

Early Childhood Development Initiative & Multilateral Framework on Early Learning & Child Care

Annual Report 2004 – 2005

Child Well Being Report 2005


NOVA SCOTIA
Community Services



Early Childhood Development Initiative & Multilateral Framework on Early Learning & Child Care

Annual Report 2004 - 2005

Child Well Being Report 2005



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For further information contact:

Early Childhood Development Services
Nova Scotia Department of Community Services
PO Box 696
Halifax, Nova Scotia
B3J 2T7

Phone: (902) 424-3430
Fax: (902) 424-0708
E-mail: webcoms@gov.ns.ca

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Letter from the Minister

It is my pleasure to present the 2004 – 2005 report on Nova Scotia's Early Childhood Development Initiative and the Multilateral Framework on Early Learning and Child Care, and the Child Well Being Report, 2005.

In September 2000, Federal/Provincial/Territorial Ministers responsible for Social Services established the *Early Childhood Development Communiqué* to improve and expand early childhood development programs and services. The following four pillars were identified to the provinces as areas for investment:

- Promote healthy pregnancy, birth and infancy
- Improve parenting and family supports
- Strengthen early childhood development, learning and care
- Strengthen community supports

Fulfilling our commitments as partners to the Communiqué, Nova Scotia developed its Early Childhood Development Initiative. Investments in 2004/05 included:

- Public Health Services to provide home-visiting supports to families for the first three years of their child's life
- A recruitment and retention grant for early childhood staff in full-day child care facilities to help retain qualified and caring staff
- An initiative to help communities develop innovative programs that promote children's early language, emergent literacy and cognitive development
- Grants to non-profit community-based agencies with a focus on child care information and support for parents and child care providers
- Grants to family resource centres across the province to continue to provide additional parent education and support programs
- An initiative to support family resource centres to promote greater involvement of volunteers
- Enhancements to the domestic adoption program so that more children can have a family of their own



The Multilateral Framework on Early Learning and Child Care announced in November 2003, builds on the 2000 Communiqué on Early Childhood Development commitments. During 2004/05 funding allowed:

- Further assistance to support inclusion of children with special needs
- An allocation of 50 subsidized portable spaces
- Increases to the child care subsidy per diem
- Grants to educational institutions and associated programs to provide opportunities for early childhood education pre-service and in-service training

Nova Scotia welcomes and values this federal funding as it enhances provincial programs and supports for our children and their families. This third annual report, for the year ending March 2005, provides a summary of continuing and expanded early childhood development programs and services within Nova Scotia. Further, the section concerning the Child Well Being Report 2005 fulfills Nova Scotia's commitment to report to our citizens on the health and well being of our children.

Sincerely,

David Morse

Hon. David M. Morse
Minister of Community Services





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Background

The Province of Nova Scotia is pleased to present its 2004 – 2005 annual report on the Early Childhood Development Initiative (ECDI) and Multilateral Framework on Early Learning and Child Care (ELCC).

Funding for ECDI began on April 1, 2001. The financial allocation under this agreement for 2004 – 2005 was approximately \$14 million, for a total investment of just over \$50.3 million since the agreement began.

Funding for ELCC began in April, 2003. The financial allocation under this agreement for 2004 – 2005 was approximately \$2.7 million, for a total investment of just over \$3.48 million for child care priorities for young children that address quality, accessibility and inclusion.

For further information on financial details, see section entitled, “Appendix: Financial Expenditures”.

Program Implementation

The following sections of the annual report provide an overview of the progress made on Nova Scotia’s ECDI and ELCC from April 2004 to March 2005 in each priority area:

- Healthy Beginnings: Enhanced Home Visiting Initiative
- Enhanced Parenting and Family Supports
- Stabilizing and Enhancing Child Care
- Community Engagement and Infrastructure Support

For each program/initiative under ECDI and ELCC, the following information is included:

- program description
- program objectives
- program activities
- program indicators

The federal government has outlined a list of principles and their program indicators within the Early Childhood Development Communiqué and the Multilateral Framework on Early Learning and Child Care. The next two pages detail these.

Programs/initiatives that received ECDI funding were evaluated on the following principles: availability, accessibility, affordability and quality. Those that were funded through the ELCC were evaluated on the following principles: availability and accessibility, affordability, quality, inclusive, and parental choice.

In most cases, only some program indicators stipulated by each principle are applicable to each program/initiative. However, descriptive information is provided with respect to the indicators in the context of the program area.



Principles and Program Indicators under the Early Childhood Development Communiqué

Availability

Governments will report on the *availability* of early childhood development programs and services funded under the Federal-Provincial-Territorial Early Childhood Development Initiative using one or more of the following indicators:

- number of clients served (i.e. number of children served, number of families served, and /or number of program "spaces" or equivalent)
- number of program sites

Accessibility

Where the objective of an investment by governments is to improve *accessibility*, governments will report on one or more of the following indicators of accessibility:

- increase in the percentage of the target population served
- change in the socio-demographic profile of the client population

Affordability

Where the objective of an investment by governments is to improve *affordability*, governments will report on changes in the fee and /or subsidy structures of the relevant programs.

Quality

Where the objective of an investment by governments is to improve *quality*, governments will report on one or more indicators of quality, such as:

- improvement in the education / training of service providers
- increases in wage rates
- increases in provider-to-client ratios
- increases in client satisfaction



Principles and Program Indicators under the Multilateral Framework on Early Learning and Child Care

Availability and Accessibility

Flexible and responsive early learning and child care options should be broadly available to promote early childhood development and to support parents to participate in employment or training. Examples of initiatives that support availability and accessibility could include increasing early learning and child care spaces, supporting extended and flexible hours of operation and parent information and referral.

Affordability

Early learning and child care services should be affordable. Governments have established mechanisms to assist parents in meeting the costs of early learning and child care. Examples of initiatives that support affordability could include enhancing fee subsidies that take into account parents' ability to pay and operational funding.

Quality

Early learning and child care should be of high quality to support optimal child development. Examples of initiatives that support high quality early learning and child care could include enhancements to training and support, child / caregiver ratios and group size, compensation, recruitment and retention, physical environment, health and safety and learning environment.

Inclusive

Early learning and child care should be inclusive of and responsive to, the needs of children with differing abilities; Aboriginal (i.e. Indian, Inuit and Métis) children; and children in various cultural and linguistic circumstances. Examples of initiatives that support inclusiveness could include special needs programming and supports and culturally and linguistically appropriate resources and training.

Parental Choice

Early learning and child care services should provide the flexibility to respond to the varying needs and preferences of parents and children. Examples of initiatives that support parental choice could include innovative approaches to service provision in rural and remote communities and flexible approaches that address a range of family and employment circumstances.



Healthy Beginnings: Enhanced Home Visiting Initiative

Represents Nova Scotia's investment with respect to pillar one of the *First Ministers' Meeting Communiqué on Early Childhood Development: Promote Healthy Pregnancy, Birth & Infancy*

"It is clear that the early years from conception to age six have the most important influence of any time in the life cycle on brain development and subsequent learning, behaviour and health. The effects of early experience, particularly during the first three years, on the writing and sculpting of the brain's billions of neurons, last a lifetime."

McCain and Mustard (1999)



Healthy Beginnings: Enhanced Home Visiting Initiative

- Launch date: June 2002
- Target population: Families who may benefit from additional support
- Delivery agents: Public Health Services
- Lead Department: Nova Scotia Department of Health
- Funding:
 - 2001 – 2002: \$417,340 (ECDI)
 - 2002 – 2003: \$3,582,660 (ECDI)
 - 2003 – 2004: \$3,000,000 (ECDI)
 - 2004 – 2005: \$3,494,582 (ECDI)
- Funding for this initiative has fluctuated due to a delay in its original launch

Program Description

Healthy Beginnings: Enhanced Home Visiting Initiative is a voluntary, strengths-based and family centred home-visiting program offered by Public Health Services. Healthy Beginnings: Enhanced Home Visiting builds on the continuum of programs and services offered by Public Health Services to families during pregnancy, postpartum and early childhood.

The ECDI provides funding to Public Health Services to further support families facing challenges for the first three years of their child's life. This enhanced home-visiting program focuses on promoting healthy parent-child relationships, fostering healthy childhood development and linking families with community resources that further enhance opportunities for the healthy growth and development of the child and family as a whole.

Healthy Beginnings: Enhanced Home Visiting Initiative Goals

The goals of Healthy Beginnings (in conjunction with existing Public Health Services prenatal and postnatal initiatives) are to:

- Enable pregnant women, their partners and their families to achieve a healthy pregnancy, optimal birth outcome and positive adaptation to parenting
- Promote the optimal level of physical, cognitive, emotional, and social development of all children in Nova Scotia
- Enhance the capacity of parents to support healthy child development
- Enhance the capacity of communities to support healthy child development
- Contribute to a coordinated, effective system of child development services and supports for children and their families



Program Activities

Strengthening Supports for Families

Public Health Services uses a standardized screening and assessment process to determine with families, whether additional services may meet their individual needs. An important component of Healthy Beginnings: Enhanced Home Visiting Initiative is the addition of community home visitors to the network of supports for families in the community. Community home visitors provide emotional and practical family support, parenting information, general health information, referrals to partner organizations, assistance with family goal setting and achievement, and parent role modeling.

Enhancing Quality of Service

Community home visitors require competencies in a variety of areas related to families, infants and young children. Public Health Services staff and community partners participated in the *Invest in Kids Train-the-Trainer: An Institute for Training Community Home Visitors* to co-deliver training at the local level. This process has facilitated an understanding of the role of the community home visitor among community partners.

“Ever since my son was born, I have had a community home visitor come to my house. She has been a real inspiration in my life. Not only has she helped me with my kids, but also how I feel about myself. She and I have looked at my life and the future for my kids. We talk about food, budgeting, and how I discipline my daughter. We discuss my friends and family too. I am trying to make good choices for my life.”

Healthy Beginnings: Enhanced Home Visiting Initiative participant with two children – 8 months and 2 1/2 years

“The community home visitor continues to give me the support that I need...she helps with severe situations, with budgeting and student loans. If I need to talk about anything, I feel comfortable telling her. She always says that I’m a very good mother and my baby is lucky to have me, that makes me feel good because it’s not easy being a single mom.”

Healthy Beginnings: Enhanced Home Visiting Initiative participant with one child



Program Evaluation

The Healthy Beginnings: Enhanced Home Visiting provincial evaluation framework has been developed. The evaluation framework was developed in collaboration with Public Health Services' staff, Local Implementation Teams, District Health Authority staff, partners and stakeholders.

The evaluation framework was informed by a project logic model, literature review and consultation. It consists of three phases of data collection (Implementation, Quality Assurance and Outcomes), as well as a system for ongoing monitoring.

Program Indicators: Healthy Beginnings: Enhanced Home Visiting Initiative

Availability

Number of program sites:

- 9 district health authorities

Accessibility

Available to families facing challenges for first three years of a child's life.

Affordability

Program is free of charge.

Quality

Improvement in the education/training of service providers:

- “Invest in Kids Train-the-Trainer: An Institute for Training Community Home Visitors” (24 public health staff and community partners received this training December 2004)
- Standardized screening and assessment process

Status Summary

Figure 1 provides a status summary of Healthy Beginnings: Enhanced Home Visiting Initiative activities from April 1, 2004 to March 31, 2005.



Figure 1: Summary of Healthy Beginnings: Enhanced Home Visiting Initiative Activities from April 1, 2004 to March 31, 2005

Healthy Beginnings: Enhanced Home Visiting Initiative

Program Components	Status Summary
Community Home Visitors	The community home visitor component has been implemented in most areas of the province. Public Health staff and community partners participated in a “train-the-trainer” professional development opportunity to co-deliver training to community home visitors at the local level.
Implementation Teams	Local Implementation Teams continue to support Healthy Beginnings: Enhanced Home Visiting Initiative at the local level. Input from the Local Implementation Teams helped inform the Healthy Beginnings: Enhanced Home Visiting provincial evaluation framework.
Information Technology	With the support of Information Technology Services at the Nova Scotia Department of Health, a database to support Healthy Beginnings: Enhanced Home Visiting Initiative is nearing completion.
Evaluation Framework	The Healthy Beginnings: Enhanced Home Visiting provincial evaluation framework has been completed. Evaluation of the program will begin January 2006.
Service Coordination and Referrals	The Healthy Beginnings: Enhanced Home Visiting Initiative will continue to contribute towards a coordinated system of early childhood development for Nova Scotia.



Enhanced Parenting and Family Supports

Represents Nova Scotia's investment with respect to the second pillar of the *First Ministers' Meeting Communiqué on Early Childhood Development: Improve Parenting and Family Supports*

"Supportive initiatives for parents should begin as early as possible from the time of conception with programs of parent support and education."

McCain and Mustard (1999)

"Specific stimulation, such as talking and play, are critical for the development of language and cognitive skills. Effective parenting practices are some of the most important protective factors in promoting optimum early childhood development."

Hertzman (2000)



Enhanced Parenting and Family Supports

Introduction

One of the priorities of early childhood development is to provide opportunities for parent education and develop new support networks to meet the needs of both parents and caregivers in the community. This has been addressed by a number of different approaches, including:

- Parent Education and Support Grant
- Parent Education Strategy
- Child Care Information and Support programs
- Early Language and Learning programs
- Enhanced Domestic Adoption services

Enhanced Parenting and Family Supports Objectives

- To promote the healthy development of children
- To partner with communities in recognizing parents' roles in the healthy development of children
- To promote the development of children's language and emergent literacy by supporting parents and early childhood educators
- To increase the opportunity for children to have stable home environments through enhancements to adoption services



Parent Education and Support

- Launch dates:
 - Parent Education and Support Grant: August 2003
 - Parent Education Strategy: January 2005
 - Target population: Families across Nova Scotia, particularly families with young children under the age of six years seeking to enhance their knowledge, skills and/or supports in their efforts to raise healthy children
 - Delivery agents: Family resource centres
 - Lead Department: Nova Scotia Department of Community Services
 - Program goal: To increase the capacity of family resource centres to deliver quality parent education programs
 - Funding:
 - *2002 – 2003: \$261,000 (ECDI)
 - 2003 – 2004: \$ 10,000 (ECDI)
 - 2004 – 2005: \$241,000 (ECDI)*
- *2002/03 funding administered late in the fiscal year and spent in 2003/04
- Nova Scotia Department of Community Services provides funding directly and indirectly to family resource centres, however, ECDI funds are specifically for enhanced parent education and support.

Parent Education and Support Grant

Program Description

The Parent Education and Support Grant provides funding to 14 family resource centres (FRC) across the province to enhance their capacity to deliver quality parent education programs. The grants range from \$5,000 to \$30,000 per family resource centre depending on existing capacity and considering equity across the four Nova Scotia Department of Community Services regions (Central, Eastern, Northern and Western).

Program Objectives

The purpose of the Parent Education and Support Grants is to enhance the capacity of family resource centres to deliver quality parent education by increasing:

- (a) The number of parent education programs being delivered
- (b) The number of parents participating in parent education programs

The grant is also intended to support professional development opportunities for parent educators and to purchase good quality materials for parenting programs.



Program Activities

Over the course of the last year, the family resource centres who have received Parent Education and Support Grants have delivered a wide variety of parent education programming, including the following:

- Packaged parent education programs such as *Nobody's Perfect*, *You Make the Difference*, *How to Talk So Kids Will Listen*, *Parenting: A Balancing Act*, *First Steps Parenting*, *You're a Better Parent Than You Think*, *Siblings Without Rivalry* and *Kids Have Stress Too!*
- Customized parent education programs that draw from a variety of expert resources and meet the needs of families in specific communities
- Parenting support groups
- Personal development programs in the areas of nutrition, physical fitness, cooking, anger management, leisure, and stress management
- Programs designed specifically for fathers
- Parent-child interactive programs such as *Parent 'n Tot/Play* groups
- Professional development opportunities including first aid/cardiopulmonary resuscitation, *Good Beginnings* and *Nobody's Perfect Facilitator* training

Through the Parent Education and Support Grants, family resource centres in the province have delivered 116 parent education and parent-child interactive programs reaching approximately 1216 parents and 297 children (based on ten funded projects). It is important to note that the funding provided under the parent education fund is often supplemented with funds from other sources to support staff positions, travel, child care, transportation and material costs.



Program Indicators: Parent Education and Support Grant

Availability

Number of clients served:

- Number of parents served: 1216
- Number of children served: 297

Number of program sites:

- 14 family resource centres

Accessibility

Centres are located across Nova Scotia.

Affordability

Program is free of charge.

Quality

Improvement in the education/training of service providers:

- The Parent Education and Support Grant has also been used to support the purchase of parenting resources and program materials, as well as to provide parent education opportunities in rural/remote communities

Parent Education Strategy

Program Description

The Province initiated a review of parent education programs offered by family resource centres (FRCs) in 2004. The results of this review, along with other relevant contextual factors (e.g., family resource centre catchment areas, demographics of communities in Nova Scotia) will be considered in the development of a Parent Education Framework, to support the goal of increasing accessibility to quality parent education within FRCs in Nova Scotia.

Program Objectives

- Enhance parents'/caregivers' accessibility to parent education programming across Nova Scotia which is both responsive to their needs and of high quality



Program Activities

In January 2005, regional information sessions were held with family resource centre representatives across the province, outlining the general intent of the Parent Education Strategy. A “Call for Expressions of Interest” to sit on the respective Parent Education Strategy Provincial Advisory Committee was also disseminated amongst stakeholders within and outside the family resource sector, having both expertise and a vested interest in parent education in Nova Scotia.

In the spring of 2005, members of the Parent Education Strategy Provincial Advisory Committee were identified, including representatives from the family resource sector, government, and broader community. In considering parent education programming currently offered via FRCs in Nova Scotia, along with other contextual factors, the Parent Education Strategy Provincial Advisory Committee will be informing the development of a parent education framework which is responsive to the needs of families and service providers in Nova Scotia, evidence-based and sustainable.

Program Indicator: Parent Education Strategy

Availability, Accessibility

Family Resource Centres across Nova Scotia.

Affordability

Not applicable at this time as this initiative is in the developmental phase and, not yet implemented.

Quality

While the Parent Education Strategy is currently in the developmental phase, it is anticipated that indicators of both quality of and accessibility to parent education programming will be enhanced upon implementation of associated strategies.



Child Care Information and Support

- Launch date: September 2002
- Target population: Parents, caregivers and members of the early childhood development sector
- Delivery agents: Non-profit, community-based resource programs with a mandate related to early childhood development
- Lead Department: Nova Scotia Department of Community Services
- Program goal: To enhance and improve the quality and accessibility of a range of child care options for families
- Funding:
 - 2002 – 2003: \$450,000 (ECDI)
 - 2003 – 2004: \$650,000 (ECDI)
 - 2004 – 2005: \$650,000 (ECDI)

Program Description

Child Care Information and Support (CCIS) grants are provided to 13 community-based non-profit resource centres with a mandate related to early childhood development across Nova Scotia to enhance and improve the quality and availability of child care for families. There are 14 CCIS sites in total, 12 of which receive a grant in the amount of \$50,000 and two of which receive a grant in the amount of \$25,000.

A coordinator with a background in early childhood education and experience in community development is employed by a community-based non-profit resource centre to work within the community to build its capacity to provide a range of quality child care options that respond to local need. CCIS programs collaborate with parents, caregivers and communities in planning, designing, and implementing local initiatives.

CCIS programs offer a variety of services to both parents and child care providers. Services to parents may include information and support for choosing quality child care, information on the kinds of child care available in the community, parenting information and workshops, referrals to other programs and services in the community, materials such as pamphlets, newsletters, websites, resource lending and caregiver registries. Services to child care providers may include start-up and operating information, resource lending, networking opportunities, workshops and training, and information about providing quality child care.



Program Objectives

Child Care Information and Support programs work to enhance and improve the quality and availability of child care for families by:

- Supporting the development of child care that responds to the different needs of families and communities
- Providing training, information and support to parents and child care providers
- Providing information and education to the public about quality early learning and child care programs

Program Activities

The Provincial Advisory Committee for CCIS, which is made up of representation from government and community-based agencies, was established in 2003 to provide information, support and advice to the CCIS program. This committee continued to meet in 2004/05 and participated in a committee process review to determine necessary revisions to its terms of reference. The primary tasks of the committee are to:

- Maintain the Project Guide (a framework for implementation of the program) through annual reviews making revisions as necessary
- Explore and coordinate annual training/networking opportunities to determine the project's needs, costs and appropriateness of various training options
- Support the implementation of local/regional/provincial communications strategies for the program
- Inform a provincial evaluation plan for the program

The CCIS Provincial Advisory Committee finalized a year-end reporting structure for the program and organized a two-day training/networking event, which was held in fall 2004, for the CCIS programs across the province. Nova Scotia Department of Community Services regional staff provides support to the CCIS programs on an ongoing basis.

