



# Early Childhood Development Report

## 2005/2006



We are pleased to share the Northwest Territories' 2005/2006 annual Early Childhood Development Report.

This report provides a picture of investments that have been made in the programmes affecting children in their early years. These investments include funding received through the Early Childhood Development Agreement of 2000 and the 2003 Early Learning and Child Care Agreement.

In 2005/2006, our areas of focus included fostering quality early learning and child care programs, providing specialized home visiting programs, and encouraging partnerships at the community and program delivery level.

We continued to invest in language nests program that provide an Aboriginal language rich environment and increased resources in family literacy, fostering the concept of second language learning.

The Government of the NWT is happy to report on child-related indicators, including physical health, safety and security. Physical health indicators include data on healthy birth weights, rates of immunization and infant mortality. Safety and security indicators include rates indicating injury resulting in mortality and injury resulting in hospitalization.

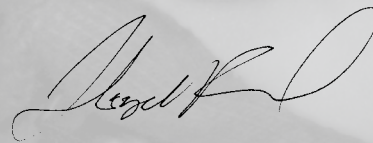
The Government of the NWT's vision for early childhood development is: *The NWT will be a place where children are born healthy and raised in safe and respectful families and communities, which support them in developing to their fullest potential* (GNWT, 2001, Framework for Action: Early Childhood Development, p.21).

This government believes that supporting the healthy development of young children requires a collaborative approach and recognizes that the GNWT's contribution is complimented by communities and their commitment to children.

Sincerely,



Charles Dent  
Minister  
Education, Culture and Employment



Floyd Roland  
Minister  
Health and Social Services



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## OUR CHILDHOOD

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## **OUR VISION**

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

## **THE CHILDREN OF THE NORTHWEST TERRITORIES**

The total population of the NWT in 2005 was 42,982 (NWT Bureau of Statistics, 2005). In 2005, the NWT had a population of 4,660 children between birth and six years of age, representing 11% of the total population.

In 2005, there were 21,413 Aboriginal people and 21,569 non-Aboriginal people in the Northwest Territories (NWT Bureau of Statistics, 2005).

## **WHERE OUR CHILDREN LIVE**

The largest group of children, birth to six years of age live in Yellowknife, the capital city of the NWT. There were 19,429 people living in Yellowknife in 2005 (NWT Bureau of Statistics, 2005).

The next largest grouping is in the three regional centres of Inuvik, (population 3,521 in 2005), Hay River (population 3,825 in 2005) and Fort Smith (population 2,385 in 2005). Therefore, the regional centre's 2005 total population was 9,731. 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, Jean Marie River, had a population of 69 in 2005 (NWT Bureau of Statistics, 2005).



## THE AGREEMENTS

### EARLY CHILDHOOD DEVELOPMENT INITIATIVES

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.

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" (September 2000 First Ministers' Meeting Communique on Early Childhood Development).



## **EARLY LEARNING AND CHILD CARE (ELCC) MULTILATERAL FRAMEWORK 2002/2003**

### **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.”<sup>1</sup>

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 the 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 continues to 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.

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<sup>1</sup> Early Learning and Child Care Multilateral Framework, March 2003

# NORTHWEST TERRITORIES “PERSPECTIVE”

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## KEY FOCUS FOR 2005/2006

Helping children by:

- fostering quality early learning and child care programs.

Helping families by:

- specialized home visiting programs, and
- literacy development.

Helping communities by:

- encouraging partnerships.

## **NWT FRAMEWORK FOR ACTION FOR EARLY CHILDHOOD DEVELOPMENT**

### **CHILD**

- Each child is considered to be a gift to the family and the community.
- Children are our future.
- Programs provide a secure, nurturing environment and promote the balanced development of children.

### **FAMILY**

- Each child is surrounded by and grows up in a family.
- Families, whether they be a single parent, two parents or an extended multigenerational family, are the primary providers of care, nurture and stimulation for developing and learning.
- Parents want the best for their children.

### **COMMUNITY**

- Healthy communities provide a safe and healthy environment in which children and families grow.
- The community and its' culture shape the design and delivery of all programs.
- High quality early childhood development programs support and complement the parent's role.
- Community programs are family oriented and promote the healthy development of children.
- Community programs are inclusive of all children and their needs through partnerships among programs.

It is recognized that partnerships are vital to the development and the effective delivery of quality early childhood experiences. In the NWT, the cooperative efforts include family, community, Aboriginal groups, organizations and government.

