responsible

Department of Education, Culture and Employment

Delivery agents

Local community organizations will build on existing early childhood programs and family services by focusing on the local language and culture.

Intersectoral Linkages

The NWT Language Communities

Consultation and Community Involvement

Resource people will work with interested communities to facilitate discussions, planning and implementation of required elements to increase the use of language and culture in existing early childhood programs.

Voluntary or Private Sector Participation

Both the research and survey pieces were contracted to a Language consultant.

Program Evaluation findings

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

Program Indicators

In 2001 - 2002, work on research was undertaken. Reporting on indicators such as availability, accessibility, affordability, and quality will be applicable in subsequent reporting periods.

Expenditures 2001 - 2002: \$165,000.00



8. Child and Family Resource Centres

Program Objectives

The intent of promoting the establishment of Child and Family Resource Centres is to encourage, support and facilitate child and family development at the community level and to form and strengthen linkages between early childhood programs and projects so children and families can access integrated, comprehensive services and programs. Additionally, the intent is to enhance core services available to children aged 0 - 6 years and their families.

The process of establishing integrated and collaborative practice began at the community level through participation in a Community Wellness Forum designed to identify various models and manners in which to develop and facilitate integrated, collaborative practice at the community level.

Target Population

Universal for children, families and communities

Program Description

Interested communities will be supported to consider the needs of the community and identify gaps in existing programs and services to meet the needs. 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

The Department of Education Culture and Employment

Delivery agents

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

Intersectoral Linkages

The Department of Health and Social Services

Consultation and Community Involvement

Community stakeholders will take the lead on the development of an integrated resource center with support from a facilitation team.

Program Evaluation findings

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

Program Indicators

In 2001 - 2002, work on planning was undertaken and a Community Wellness Forum was held. Reporting on indicators such as availability, accessibility, affordability, and quality will be applicable in subsequent reporting periods.

Expenditures 2001 - 2002: \$73,905.00

9. Northern Parenting and Literacy Program

Program Objective:

The Northern Parenting and Literacy Program has been developed to increase an awareness of the importance of culture and language in parenting; to build positive relationships between parents and children; to increase literacy levels and to assist parents in understanding the importance of using their first language.

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. The training programs have been developed and facilitated by the NWT Literacy Council and to date, training has occurred a number of regional centers with approximately 70 participants from over 15 communities.

Department Responsible

Department of Education, Culture and Employment

Delivery agents

The NWT Literacy Council developed and facilitated the training of the Northern Parenting and Literacy Program. The program trains Community Family Literacy Coordinators who, in turn provide family literacy activities and workshops for community members.

Intersectoral Linkages

Department of Health and Social Services

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

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

Program Indicators

In 2001 - 2002, work on planning, training and implementing was undertaken. Reporting on indicators such as availability, accessibility, affordability, and quality will be applicable in subsequent reporting periods.

Expenditures 2001 - 2002: \$181,300.00

10. Public Awareness Campaign

Program Objective

The Public Awareness Campaign is intended to inform our target population about the importance of investing in early childhood development and the difference early intervention can make in preparing for school readiness.

Target Population

Universal for children, families and communities.

Program Description

The Public Awareness Campaign will consist of a number of Public Service Announcements in several mediums, namely television, radio and print. The messaging will reinforce the importance of the early years, encourage strong family ties, healthy lifestyle choices, good nutrition, and the value of nurturing. This will be accomplished in a variety of ways including public service announcements on integrated play and the importance of promoting the cognitive, social, emotional and physical development of infants and children.

Department Responsible

Departments of Health and Social Services and Education, Culture and Employment

Delivery agents

The Public Service Announcements will be aired on television, CBC North and APTN. The radio spots will be broadcast by local radio in the North. Posters will be distributed to the community health centers, public health units, band offices, prenatal programs, hospitals, early childhood programs and general distribution to public places where young children and their families frequent.

Intersectoral Linkages

Departments of Health and Social Services and Education, Culture and Employment

Consultation and Community Involvement

A number of communities have been actively involved with focus group input in messaging and imagery used in the campaign.

Program Evaluation findings

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

Program Indicators

In 2001 - 2002, work on planning and development of messaging was undertaken. Reporting on indicators such as availability, accessibility, affordability, and quality will be applicable in subsequent reporting periods.

Expenditures 2001 - 2002: \$53,531.00



Evaluation

Objective

As part of our government's commitment to the residents of the NWT, an evaluation component is included in the ECD initiatives under the ECD Framework for Action. The evaluation is being undertaken by an outside consultant and will consist, in the first year, of an evaluation of both the Framework for Action and the Action Plan, and in subsequent years as an evaluation of each initiative contained within the Action Plan.

Target Population

The Government of the Northwest Territories, the Departments of Health and Social Service (HSS) and Education, Culture and Employment (ECE), and stakeholders.

Description

An evaluation of the overall Territorial ECD 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 One Formative Evaluation - Executive Summary, completed March 2002, reported progress in achieving the expected outcomes related to the first year of the Action Plan as significant. Also included in this evaluation report was mention of the development of collaborative working relationship between the GNWT departments of HSS and ECE as being a major accomplishment, as well as a need for dedicated full time staff resources to support the implementation of the Action Plan.

Department Responsible

Departments of Education, Culture and Employment and Health and Social Services

Delivery agents

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

Intersectoral Linkages

The Departments of Education, Culture and Employment and Health and Social Services

Consultation and Community Involvement

Contracted consultants will consult with communities once initiatives have been implemented.

Expenditure 2001 - 2002: \$48,038.00



Baseline
Indicators of
Young Children's
Well-Being
1998 - 1999



Indicators of Young Children's Well-Being

In 2001 - 2002, the GNWT is able to report on seven of the 11 common and 23 optional indicators of young 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. The departments of Education Culture and Employment and Health and Social Services are working together with the NWT Bureau of Statistics to address these reporting gaps.

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

Indicators of Physical Health	1999	1998
Healthy Birth Weight		
(i) Low Birth Weight as a % of Live Births	5.8	5.9
(ii) High Birth Weight as a % of Live Births	16.7	16.1
Immunization		
(i) Meningococcal Disease	0	0
(ii) Measles	0	0
(iii) Haemophilus Influenza b	0	0
Infant Mortality Rate per 1,000 Live Births	12.1	17.7
Pre-Term Birth Rate % of births with gestational period less than 37 weeks	9.6	8.0
Injury Mortality Rate Per 100,000 0 - 5 year olds	46.9	44.4

Source: Statistics Canada, Vital Statistics

Injury Hospitalization Rate Among Children less than 6 Years of Age (Per 100,000), by Sex¹

Northwest Territories, 1998 & 1999

	1999						1998					
	Total		Female		Male		Total		Female		Male	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Northwest Territories	28	632.9	9	414.6	19	843.3	30	655.7	14	621.7	16	688.8
MVTC ²	3	67.8	2	92.1	1	44.4	1	21.9	-	-	1	43.0
Falls	8	180.8	1	46.1	7	310.7	6	131.1	2	88.8	4	172.2
Other-Unintentional	16	361.7	6	276.4	10	443.9	23	502.7	12	532.9	11	473.5
Self-Inflicted	-	-	-	-	-	-	-	-	-	-	-	-
Assault	1	22.6	-	-	1	44.4	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-

Source: CIHI Hospital Discharge Abstracts; Provided by the NWT Department of Health & Social Services

¹ Hospitalizations include Northwest Territories' residents only, who were hospitalized in an acute care institution in the Northwest Territories, Alberta or Northern British Columbia.

² Motor vehicle traffic crashes