The CCIS coordinators and host agencies have continued to work over the past year to further develop the program. The priority populations for the CCIS program include the unregulated child care community, the licensed child care sector, parents, and community partners. The CCIS programs have generally been successful in reaching these priority populations through flexible scheduling of programs and workshops, offering programs at no cost, providing support for transportation and child care, and advertising through a variety of media (e.g., newspapers, radio, brochures, flyers, newsletters, posters, and websites).



Activities for CCIS programs generally fall into the following categories:

- Parent/caregiver education and support
- Parent/caregiver-child interactive programming
- Public/community/professional education activities
- Consultations
- Referrals

More than 1000 parents and caregivers participated in parent/caregiver education programs in 2004/05. Some examples of this type of program include:

- First aid/cardiopulmonary resuscitation
- Fire safety
- Safe food handling
- Behaviour guidance/positive discipline
- Development of activity kits
- Choosing quality child care (packages and information sessions)
- *Family Child Care Training Program/Good Beginnings, Learning Language and Loving It*
- Resource lending libraries (toys, equipment, books and videos)
- Child care registries
- Car seat clinics

There were 215 parents and 311 caregivers, and 792 children who participated in parent/caregiver-child interactive programs including *Mother Goose, Rhyme Time*, play groups, *Music and Movement* and *You Make the Difference*. The CCIS programs also participated in a vast array of public and community education activities and professional development opportunities including expos, conferences, workshops, training programs, and presentations. CCIS coordinators fielded a significant number of phone and drop-in inquiries and made numerous referrals to other programs and services in their communities.

CCIS programs network extensively with community partners, regional coalitions and multi-agency committees. They have also provided networking opportunities for child care providers and parents.



Program Indicator: Child Care Information and Support

Availability

Number of clients served:

Caregiver/Parent Education and Support Programs:

- Number of caregivers: 540
- Number of parents: 533

Caregiver/Parent-Child Interactive Programs:

- Number of caregivers: 311
- Number of parents: 215
- Number of children: 792

Number of program sites:

- 14 sites administered by 13 agencies

Accessibility

Fourteen CCIS sites across Nova Scotia.

Affordability

Program is free of charge.

Quality

Improvement in the education/training of service providers:

- Activities for CCIS programs generally fall into the following categories:
 - parent/caregiver education and support
 - parent/caregiver-child interactive programming
 - public/community/professional education activities, consultations and referrals



Early Language and Learning

- Launch date: September 2002
- Target population: Early Language and Learning is available in selected family resource centres to families, caregivers and early childhood educators who require additional support in raising healthy children
- Delivery agents: Family resource centres
- Lead Department: Nova Scotia Department of Community Services
- Program goal: To assist communities in developing innovative programs that promote children's early language, emergent literacy and cognitive development
- Funding:
 - 2002 – 2003: \$567,500 (ECDI)
 - 2003 – 2004: \$727,500 (ECDI)
 - 2004 – 2005: \$740,000 (ECDI)

Program Description

Early Language and Learning (ELL) grants are provided to 11 family resource centres across Nova Scotia to promote children's early language, literacy, and cognitive development. Twenty-two sites and numerous outreach areas deliver ELL programs. One family resource centre in Eastern, Northern and Central regions and two family resource centres in Western region employ a speech-language pathologist. The speech-language pathologists are shared between the host agency, other ELL-funded family resource centres, and community partners in their regions.

The speech-language pathologists, early childhood development practitioners, parents, and communities collaborate to create innovative programs and strategies that promote children's language development during natural activities happening at home, in early learning and child care environments, family resource centres, and other community settings.

ELL programs offer a wide variety of services to both parents and early childhood development practitioners.

Services to parents may include:

- Parenting programs that support positive parent-child interaction and encourage the social and language development of children naturally in everyday situations
- Language-enhanced parent-child interactive programs
- Consultation with parents around activities that will support language and literacy development at home
- Referrals to other resources in the community
- Language-enhanced resource libraries



Services to practitioners may include:

- Training in facilitating children's social and language development in early learning and child care environments and other community settings
- Program consultation and support
- Resources to support language-enhanced programming

Program Objectives

ELL programs work to promote children's early language, literacy, and cognitive development by:

- Encouraging and supporting positive parent-child interactions
- Providing training, consultation and resources to parents and practitioners
- Increasing public awareness of the importance of language development in the early years

Program Activities

The Provincial Advisory Committee for ELL, which is made up of representation from government, academia and community-based agencies, was established in 2002 to provide information, support and advice to the ELL program. This committee continued to meet in 2004/05 and participated in a committee process review to determine necessary revisions to the terms of reference.

The primary tasks of the committee include the following:

- Maintaining the Project Guide through annual reviews making revisions as necessary
- Exploring and coordinating annual training/networking opportunities for the projects
- Determining the needs, costs and appropriateness of various training options
- Supporting the implementation of local/regional/provincial communications strategies for the program
- Informing a provincial evaluation plan for the program

The ELL Provincial Advisory Committee finalized a year-end reporting structure for the program and organized a full-day information sharing and networking event, which was held in November 2004 for the ELL programs across the province. Nova Scotia Department of Community Services regional staff provides support to the ELL programs on an ongoing basis.



The principles of the Early Language and Learning program have been solidly integrated into all programs and activities of the funded family resource centres. The priority populations for the ELL program include parents, children birth to six years of age, early childhood educators and others working with children in early learning environments, parent educators, home visitors, volunteers, and community partners.

ELL programs have been very successful in reaching these priority populations using the following strategies:

- Flexible scheduling of programs and training
- Collaboration/partnership with other community agencies
- Providing supports for child care and transportation
- Offering programs free of charge
- Providing outreach services to rural/remote communities
- Distributing newsletters, brochures and monthly calendars to families, practitioners, community agencies and government departments
- Actively seeking parent input into program development and implementation
- Providing materials and resources to families and early childhood development practitioners

Family resource centres often receive multiple sources of funding to deliver programs and services. ELL funding has been used by family resource centres to not only create new programs and services but to enhance existing programs and services through the provision of additional staff hours, employing the expertise of speech-language pathologists, providing increased opportunities for professional development, and additional resources such as program materials, books, videos, equipment and toys.

Activities for ELL programs generally fall into the following categories: parent education and support, parent-child interactive programs, child focused programming, public/community education activities/programs and professional development opportunities. There were 1499 parents/caregivers who participated in parent education and support programs created and/or enhanced by ELL in 2004/05. Some examples of this type of program include *First Steps Parenting*, *How to Talk So Kids Will Listen*, *Kids Have Stress Too!*, *Nobody's Perfect*, *Siblings Without Rivalry*, *You Make the Difference*, *Parenting for a Literate Community*, *1 2 3 4 Parents*, *Bringing Books to Life*, *Coffee & Conversation*, home visiting and parent support groups, phone lines and one-on-one communication with family resource centre staff.

There were 5005 parents/caregivers and 6495 children who participated in parent-child interactive programs created and/or enhanced by ELL including: *Baby Talk*; *Just for Fives*; *Mother Goose*; *Once Upon a Time*; *Rhyme Time*; *Jump, Jiggle, Jive*; *Creative Kids*; *Just Me and My Dad*; and play/parent and tot groups. Over 1400 children participated in child-focused programming created and/or enhanced by ELL including reading clubs, book bag programs, *Roots of Empathy*, *Word Wagon*, *Steeping Stones*, *Kinder Bears* and other pre-school, school readiness and child care programs.



Staff of family resource centres with ELL funding hosted/participated in numerous public/community education activities over the course of the year including expos, presentations to community partners/potential partners, celebrations (e.g., National Literacy Day), multi-agency meetings and distribution of promotional materials.

One-on-one communication with families and referrals are a significant and ongoing aspect of the work of staff in family resource centres. Referrals are made to a wide variety of programs and services including early intervention, mental health, libraries, women's centres, transition houses, public health, recreation programs, food banks, clothing rooms, family counseling agencies as well as other programs offered by family resource centres such as parent education, pre-natal nutrition programs, play groups, personal development programs, etc.

One hundred and forty-five (145) early childhood development educators participated in the *Learning Language and Loving It* program developed by the Hanen Centre. This program is delivered by the community speech-language pathologists to staff from ELL funded family resource centres and early childhood development practitioners in child care, Early Intervention and recreation programs to name a few. The speech-language pathologists also provide support to early childhood development practitioners through consultation, the provision of resources and materials and by co-facilitating programs.

Program Indicators: Early Language and Learning

Availability

Number of clients served:

Parent Education and Support:

- Number of parents/caregivers: 1499

Parent-Child Interactive Programs:

- Number of parents/caregivers: 5005
- Number of children: 6495

Child-Focused Programs:

- Number of children: 1458

Number of program sites:

- 11 agencies (20 sites)

Accessibility

ELL grants are provided to 11 family resource centres across Nova Scotia.



Affordability

Program is free of charge.

Quality

Improvement in the education/training of service providers:

- One hundred and forty-five (145) early childhood educators participated in the *Learning Language and Loving It* program developed by the Hanen Centre
- Staff have also benefited from an array of professional development opportunities including trainer/facilitator training in *You Make the Difference*, *Kids Have Stress Too!*, *Roots of Empathy*, *Foundational Literacy* training, *Story Sacks*, *Nobody's Perfect*, *Invest in Kids Community Home Visitor* training and a number of conferences, workshops, information sessions, and networking events



Enhanced Domestic Adoption

- Launch date: October 2003
- Target population: Children in permanent care and custody
- Delivery agents: One district office in each region and 19 child welfare agencies
- Lead Department: Nova Scotia Department of Community Services
- Program goal: Increase the number of children in permanent care and custody placed for adoption
- Funding:
 - 2002 – 2003: \$ 24,998 (ECDI)
 - 2003 – 2004: \$174,411 (ECDI)
 - 2004 – 2005: \$349,361 (ECDI)

Project Description

The Nova Scotia Department of Community Services recognizes that all children need a loving and permanent home of their own. For a variety of reasons, there are Nova Scotian children in permanent care of the Minister of Community Services who need a permanent family of their own to provide the stability, love and support that are essential to their healthy development.

Project Objectives

- Provide children in permanent care and custody with a family of their own that will support their growth into healthy and strong adults
- Raise Nova Scotia families' awareness that there are children in Nova Scotia waiting for a family
- Work together with agencies and stakeholders to enhance the adoption process

Project Activities

Service Delivery

In 2004 – 2005, the Nova Scotia Department of Community Services added social work staff in the four regions of the province to provide pre-assessment (basic eligibility screening and applicant training) and assessment services to support the child-welfare agencies/district offices with the objective to increase the number of children in permanent care and custody placed for adoption. Further, there was a reduction in duplication and a streamlining of existing processes, including improving coordination and access to services by adding a toll-free general inquiry service.



Standards

A new *Children in Care Manual* was implemented to improve case planning for children in care so that where adoption is the best plan for the child, it may be pursued in a timely manner. Mandatory Pre-Service Training for Adoptive Applicants provided standardized training so that families are educated about adoption and have the skills to meet the needs of children available for adoption. Competency Based Core Training for Adoption was provided as standardized training in best practices for adoption staff, as a means to improve the quality of adoption services.

An Assessment Tool and Reporting structure will be implemented to provide a standardized approach to the assessment of families for adoption and to minimize the risk and maximize the success of an adoption. This will include a revision of the *Adoption Manual* to provide standards and policies which reflect best practices in Adoption Services.

Legislation

Amendments were made to the Children and Family Services Act (CFSA) to eliminate access orders as a barrier to adoption, and to remove child welfare involvement in relative and step parent adoptions.

Information Technology

There were web enhancements to increase public awareness of adoption. The web enhancements were also used as a tool to recruit adoptive families. Statistical reports in adoption services are being improved to provide data for the support and evaluation of adoption services. In addition, there was an expansion of regional foster care resources computer system to include new regional adoption resources for data collection and evaluation of services.

Recruitment/Awareness

A strategy was developed and implemented to increase the awareness of the children in permanent care and custody waiting for adoption and the recruitment of adoptive families to adopt these children.



Program Indicators: Enhanced Domestic Adoption

Availability

Number of clients served:

- in 2004/05 (baseline year):
 - 60 children (0 to 5 years of age) granted adoptions
 - 15 children (6 to 16 years of age) granted adoptions

Number of program sites:

- in 2004/05 (baseline year):
 - 4 sites (one in each region)
 - 19 child welfare agencies

Accessibility

Since implementation of enhancements were initiated in 2005, increases in children adopted will not be available until 2006-2007 fiscal year.

Affordability

Program is free of charge.

Quality

Improvement in the education/training of service providers:

- Core Training for Adoption staff introduced in 2004 – 2005
- Improvement in the education/training of applicants: New curriculum and mandatory training for adoptive applicants introduced in 2004 – 2005
- Improvement of standards/best practices: *Children in Care Manual* and training to improve case planning completed in 2004 – 2005
- Improvements in service delivery: Additional resources for basic screening/eligibility, information sessions, training of applicants and completion of assessments of applicants implemented between September 2004 and September 2005.

Status Summary

Figure 2 provides a summary of Enhanced Parenting and Family Supports activities from April 1, 2004 to March 31, 2005.



**Figure 2: Summary of Enhanced Parenting and Family Supports Activities
from April 1, 2004 to March 31, 2005**

Enhanced Parenting and Family Supports

Program Components	Status Summary
Parent Education and Support	<p>Parent Education and Support Grant</p> <p>This grant provided funds to 14 family resource centres to enhance their capacity to deliver quality parent education by increasing:</p> <ul style="list-style-type: none"> (a) The number of parent education programs being delivered (b) The number of parents participating in parent education programs <p>The grant is also intended to support professional development opportunities for parent educators and to purchase good quality materials for parenting programs.</p> <p>Parent Education Strategy</p> <p>The Parent Education Strategy Provincial Advisory Committee was assembled in the spring of 2005 to inform the development of a parent education framework and corresponding training strategy for family resource centres in Nova Scotia, intended to further enhance access to quality parent education across the province.</p>
Child Care Information and Support (CCIS)	<p>There are 14 CCIS sites offering a variety of services to both parents and child care providers. Activities for CCIS programs generally fall into the following categories: parent/caregiver education and support, parent/caregiver-child interactive programming, public/community/professional education activities, consultations, and referrals. Over 1000 parents and caregivers participated in parent/caregiver education programs in 2004/05. Over 500 parents and caregivers, and 749 children participated in parent/caregiver interactive programs.</p>
Early Language and Learning (ELL)	<p>ELL grants are provided to 11 family resource centres to promote children's early language, literacy and cognitive development. Twenty sites and numerous outreach areas deliver ELL programs. Activities for ELL programs fall into the following categories: parent education and support, parent-child interactive programs, child focused programming, public/community education activities/programs, and professional development opportunities. Close to 1500 parents/caregivers participated in parent education and support programs created and/or enhanced by ELL in 2004/05. Over 5000 parents/caregivers, and 6495 children participated in parent-child interactive programs created and/or enhanced by ELL.</p>
Enhanced Domestic Adoption	<p>Phase one of the initiative began in October 2003. From October 2003 until March 2004 a review was conducted of internal reports, inter-jurisdictional research of adoption services and legislation and was shared with internal stakeholders.</p> <p>Based on this research, consultations with service delivery agencies, adoptive parents, the legal sector and other identified community stakeholders were held during the summer and fall of 2004 to gain input for solutions. The consultations focused on five key areas requiring improvements: provincial standards, service delivery, information technology, legal and recruitment/awareness strategies.</p>



Stabilizing and Enhancing Child Care

Represents Nova Scotia's investment with respect to the third pillar of the *First Ministers' Meeting Communiqué on Early Childhood Development: Strengthen Early Childhood Development, Learning and Care*

"In a high quality early childhood environment, qualified staff will use specialized skills to meet the needs of the group as a whole, while remaining focused on the needs of each individual child and family."

Chandler (2003)

"Quality is best understood as a blend of desirable factors. Adult-child ratio, group size, caregiver education and experience, curriculum, physical environment, quality of adult- child interaction."

Yeates, McKenna, Warberg and Chandler (2001)

"As more children with special needs are included in community child care settings, the relationship between overall program quality and inclusion quality in child care becomes increasingly critical. Whether one views effective inclusion as an optional add-on to high quality programs or as a more recently recognized dimension of high quality child care, the two concepts are inextricably linked."

Irwin, Lero and Brophy (2000)



Stabilizing and Enhancing Child Care

Introduction

There are different kinds of care a parent might choose for their child. Child care centres and family day care homes are the most common form of licensed child care in Nova Scotia. Trained early childhood educators are key to the provision of programs provided in licensed facilities. Research indicates that good quality child care is dependent on low child-to-caregiver ratios, staff that are educated with specialized training and the presence of a safe and stimulating setting (Hertzman, 2000).

Research tells us that better pay across the child care sector will increase staff retention and foster strong relationships between children and their child care providers. Nova Scotia is taking action to simultaneously stabilize and enhance child care by supporting the wages, benefits and training of staff and improving the range of quality programs available to children and their families.

Stabilizing and Enhancing Child Care Objectives

- To promote the healthy development of children under six years of age by supporting and developing quality early learning and child care programs in Nova Scotia
- To stabilize and enhance the quality of licensed child care
- To support parents who need child care while they work or attend school or training programs by providing subsidies to offset the cost of licensed child care
- To promote inclusion of infants and young children in community-based child care programs and staff training to best meet the needs of children with varying abilities
- To enhance and improve the quality and accessibility of a range of child care options for families in both rural and urban areas of Nova Scotia
- To further assist early childhood educators with opportunities for training, and access to information and support on child-related matters



Early Childhood Education Training Initiative

- Launch date: November 2002
- Target population: Students entering the field and those enrolled in early childhood education programs and members of the current early childhood workforce
- Delivery agents: Educational institutions and associated programs
- Lead Department: Nova Scotia Department of Community Services
- Program goal: To enhance knowledge/expertise of early childhood students and staff via the delivery of pre-service/in-service training in an accessible, affordable manner
- Funding:
 - 2002 – 2003: \$1,306,380 (ECDI)
 - 2003 – 2004: \$1,093,906 (ECDI)
 - *2004 – 2005: \$ 974,089 (ELCC)
- * Funds were returned by one of the educational institutions, therefore, amount in 2004 – 2005 is less than in 2003 – 2004

Program Description

The Early Childhood Development Initiative's Early Childhood Education Training Initiative provides opportunities for early childhood education pre-service and in-service training to educational institutions and associated programs. Additionally, bursaries are made available to students enrolled in a full-time or part-time two-year early childhood education diploma program.

Program Objectives

- To enhance the level of training of early childhood educators
- To provide training opportunities to support continuous professional development
- To attract and train new professionals into the early childhood field

Program Activities

In 2004 – 2005, six educational institutions and two associated programs received the Early Childhood Education Training Initiative grant and six educational institutions received the Early Childhood Education Training Initiative bursary for students completing an early childhood education diploma program.

The Art Gallery of Nova Scotia continued to develop additional materials for the art curriculum resource kits that are available to early childhood educators across the province. Kits will be available in French as well. This initiative supports educators in engaging multiple learning styles in art education to accommodate the needs of all children. Research into best practices for working in the visual arts with special needs



children will be used to enhance the existing kits to support an inclusive learning environment for all children.

Le Centre provincial de ressources préscolaires (CPRPS) continues to offer on-going training and professional development opportunities to Acadian and Francophone early childhood educators throughout the province. The CPRPS develops and offers several workshops including, *Routines et transitions*, which explores the importance of “routines and transitions” in the child care setting, and how to make transitions fun and lively for children. A second workshop about the interest, the type of intelligence and the learning style of each child was also presented. This session explored the theories of multiple intelligences and learning styles. In addition, directors of Acadian and Francophone child care centres across the province participated in weekend workshops and networking opportunities in Dartmouth. Management and administrative issues were the high points of these professional development days.

The CPRPS also provides ongoing consultation services to early childhood educators and students on various early learning and child care issues. Frequent mail-outs and information dissemination keep the Acadian and Francophone child care sector, organizations and stakeholders informed on the current issues and trends in the field. The CPRPS’ extensive lending library continues to be a valued resource for all Acadian and Francophone child care centres when accessing quality French materials for young children.

L'Université Sainte-Anne received bursaries for students enrolled in a two-year programme de l'Éducation à la petite enfance.

The Institute for Human Services Education saw great success with its workshop series in Sydney. A variety of topics were covered, including emergent curriculum, inclusive programming and avoiding behavior problems. Almost all workshops were fully attended and because of demand, most were presented in the morning and in the afternoon. Over 200 students attended workshops this year. As well as using the Cape Breton Early Childhood Education Resource Centre as a location to deliver the Early Childhood Education Diploma program, the Centre has become a place for early childhood educators to come and borrow resources through the lending library. The Centre is also used for other community and early childhood-related events.