For 2005/2006, some examples of partners include:

- NWT Literacy Council (Family Literacy)
- Health and Social Services Authorities (Healthy Family Programs, Infant Hearing Program)
- Aurora and Yukon College (Early Childhood Development)
- Health Canada (Canada Prenatal Nutrition Program, Fetal Alcohol Spectrum Disorder)
- Local regulated early learning and child care programs (Language Nests)



## SUPPORTING NWT'S CHILDREN AND FAMILIES

### TARGETED PROGRAMS FOR PRENATAL TO BIRTH

#### CANADA'S PRENATAL NUTRITION PROGRAM

The Canada Prenatal Nutrition Program (CPNP) has been ongoing since 1994. The target groups for CPNP are high-need, hard to reach prenatal and breastfeeding women. The goal is to improve maternal and infant nutritional health by providing a greater depth of service to women earlier in their pregnancy and for a longer duration postpartum.

CPNP provides community funding for programs that give prenatal women access to:

- healthy foods;
- prenatal nutrition information and counselling provided by a qualified dietician; and
- breastfeeding support.

In 2005/2006, 87% of all communities had a CPNP project. This totaled 27 community CPNP projects. Projects typically involved cooking groups, nutrition education through games and quizzes, and breastfeeding support. Education sessions included topics such as tobacco, Fetal Alcohol Spectrum Disorder, budgeting and parenting.

## **BREASTFEEDING**

The World Health Organization (WHO) and UNICEF, United Nations Children's Fund, recommend that babies be provided nothing but breast milk from birth to six months. Breastfeeding gives babies the best start possible.

The NWT is part of the Breastfeeding Committee for Canada in working towards the on-going promotion, support and education of breastfeeding. The NWT encourages all mothers to breastfeed to promote healthy childhood development, parental bonding and the prevention of illness. A long-term goal in the NWT is to have health facilities designated as baby-friendly. Baby-friendly hospitals:

- develop breastfeeding policies;
- ensure staff have the skills necessary to implement the policies;
- share information with all pregnant women about the benefits of breastfeeding;
- assist new mothers with how to breastfeed and maintain lactation; and
- support the development of breastfeeding support groups.

Breastfeeding is routinely promoted at the territorial, regional and community levels through resource development, promotional campaigns and pre/post-natal classes.

The 1993 NWT Breast Feeding Survey noted that 80% of mothers initiated breastfeeding, which is comparable to other jurisdictions, although rates decline at six and 12 months.<sup>2</sup> A follow-up survey was conducted from 2003 to 2005. It is anticipated that a report on breastfeeding, based on programs and survey results, may be available in 2007.

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<sup>2</sup> Department of Health and Social Services: Database on Breastfeeding: Survey of Infant Feeding from birth to 12 months. 1996.

## SUPPORTING NWT'S CHILDREN AND FAMILIES

### **NEWBORN HEARING SCREENING**

Significant hearing loss is one of the most common major conditions present at birth and occurs more frequently than any other condition requiring newborn screening (Hearing Foundation of Canada). Children, whose hearing impairment is not detected until after three years of age, miss the critical window of language development. Children with hearing impairments who are identified early and receive appropriate intervention have a significantly improved chance to develop age appropriate language and communication skills.

The Infant Hearing Program (IHP) is a joint initiative between Stanton Territorial Health Authority and the Department of Health and Social Services. The purpose of the IHP is to identify newborns at risk for hearing loss as hearing loss may affect health, language, learning and development. The goal of the program is to screen 95% of babies born in the NWT.

In 2005/2006, there were 654 newborns discharged from Stanton Territorial Hospital. Sixty nine per cent of these infants were screened in the hospital. Ten per cent of those screened were determined to be at risk at birth and 100% of these babies did not develop a hearing loss. There were no babies in 2005/2006 with hearing loss.

## HEALTHY FAMILY PROGRAM

The Healthy Family Program is an intensive, home-based, early intervention program designed to improve the lives of children (birth to five years) by optimizing their home environment and focusing on improving family functioning.

There are four Healthy Family Program Pilot sites in the NWT delivered through the Health and Social Service Authorities (HSSA): Yellowknife, Fort Smith, Behchokó and Hay River. The programs are located in communities ranging in populations from 1,800 to 18,600 people. Each program has a coordinator and a complement of home visitors related to the community birth rate. All Healthy Family staff are trained in core program areas of home visitation, family assessment and child development.

The total number of screened births in these four communities during 2005/2006 was 359. As of March 31, 2006, there were 58 families actively involved in the Healthy Family Program.

Here is what one parent had to say about the Healthy Family Program: “A huge thank you for helping my son and I to better understand each other. My home visitor taught me that parenting should not be done from guilt, but with love and what is best for my son. My home visitor has always been there for me when I need her. My son is always eager to see her every week.”