In 2004 – 2005, the three Early Childhood Development Support Centres at each of the Nova Scotia Community Colleges (Burrige, Cumberland and Kingstec) that offer the Early Childhood Studies program, continued to offer resource and training support to early childhood care and education professionals, students, parents and the community. Each of the Support Centres is offering a variety of training opportunities throughout their respective geographic areas. These may include evening and Saturday workshops and conferences and onsite training for staff in early childhood care and education programs. Examples of workshops include supporting children with autism in child care settings, music and movement for preschoolers and infant/toddler curriculum.



Partnerships with other projects such as Partnerships for Inclusion, Art Gallery of Nova Scotia, Child Care Information and Support, Early Learning and Language and family resource centres have enhanced training and community collaboration.

The Nova Scotia Community College's (NSCC) Early Childhood Studies program is now being offered on a part-time basis. A tentative three-year rotation has been developed and courses will be offered via alternate delivery, that is, combining online offerings, face-to-face instruction, and videoconferencing. Opportunities exist for portfolio development and prior learning assessment and recognition (PLAR) for individuals with many years of experience. The website www.ecdsc.nssc.ca provides visitors with details on resource and training opportunities and links to related sites and resources.

Since November 2004, the Student Support Service of St. Joseph's College of Early Childhood Education has provided 546 academic support/counselling sessions, 108 employment support/counseling sessions and 182 personal issue counseling sessions. There was also the establishment of the Alumni Association. The Alumni Association has published their first electronic Alumni Newsletter, *Anecdotes*. The Student Support Service will provide a free workshop to all Alumni members annually and coordinate four coffee nights as a mentoring function. A draft PLAR policy was generated and the College plans to continue to formalize the PLAR process.

The Resource Centre at St. Joseph's College provides an on-site and an in-centre mentoring and professional development service. The on-site service saw an encouraging increase in usage by members of the early childhood community with 1646 loans being made between April of 2004 and March of 2005. A new mobile service was added to allow greater accessibility for those centres whose staff are unable to visit the Resource Centre in person. The professional development activities included teacher discussion groups, in-centre staff development, individual consultation and specialized seminars. Thirty-one professional development workshops were conducted on-site, while additional workshops were offered at other locations.

"As an early childhood educator with equivalency status, I am excited to be able to access online and alternate delivery methods from the NSCC to work towards my Diploma in Early Childhood Education. Being able to do course work on my own schedule helped me to navigate my work, home and student life."

Early Childhood Studies alternate delivery student, Nova Scotia Community College – Cumberland Campus



“The Support Centre will continue to be a great source of information and networking long after graduation. I plan to utilize their services and keep in touch on a regular basis. It is important that we never stop learning and gathering information that is helpful to our field of work. The Support Centre will provide me with recent and updated information.”

Early Childhood Studies first year student, Nova Scotia Community College – Kingstec Campus

“As a director of a day care centre, the Early Childhood Development Support Centre has become a great resource for the staff and myself. They have a wide range of materials on various topics of interest to day care teachers, directors, resource specialist and parents. Their workshops meet the specific needs of staff working with all ages of children. If they do not have the resources you require then they will assist in helping to find what you are looking for. ”

Child care centre director, Nova Scotia Community College – Burridge Campus

Mount Saint Vincent University’s Department of Child and Youth Study has provided a wide range of professional development opportunities for early childhood educators. Examples of workshops included *Second Step* (a violence prevention curriculum), working with families at-risk and challenging behaviors in young children. In addition, their website (www.msvu.ca/webct) created through the Early Childhood Education Training Initiative hosted professional development forums. Additional required courses within the Bachelor of Applied Arts (Child and Youth Study) were adapted to be delivered by distance education. Examples of these courses included cultural perspectives on childhood and adolescence, and infant development for caregivers.

The nine month professional program, entitled “Management Development for Early Childhood Education Administrators,” had another successful year. This program was designed as an alternative to a business degree for early childhood administrators, with or without prior university learning experience.

“This program interested and energized me. It was wonderful!
I gained information I can use every day. ”

“I can’t believe how empowered I feel after taking the program. I feel connected with the business community and I feel the business community gained a new appreciation and respect for the child care profession. ”

Comments from Management Development for Early Childhood Education Administrators participants, Mount Saint Vincent University



Program Indicators: Early Childhood Education Training Initiative

Availability and Accessibility

Accessibility and availability has been enhanced through distance education.

Affordability

Bursaries provide financial support to students enrolled in the Early Childhood Education Diploma programs.

Workshop costs are subsidized.

Quality

Enhancements to training and support:

- Raise the level of training of early childhood educators by providing training opportunities to support continuous professional development

Compensation:

- Some centres provide financial compensation to staff due to increased training level, attained through diploma study or professional development opportunities

Recruitment and retention:

- The purpose of the professional development training opportunities is to attract and train new professionals into the early childhood field
- Through the provision of professional development, current early childhood staff can further their job opportunities, thus enabling greater retention within the field

Physical environment:

Health and safety:

Learning environment:

- The early childhood training and professional development opportunities enhance the knowledge and expertise of staff to improve the early childhood environment

Inclusive

Special needs programming and supports:

- Some professional development workshops include programming information to further support the inclusion of children with special needs

Linguistically appropriate resources and training:

- The Early Childhood Education Training Initiative provides funds to Le Centre provincial de ressources préscolaires. This organization offers on-going training and professional development opportunities to Acadian and Francophone early childhood educators throughout the province. As well, Université Sainte-Anne received Early Childhood Education Training Initiative bursary funds
- Art Gallery of Nova Scotia received funds for translation of resources into French



Nova Scotia Child Care Stabilization Grant

- Launch date: November 2001
- Target population: Early childhood staff working in full-day, licensed child care facilities
- Delivery agents: Full-day, licensed child care facilities
- Lead Department: Nova Scotia Department of Community Services
- Program goal: Increased recruitment and retention of early childhood educators
- Funding:
 - 2001 – 2002: \$3,448,122 (ECDI)
 - 2002 – 2003: \$3,646,647 (ECDI)
 - 2003 – 2004: \$3,839,403 (ECDI)
 - 2004 – 2005: \$3,896,696 (ECDI)

Program Description

The purpose of the Nova Scotia Child Care Stabilization Grant program is the provision of funding to full-day child care facilities to support the wages, benefits and training of child care staff.

Program Objectives

The objective of this funding is to stabilize the child care work force in Nova Scotia by recognizing the important role that trained child care staff play in supporting the healthy development of children. Better wages and benefits will contribute to attracting and keeping qualified child care staff.

Stabilization Grants are provided to full-day child care facilities to improve the wages and benefits of all eligible staff. The Nova Scotia Child Care Stabilization Grant program helps reduce some of the difficulties associated with attracting and keeping qualified early childhood educators in Nova Scotia by contributing funding to full-day non-profit and commercial child care facilities.

Stabilization Grants are provided to full-day child care facilities to improve the wages and benefits of all eligible staff. By contributing funding to full-day non-profit and commercial child care facilities, the Nova Scotia Child Care Stabilization Grant program assists in addressing the issues of recruitment and retention of early childhood educators in Nova Scotia.

Program Activities

In 2004 – 2005, the Nova Scotia Child Care Stabilization Grant served as a wage enhancement to early childhood staff in 217 full-day, licensed child care facilities to help retain qualified and caring staff.

Program Indicators: Nova Scotia Child Care Stabilization Grant

Availability

Number of clients served:

- Full-time staff of 1,125 (982 trained and 142 untrained) received the Nova Scotia Child Care Stabilization Grant

Number of program sites:

- 217 full-day child care facilities received the Nova Scotia Child Care Stabilization Grant

Accessibility

Increase in the target population served since previous year (%):

- There was a slight decrease (0.4%) in full-time staff that received the Nova Scotia Child Care Stabilization Grant (1,129 full-time staff received the grant in 2003/04)
- Same number (217) of full-day child care facilities received grant in 2003/04

Affordability

The grant provides a wage increment to early childhood staff in full-day child care facilities.

Quality

Improvement in the education/training of service providers:

- Child care centres may portion a percentage (20%) of the grant to assist with training/professional development costs and benefits



Child Care Subsidy Program

<ul style="list-style-type: none"> • Launch dates: <ul style="list-style-type: none"> – Child Care Subsidy Program: Early 1970s – Portable Subsidy: July 2000 – Subsidy Program Review: May 2004 • Target population: Low-income families • Delivery agents: Nova Scotia Department of Community Services • Lead Department: Nova Scotia Department of Community Services • Program goal: To assist low-income families with their child care expenses to enable them to work, pursue employment, attend school, cope with family crisis, or to assist families whose children have unique developmental needs 	<ul style="list-style-type: none"> • Funding: <table border="0" style="margin-left: 20px;"> <tr> <td>2000 – 2001 (baseline year)</td> <td></td> </tr> <tr> <td>provincial:</td> <td>\$8,781,452</td> </tr> <tr> <td>2001 – 2002:</td> <td>\$9,201,801</td> </tr> <tr> <td>provincial:</td> <td>\$9,055,141</td> </tr> <tr> <td>ECDI:</td> <td>\$ 146,660</td> </tr> <tr> <td>2002 – 2003:</td> <td>\$9,030,522</td> </tr> <tr> <td>provincial:</td> <td>\$8,750,215</td> </tr> <tr> <td>ECDI:</td> <td>\$ 280,307</td> </tr> <tr> <td>2003 – 2004:</td> <td>\$8,924,136</td> </tr> <tr> <td>provincial:</td> <td>\$8,468,775</td> </tr> <tr> <td>ECDI:</td> <td>\$ 455,361</td> </tr> <tr> <td>2004 – 2005:</td> <td>\$8,995,650</td> </tr> <tr> <td>provincial:</td> <td>\$7,842,038</td> </tr> <tr> <td>ELCC:</td> <td>\$1,153,612</td> </tr> </table> 	2000 – 2001 (baseline year)		provincial:	\$8,781,452	2001 – 2002:	\$9,201,801	provincial:	\$9,055,141	ECDI:	\$ 146,660	2002 – 2003:	\$9,030,522	provincial:	\$8,750,215	ECDI:	\$ 280,307	2003 – 2004:	\$8,924,136	provincial:	\$8,468,775	ECDI:	\$ 455,361	2004 – 2005:	\$8,995,650	provincial:	\$7,842,038	ELCC:	\$1,153,612
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Program Description

The Child Care Subsidy Program has been in place in the Province of Nova Scotia since the early 1970s. The purpose of the Subsidy Program is to provide financial assistance to low-income families while they take steps to increase their self-sufficiency through work, training or education. Low-income families in crisis or whose children have unique developmental needs are also assisted through the Child Care Subsidy Program. Eligibility for subsidy is based on three criteria: social need, financial assets and family income.

The Child Care Subsidy Program provides portable subsidies and regular or fixed subsidized spaces. Portable subsidy is attached to the child and may relocate with the family as needed. The primary stipulation is that the centre a parent transfers to is eligible to receive portable subsidy. Any licensed, full-day child care centre in the province that has signed the *Portable Subsidized Child Care Spaces Funding Agreement* may care for a child whose parent is in receipt of a portable subsidy. Regular or fixed subsidized spaces are assigned to specific child care centres.

Until July 2000, subsidized child care spaces were allocated and funded to specific centres by the provincial government. Federal expenditures, as noted in the above table, have increased with announcements relating to additional portable subsidized spaces. As the result of child care centres closing and their spaces moving from centre-specific subsidized spaces to portable spaces, there has been a slight reduction in the provincial funding for the subsidy program.



Program Objectives

The objectives of the Child Care Subsidy Program are to:

- Provide as many eligible, low-income families as possible with a child care subsidy for their children at a rate that is fair to child care centres.
- Promote the healthy development of children ages from infancy to 12 years by providing eligible families with financial assistance that enables them to enroll their children in child care programs.

Program Activities

In October 2004, the Honourable David Morse, Minister of Community Services, established the Child Care Subsidy Program Review Working Group. The Working Group includes representatives from the child care sector and staff of the Nova Scotia Department of Community Services. The mandate of the Working Group is to support the Nova Scotia Department of Community Services in its review of the Child Care Subsidy Program and grant funding to child care centres by developing recommendations to the Minister regarding:

- Revised per diem rates
- A process to ensure the utilization of subsidized child care spaces by eligible families
- Revised income eligibility criteria to enable more low-income families to take advantage of subsidized spaces
- A process to streamline grants to licensed, full-day child care centres

In February 2005, Minister Morse announced increases in subsidy per diem rates under the Child Care Subsidy Program. The new rates were recommended by the Subsidy Program Review Working Group and took effect January 1, 2005. The new rates represent an additional annual expenditure by the Department of approximately \$1.1 million.

In addition, in 2004-2005, a one-time operating grant of \$200,000 was provided to child care centres providing care to children whose families are eligible for subsidy.



Program Indicators: Child Care Subsidy Program

Availability and Accessibility

Increased subsidy per diem commencing January 2005.

Increased number of portable subsidies by 50.

Monthly monitoring of utilization of subsidized spaces, to inform targets for increased utilization in 2005 – 2006.

Affordability

Enhancing fee subsidies that take into account parents' ability to pay and operational funding:

- Increased subsidy rates: The rates are scaled to the age of the child, in recognition of the higher cost of care for younger age groups:
 - Infants: \$22.00/day
 - Toddlers: \$20.00/day
 - Preschoolers: \$19.00/day
 - School Age: \$17.70/day

Quality

One-time operating grant to child care centres providing service to children whose families are in receipt of subsidy.

Inclusive

The child care subsidy serves families whose children have unique developmental needs or who are in-crisis. Without a subsidy, some families would not be able to access licensed child care for their child with special needs.

Parental Choice

Innovative approaches to service provision in rural and remote communities:

Flexible approaches that address a range of family and employment circumstances:

- Increased number of portable subsidies by 50
- Monthly monitoring of utilization of subsidized spaces, to inform targets for increased utilization in 2005 – 2006



Inclusion of Children with Special Needs

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <ul style="list-style-type: none"> • Launch dates: <ul style="list-style-type: none"> – Supported Child Care Funding (with enhanced federal funding): April 2001 – Partnerships for Inclusion: January 2003 • Target population: Licensed child care centres, early childhood educators, and children with special needs. • Delivery agents for 2004 – 2005: <ul style="list-style-type: none"> – Supported Child Care Funding: Nova Scotia Department of Community Services – Partnerships for Inclusion: Early Intervention Association of Nova Scotia (EINS); SpecialLink: The National Centre for Child Care Inclusion; and University of Guelph • Lead Department: Nova Scotia Department of Community Services | <ul style="list-style-type: none"> • Program goal: To build the capacity of licensed child care centres to provide quality inclusion programs for children with special needs • Funding: <table border="0" style="margin-left: 20px;"> <tr> <td>2000 – 2001 (baseline year)</td> <td></td> </tr> <tr> <td>provincial:</td> <td>\$1,308,276</td> </tr> <tr> <td>2001 – 2002:</td> <td>\$1,865,388</td> </tr> <tr> <td>provincial:</td> <td>\$1,586,832</td> </tr> <tr> <td>ECDI:</td> <td>\$ 278,556</td> </tr> <tr> <td>2002 – 2003:</td> <td>\$2,503,632</td> </tr> <tr> <td>provincial:</td> <td>\$1,308,276</td> </tr> <tr> <td>ECDI:</td> <td>\$1,195,356</td> </tr> <tr> <td>2003 – 2004:</td> <td>\$2,602,829</td> </tr> <tr> <td>provincial:</td> <td>\$1,370,329</td> </tr> <tr> <td>ECDI:</td> <td>\$ 798,700</td> </tr> <tr> <td>ELCC:</td> <td>\$ 433,800</td> </tr> <tr> <td>2004 – 2005:</td> <td>\$2,428,763</td> </tr> <tr> <td>provincial:</td> <td>\$1,452,092</td> </tr> <tr> <td>ECDI:</td> <td>\$ 605,200</td> </tr> <tr> <td>ELCC:</td> <td>\$ 371,471</td> </tr> </table> | 2000 – 2001 (baseline year) | | provincial: | \$1,308,276 | 2001 – 2002: | \$1,865,388 | provincial: | \$1,586,832 | ECDI: | \$ 278,556 | 2002 – 2003: | \$2,503,632 | provincial: | \$1,308,276 | ECDI: | \$1,195,356 | 2003 – 2004: | \$2,602,829 | provincial: | \$1,370,329 | ECDI: | \$ 798,700 | ELCC: | \$ 433,800 | 2004 – 2005: | \$2,428,763 | provincial: | \$1,452,092 | ECDI: | \$ 605,200 | ELCC: | \$ 371,471 |
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| ELCC: | \$ 371,471 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Funding provided under inclusion of children with special needs is identified in all the budget summaries as “Inclusion/Differential” (see section “Appendix: Financial Expenditures”)

Supported Child Care

Program Description

The Supported Child Care (SCC) funding is available to all licensed, centre-based child care programs that are in compliance with the Nova Scotia *Day Care Act and Regulations*. SCC funding assists child care centres to include and accommodate children with special needs. Because all child care programs have diverse needs, SCC funding may be used in a variety of ways, including the purchasing of materials, equipment or resources that will assist with the process of inclusion, the provision of specialized training to increase the skill set of staff and the hiring of an additional early childhood special educator for the program.



Program Objectives

The objectives of Supported Child Care funding are:

- To facilitate the inclusion of children with special developmental needs in licensed child care programs throughout the province
- To ensure that families have access to child care in their own communities regardless of their child's developmental needs

Program Activities

In the fiscal year of 2004 – 2005, all 128 centres that received SCC funding were asked to share how they used this funding. A utilization survey was distributed with 59% response rate. Survey results indicate that a majority of centres used their SCC funding to increase staff to accommodate children with special needs. This higher adult-to-child ratio is beneficial to all children including those with special needs.

Program policies for SCC are in the development phase and have been drafted by a working group consisting of early childhood development officers from around the province. This group has been instrumental in providing feedback regarding the effectiveness of funding to build inclusion capacity in their specific regional child care programs. This group also worked to ensure the draft policies are consistent with the proposed purpose of the SCC program, while considering the realities existing within the daily operation of child care programs.

In an effort to increase the child care community's understanding of inclusion and the supports available to them, joint information sessions have been held throughout the province for child care centre staff. Sessions link issues related to licensing, quality child care programs as it relates to inclusion and the consultative supports available through the Partnerships for Inclusion project, early intervention programs and Nova Scotia Department of Community Services early childhood development officers. These joint presentations, shared by early childhood development officers, Partnership for Inclusion facilitators and early interventionists will continue to play an integral part in the capacity-building process.

"SCC funding has encouraged innovative team building opportunities. A collaborative strategic planning approach that encompasses child, is family centered and many partnerships with community based programs have developed."

Director of a child care centre receiving SCC funding



Program Indicators: Supported Child Care

Availability and Accessibility

Number of clients served:

- 553 children

Number of program sites:

- 128 child care centres

Increase in the target population served since previous year (%):

- There was a 6% increase in children (521 children in 2003/04) and 1% increase in child care centres (127 child care centres in 2003/04).

Parent information and support:

- Information on the SCC program made available to each centre through a one page overview of the SCC program and through the Terms and Conditions (April 2003).

Affordability

Program is free of charge.

Quality

Enhancements to training and support:

- Workshops on a variety of topics related to quality and inclusive child care were presented on-site to child care programs, as requested. Assistance was provided to centres in the development of clear inclusion policies

Child/caregiver ratios and group size:

- Funding was used to hire additional staff to provide an enhanced adult-to-child ratio within the child care program

Physical environment:

- Nova Scotia Department of Community Services early childhood development officers (ECDO) provided consultative support and recommendations to ensure the physical environment was conducive to the inclusion of children with special needs

Health and safety:

- ECDOs conducted an annual licensing inspection and monitoring visits to ensure health and safety regulations were consistently met. All centres in receipt of funding must be in compliance with the Nova Scotia *Day Care Act and Regulations*.

Learning environment:

- ECDOs worked with centres to encourage the consideration of quality indicators for child care programming when planning to include children with special needs. An evaluation of the child care program using the Early Childhood Environment Rating Scale-Revised (ECERS-R) was used to identify current quality measures within the program and to plan future goals

Inclusive

Special needs programming and supports:

- ECDOs provided recommendations on the provision of quality child care experiences for children with special needs within the context of a centre's daily routine

Linguistically appropriate resources and training:

- Funding provided to allow centres to enhance existing speech and language resources and to fund staff to attend Early Learning and Language workshops

Parental Choice

Innovative approaches to service provision in rural and remote communities:

- A collaborative effort was initiated between ECDOs, facilitators of the Partnerships for Inclusion project and early intervention programs to provide maximum support to centres to successfully include children with special needs

Flexible approaches that address a range of family and employment circumstances:

- Centres are supported in the development of inclusion policies that consider the individual needs of their program and the community/population base they serve. All full-and part-day licensed child care programs are eligible for funding



Partnerships for Inclusion

Program Description

Partnerships for Inclusion is a project of the Early Intervention Association of Nova Scotia (EINS) in association with SpeciaLink: The National Centre for Child Care Inclusion. The goal of this project is to support the inclusion of children with special needs in licensed child care centres in Nova Scotia through a quality enhancement process.