## SUPPORTING NWT'S CHILDREN AND FAMILIES

### EARLY CHILDHOOD PROGRAMS AND SERVICE FOR CHILDREN BIRTH TO SCHOOL AGE

#### REGULATED EARLY CHILDHOOD PROGRAM

The development of quality early childhood programs is a goal of the GNWT. The GNWT committed approximately \$2.5 million to support families and child care programs. This support included:

- continued delivery of the Early Childhood Education certificate program by Aurora College;
- assistance for regulated early childhood programs with the purchase of equipment, materials and start up expenses;
- program development support to licensed early childhood programs;
- subsidies to low income families to assist with child care expenses; and
- licensing and monitoring of regulated child care programs.

As of March 2006, there were 103 regulated child care programs offering 1,525 licensed spaces throughout the NWT. Licensed child care programs provide services for children birth to six years of age through a variety of settings, including child care facilities, preschool and afterschool programs and family day homes. Four regional Early Childhood Consultants support the development of quality early childhood programs. The Consultants are available to assist all front-line staff, family day home operators and non-profit boards of directors as required.

The Child Care User Subsidy Program, administered as part of the Income Support Program, invested approximately \$200,000 assisting low to moderate income families to access child care programs by providing funding to assist with child care costs.

Through Aurora College's Early Childhood Education Certificate program, 75 students from across the NWT participated in seven distant education courses, practicums and on-site workshops in 2005/2006.



## **UNIVERSAL DEVELOPMENTAL SCREENING**

Universal developmental screening was implemented in the Northwest Territories in June 2002 to ensure that all children had a developmental screen by the age of three years. Developmental screening is a key component in the promotion of healthy children and healthy families.

The Nipissing District Developmental Screen (NDDS) is a broad-based, general screen designed to identify potential developmental delays in children from birth to six years of age. Nurses and community health representatives have been trained to administer the screen and to provide feedback to families. Children who are identified with a potential developmental delay are referred to regional or territorial services for an assessment.

The NDDS includes parent education of child development into the assessment process in the form of a parent handout.

In 2005/2006, there were 2,772 developmental screens performed on children from birth to six years of age. Developmental screening is to occur at six months, 12 months, three years and as the pre-kindergarten screen.

# SUPPORTING NWT'S CHILDREN AND FAMILIES

## FAMILY LITERACY

Literacy skills develop in the early years of a child's life. Early literacy skills provide a strong foundation for learning. The NWT Early Childhood Development (ECD) Framework for Action incorporated early literacy and family literacy throughout many initiatives.

The NWT Literacy Council has been a key partner in the development of the literacy component to the ECD Framework for Action and, since 2001, the NWT Literacy Council has supported and offered a number of family literacy initiatives. These community capacity building initiatives provide community-based training to community members. Approximately 200 people participated in the first level of family literacy training. These trained family literacy providers deliver programs in their community for parents and their young children.

In 2005/2006, the Council continued their work by:

- developing 10 different resources to assist family literacy providers and placing literacy materials in the hands of parents and young learners;
- translating family literacy public service announcements into Tłıchq, North Slavey and French;
- delivering a week long family literacy training institute to 65 participants; and
- providing funding and support to 36 family literacy projects in 24 communities.

Comments from family literacy providers:

- "Our program went an hour late every week because children and parents didn't want to go home."
- "The money has been spent but we are still running the program."
- "Parents are more comfortable and confident reading to their children."

## THE HEALTHY CHILDREN INITIATIVE

In 1997, the departments of Health and Social Services and Education, Culture and Employment launched the Healthy Children Initiative (HCI). HCI provides funding to all NWT communities in order to support further development of existing programs and services for children birth to six years of age and their families. Funds are also available for communities to provide direct services to individual children requiring intensive support to assist children with integration into a centre-based early childhood program.

The Healthy Children Initiative's vision is healthy children born to healthy parents growing up in strong and supporting families in caring communities. This vision complements the ECD Framework for Action with the focus of healthy child development.

The Healthy Children Initiative provides a total of \$1.5 million. Community groups are encouraged to work together to develop programs to meet local needs. In 2005/2006, all communities accessed HCI funding for a total of 72 individual projects. Some of the projects funded included:

- the delivery of a speech/language workshop for front-line child care staff;
- early childhood program site visits between communities in the NWT;
- front-line child care staff to attend workshops being delivered by Aurora College;
- breastfeeding training for prenatal nutrition program staff;
- one on one support to assist children with identified needs in early childhood programs; and
- the delivery of community-based family literacy programs.

## SUPPORTING NWT'S CHILDREN AND FAMILIES

### LANGUAGE NESTS

Children have a natural ability to learn languages in their early years. Children who begin with a foundation of their own language and culture often are more confident throughout their lifetime. Teaching children their language increases the survival of the language as a living language throughout the community.