The premise is that high quality child care provides the foundation for high quality inclusive practices in early childhood environments. Partnerships for Inclusion has five inclusion facilitators who work throughout the province of Nova Scotia. They serve licensed child care facilities in Truro/Northern, Halifax/South Shore, Dartmouth/Valley, Western and with the project manager working in Antigonish. To date, 74 licensed child care centres have volunteered to participate in the process of quality enhancement.

Using the Early Childhood Environment Rating Scale-Revised (ECERS-R) and the SpeciaLink Inclusion Practices Profile and Principles Scale, inclusion facilitators evaluate quality and inclusion in early childhood environments. Facilitators then provide on-site support, resources, and professional development to motivate change within the child care centre, which results in higher quality inclusive programs for young children. Results from the pilot phase of the project show that the 10-step model of on-site consultation is successful in enhancing program quality for early childhood environments and that quality can be sustained once on-site consultation has ended.

Program Objectives

- To develop high quality early childhood environments in Nova Scotia, that meet the needs of all children.
- To support the inclusion of children with special needs by enhancing the quality of early childhood environments through a process of on-site consultation.
- To evaluate the baseline quality of early childhood environments and the inclusion practices of early childhood programs, using evidence-based measurement tools, such as the Early Childhood Environment Rating Scale-Revised (ECERS-R) and the SpeciaLink Inclusion Principles and Inclusion Practices Scales, in each participating centre.
- To provide on-site consultation through the provision of resources, materials, and professional development for staff in participating child care centres in order to support them in meeting goals set.

Program Activities

Throughout the process of on-site consultation and quality enhancement, inclusion facilitators work with centre staff to address issues specific to the inclusion of children with special needs in programs. The SpecialLink Inclusion Practice and Inclusion Principles scales are completed through interviews with staff and observation of the child care environment.

Inclusion facilitators work with centres to address issues such as accessibility, resources and materials for children with special needs, staff training in the area of inclusion, partnerships with families and professionals, involvement of goal setting for children with special needs in group care, full participation of children with special needs at their own level of development, developmentally appropriate programming for all children, transition to school, and advocacy for high quality, community-based inclusive child care.

Figures 3 and 4 show results of on-site consultation on levels of quality as measured by the Early Childhood Environment Rating Scale-Revised. This scale measures 43 areas within the early childhood environment which are organized into seven subscales. Scorings were taken at baseline, after on-site consultation, and after a sustainability period of three to four months, when on-site support had ended. Figure 3 indicates the average scores of 22 centres which participated in Phase 1 of Partnerships for Inclusion in 2002 – 2003. Figure 4 shows results from 22 centres which participated in Phase 2 from 2003 to 2004.

Figure 3: Average ECERS-R Scores Across Time, Partnerships for Inclusion 2002 – 2003

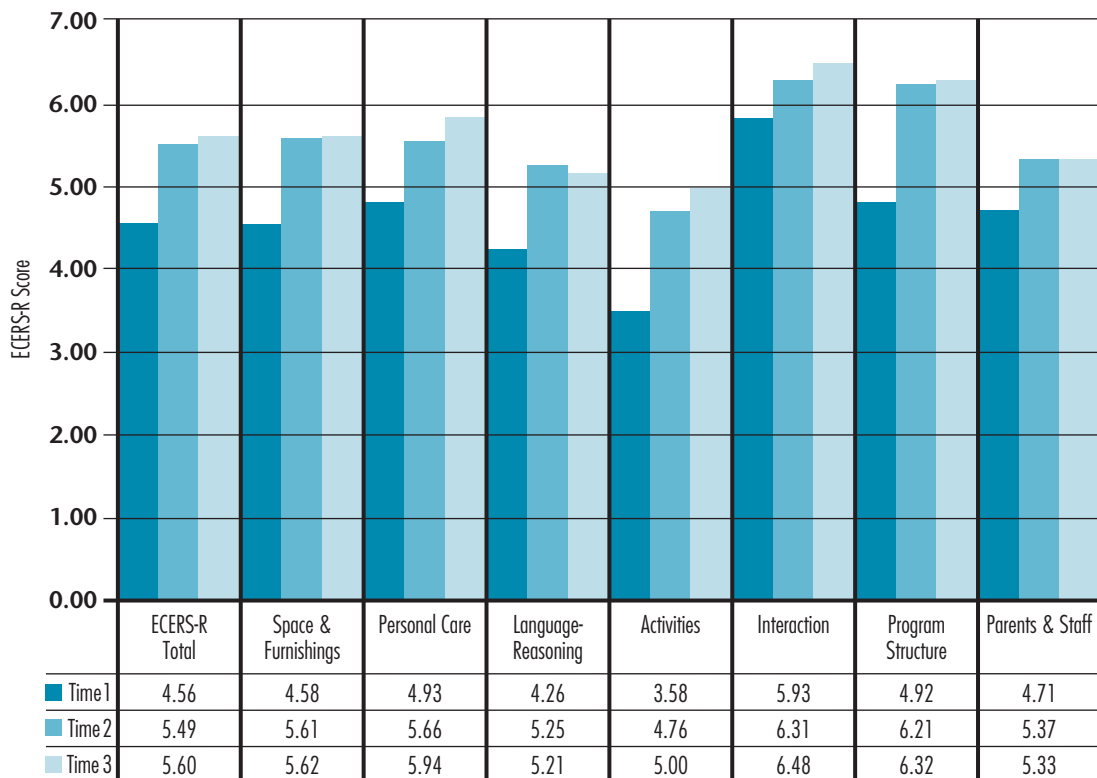
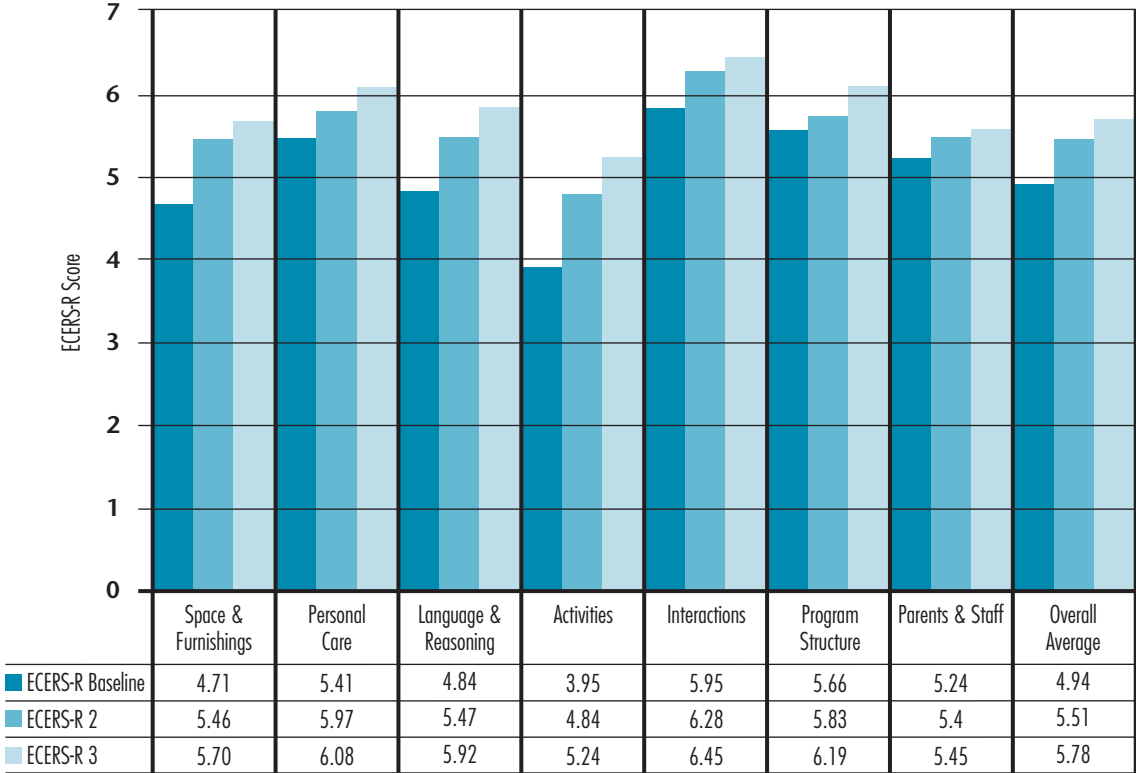


Figure 4: Partnerships for Inclusion Phase 2 Centres Overall Score Comparisons 2003 – 2004



“I had no idea that moving a few pieces of furniture could make such a difference for the kids!”
Participant (director), Partnership for Inclusion

“Changing our daily routine has reduced transition times and has given the children opportunity to make more choices. The behaviour of the children, especially one of our children with special needs, has greatly improved over the past six months. Ever since we changed our schedule this particular child has become calmer and more receptive to different ideas.”
Participant (early childhood educator), Partnerships for Inclusion



Program Indicators: Partnerships for Inclusion

Availability and Accessibility

Number of program sites:

- 34 child care centres (2004 – 2005)
- 78 child care centres total (since 2003 inclusive of 2004/05)

Increase in the target population served since previous year (%):

- There was a 50% increase in number of centres served in 2003 – 2004 (from 22 to 34)

Change in socio-demographic profile of the client population:

- One Francophone centre is now participating in the project

Parent information and support:

- Parent meetings and workshops provide information in many areas related to child development, including quality in early childhood environments, common behaviour concerns with young children, why children learn best through play and inclusion in early childhood environments

Affordability

Program is free of charge.

Quality

Enhancements to training and support:

- Professional development for early childhood educators is provided on-site as well as to the larger early childhood community in partnership with Nova Scotia Community College Early Childhood Studies programs. On-site training is “tailor made” to meet the needs of each centre

Child/caregiver ratios and group size:

- Program addresses the importance of maintaining appropriate ratios at all times. The ECERS-R scale addresses issues of ratios and supervision within several items. The program also addresses issues of group size and required supports in relation to inclusion of children with special needs in all group activities

Compensation:

Recruitment and retention:

- Indirectly provides mentoring to early childhood profession and supports retention



Quality (continued)

Physical environment:

- Evaluation tool (ECERS-R) identifies 43 areas within the early childhood environment and evaluates them on a scale of 1 to 7 (1: inadequate to 7: excellent). Facilitator works with staff to identify priorities and goals for the centre in relation to quality enhancement. Facilitator provides support, resources, materials and professional development to help centres achieve goals

Health and safety:

- Enhancement/improvement of the early childhood environment results in a safer and healthier environment. Most items on the ECERS-R scale have a health and safety component

Learning environment:

- Curriculum and the learning environment are areas focused on throughout the process of quality enhancement. Facilitators provide training and resources on the latest research in child centered care and developmentally appropriate practice. Many areas of the ECERS-R scale specifically address the learning environment

Inclusive

Special needs programming and supports:

- This project focuses specifically on the inclusion of children with special needs in relation to global quality of early childhood environments. Facilitators work with centres to support the inclusion of children presently in programs, but also builds on a centre's capacity to include children with diverse needs. Facilitators support or develop linkages and partnerships with others in the community such as early intervention programs, speech language pathologists, schools and other organizations that work to meet the needs of children with special needs and their families

Linguistically appropriate resources and training:

- Through Partnerships for Inclusion collaboration with the New Brunswick project, *Opening the Door to Quality*, there has been access to training and materials in French. One French centre is presently participating in the project, but has chosen to use the English materials. A proposal has been made that will see the contracting of a French inclusion facilitator, hired to work with one or two French child care environments. Linguistically appropriate resources and training will be provided in this situation

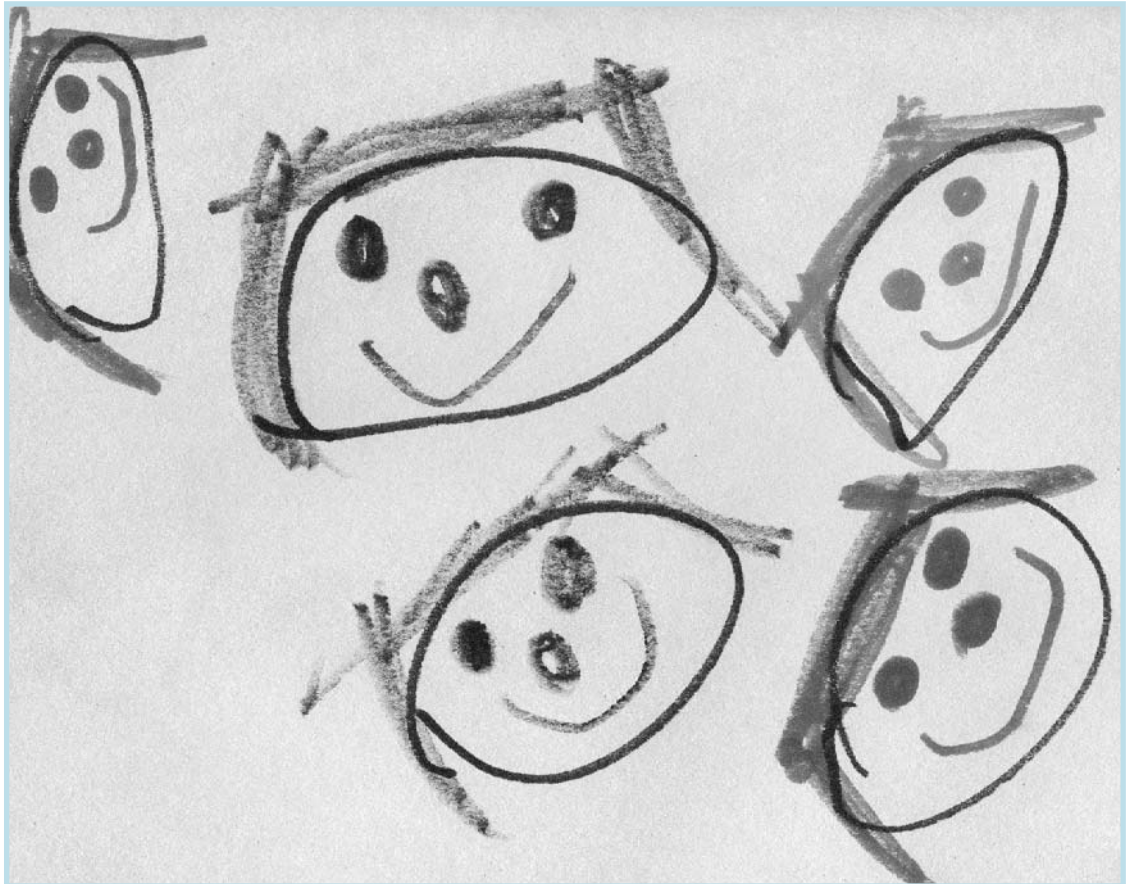
Parental Choice

Innovative approaches to service provision in rural and remote communities:

- By building capacity in centres to include children with diverse needs, Partnerships for Inclusion has created opportunities for children with special needs to attend child care centres in their own communities
- Participating centres are more willing to include children with special needs because they are more aware of support available to them and resources that they can access. They have also become more creative in recognizing and meeting the needs of all children

Flexible approaches that address a range of family and employment circumstances:

- By varying the requirements around hours of attendance and other issues, for children with special needs, centres have developed strategies for meeting the needs of families of children with special needs



Employment Support and Income Assistance Child Care

<ul style="list-style-type: none"> • Launch date of Employment Support and Income Assistance: August 2001 • Target population: Employment Support and Income Assistance recipients • Delivery agents: Nova Scotia Department of Community Services • Lead Department: Nova Scotia Department of Community Services • Program goal: To assist Employment Support and Income Assistance recipients with child care expenses in their move towards employability and self-sufficiency 	<ul style="list-style-type: none"> • Funding: <ul style="list-style-type: none"> 2000 – 2001 (baseline year): provincial: \$ 899,591 2001 – 2002: provincial: \$3,174,649 2002 – 2003: provincial: \$5,013,506 ECDI: \$2,713,506 2003 – 2004: provincial: \$5,177,950 ECDI: \$2,877,950 2004 – 2005: provincial: \$5,024,092 ECDI: \$2,724,092
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Program Description

The Employment Support and Income Assistance (ESIA) program provides income assistance to persons in need and helps maximize their level of self-sufficiency by helping them to increase their employability and level of independence.

Program Objectives

The program’s objectives include the provision of financial assistance for basic necessities such as food, clothing, shelter, items of special need, child care and employment supports to assist individuals and families in their move towards self-sufficiency.

Program Activities

The ESIA program provided up to a maximum of \$400 for child care expenses under the ESIA special needs policy to an average of 1,590 families per month in the fiscal year, 2004 – 2005.



Program Indicators: Employment Support and Income Assistance Child Care

Availability

Number of clients served:

- Monthly average in 2004/05: 1,590 families provided child care assistance

Accessibility

Increase in the target population served since previous year (%):

- Slight decrease (2.5%) in the number (40) of families requesting funds through the Income Assistance program to cover child care expenses (an average of 1,630 families per month served in 2003/04)

Affordability

ESIA provides funds for families to pay for child care services.



Capacity Initiative

- Launch date: January 2005
- Target population:
Licensed child care centres
- Delivery agents: To be determined
- Lead Department: Nova Scotia
Department of Community Services
- Program goal: To build the organizational and management capacity of agencies delivering early childhood development programs and services
- Funding:
2004 – 2005: \$2,152 (ELCC)

Program Description

Research and cross-jurisdictional reviews were conducted to support capacity building for licensed child care centres in Nova Scotia. The purpose of the capacity initiative is to develop a framework to support governance and management practices in licensed child care centres.

Program Objectives

The overall objectives of the initiative are to:

- Enhance our system of quality child care in Nova Scotia
- Make recommendations related to community capacity-building for consideration by the Nova Scotia Department of Community Services
- To identify the role of the Nova Scotia government in the guidance, support, and development of the child care sector

Program Activities

The project methodology included a review of:

- Early childhood development programs in Nova Scotia
- Volunteerism in Nova Scotia and Canada
- Challenges facing licensed child care centres in Nova Scotia and Canada
- Models and best practices (e.g. training and development models) used to support capacity building for licensed child care centres

Program Indicators: Capacity Initiative

The Capacity Initiative is presently in its developmental stage and as yet program indicator measurements have not been determined.



Status Summary

Figure 5 provides a status summary of Stabilizing and Enhancing Child Care activities from April 1, 2004 to March 31, 2005.



Figure 5: Summary of Stabilizing and Enhancing Child Care Activities from April 1, 2004 to March 31, 2005

Stabilizing and Enhancing Child Care

Program Components	Status Summary
Early Childhood Education Training Initiative	<p>In 2004 – 2005, Early Childhood Education Training Initiative funds were provided to six educational institutions and two associated program that offer early childhood education training opportunities for students entering the field or for in-service training of staff in the field.</p> <p>The Early Childhood Education Training Initiative’s bursary was made available to early childhood education students of six educational institutions.</p>
Nova Scotia Child Care Stabilization Grant	<p>Provided to early childhood staff in 217 licensed, full-day, child care centres to enhance recruitment and retention.</p>
Child Care Subsidy Program	<ul style="list-style-type: none"> • Increased subsidy rates • Increased number of portable subsidies by 50 • Monthly monitoring of utilization of subsidized spaces, to inform targets for increased utilization in 2005 – 2006 • One-time operating grant to child care centres providing service to children whose families are in receipt of subsidy
Inclusion of Children with Special Needs	<p>Supported Child Care Funding: In 2004 – 2005, there were 553 children participating in 128 licensed, full- and part-day child care programs.</p> <p>Partnerships for Inclusion: In 2004 – 2005, program was offered to 34 licensed child care centres.</p>
Employment Support and Income Assistance Child Care	<p>The Employment Support and Income Assistance (ESIA) program provided funds to assist with child care expenses to approximately 1,590 cases (families) per month under the ESIA Special Needs Policy in the fiscal year of 2004 – 2005.</p>
Capacity Initiative	<p>Research and cross-jurisdictional reviews were conducted to support capacity building for licensed child care centres in Nova Scotia.</p>



Community Engagement and Infrastructure Support

Represents Nova Scotia's investment with respect to the fourth pillar of the *First Ministers' Meeting Communiqué on Early Childhood Development: Strengthen Community Supports*

"Facing the work, family and early child development challenge is a shared responsibility among governments, employers, communities and families."