Language Nests in the NWT provide varying degrees of language immersion opportunities for young children. The NWT has had at least one program in the eight official languages indigenous to the NWT, since 2003.

In 2005/2006, 20 sites were funded in the Chipewyan, Cree, Gwich'in, Inuinnaqtun, Inuvialuktun, North Slavey, South Slavey and Tlicho languages. Criteria for financial support includes the existence of a well-established regulated early childhood centre, an indication of the daily level of Aboriginal language use, as well as community and parental support. In addition, centres had to demonstrate improved language skills of the children and/or staff and parents in the projects, fiscal responsibility, staff training, elder involvement, integration of the program with other community events and/or resource development.

Language Nests have undergone a program evaluation, including an evaluation workshop in February 2006. The findings of the program evaluation indicate that Language Nests are contributing to Aboriginal language acquisition among preschool children. Furthermore, as the children learn and speak more of the traditional language, many adults in the community, including Language Nest staff, parents and elders, are inspired to learn and use their traditional language more often. The Language Nest program is also helping to build bridges between the generations and a foundation for immersion in the primary school system. At least two kindergarten immersion programs have started in communities where Language Nests are located.

Recommendations from the evaluation include establishing a full-time coordinator position, multi-year funding for Language Nests, continued training for Language Nest personnel, more rigorous development of resources for Language Nest programs, and the development of a preschool curriculum for Language Nests.

Staff training in 2005/2006 included participation in a training workshop on illustrating children's books and on Accelerated Second Language Acquisition. Approximately 33 Language Nest staff attended the latter workshop, along with 30 Aboriginal language instructors from the school system.

## **FETAL ALCOHOL SPECTRUM DISORDER**

The Government of the Northwest Territories (GNWT) is committed to working with individuals, families and communities on the prevention of Fetal Alcohol Spectrum Disorder (FASD). Strong, healthy families lay the foundation for the healthy development of our children. Strong, healthy families are the cornerstone of vibrant and self-reliant communities.

In partnership with Health Canada's First Nations and Inuit Health Branch and the Northern Secretariat, the GNWT Department of Health and Social Services administers funding for the federal First Nations and Inuit FASD program. In 2005/2006, there were eight community-based FASD projects supported by this fund. Activities included support groups for caregivers of those affected by FASD and for those living with FASD, asset mapping workshops, conferences for care providing grandparents, research on best practices, and community planning. In addition to the community-based projects, the department also supported territorial-wide initiatives, including Healthy Family Kits and training for early intervention/in-home support workers.

The Department of Health and Social Services is a member of the Canada Northwest FASD Partnership (CNFASDP). The CNFASDP is an alliance of seven jurisdictions working towards the development and promotion of an interprovincial/territorial approach to prevention, intervention, care and support of individuals affected by Fetal Alcohol Spectrum Disorder (FASD). Participating jurisdictions include: Alberta, British Columbia, Manitoba, Saskatchewan, Yukon, Nunavut and NWT. The Government of the Northwest Territories will be the lead jurisdiction of the Partnership for the 2006/2007 year.

The Government of the Northwest Territories has committed to a strategic approach that will address FASD in a comprehensive, community-based and collaborative way. The Department of Health and Social Services will be developing this strategy.

# REPORTING ON OUR CHILDREN

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## INDICATORS OF YOUNG CHILDREN'S WELL-BEING IN THE NWT

In 2005/2006, the GNWT is able to report on one of the five common indicators of early development. This indicator is physical health and development.

The sample size for the National Longitudinal Survey of Child and Youth (NLSCY) 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 ECE and HSS are working together with the NWT Bureau of Statistics to address these reporting gaps.

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

## INDICATORS OF PHYSICAL HEALTH IN THE NWT 2000 to 2004<sup>3</sup>

### PHYSICAL HEALTH AND DEVELOPMENT

#### HEALTHY BIRTH WEIGHT

A key determinant of child health is a healthy birth weight. Low birth weight (<2,500 g) is associated with risk for developmental delays and health problems. Babies born with high birth weight (>4,000 g) are more likely to experience difficult births. Research suggests that First Nations and Inuit children have different growth patterns than normal standards and are more likely to be heavier at birth.

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<sup>3</sup> Canadian Medical Association Journal, 1987 Jan. 15: 136: 118-119.