McCain and Mustard (1999)



Community Engagement and Infrastructure Support

Introduction

One of the major goals of the Early Childhood Development Initiative is to create an integrated system in Nova Scotia that builds on existing programs, seeks out innovative opportunities and establishes the supports for sustainability and growth. At the same time, it allows the regional and community to create a system that is flexible enough to serve unique community needs while, simultaneously, ensuring integrated and seamless service delivery.

The Community Engagement and Infrastructure Support initiative provides for the development of an integrated early childhood development system with the implementation of the activities identified below:

- Early Childhood Development Regional Collaboration Teams
- Information technology
- Volunteer Initiative
- Website enhancements: Child Care Connections – Nova Scotia

Community Engagement and Infrastructure Support Objectives

- To promote the development of healthy children
- To engage communities in planning and to promote the collaboration and integration of existing and new early childhood development services at the local level
- To promote evidence-based decision-making through the development of accurate, timely information
- To engage communities in ownership and investment in early childhood development
- To report on early childhood development to ensure accountability



Early Childhood Development Regional Collaboration Teams

- Launch date: 2003
- Target population: Families with children from birth to six years of age
- Delivery agents: Community-based agencies and services and government departments
- Lead Department: Nova Scotia Department of Community Services
- Program goal: Early Childhood Development Regional Collaboration Teams will develop strategic plans that will lead to a comprehensive system of supports for children from birth to six years of age
- Funding:
 - 2002 – 2003: \$20,000 (ECDI)
 - *2004 – 2005: \$ 2,598 (ECDI)
 - *Funds from 2002 – 2003 were still available in 2004 – 2005

Program Description

The Early Childhood Development Regional Collaboration Teams (RCTs) are groups of individuals representing a variety of government departments and community-based agencies with a mandate to serve children birth to six years of age and their families. Each Nova Scotia Department of Community Services region under the leadership of the Regional Administrator organized a Regional Collaboration Team to develop a plan to establish a comprehensive system of supports for children birth to six years of age.

The Regional Administrators or their designates co-chair the RCTs with a representative of a community-based agency and assign staff accordingly to support the process. The RCTs are required to submit bi-annual progress reports and will eventually develop formal strategic plans to guide the creation of an early childhood development system in their regions over the next 3 – 5 years. A standard Terms of Reference provides the framework for the work of the RCTs.

Program Objectives

The goal of the Regional Collaboration Team process is to create a comprehensive system of supports for children birth to six years of age and their families. The objectives include:

- Review and update the region's environmental scan on services for young children and their families
- Enhance cooperation, collaboration and, where appropriate, integration of services
- Develop protocols for information sharing and referrals amongst service providers
- Identify needs, trends and gaps in existing programs and services
- Develop a 3 – 5 year strategic plan



Program Activities

To date, one RCT in Eastern, Northern and Central regions has been established. In Western region, four teams representing distinct geographical areas within the region have been created. The composition of the teams varies depending on programs and services existing in each of the regions but generally includes representation from some or all of the following services: child care (part-day and full-day), family resource, Early Intervention, family literacy, recreation, libraries, Children's Aid Societies/Family and Children's Services agencies, Nova Scotia Department of Community Services (Early Childhood Development Services, Prevention Services, Child Welfare), District Health Authorities (Public Health, Mental Health, Addictions, Primary Health Care, Hospital obstetric staff), pediatricians, school boards, Nova Scotia Department of Education (Adult Education Division), Office of Health Promotion (Sport and Recreation Division), Nova Scotia Hearing and Speech, Children and Youth Action Committees (CAYAC), Early Childhood Development Support Centres, Early Childhood Education Training Institutions, Partnerships for Inclusion, Early Identification and Intervention Services for Children with Autism, Growing Together, Native Council of Nova Scotia (Child Help Initiative Program) and Roots of Empathy.

The work of the Regional Collaboration Teams is at various stages across the Province. Activities to date include: refining structure and membership, information sharing, team-building, conducting environmental scans of programs and services for young children and their families, identifying the trends and gaps in existing programs and services, participating in visioning exercises, conducting Strengths, Weaknesses, Opportunities, Threats (SWOT) analyses and identifying goals. In 2005/06, the RCTs will begin establishing priorities and developing action plans as well as continue to increase linkages between new and existing services, facilitate cooperation and collaboration amongst partners and develop protocols for information sharing and referrals.

Program Indicators: Early Childhood Development Regional Collaboration Teams

Availability, Accessibility, Affordability, Quality

The development of a comprehensive system of supports for children birth to six years of age and their families through the work of the Regional Collaboration Teams should in the long term yield measurable success in all program indicators, particularly those of accessibility and quality.



Early Childhood Development Information System and Reporting

- Launch date: October 2002
- Target population: Early childhood programs/facilities
- Delivery agents: Nova Scotia Department of Community Services staff
- Lead Department: Nova Scotia Department of Community Services
- Program goal: To provide an integrated information system that will enable staff to have cross-functional access to data and will provide clients with a heightened level of efficiency in service delivery
- Funding:
 - 2002 – 2003: \$400,000 (ECDI)
 - 2003 – 2004: \$450,000 (ECDI)
 - 2004 – 2005: \$312,097 (ECDI)

Program Description

The Early Childhood Development Information System consists of five integrated modules:

- Child Care Licensing
- Child Care Subsidy/Supported Child Care Applications
- Child Care Centre Payments
- Grant Allocations/Payments
- System Administration

Program Objectives

The Early Childhood Development Information System was developed as an integrated system, providing cross-functional access to data, efficient processing of funding, timely access to information and the ability to respond to inquiries in an effective manner.

Program Activities

Development of the modules began in 2002 and was completed by March 2004. Ongoing enhancements to the system continue in response to the requirements of the Subsidy Program Review (per diem in accordance with age of child), modifications to the information system and additional reporting requirements.



Program Indicators: Early Childhood Development Information System and Reporting

Availability, Accessibility

For staff, it provides timely access to information and a tool to respond to inquiries effectively.

Affordability

Program is free of charge.

Quality

Early Childhood Development Information System provides cross-functional access to data for reports, and a range of information required by service providers, including supporting informed decision-making.



Volunteer Initiative

- Launch date: April, 2004
- Target population: Youth, parents, retirees, seniors, post-secondary students and other community members
- Delivery agents: Family resource centres
- Lead Department: Nova Scotia Department of Community Services
- Program goal: To increase involvement of volunteers, ranging from youth to seniors, in the delivery of family resource centres' programs
- Funding: 2004 – 2005: \$19,981 (ECDI)

Program Description

The influence of parents and community on children's well being, development and future outcomes are well documented. Family resource centres (FRCs) in Nova Scotia have a long history of integrating volunteers in their programs. The extent to which FRCs in Nova Scotia integrate volunteers varies from program to program. In the spring of 2004, Prevention Services, Nova Scotia Department of Community Services, introduced the Volunteer Initiative to increase involvement of volunteers, ranging from youth to seniors, within the family resource sector in Nova Scotia.

Program Objectives

Prevention Services' Volunteer Initiative objectives:

- To secure 2003 – 2004 baseline data reflecting the number and characteristics of FRC volunteers in Nova Scotia
- To showcase existing policies, programs and practices in volunteer management within the family resource sector in Nova Scotia
- To ensure FRCs have access to relevant resource material, training and supports
- To develop promotional materials and mechanisms to support volunteer recruitment and retention
- To develop a provincial volunteer recognition strategy
- To strengthen linkages between FRCs and relevant community-based and government organizations
- To ensure initiative related activities are characterized by inclusive and participatory processes and that the family resource sector is directly involved in planning, implementing and evaluating this initiative
- To evaluate the impact of strategies implemented



Program Activities

In April 2004, a provincial working group of regional FRC and Nova Scotia Department of Community Services' representatives was assembled to develop and implement strategies to support the family resource sector in further engaging parents and community members through volunteerism.

As a preliminary step, the working group hosted a provincial workshop on volunteerism in October, attended by more than 50 representatives from FRCs, special interest groups and Nova Scotia Department of Community Services. The key objectives of this session were to introduce the Volunteer Initiative, provide FRC representatives a forum to share successes, expertise and insights regarding volunteer recruitment and management and to provide an opportunity for participants to inform future actions associated with the Volunteer Initiative. Several volunteer management resources were also provided to workshop participants, including Health Canada's *Valuing Volunteers Toolkit*, along with volunteer management resources developed by several FRCs in Nova Scotia.

Baseline data reflecting the number and characteristics of volunteers in FRCs was also collected in early fall (2004) to evaluate the impact of future actions associated with the initiative.

In December, 2004, the "Post-Workshop Summary Report for Community Outreach Services' Volunteer Initiative," prepared by the working group, was circulated to FRCs province-wide. Next steps of the Volunteer Initiative were articulated in this report, which were primarily derived from participant input from the fall workshop and research on volunteerism in Canada. Briefly, next steps included:

- Developing the Volunteer Initiative Building Futures Together Grant
- Holding information sessions across the province with FRC representatives to share workshop results and proposed next steps and secure feedback
- Developing a provincial recognition strategy for FRC volunteers
- Creating promotional materials
- Developing and implementing a preliminary training strategy

The Building Futures Together Grant description and application package was created and distributed to FRCs across the province in December, 2004. This seed funding was intended to support FRCs interested in developing and engaging in short-term projects to enhance their volunteer programs. In March 2004, Building Futures Together Grants were allocated to support proposals submitted on behalf of 12 FRCs. Collectively, approved grants addressed key aspects of volunteer management, including capacity building, development/adaptation of volunteer management resources, promotional/recruitment efforts, and retention efforts.



In the spring of 2004, the working group developed a provincial recognition strategy to complement FRCs' acknowledgement of volunteers during National Volunteer Week (April 17 to April 23rd). The working group also has initiated development of volunteer recruitment and training strategies to be rolled out in 2005 – 2006. During the forthcoming fiscal year, this group will also be developing a long-term vision for volunteerism in the family resource sector.

Program Indicators: Volunteer Initiative

Volunteer Initiative

Availability, Accessibility

A preliminary comparison of baseline data on the number of volunteers in FRCs during the 2003/04 fiscal year with estimates secured from the family resource sector in the spring of 2005 suggests an increase in the number of volunteers in FRCs since the Volunteer Initiative was introduced. During 2005 – 2006, the working group will be engaging in additional evaluative activities to determine the impact of initiative-related strategies, which will include re-administering the baseline data collection tool, indicating the number and characteristics of volunteers within the FRC sector.

Affordability

Program is free of charge.

Quality

Improvement in the education/training of service providers:

- Building Futures Together Grants addressed key aspects of volunteer management, including capacity building, development/adaptation of volunteer management resources, promotional/recruitment efforts and retention efforts.



Website Enhancements: Child Care Connections-Nova Scotia

- Launch date: August 2005
- Target population: Early childhood sector and parents seeking child care
- Delivery agents: Child Care Connections – Nova Scotia
- Lead Department: Nova Scotia Department of Community Services
- Program goal: To connect child care practitioners, organizations and other interested individuals with information, resources, support and promotion of quality child care
- Funding:
2004 – 2005: \$8,000 (ELCC)
One time funding

Program Description

Child Care Connections-Nova Scotia (CCCNS) is a non-profit community-based development organization. CCCNS has developed an infrastructure to provide support and resources to early childhood practitioners and others interested in quality care in Nova Scotia. In 2004 – 2005, the organization received funds from the Multilateral Framework on Early Learning and Child Care to enhance their website (www.cccns.org).

Program Objectives

Investments in children can be maximized through recognizing, valuing and supporting the development of an effective early childhood community in Nova Scotia. The website will further enable:

- A coordinated early childhood community that maximizes resources
- An increased access to current information relating to best practice in early childhood education and child development
- An enhanced public image of the early childhood profession



Program Activities

This enhanced website, www.cccns.org, provides:

- On-line resource library
- Events calendar
- Resources including *Connections* journal, publications, professional development, advocacy activities, links to child care organizations, resource centres and training programs
- Job posting page

Additionally, a listing of licensed child care facilities in Nova Scotia is provided that connects parents with licensed centres to assist them in finding child care programs for their children.

Program Indicators: Website Enhancements: Child Care Connections – Nova Scotia

Availability and Accessibility

Website provides 24 hour access to pertinent child care information.

Affordability

Program is free of charge.

Quality

Website provides online resources in the areas of quality and inclusion.

Inclusive, Parental Choice

Parents and guardians looking for regulated child care in Nova Scotia can search to find a child care program in Nova Scotia through online list of regulated child care programs.

Status Summary

Figure 6 provides a summary of Community Engagement and Infrastructure Support activities from April 1, 2004 to March 31, 2005.



Figure 6: Summary of Community Engagement and Infrastructure Support Activities from April 1, 2004 to March 31, 2005

Community Engagement and Infrastructure Support

Program Components	Status Summary
Early Childhood Development Regional Collaboration Teams	To date, Early Childhood Development Regional Collaboration Teams in Eastern, Northern and Central regions of Nova Scotia have been established. In Western region, four teams representing distinct geographical areas within the region have been created.
Early Childhood Development Information System and Reporting	The Early Childhood Development Information System consists of five integrated modules: <ul style="list-style-type: none"> • Child Care Licensing • Child Care Subsidy/Supported Child Care Applications • Child Care Centre Payments • Grant Allocations/Payments • System Administration
Volunteer Initiative	Key milestones of this initiative have included: <ul style="list-style-type: none"> • Assembly of the provincial working group • Hosting of a fall workshop on volunteerism • Dissemination of volunteer management resources to family resource centres • Development/distribution of workshop results including next steps for the initiative • Allocation of Building Futures Together Grants • Development of a provincial volunteer recognition strategy.
Website Enhancements: Child Care Connections – Nova Scotia	Funds were provided to Child Care Connections-Nova Scotia to redesign their website.



Looking Forward

Giving all children a good start in life is a wise investment for families, their communities and Nova Scotia. That is why the Nova Scotia government is committed to improving child care and helping parents and those who provide quality care for our children.

The Department of Community Services consulted Nova Scotians and representatives of the child care sector to determine their priorities. The Early Learning and Child Care Plan 2006 will provide funding to:

- create about 1000 more licensed full-day spaces
- establish family home child care across Nova Scotia
- increase funding for infant care – about 200 infants
- streamline funding to support child care centres' operating expenses
- increase funding for children with special needs
- develop on-line learning opportunities to enable early childhood educators in rural and remote communities the same access to early childhood development programs as those in urban settings.

The Early Learning and Child Care Plan will provide a foundation for licensed child care in Nova Scotia that will allow a more inclusive, accessible and equitable system.



Child Well Being Report 2005



Child Well Being

Families and children are the foundation of both social and economic prosperity. The Federal, Provincial and Territorial governments of Canada have joined together in the 2000 Early Childhood Development Initiative as a means of promoting a good start in life for all children. The children of today represent the future. We all want our children to grow up to be happy, healthy, contributing adults. The early years, between birth and five, last a lifetime because this period of development sets either a sturdy or a fragile stage for continued development.¹ If we provide them with a solid foundation in life, we can look to the future with confidence and hope. Ensuring our children have the opportunity to develop to their full potential within safe and secure environments involves the combined efforts of parents, communities and governments.

In September 2000, First Ministers released a Communiqué on early childhood development. As part of the public reporting commitments outlined in the Communiqué, First Ministers agreed that governments would “make regular public reports on outcome indicators of child well-being using an agreed upon set of common indicators ... related to the objectives established for early childhood development.” This section fulfills Nova Scotia’s commitment to report to our citizens on the health and well being of our children.

Children are shaped by the world around them and many environments affect their development. It is generally accepted that “healthy children emerge most often from healthy families and healthy families are in turn promoted by healthy communities.”² The indicators inform us about five aspects of child well being: physical health, early development, safety and security, family related indicators and community related indicators. It is important to emphasize that it is not possible to assess the overall development of children on the basis of these select few indicators. The indicators presented here do not provide a comprehensive overview of child well being.

While we are not able to measure all aspects of child well being and the factors that influence well being, considerable progress has been made over the past decade in expanding data collection in this area. Of particular relevance to this report is the National Longitudinal Survey of Children and Youth (NLSCY), which was initiated in 1992 to find out about the well being of children and their families. The NLSCY provides information on the characteristics and life experiences of children and youth as they grow from infancy to adulthood across the ten provinces. The NLSCY does not collect data about children living in institutions or on Indian Reserves.

Every two years the NLSCY collects comprehensive data on children’s individual, family, preschool, school and community characteristics and experiences and children’s physical, social, emotional, cognitive, language, academic and behavioural outcomes. Parents, teachers, principals and children aged 10 and older are surveyed.



¹ Talking About Our Children – Our Future (2005) Children and Youth Action Committee/Nova Scotia Department of Education.

² Ross, David P., Scott, Katherine and Kelly, Mark A. (1996) “Overview: Children in Canada in the 1990s” in *Growing UP in Canada – National Longitudinal Survey of Children and Youth* HRDC/Statistics Canada.

The families of approximately 23,000 Canadian children who were under 12 years old in 1994/95 participate in the NLSCY every two years. In keeping with a need for a greater understanding of learning and development in the early years, children from birth to five years of age are added to the sample as the original cohort ages. In addition to the NLSCY, there are other national sources of information about young children. The provincial Vital Statistics Registry, the Survey of Labour and Income Dynamics and the Census are additional sources of information about young children and their families.

This chapter provides information on the well being of children from birth to age five in Nova Scotia for the years 1998 – 1999, 2000 – 2001 and 2002 – 2003. National data is also provided for comparison purposes. The 2001 Census reported there were 47,455 children age four and under in Nova Scotia in June 2001. This represents approximately 5% of the total provincial population. The numbers of young children in Nova Scotia have decreased between the 1996 and 2001 Census by 22%.

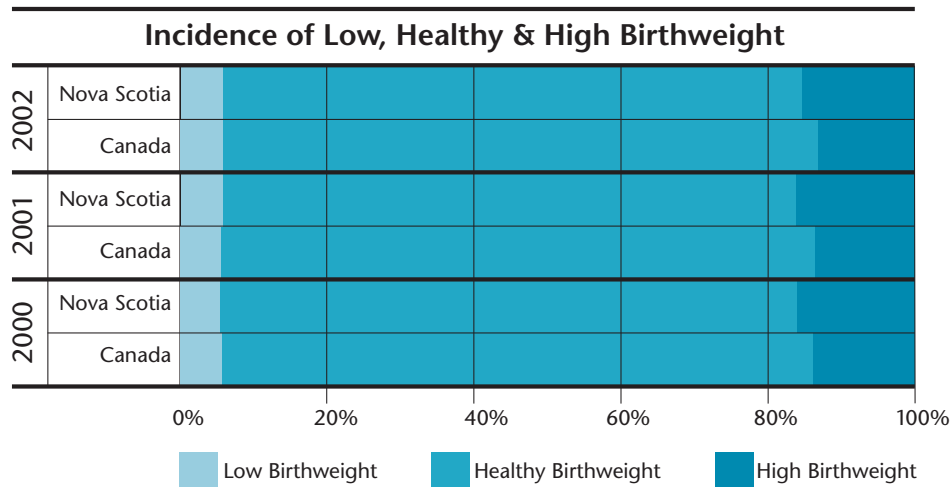


Physical Health

Healthy Birth Weight³

A healthy birth weight for babies is between 2,500 grams and 4,000 grams. Babies born outside this range are at increased risk for a variety of health problems and disabilities. In 2002, 79% of babies born in Nova Scotia were a healthy birth weight. In Canada, 81% of babies born in the same year were a healthy weight at birth. Although there have been small fluctuations, the proportions of low, healthy and high birth weight babies have remained relatively constant in recent years.