**Birth Weight in the NWT\* and Canada**

Indicator	1999		2000		2001		2002		2003		2004	
	NWT	Can	NWT*	Can	NWT*	Can	NWT	Can	NWT	Can	NWT	Can
Incidence of Low Birth Weight <sup>1</sup>	5.6	5.6	4.8	5.6	4.5	5.6	4.7	5.7	5.5	5.8	5.8	5.9
Incidence of High Birth Weight <sup>2</sup>	18.1	13.4	19.5	13.6	19.8	13.5	19.7	13.2	19.1	12.8	19.8	12.6

Sources: NWT Health and Social Services, NWT Bureau of Statistics, Statistics Canada

\* Three-year averages are used to reduce variability. They are represented by the mid-point (1999 = 1998 to 2000).

<sup>1</sup> Proportion of live births weighing under 2,500 grams to the total number of live births

<sup>2</sup> 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.

**Pre-term Births in the NWT\* and Canada**

Indicator	2000		2001		2002		2003		2004	
	NWT*	Can	NWT*	Can	NWT*	Can	NWT*	Can	NWT*	Can
Incidence of Low Birth Weight <sup>1</sup>	8.1	7.5	7.6	7.3	8.2	7.5	8.5	7.7	8.8	7.9

Sources: NWT Health and Social Services, NWT Bureau of Statistics, Statistics Canada

\* Three-year averages are used to reduce variability. They are represented by the mid-point (1999 = 1998 to 2000).

<sup>1</sup> Proportion of live births with gestational period under 37 weeks to the total number of live births

## REPORTING ON OUR CHILDREN

### IMMUNIZATION (OCCURENCE 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 2000 to 2004

Indicator	2000		2001		2002		2003		2004											
	NWT	Can	NWT*	Can	NWT*	Can	NWT	Can	NWT	Can										
Disease <sup>1</sup>	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate										
Measles	0	0	80	3.7	0	0	7	0.3	0	0	7	0.3	0	0	6	0.3	0	0	6	0.35
Meningoccal Group C	0	0	15	0.7	0	0	27	1.3	0	0	27	1.3	0	0	5	0.2	1	24.9	35	2.04
Hib	0	0	7	0.4	0	0	16	0.9	0	0	16	0.9	0	0	9	0.5	0	0	8	0.47

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

<sup>1</sup> Rate per 100,000 people  
Canada 2004 figures are for children birth to four years of age.

### INFANT MORTALITY

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

#### Infant Mortality in the NWT\* and Canada 2000 to 2003

Indicator	2000		2001		2002		2003	
	NWT	Can	NWT	Can	NWT	Can	NWT	Can
Infant Mortality Rate <sup>1</sup>	9.2	5.4	8.3	5.2	7.2	5.3	5.6	5.3

Sources: NWT Health and Social Services, NWT Bureau of Statistics, Statistics Canada

\* Three-year averages are used to reduce variability. They are represented by the mid-point (1999 = 1998 to 2000).

<sup>1</sup> Rate per 1,000 live births



## SAFETY AND SECURITY

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

### Rate<sup>1</sup> of Hospitalizations per 100,000 Due to Injury

(children less than six years of age)

Indicator	2000		2001		2002		2003	
	NWT	Can	NWT	Can	NWT	Can	NWT	Can
All Injuries	472.5	429.0	388.0	N/A	379.1	N/A	316.7	N/A

Source: Canadian Institute for Health

\* Three-year averages are represented by the mid-point (2000/2001 = 1999/00 to 2001/2002).

\* Numbers include hospitalizations by multiple diagnoses.

\* Patients may have been hospitalized more than once for the same injury or poisoning.

<sup>1</sup> a) Province/territory of hospitalization used.

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

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

d) Stillborns are excluded.

e) The year represents the fiscal year of discharge.

f) Population denominators are < 6 years of age by fiscal year mid-point (October 1) and are specific to gender, province and fiscal year.

\* Injury hospitalization data for the Northwest Territories should be treated with caution. Cases where the child was transported for treatment to a hospital in Edmonton or northern British Columbia may not be included.

### Injury Mortality Rates<sup>1</sup> in Canada and the NWT\*

(per 100,000 population aged 0 to 5)

Indicator	2000		2001		2002		2003	
	NWT	Can	NWT	Can	NWT	Can	NWT	Can
Injury Mortality Rate <sup>2</sup> (0 to 5 years of age)	38.0	7.9	29.5	N/A	10.2	N/A	10.2	N/A

Source: NWT Health and Social Services, NWT Bureau of Statistics, Statistics Canada

\* Three-year averages are used to reduce variability. They are represented by the mid-point (1999 = 1998 to 2000).

\* Due to the small number of events, these rates should be interpreted with extreme caution.

<sup>1</sup> Province/territory of residence used.

<sup>2</sup> Rate per 100,000 person-years (due to the very small number of events, these rates should be interpreted with extreme caution).