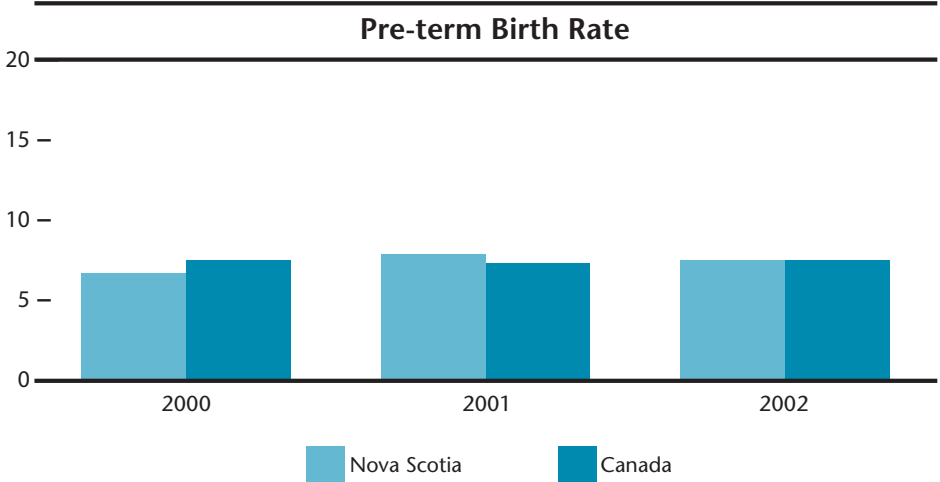
Low birth weight (less than 2,500 grams) babies may be born pre-term, small for gestational age or both. Babies with low birth weight are at increased risk for a variety of health problems throughout their lifetimes. Many factors contribute to low birth weight including nutrition for the mother during the pregnancy, social support, lifestyle, mother's age and health. The incidence of low birth weight has changed very little between 2000 and 2002. In 2000, 5.4% of babies had a low weight at birth. This percentage increased to 5.7% in 2001 and 6.1% in 2002. High birth weight (more than 4,000 grams) babies are more likely to experience difficult births and health problems. High birth weight babies may also be associated with maternal health problems. In Nova Scotia the incidence of high birth weight babies has declined marginally since 2000. In 2000, 16.0% of babies were born with high birth weight. This increased very slightly to 16.1% in 2001 and declined to 15.3% in 2002.



³ Source: Canadian Vital Statistics – Birth Database (Statistics Canada); Exclusions: births with unknown birth weight, births to non-Canadian residents, birth where residence of mother is unknown.

Pre-term Birth Rate ⁴

Babies born at less than 37 completed weeks of gestational age (less than 259 days) encounter health problems often related to low birth weight and respiratory problems. There are many contributing factors associated with pre-term birth. Lifestyle and medical conditions may place some pregnant women at increased risk of delivering their baby before 37 weeks of gestation. The incidence of pre-term birth ⁵ in Nova Scotia has fluctuated slightly between 2000 and 2002. In 2000, the incidence of pre-term births was 6.7%, in 2001 the incidence was 7.9% and in 2002 it dropped slightly to 7.5%. These numbers compare favourably with Canadian data for the same periods.



Immunization ⁶

Immunization against infectious disease is an important public health strategy towards preventing several serious diseases that affect young children. Meningococcal group C disease, measles and haemophilus influenzae-b (Hib) are three serious diseases that can be prevented by immunization. There were no reported cases of meningococcal group C disease, measles or Hib in Nova Scotia between 1998 and 2002.

⁴ Source: Canadian Vital Statistics – Birth Database (Statistics Canada).

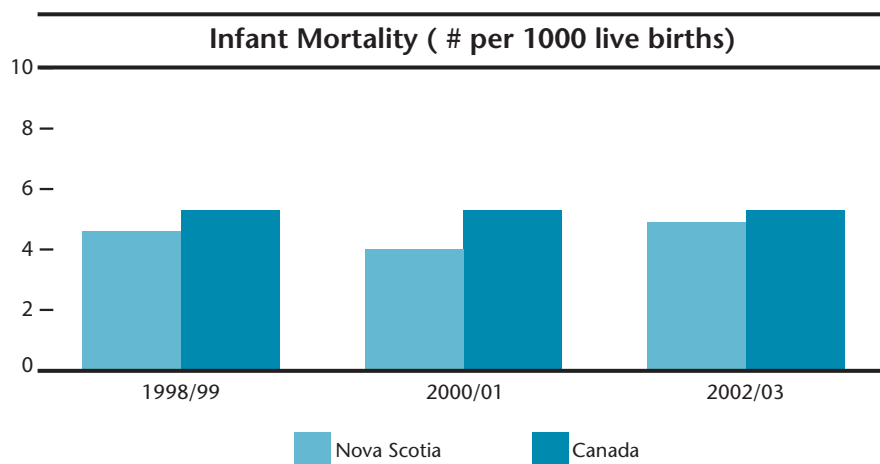
⁵ Excludes births with unknown gestational age and gestational age less than 20 weeks and births to non-Canadian residents.

⁶ Source: Immunization and Respiratory Infections Division, Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada; Definition: the rate of new cases reported by year for children 5 years and younger.



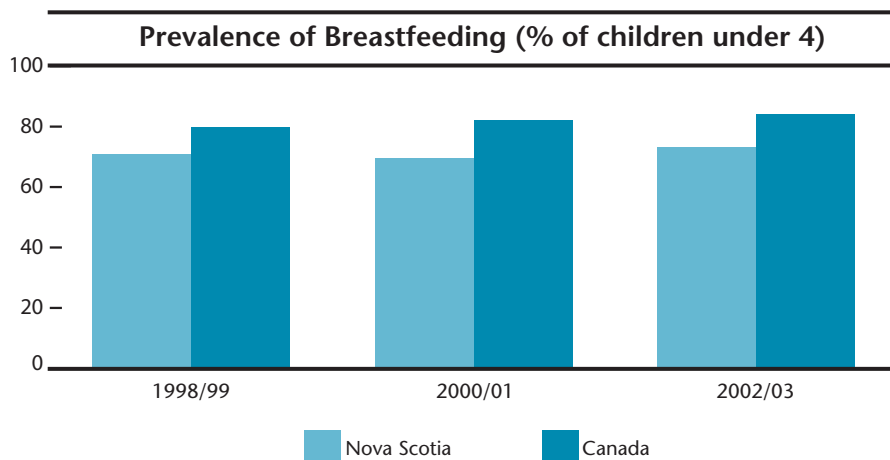
Infant Mortality ⁷

One of the major contributing factors to increases in life expectancy during the twentieth century has been a substantial reduction in infant mortality. Canada has experienced a dramatic decline in infant mortality rates. In 2000, the infant mortality rate in Canada was 5.3 per 1000 compared to a rate of 27.3 ⁸ per 1000 in 1960. Infant mortality refers to the death of a live born infant within the first year of life. In Nova Scotia the number of infant deaths has ranged between 4 and 5 per 1000 live births in recent years



Breastfeeding ⁹

Breastfeeding is an ideal source of nutrition for babies. Breast milk contains immunoglobulins and antibodies that fight infection and as a result breastfed babies have fewer childhood illnesses including respiratory, ear and gastrointestinal infections, asthma, eczema and food allergies. Prevalence of breastfeeding includes the proportion of children aged 0 – 3 who are currently or have ever been breastfed. Prevalence of breastfeeding among infants in Nova Scotia is below the Canadian rate.



⁷ Source: Canadian Vital Statistics – Mortality, Summary List of Causes (Statistics Canada); Definition: the number of infants who die in the first year of life per 1000 live births.

⁸ Source: *Selected Infant Mortality Statistics, Canada 1921 – 1990*. (Statistics Canada) Catalogue 82 – 549.

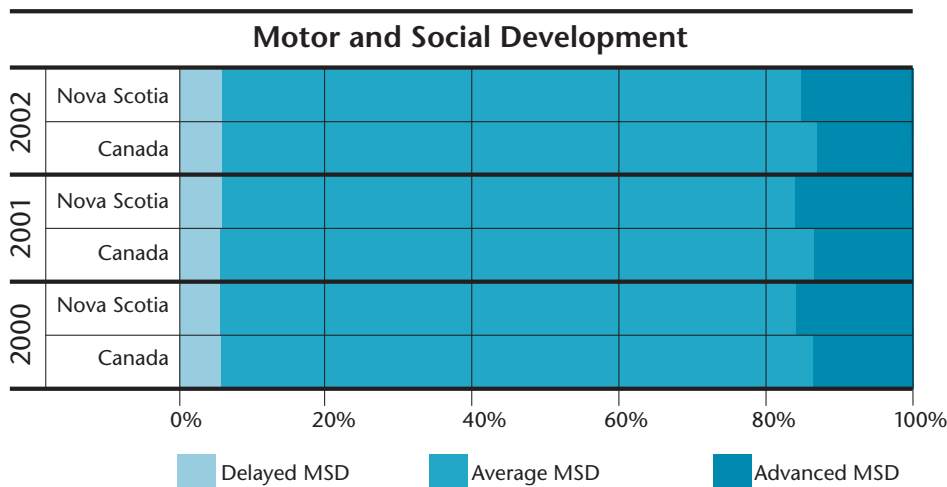
⁹ Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4 – v2 (2000/01), Cycle 5 (2002/03) Child Questionnaire.



Early Development

Physical Health and Motor Development ¹⁰

Physical development for a child includes their overall physical health and the development of fine motor skills, such as being able to hold a pencil and turn the pages of a book and gross motor skills, such as running or climbing. Social development involves how the child interacts with other children and how they express their feelings. The Motor and Social Development [MSD] scale consists of a set of 15 questions that measure dimensions of the motor, social and cognitive development of young children from birth through three years. The questions vary by age of the child and are asked of the person most knowledgeable of the child, usually the mother. The mean score for the population is set at 100 with a standard deviation of 15. The standardized score accounts for the child's age and allows for comparisons of scores to be made across age groups. Children scoring between 85 and 115 on the scale are classified as having average development. Children scoring from 0 – 84 (more than one standard deviation below the mean) are classified as having delayed motor and social development. Children scoring above 115 (more than one standard deviation above the mean) are classified as having advanced motor and social development. In Nova Scotia, more than 85% of children scored average or advanced on the MSD scale in 1998/99, 2000/01 and 2002/03. These indicators compare favourably with the Canadian data.



¹⁰ Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4 – v2 (2000/01), Cycle 5 (2002/03) Child Questionnaire; Exclusions: children aged 4 – 5 years, children living in the Territories, children living on reserve, children living in institutions.

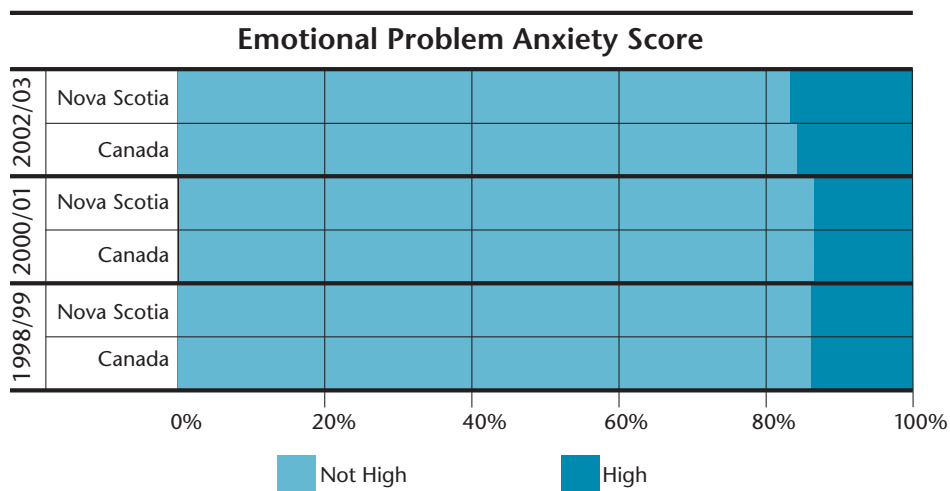


Emotional Health

A child's emotional health involves the way that he or she thinks, feels, behaves, experiences things and relates to the world. A child's emotional health can be positively influenced in a warm accepting home where guidance is consistent and positive parenting is provided. The NLSCY measures emotional well being using the Emotional-Problem Anxiety Score¹¹ and the Hyperactivity-Inattention Score¹². These scores are intended to assess the extent of the presence or absence of certain aspects of a child's behaviour. The questions are asked of the person most knowledgeable of the child and do not represent professionally diagnosed problem behaviours.

The Emotional Problem-Anxiety Score is one of a number of behaviour scales examined in the NSLCY. It relates to how often a child seems to be unhappy, sad or depressed; less happy than other children; too fearful, nervous or worried; too nervous or tense; to have trouble enjoying himself or herself.

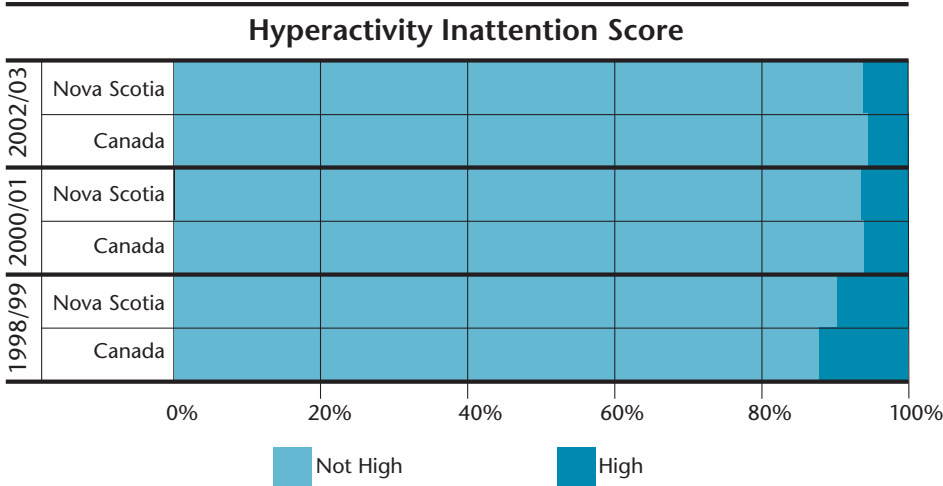
The proportion of children showing higher levels of anxiety increased slightly between 2000/01 and 2002/03. In all three periods, the Nova Scotia data compares favourably with the Canadian data.



¹¹ Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4 – v2 (2000/01), Cycle 5 (2002/03) Child Questionnaire; Exclusions: children aged 0 – 1 years, children living in the Territories, children living on reserve, children living in institutions.

¹² Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4 – v2 (2000/01), Cycle 5 (2002/03) Child Questionnaire; Exclusions: children aged 0 – 1 years, children living in the Territories, children living on reserve, children living in institutions.

The Hyperactivity-Inattention Score relates to how often the child fidgets, has trouble sticking to any activity, cannot concentrate, has difficulty waiting for his/her turn in games, is impulsive, acts without thinking, cannot settle to anything for more than a few moments or is inattentive. There are two scales – one for children aged 2 – 3 years and one for children aged 4 – 5. The scales consist of different items intended to capture aspects of hyperactive/inattentive behaviour. A high score indicates behaviours associated with hyperactivity and inattention. The proportion of children exhibiting behaviours consistent with hyperactivity and inattention in Nova Scotia compare favourably with Canadian data.



Social Knowledge and Competence

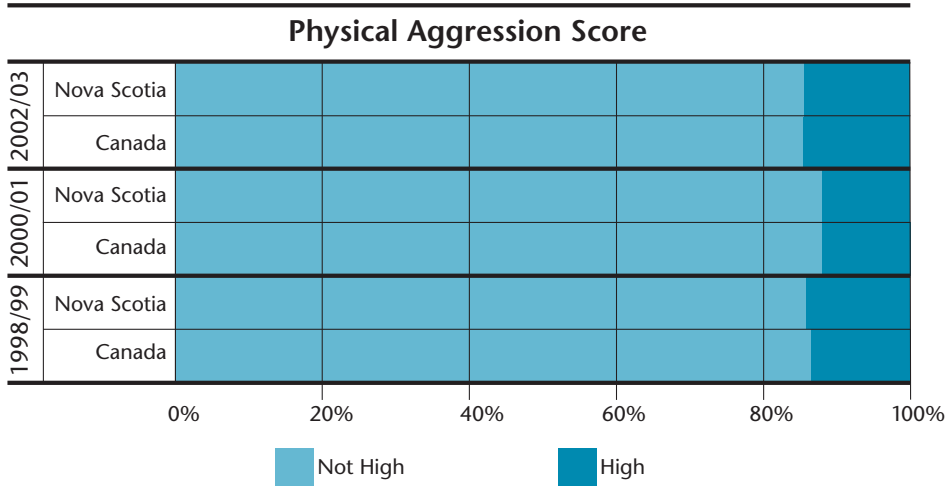
Social knowledge and competence for a child relates to the child’s interactions with other people and their environment. The NLSCY measures social knowledge and competence using the Physical Aggression Score ¹³ and the Personal-Social Score ¹⁴. These scores are intended to assess the extent of the presence or absence of certain aspects of a child’s behaviour. The questions are asked of the person most knowledgeable of the child and do not represent professionally diagnosed problem behaviours.

The Physical Aggression Score relates to how often the child is defiant, gets into fights, has temper tantrums or a hot temper, has difficulty waiting for her/his turn in games or groups, reacts with anger and fighting when accidentally hurt by another child, has angry moods, or kicks, bites or hits other children. There are two scales – one for children aged 2 – 3 years and one for children aged 4 – 5. The scales consist of different items intended to capture different aspects of physically aggressive behaviour. There have been slight fluctuations between periods. The proportion of children in Nova Scotia demonstrating higher levels of physical aggression and conduct problems are approximately equivalent and compare favourably with the Canadian data.

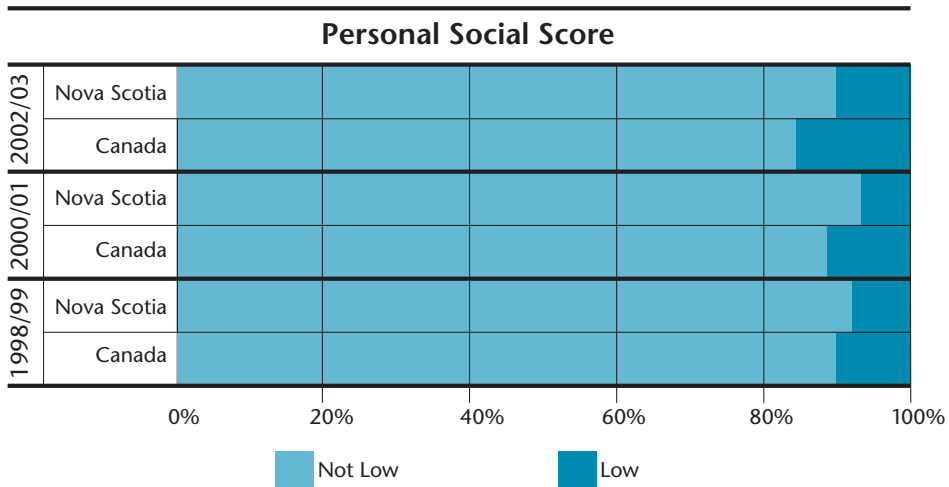
¹³ Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4 – v2 (2000/01), Cycle 5 (2002/03) Child Questionnaire; Exclusions: children aged 0 – 1 years, children living in the Territories, children living on reserve, children living in institutions.

¹⁴ Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4 – v2 (2000/01), Cycle 5 (2002/03) Child Questionnaire; Exclusions: children aged 4 – 5 years, children living in the Territories, children living on reserve, children living in institutions.



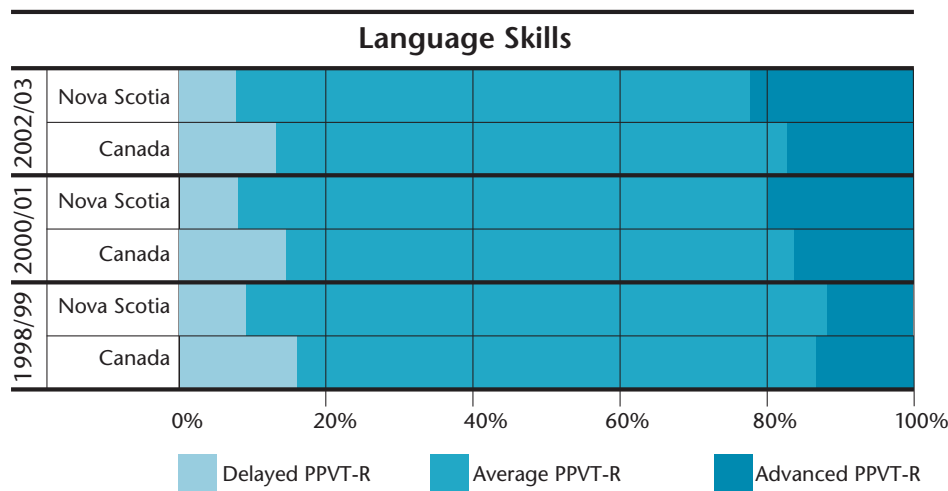


The Personal-Social Score (formerly the Pro-Social Behaviour Score) relates to how a young child interacts with him/herself, with strangers, with their parent and with objects such as toys. Personal-social behaviour is influenced by a child’s personality and temperament. The Personal-Social Score measures the proportion of children who do not exhibit age appropriate personal-social behaviours. The scale ranges from 0 – 60 with a low score indicating lower levels of age appropriate behaviour. In Nova Scotia, the proportion of children who do not exhibit age appropriate personal-social behaviours has fluctuated between the three periods. There is no discernible trend and the Nova Scotia data compares favourably with the Canadian data.