## **INVESTMENT AREAS**

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**AN OVERVIEW OF INVESTMENTS RECEIVED THROUGH THE EARLY CHILDHOOD DEVELOPMENT AGREEMENT 2004/2005**

The federal government, through the Early Childhood Development Agreement, provided \$705,000.00 for the Northwest Territories. The GNWT included the ECD investments in the following programs:

Service/Program	Expenditure
Health and Wellness and Risk Prevention <ul style="list-style-type: none"> <li>• Healthy Family Kits</li> <li>• Child Development Video</li> </ul>	\$42,334 \$73,367
Enhanced Rehabilitation Services	\$1,980
Parenting and Family Supports <ul style="list-style-type: none"> <li>• Healthy Family Program</li> </ul>	\$768,616
Community Supports and Community Building <ul style="list-style-type: none"> <li>• Northern Parenting and Literacy Program</li> </ul>	\$251,000
<b>Total</b>	<b>\$1,137,297</b>

The Language Nest Initiative was originally funded through the ECD Agreement, however, as of April 1, 2005, the funding is provided by the GNWT.

# APPENDIX I

## THE EARLY CHILDHOOD DEVELOPMENT AGREEMENT COMMON INDICATORS OF YOUNG CHILDREN'S WELL-BEING

### 1. CHILD-RELATED INDICATORS

#### A. PHYSICAL HEALTH

Within the area of “Physical Health”, the following indicators have been identified:

- Healthy Birthweight (comprised of (i) Low Birthweight and (ii) High Birthweight) (data available for the NWT);
- Immunization (comprised of (i) Invasive Meningococcal disease, (ii) Measles and (iii) Haemophilus Influenza B (hib) in children) (data available for the NWT);
- Infant Mortality Rate (data available for the NWT);
- Pre-term birth rate; and
- Breastfeeding (comprised of (i) Prevalence of Breastfeeding and (ii) Duration of Breastfeeding).

#### B. EARLY DEVELOPMENT

Within the area of “Early Development”, the following indicators have been identified:

- Physical Health and Motor Development;
- Emotional Health (comprised of (i) Emotional Problem/Anxiety and (ii) Hyperactivity);
- Social Knowledge and Competence (comprised of (i) Physical Aggression/Conduct Problems and (ii) Ages and Stages – Personal Social Score; and
- Language Skills.

#### C. SAFETY AND SECURITY

Within the area of “Safety and Security”, the following indicators have been identified:

- Injury Mortality Rate (data available for the NWT); and
- Injury Hospitalization Rate (data available for the NWT).

## **2. FAMILY-RELATED INDICATORS**

Within the area of “Family-related Indicators”, the following indicators have been identified:

- Parental Education (comprised of (i) Mother’s Highest Level of Education and (ii) Father’s Highest Level of Education);
- Level of Income (comprised of (i) Pre-tax LICO, and (ii) Post-tax LICO);
- Parental Health – Parental Depression;
- Parental Health – Tobacco Use During Pregnancy;
- Family Functioning;
- Positive Parenting; and
- Reading by Adult.

## **3. COMMUNITY-RELATED INDICATORS**

Within the area of “Community-related Indicators”, federal/provincial/territorial governments have identified one indicator comprised of:

- Neighbourhood Safety;
- Neighbourhood Satisfaction; and
- Neighbourhood Cohesion.

## APPENDIX II

### EARLY CHILDHOOD DEVELOPMENT PROGRAMS: DESCRIPTIONS AND INDICATORS

#### ECD ACTION AREA; Health and Wellness and Risk Prevention

##### Descriptive Information

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

Delivery Agents:	Community Health Nurses, Public Health Nurses, Community Health Representatives, Territorial Audiologists
Lead Department:	Health and Social Services
Investment Focus:	Information pamphlets for IHP developed and distributed

**Availability**

Number of Clients Served:	<p><b>NDDS:</b> During the 2005 calendar year, approximately 2,772 screens were administered.</p> <p><b>IHP:</b> 451 screens were completed.</p> <p><b>Hearing Screening:</b> Information not available to date.</p>
Total Number of Program Sites:	<p><b>NDDS:</b> All community health centres</p> <p><b>IHP:</b> One hospital</p> <p><b>Hearing Screening:</b> All 33 health centres</p>
Accessibility:	<p><b>NDDS:</b> Universal for children birth to six years of age.</p> <p><b>IHP:</b> Universal for children born at Stanton Territorial Hospital.</p> <p><b>Hearing Screening:</b> Universal for children birth to six years of age.</p>
Affordability:	All programs are funded by the Government of the Northwest Territories.
Quality:	<p><b>NDDS:</b> Nurses and Community Health Representatives received training in the administration and scoring of the NDDS and Aurora College Nursing Program. A training video is in the process of being developed for users of the screening tool.</p> <p><b>IHP:</b> Territorial Audiologists have received training on the hearing assessment equipment. Ongoing training is being provided to the obstetrical nursing staff.</p>

## APPENDIX II

### ECD ACTION AREA; Parenting and Family Support

#### Descriptive Information

ECD Program Name:	<b>NWT Healthy Family Program, Healthy Family Kits (Birth Kit), Family Learning Kits</b>
Launch Date:	<b>Healthy Family Program:</b> Pilot projects start up in 2002 <b>Healthy Family Kits:</b> 2002 <b>Family Learning Kits:</b> 2002 to 2005
Target Population:	<b>Healthy Family Program:</b> Universal screening of all pregnant families in pilot communities; intensive home visiting will be offered to families assessed to be at risk. <b>Healthy Family Kits:</b> Universal to women who have given birth. <b>Family Learning Kits:</b> Universal for four year old children and their families.
Program Description:	<b>Healthy Family Program:</b> The Healthy Family Program facilitates the development of parenting skills, healthy child growth and development and healthy parent child relationships through intensive home visiting. <b>Healthy Family Kits:</b> The Birth Kit provide parents with information on developmental milestone stages. These kits also help promote parent-child interaction and the importance of reading with a child. <b>Family Learning Kits:</b> The Family Learning Kit provides families with tools to promote the importance of language and literacy development. The kit includes resources such as a number of age appropriate books in English, French and/or the Aboriginal language of the family, crayons and paper, games, and activity cards for parents to use to support their children's early learning.
Program Objectives:	<b>Healthy Family Program:</b> Evaluation indicators will be reviewed and reported upon in subsequent reporting periods. Indicators include: <ul style="list-style-type: none"><li>• # babies/families screened for program eligibility;</li><li>• % of eligible families who accept involvement in program;</li><li>• % of children in the program that attain developmental milestones; and</li><li>• % of families who report an increase in knowledge of parenting skills.</li></ul> <b>Healthy Family Kits:</b> <ul style="list-style-type: none"><li>• increase parents knowledge about healthy prenatal nutrition, child dental health, healthy infant nutrition, developmental stages and child safety; and</li><li>• increase parent-child interactions.</li></ul> <b>Family Learning Kits:</b> <ul style="list-style-type: none"><li>• increase parent knowledge about child development;</li><li>• increase parent-child interactions; and</li><li>• increase opportunity to develop new skills for school entry.</li></ul>



Delivery Agents:	<p><b>Healthy Family Program:</b> Four Health and Social Service Authorities</p> <p><b>Healthy Family Kits:</b> Canada Prenatal Nutrition Programs, Hospitals, Community Health Centres and Public Health Units</p> <p><b>Family Learning Kits:</b> NWT Literacy Council</p>
Lead Department:	<p><b>Healthy Family Program and Healthy Family Kits:</b> Health and Social Services</p> <p><b>Family Learning Kits:</b> Education, Culture and Employment</p>
Investment Focus:	Ongoing program delivery of the Healthy Family Program

## Availability

Number of Clients Served:	<p><b>Healthy Family Program:</b> Approximately 359 families were screened for program eligibility and 58 families were enrolled in the program.</p> <p><b>Healthy Family Kits:</b> Approximately 800 kits distributed.</p> <p><b>Family Learning Kits:</b> 800 kits distributed.</p>
Total Number of Program Sites:	<p><b>Healthy Family Program:</b> Four Healthy Family Program sites</p> <p><b>Healthy Family Kits:</b> 35 CPNP projects, 33 health centres/hospitals, 7 medical clinics</p> <p><b>Family Learning Kits:</b> A Family Literacy Coordinator in each of the 33 NWT communities has been trained to distribute the kits.</p>
Accessibility:	<p><b>Healthy Family Program:</b> All women with a newborn child in communities with Healthy Family Programs are universally considered for participation in program screening.</p> <p><b>Healthy Family Kits:</b> Universal distribution to women who have delivered babies.</p> <p><b>Family Learning Kits:</b> Universal to children four years of age.</p>
Affordability:	All programs are funded by the GNWT.
Quality:	<p><b>Healthy Family Program:</b> One training course for Healthy Family staff occurred. Parent satisfaction questionnaire included in program evaluation plan. Family Home Visitors and Program Managers receive specific training in the area of early childhood development and family support.</p> <p><b>Healthy Family Kits:</b> Evaluation questionnaires and focus group evaluations have yielded positive comments regarding the contents of the kits.</p> <p><b>Family Learning Kits:</b> Evaluation questionnaires and focus group evaluations yielded positive comments for the contents of the kits and noted increase parent child interactions.</p>

## APPENDIX II

### ECD ACTION AREA; Child Development

#### Descriptive Information

ECD Program Name:	<b>Language Nests</b>
Launch Date:	<b>Child Development Resource Kits:</b> 2002 <b>Language Nests:</b> 2002
Target Population:	<b>Child Development Resource Kits:</b> The kits were available to individuals working one-on-one with children in early intervention program settings. Further kit distribution was phased in to address preschool programs providing early intervention services. <b>Language Nests:</b> Young children in licensed early learning and child care settings.
Program Description:	<b>Child Development Resource Kits:</b> The Child Development Resource Kit contains a wide range of age-specific toys to be used as developmental tools, to address specific developmental delays. <b>Language Nests:</b> Early learning and child care settings that embrace the community's culture and language as the base to all programs and activities.
Program Objectives:	<b>Child Development Resource Kits:</b> The Child Development Resource Kit was developed to strengthen early intervention services and programs by the addition of developmental resource materials. <b>Language Nests:</b> Language Nests will support the opportunity for culture and language to become the foundation of early childhood programs. The Language Nests are expected to immerse children within an environment of the community's first language and support the children's learning of that language.
Delivery Agents:	<b>Child Development Resource Kits:</b> Early Childhood Interventionists, Child Development Specialists, Healthy Family Home Visitors, Early Childhood Educators. <b>Language Nests:</b> Existing licensed early childhood programs such as child care centres and preschools.
Lead Department:	<b>Child Development Resource Kits:</b> Health and Social Services <b>Language Nests:</b> Education, Culture and Employment
Investment Focus:	Continued distribution of Child Development Resource Kits; continued support for the development of Language Nests.

**Availability**

Number of Clients Served:	<p><b>Child Development Resource Kits:</b> Approximately 45 kits have been delivered, including the four to HFP sites.</p> <p><b>Language Nests:</b> Total capacity of all Language Nest facilities is 344 child spaces.</p>
Total Number of Program Sites:	<p><b>Child Development Resource Kits:</b> Continued 45 sites</p> <p><b>Language Nests:</b> In 2005/2006, a total of 20 sites were funded, with at least one site within each official NWT Aboriginal language groups</p>
Accessibility:	<p><b>Child Development Resource Kits:</b> This initiative is targeted for children with developmental delays.</p> <p><b>Language Nests:</b> Preschool age children, ranging from birth to six years, attend the 18 programs.</p>
Affordability:	<p><b>Child Development Resource Kits:</b> This is a GNWT funded initiative.</p> <p><b>Language Nests:</b> Many of the sites have no fee for attending and subsidies are available for children attending the other sites.</p>
Quality:	<p><b>Child Development Resource Kits:</b> n/a</p> <p><b>Language Nests:</b> A questionnaire was developed to obtain baseline data to track the progress of the children. Preliminary results suggest that age, length of time in the child care or early learning centre and use of language in the home all contribute to the children's speaking and understanding of the Aboriginal language. All children were reported to be able to say or understand some phrases and/or words in their Aboriginal language.</p>

## APPENDIX II

### ECD ACTION AREA; Community Supports and Community Building

#### Descriptive Information

ECD Program Name:	<b>Northern Parenting and Literacy Program</b> (includes training and resource development)
Launch Date:	<b>Northern Parenting and Literacy Program:</b> Ongoing since 2002
Target Population:	<b>Northern Parenting and Literacy Program:</b> Children ages birth to five, their families, and communities.
Program Description:	<b>Northern Parenting and Literacy Program:</b> 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.
Program Objectives:	<b>Northern Parenting and Literacy Program:</b> <ul style="list-style-type: none"><li>• All communities will be represented at the regional training sessions and that parenting/literacy programs are implemented within each community.</li><li>• Parenting/Literacy Programs are expected to increase parent and child interaction.</li><li>• Prepare children for school.</li></ul>
Delivery Agents:	<b>Northern Parenting and Literacy Program:</b> The NWT Literacy Council, Community Literacy Coordinators
Lead Department:	<b>Northern Parenting and Literacy Program:</b> Education, Culture and Employment

#### Availability

Number of Clients Served:	<b>Northern Parenting and Literacy Program:</b> 200 people attended literacy training in 2005/2006.
Total Number of Program Sites:	<b>Northern Parenting and Literacy Program:</b> Ongoing in 33 communities
Accessibility:	<b>Northern Parenting and Literacy Program:</b> Train-the-trainer programs have been available to all communities. Local literacy programs are available in all communities in the NWT. Resources are available to all communities.
Affordability:	<b>Northern Parenting and Literacy Program:</b> GNWT funded position
Quality:	<b>Northern Parenting and Literacy Program:</b> A post-conference evaluation questionnaire was developed for all course participants.