Language Skills ¹⁵

Language skills are important. Children need to be able to communicate verbally in a way that is understood by others and to understand what others say. The NLSCY uses the standard score for the Peabody Picture and Vocabulary Test-Revised [PPVT-R] to measure the proportion of children aged four and five who have delayed, average and advanced levels of receptive or hearing vocabulary. The standardized score takes account of the child's age by two-month age groups and allows for comparisons of scores to be made across age groups. Children scoring between 85 and 115 on the scale are classified as having average language skills for their age. Children scoring from 0 – 84 (more than one standard deviation below the mean) are classified as having delayed language skills. Children scoring above 115 (more than one standard deviation above the mean) are classified as having advanced language skills. There appears to be a trend among Nova Scotia children for more young children to score above average on the PPVT-R in 2002/03 than in 2000/01 or in 1998/99. There is a consistently smaller proportion of Nova Scotia children exhibiting delayed scores on the PPVT-R than the Canadian data.



¹⁵ Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4 – v2 (2000/01), Cycle 5 (2002/03) Child Questionnaire; Exclusions: children aged 0 – 3 years, children aged 4 – 5 for whom the person most knowledgeable did not provide consent for the PPVT – R to be administered, children living in the Territories, children living on reserve, children living in institutions.

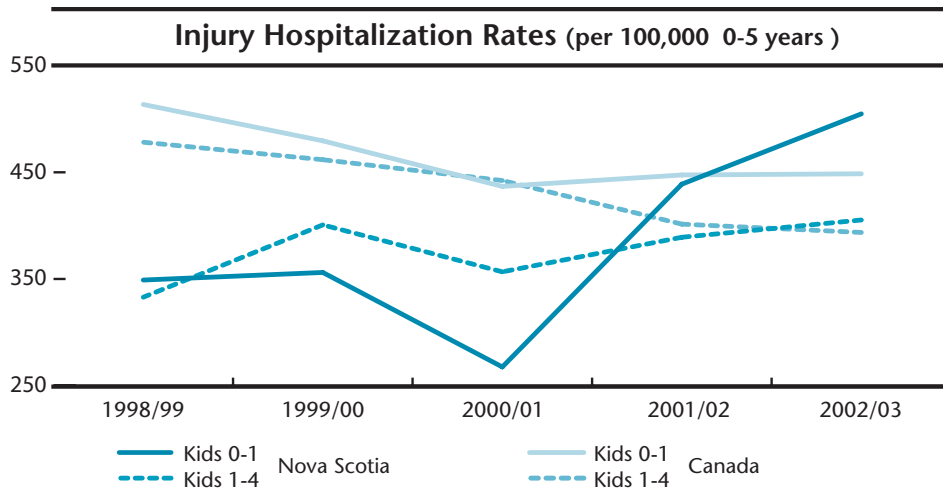


Safety and Security

Injury Hospitalization Rate ¹⁶

Serious childhood injuries result in hospitalization. The injury hospitalization rate is the proportion of children per 100,000 population who are hospitalized for treatment of injuries. There are only 47,455 children in Nova Scotia, so the rates appear more severe than the numbers would indicate. Translating the numbers into a rate per 100,000 allows a comparison with the incidence of hospitalization due to injury across the country and allows a standardized measure for tracking the incidence over time. Hospitalization rates may be affected by both admittance procedures and frequency of injuries.

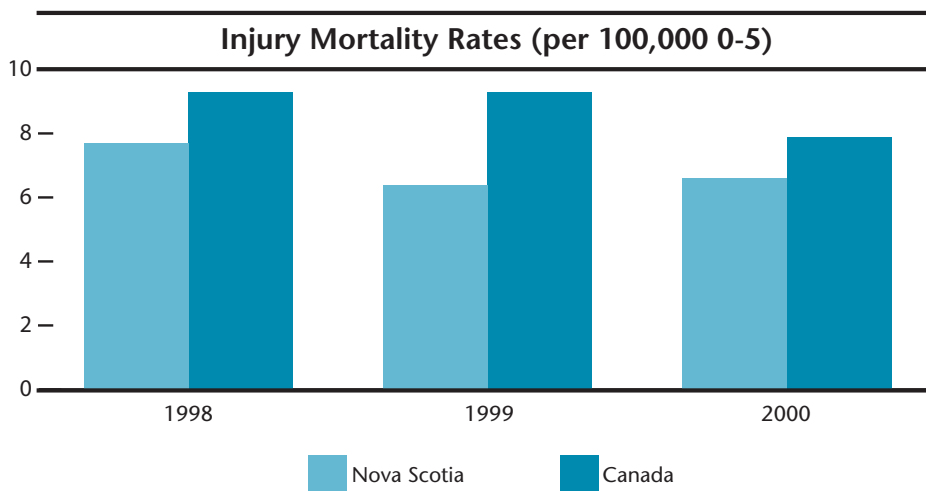
Injuries can involve accidents – unintentional injuries, or they can be the result of intentional harm. In Nova Scotia, most childhood injuries resulting in hospitalization are due to unintentional injuries. In 2002/03, for example, 197 children under five were hospitalized due to all external causes of injury and 183 of these were due to accidental causes. The rate has fluctuated between 1998 and 2003. In 2002/03, the rate of hospitalization in Nova Scotia exceeded the Canadian rate for the first time since 1998.



¹⁶ Source: Canadian Institute for Health Information (CIHI) Hospital Morbidity Database; Exclusions: newborns, out-patients and emergency department visits.

Injury Mortality Rate ¹⁷

Over the last three decades the major external causes of child mortality have been a result of injury. The injury mortality rate is the proportion of children from birth to four years who die as a result of an injury. Beginning in 1971, Statistics Canada has recorded a significant decline in the rate of childhood injuries resulting in death. There have been many regulatory and legislative changes, improvements to product safety and increased awareness of safe practices over the last three decades. When interpreting these statistics, it is useful to keep in mind the smaller provincial population. There were five deaths among young children in 1998 and four in 1999 and 2000. In each reported year, the injury mortality rate in Nova Scotia was lower than in the country as a whole.



Family Related Indicators

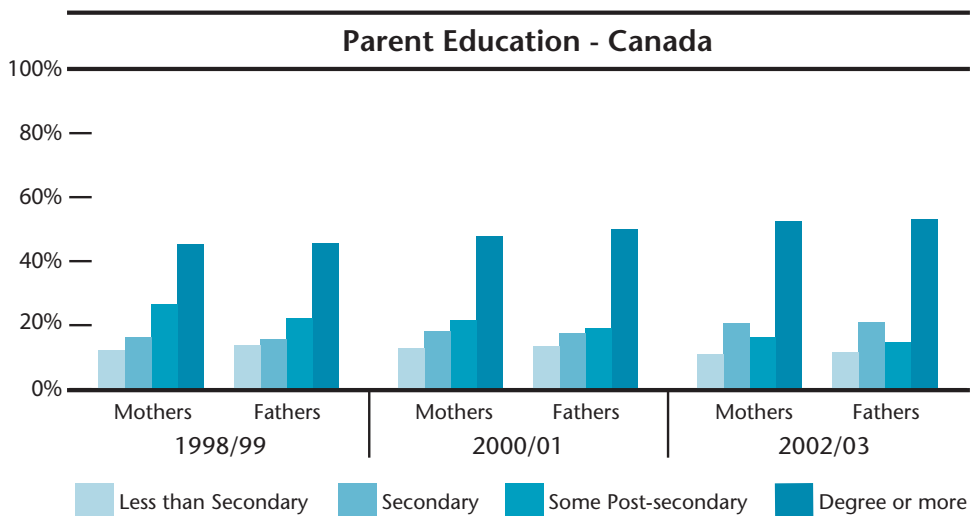
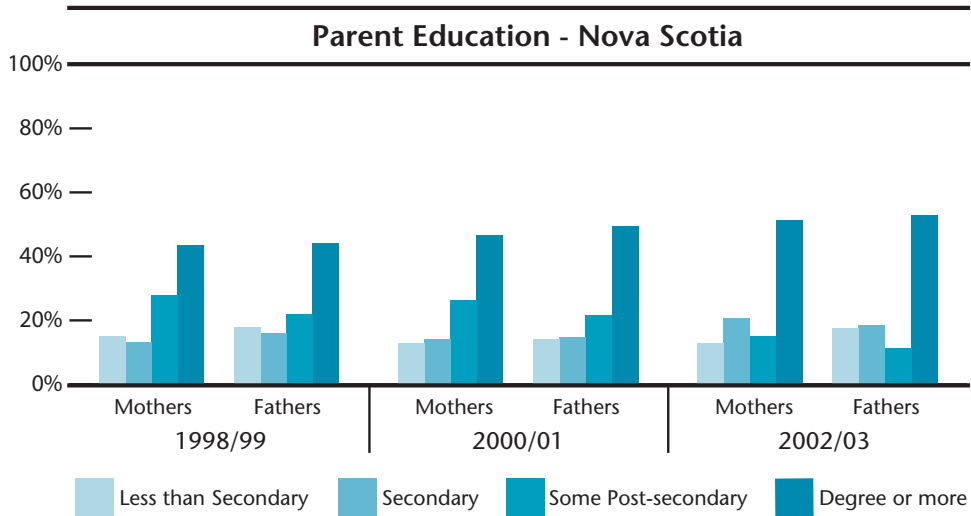
Parents are the primary support for their children and have a critical role in shaping how a child develops, both mentally and physically. Each child is born with a set of characteristics inherited from their parents that influence their well being. Genetic inheritance can provide protective as well as risk factors, whose impacts may be mediated by environmental influences. Family related indicators refer to measures of various aspects of parental health and behaviour that are known to impact on the health and well being of their children.

¹⁷ Source: Canadian Vital Statistics – Mortality, Summary List of Causes, 1998,1999 & 2000 (Statistics Canada); Exclusions: non-Canadian residents.



Parental Education ¹⁸

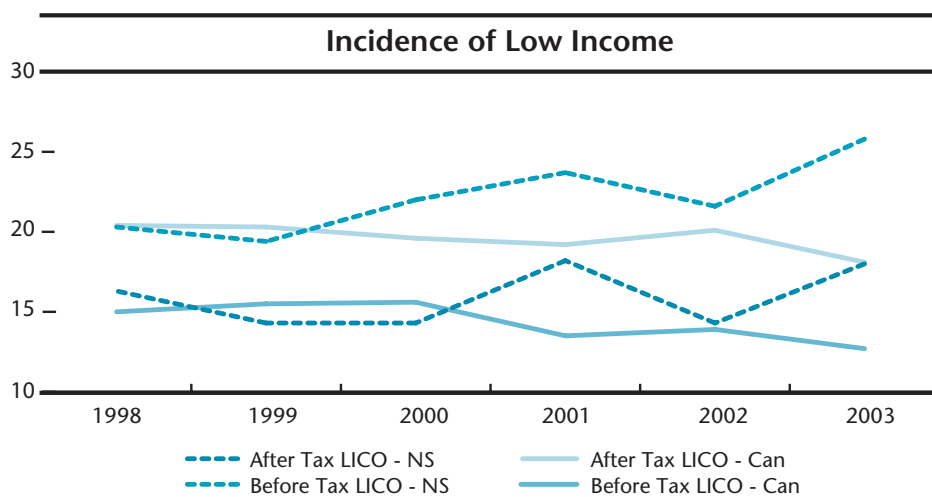
The education level of parents is an important aspect of socio-economic status. The value that a parent places on their child's education and level of academic achievement is also linked to the level of education the parent has attained. Educated parents tend to have educated children. Research has found consistent positive effects of parent education on all aspects of parenting including parenting styles, beliefs and childrearing philosophy. Educational achievement among parents of young children has increased slightly between 1998/99, 2000/01 and 2002/03 in Nova Scotia and Canada.



¹⁸ Source: Canadian Vital Statistics-Mortality, Summary List of Causes, 1998,1999 & 2000 (Statistics Canada); Exclusions: non-Canadian residents.

Parental Level of Income ¹⁹

Income can affect a child's development in several ways, including their physical, mental, social and academic development. Parental income level is measured by the After Tax and Before Tax Low Income Cut-Offs (LICO). The Before Tax LICO is set according to the proportion of annual pre-tax income from all sources spent on basic needs (food, clothing and shelter). The After Tax LICO is set according to the proportion of annual post tax income (total income after the deduction of income taxes) spent on basic needs. Low Income Cut-offs identify low-income families as families that spend a significantly higher proportion of their income on food, shelter and clothing than an average Canadian family of comparable size and community of residence. A household that spends 20% more on basic needs than the average family is considered to be living below the low-income cut-off. The LICO define a set of income cutoffs below which people may be said to live in straitened circumstances. The LICO are adjusted for community size and family size. The proportions of Nova Scotian families with young children living in straitened circumstances have fluctuated between 1998 and 2003. Because LICO are relative measures of all income measures, considerable variation can occur from year to year.

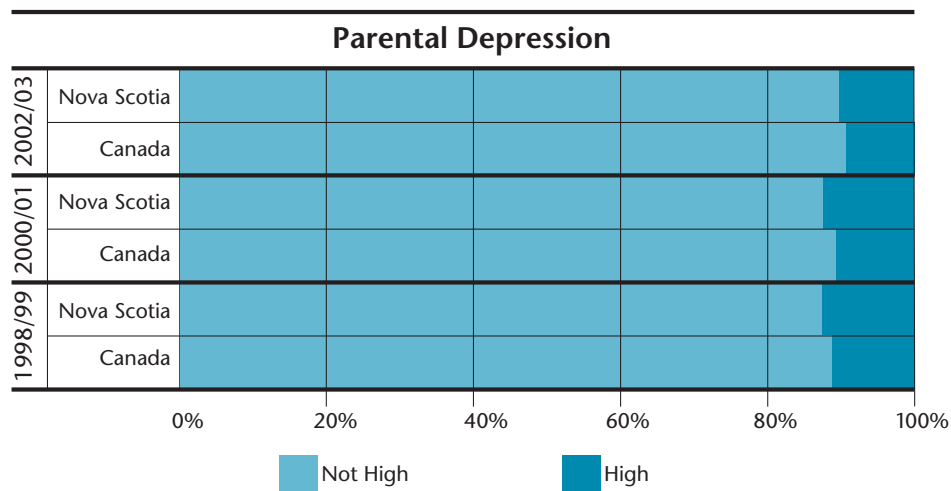


¹⁹ Source: Survey of Labour and Income Dynamics: Reference years 1998 – 2001; data based on provinces only.



Parental Depression 20

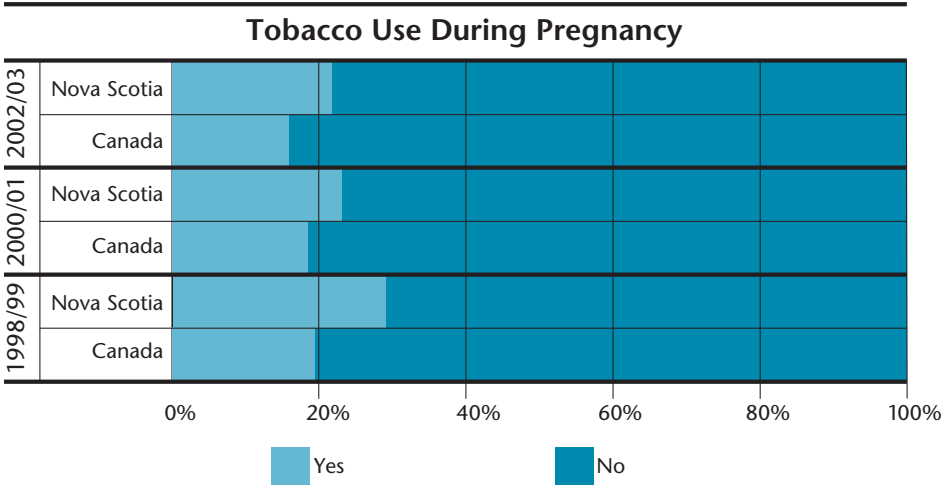
Depression among parents affects the entire family. Depressed parents are usually withdrawn, tired, despondent and pessimistic about the future. These are not healthy influences for children. Children raised by a depressed parent are more likely to have behaviour problems and poor cognitive development. Children in low-income households are more likely to be living with a parent suffering from depression. The stresses associated with raising children in straitened economic circumstances may contribute to depression among parents. The NLSCY uses a condensed version of the Statistics Canada Depression Rating Scale [CES-D]. The scale measures the occurrence and severity of symptoms associated with depression among the surveyed parents/guardians of young children. It does not represent the occurrence of clinically diagnosed depression. The proportions of parents in Nova Scotia reporting symptoms of depression are approximately equivalent and compare favourably with the Canadian data.



²⁰ Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4 – v2 (2000/01), Cycle 5 (2002/03) Child Questionnaire; Exclusions: children living in the Territories, children living on reserve, children living in institutions.

Tobacco Use During Pregnancy ²¹

Tobacco use is the leading cause of preventable disease and illness in Canada. Second-hand smoke is a serious health risk for anyone exposed to it. Fetuses and young children are especially vulnerable to the harmful effects of tobacco smoke in their environment. These effects include stillbirth, low birth weight, increased risk of sudden infant death syndrome, reduced lung development and increased incidence and severity of respiratory illness, such as asthma. Smoking in pregnancy has also been associated with other lifestyle factors including stress, nutrition and weight gain that collectively impact negatively on pregnancy outcomes. Reducing the number of women who smoke during pregnancy is an important public health objective. Smoking rates are highest among young women, poor people and those in remote communities. Persons who smoke also have higher rates of alcohol and drug use. Incidence of smoking is measured by the proportion of children one or younger whose mother smoked during her pregnancy with the child. The proportion of mothers smoking during pregnancy in Nova Scotia has declined since 1998/99.

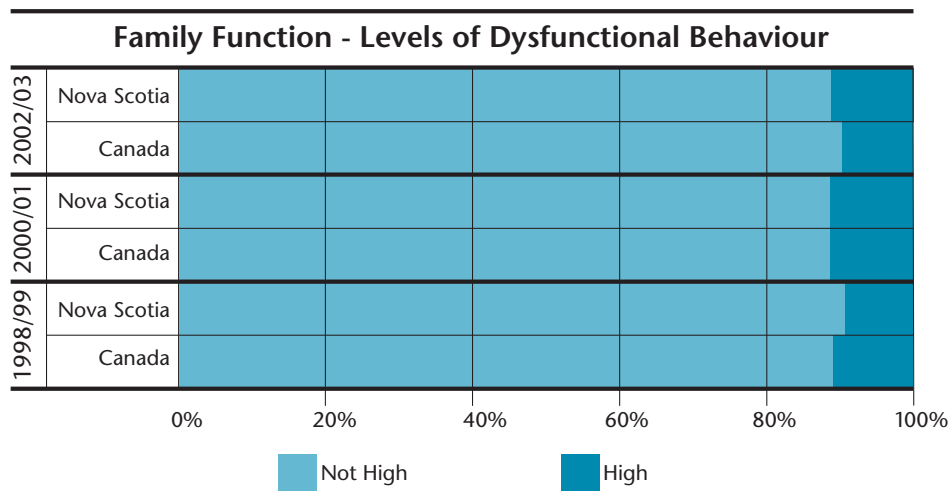


²¹ Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4 – v2 (2000/01), Cycle 5 (2002/03) Child Questionnaire; Exclusions: children living in the Territories, children living on reserve, children living in institutions, children aged 2 – 5.



Family Functioning ²²

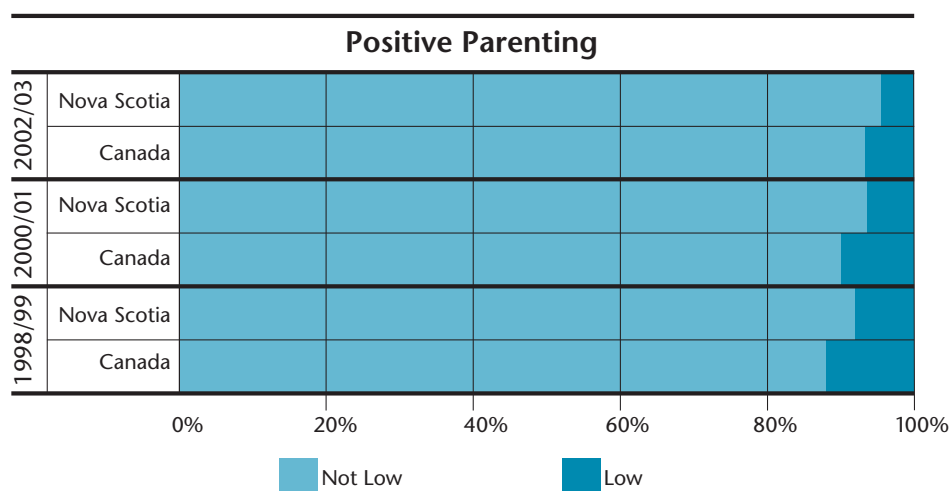
The family is the primary support for the healthy development of children. When the family has good communication, respect, trust, support and shared responsibility the child is more likely to develop positive social relationships, and appropriate behaviours and to become a responsible adult. The NLSCY asked parents a series of questions related to family functioning including questions about problem-solving practices, expressive communication, decision-making and levels of acceptance. It is important to note the scale does not reflect a clinical diagnosis. Families with high scores exhibit a high degree of dysfunctional behaviour. A dysfunctional family environment increases the likelihood of childhood behaviour and emotional problems such as aggression and anxiety. The proportions of families in Nova Scotia reporting low levels of family functioning are small and they are approximately equivalent to the Canadian data.



²² Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4 – v2 (2000/01), Cycle 5 (2002/03) Child Questionnaire; Exclusions: children living in the Territories, children living on reserve, children living in institutions.

Positive Parenting ²³

The NLSCY also asked parents a series of questions related to positive parenting practice. The purpose of the scale incorporated in the NLSCY is to measure certain positive parental interactions such as praising the child, playing with the child and laughing together. Children whose parents do not engage frequently in these types of positive behaviours have a higher risk for poor motor and social development and the development of negative social behaviours as they grow up. Positive parenting includes teaching the child socially and culturally acceptable behaviours and develops love, trust and respect between the parent and child. Positive parenting has been associated with positive personal and social behaviour on the part of the child and the development of a strong and lasting relationship between the parent and child. The proportions of parents who exhibit low positive parenting in Nova Scotia are relatively small and compare favourably with the Canadian data. Most parents in Nova Scotia (more than 90%) practice positive parenting behaviours with their children.

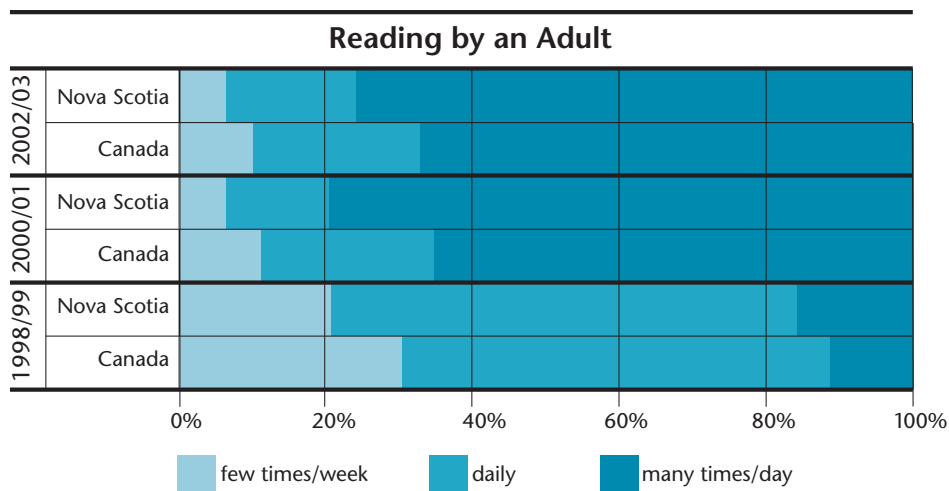


²³ Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4 – v2 (2000/01), Cycle 5 (2002/03) Child Questionnaire; Exclusions: children living in the Territories, children living on reserve, children living in institutions.



Reading by an Adult ²⁴

Adults who read to young children have a positive influence on a child's educational outcomes. In general, the more frequently a child is read to, the more positive the benefits to vocabulary and reading comprehension during the primary school years. Reading to children helps stimulate essential and continued brain development. It helps to expand their imaginations and their understanding of the world. Reading also provides an opportunity to spend time with children. The NLSCY asked how often the child is read to by a parent or another adult. There was a very significant increase in the incidence and prevalence of reading to a child by an adult between 1998/99 and 2000/01, which was subsequently maintained in 2002/03 in both Nova Scotia and Canada. More children are read to many times a day in Nova Scotia than in Canada.



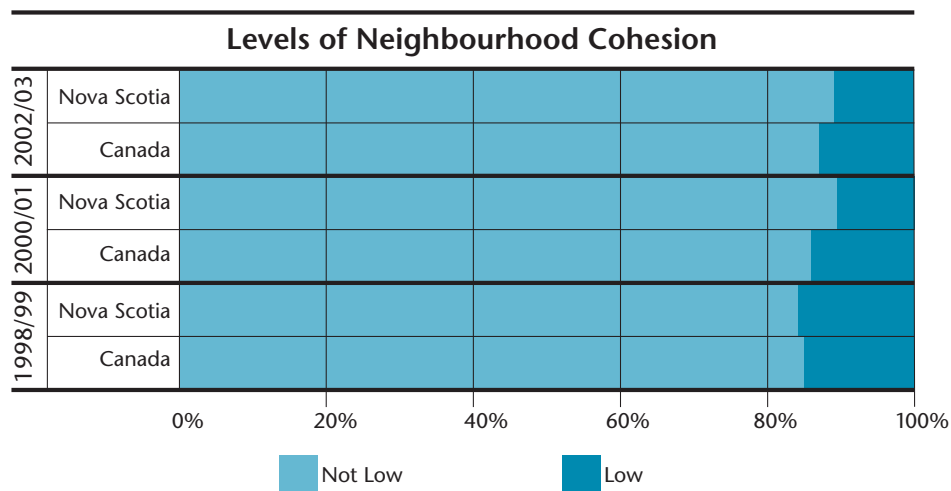
²⁴ Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4 – v2 (2000/01), Cycle 5 (2002/03) Child Questionnaire; Exclusions: children living in the Territories, children living on reserve, children living in institutions.

Community Related Indicators

Families, in turn, are affected by the physical, social, economic and community environments in which they live. Neighbourhoods are dynamic social environments that exert many influences on residents including children. Physical surroundings can greatly affect children's health and well being and research is beginning to show that growing up in a community that is perceived to have higher levels of cohesion, stability and social supports will lead to healthier child development. The NLSCY is the source of the indicators presented in this section. The NLSCY asked a series of questions meant to assess the extent of the presence or absence of certain neighbourhood characteristics. The Neighbourhood Cohesion Score and the Neighbourhood Safety Score are meant to illustrate the cohesion and safety of neighbourhoods children are living in as perceived by the person most knowledgeable about the child.

Neighbourhood Cohesion ²⁵

The Neighbourhood Cohesion Score is based on perceptions of trust of neighbours, the presence of adults who children can look up to, cooperation of neighbours in dealing with problems, watching out for children's safety and keeping an eye on other people's property when they are away. The Neighbourhood Cohesion Score ranges in value from 0 – 15 and higher scores indicate a higher level of cohesion in the child's neighbourhood. To identify low levels of neighbourhood cohesion, thresholds were established by taking the score closest to the 10th percentile based on the 1998/99 NLSCY for children in all provinces. The variable represents the proportion of children whose neighbourhoods exhibit lower levels of cohesion and those who do not. In Nova Scotia, there are slightly fewer parents who report lower levels of neighbourhood cohesion in 2000/01, 2002/03 than in 1998/99. The Nova Scotia results compare favourably with the Canadian results.

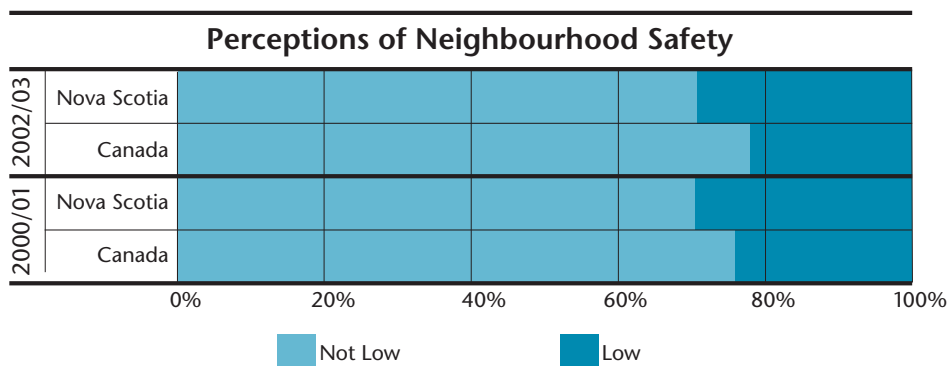


²⁵ Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4 – v2 (2000/01), Cycle 5 (2002/03) Child Questionnaire; Exclusions: children living in the Territories, children living on reserve, children living in institutions.



Neighbourhood Safety ²⁶

The Neighbourhood Safety Score is meant to assess various components about the neighbourhood, such as whether it is safe to walk in the community after dark, whether it is safe for children to play outside and the availability of safe play areas. These characteristics have been identified as having an influence on the overall physical and social development of children. Some neighbourhoods are actively involved in making their community a safer place by establishing programs such as Neighbourhood Watch. The Neighbourhood Safety Score ranges from 0 – 9 with higher scores indicating a greater sense of safety in the child’s neighbourhood. To identify low levels of neighbourhood safety, thresholds were established by taking the scale score that is closest to the 10th percentiles based on the 2000/01 data (these questions were not asked in the 1998/99 NSLCY) for children in all provinces. Approximately 30% of parents in Nova Scotia rated their neighbourhoods low on the Neighbourhood Safety Score. This is slightly higher than the comparable Canadian data.



²⁶ Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4 – v2 (2000/01), Cycle 5 (2002/03) Child Questionnaire; Exclusions: children living in the Territories, children living on reserve, children living in institutions.

Committed to Our Children

Research, knowledge and information are the foundation of evidence-based decision-making and are critical to informed policy development. The information presented in this section indicates we have many strengths upon which to build. Our goal is to work toward continually helping children get the best start in life by providing important supports to families and children. Nova Scotia is committed to continuing to report on the well being of children and will continue to work with our federal, provincial and territorial colleagues in order to inform future public policy decisions with respect to programs and services affecting children and their families.

Technical Note

The data included in this section come from several sources, including the National Longitudinal Survey of Children and Youth [NLSCY], the Survey of Labour and Income Dynamics [SLID] and Canada Vital Statistics. Some information previously reported is re-reported due to recalculation of population using the 2001 Census. Updating the sample weights for surveys, such as the NLSCY and SLID, is essential to ensure consistency between Statistics Canada's official population figures and the survey estimates that are based on estimates between census years.



Appendix: Financial Expenditures

Appendix A outlines actual provincial, Early Childhood Development Initiative (ECDI) and Multilateral Framework on Early Learning and Child Care (ELCC) expenditures in 2004 – 2005. Appendix B provides an overview of total provincial and federal early childhood development (ECD) expenditure from 2000 (baseline year) through to 2005. Appendices C to F provide expenditure summaries from 2000 – 2001 (baseline year), 2001 – 2002, 2002 – 2003 and 2003 – 2004. All expenditure summaries are provided by the Nova Scotia Department of Community Services.

All the figures reference Nova Scotia's four priority areas. As indicated in this document these reflect the four pillars identified in the *First Ministers' Meeting Communiqué on Early Childhood Development*, that is:

- Healthy Beginnings: Enhanced Home Visiting Initiative represents pillar one: Promote healthy pregnancy, birth and infancy
- Enhanced Parenting and Family Supports represents pillar two: Improve parenting and family supports
- Stabilizing and Enhancing Child Care represents pillar three: Strengthen early childhood development, learning and care
- Community Engagement and Infrastructure Support represents pillar four: Strengthen community support



Appendix A: Provincial and Federal ECD Expenditure Summary 2004 – 2005
(April 1, 2004 to March 31, 2005)

Program	Provincial Funding (\$)	Federal Funding (\$)	Total Actual Funding (\$)
Healthy Beginnings: Enhanced Home Visiting Initiative			
Healthy Beginnings: Enhanced Home Visiting Initiative	Nova Scotia Department of Health funding of home visiting unknown due to multifaceted role of public health staff	ECDI: 3,494,582	3,494,582
Sub-Total		3,494,582	3,494,582
Enhanced Parenting and Family Supports			
Family Resource and Parent Education	561,500	ECDI: 241,000	802,500
Child Care Information and Support	ECDI only	ECDI: 650,000	650,000
Early Language and Learning	ECDI only	ECDI: 740,000	740,000
Adoption Redesign	ECDI only	ECDI: 349,361	349,361
Sub-Total	561,500	1,980,361	2,541,861
Stabilizing and Enhancing Child Care			
Stabilization Grant	ECDI only	ECDI: 3,896,696	3,896,696
Training Initiative	ELCC only	ELCC: 974,089	974,089
Inclusion/Differential	1,452,092	ECDI: 605,200 ELCC: 371,471	2,428,763
Subsidy and Equipment Grants	8,134,994	ELCC: 1,153,612	9,288,606
Capacity Initiative	ELCC only	ELCC: 2,152	2,152
Other Child Care	2,880,315	ELCC: 201,577	3,081,892
Materials and Equipment	ECDI only	*ECDI: [21,944]	[21,944]
Child Development Centres	293,418	Provincial only	293,418
Early Intervention	2,026,612	Provincial only	2,026,612
ECDS Administration	373,705	Provincial only	373,705
ESIA Child Care	2,724,092	ECDI: 2,300,000	5,024,092
Sub-Total	17,885,228	9,482,853	27,368,081
Community Engagement and Infrastructure Support			
ECD Regional Collaboration Teams	ECDI only	ECDI: 2,598	2,598
Information Systems Development	ECDI only	ECDI: 312,097	312,097
Volunteer Initiative	ECDI only	ECDI: 19,981	19,981
Administration and Operations		ECDI: 1,396,138 **ELCC: 22,902	1,419,040
Sub-Total	ECDI and ELCC	1,753,716	1,753,716
Total Expenditure	18,446,728	16,711,512	35,158,240

* Funding issued in 2003 – 2004. Returned by recipients in 2004 – 2005.

** Includes \$8,000 for Website Enhancements: Child Care Connections-Nova Scotia.

Amounts are gross expenditures. Federal funds under National Child Benefit for Wards of \$1,643,756 are included.

Appendix B: Total Provincial and Federal ECD Expenditure Summary from 2000 (Baseline Year) to 2005

Program	2000 – 2001 Actual Baseline Funding (\$)	2001 – 2002 Actual Funding (\$)	2002 – 2003 Actual Funding (\$)	2003 – 2004 Actual Funding (\$)	2004 – 2005 Actual Funding (\$)	Total Actual Funding (\$)
Healthy Beginnings: Enhanced Home Visiting Initiative						
Healthy Beginnings: Enhanced Home Visiting Initiative	Nova Scotia Department of Health funding of home visiting unknown due to multifaceted role of public health staff	417,340	3,582,660	3,000,000	3,494,582	10,494,582
Sub-Total		417,340	3,582,660	3,000,000	3,494,582	10,494,582
Enhancing Parenting and Family Supports						
Family Resource and Parent Education	515,500 To family resource centres only	1,079,600	1,128,000	571,500	802,500	4,097,100
Child Care Information and Support	–	–	450,000	650,000	650,000	1,750,000
Early Language and Learning	–	–	567,500	727,500	740,000	2,035,000
Adoption Redesign	–	–	24,998	174,411	349,361	548,770
Sub-Total	515,500	1,079,600	2,170,498	2,123,411	2,541,861	8,430,870
Stabilizing and Enhancing Child Care						
Stabilization Grant	–	3,448,122	3,646,647	3,839,403	3,896,696	14,830,868
Training Initiative	–	–	1,306,380	1,093,906	974,089	3,374,375
New & Expanded Child Care	–	–	1,679,248	–	–	1,679,248
Material and Resources Grant	–	–	–	724,461	[21,944]	702,517
Inclusion/Differential	1,308,276	1,865,388	2,503,632	2,602,829	2,428,763	10,708,888
Subsidy and Equipment Grants	9,094,622	9,519,259	9,345,150	9,236,554	9,288,606	46,484,191
Capacity Initiative	–	–	–	–	2,152	2,152
Other Child Care	2,871,569	2,854,720	2,910,897	3,090,157	3,081,892	14,809,235
Child Development Centres	285,216	286,301	684,605	290,917	293,418	1,840,457
Early Intervention	1,612,125	1,897,742	1,897,572	1,901,383	2,026,612	9,335,434
ECDS Administration	581,368	565,279	339,964	359,395	373,705	2,219,711
ESIA Child Care	899,591	3,174,649	5,013,506	5,177,950	5,024,092	19,289,788
French Translation of ECD Training Materials	–	15,000	–	–	–	15,000
Sub-Total	16,652,767	23,626,460	29,327,601	28,316,955	27,368,081	125,291,864
Community Engagement and Infrastructure Support						
ECD Regional Collaboration Teams	–	–	20,000	–	2,598	22,598
Information Systems Development	–	–	400,000	450,000	312,097	1,162,097
Volunteer Initiative	–	–	–	–	11,945	11,945
Administration and Operations	–	109,129	671,458	1,190,258	1,427,076	3,397,921
Sub-Total	–	109,129	1,091,458	1,640,258	1,753,716	4,594,561
Total Expenditure	17,168,267	25,232,529	36,172,217	35,080,624	35,158,240	148,811,877

Note: ECD carry forward of \$4,685,200 from 2001 – 2002 to 2002 – 2003. Amounts are gross expenditures.

*Funding issued in 2003 – 2004. Returned by recipients in 2004 – 2005.

Appendix C: Provincial ECD Expenditure Summary 2000 – 2001 (Baseline Year)

Program	Total Actual Funding (\$)
Child Care Subsidies and Equipment Grants	9,094,622
Inclusion/Differential	1,308,276
Other Child Care	2,871,569
Child Development Centres	285,216
Early Intervention	1,612,125
ECDS Administration	581,368
ESIA Child Care	899,591
Family Resource Centres	515,500
Total Expenditure	17,168,267

Note: Nova Scotia ECD Baseline Report (2002) (Error on page 19 – Base Provincial Expenditure).

Amounts are gross expenditures. Federal funds received under National Child Benefits for Wards of \$939,867 are included.



Appendix D: Provincial and Federal ECD Expenditure Summary 2001 – 2002

Program	Provincial Funding (\$)	Federal Funding (\$)	Total Actual Funding (\$)
Healthy Beginnings: Enhanced Home Visiting Initiative			
Healthy Beginnings: Enhanced Home Visiting Initiative	Nova Scotia Department of Health funding of home visiting unknown due to multifaceted role of public health staff	417,340	417,340
Sub-Total		417,340	417,340
Enhancing Parenting and Family Supports			
Family Resource and Parent Education	1,079,600	Provincial only	1,079,600
Sub-Total	1,079,600	Provincial only	1,079,600
Stabilizing and Enhancing Child Care			
Stabilization Grant	ECDI only	3,448,122	3,448,122
Inclusion/Differential	1,586,832	278,556	1,865,388
Subsidy & Equipment Grants	9,372,599	146,660	9,519,259
Other Child Care	2,854,720	Provincial only	2,854,720
Child Development Centres	286,301	Provincial only	286,301
Early Intervention	1,897,742	Provincial only	1,897,742
ECDS Administration	565,279	Provincial only	565,279
ESIA Child Care	3,174,649	Provincial only	3,174,649
French Translation of ECD Training Materials	ECDI only	15,000	15,000
Sub-Total	19,738,122	3,888,338	23,626,460
Community Engagement and Infrastructure Support			
Administration and Operations	ECDI only	109,129	109,129
Sub-Total	ECDI only	109,129	109,129
Total Expenditure	20,817,722	*4,414,807	25,232,529

* ECD carry-forward of \$4,685,200 from 2001 – 2002 to 2002 – 2003.

Amounts are gross expenditures. Federal funds received under National Child Benefits for Wards of \$1,235,898 are included.



Appendix E: Provincial and Federal ECD Expenditure Summary 2002 – 2003

Program	Provincial Funding (\$)	Federal Funding (\$)	Total Actual Funding (\$)
Healthy Beginnings: Enhanced Home Visiting Initiative			
Healthy Beginnings: Enhanced Home Visiting Initiative	Nova Scotia Department of Health funding of home visiting unknown due to multifaceted role of public health staff	3,582,660	3,582,660
Sub-Total		3,582,660	3,582,660
Enhanced Parenting and Family Supports			
Family Resource and Parent Education	867,000	261,000	1,128,000
Child Care Resource and Referrals	ECDI only	ECDI: 450,000	450,000
Early Language and Learning	ECDI only	ECDI: 567,500	567,500
Adoption Redesign	ECDI only	ECDI: 24,998	24,998
Sub-Total	867,000	1,303,498	2,170,498
Stabilizing and Enhancing Child Care			
Stabilization Grant	ECDI only	ECDI: 3,646,647	3,646,647
Training Initiative	ECDI only	ECDI: 1,306,380	1,306,380
New and Expanded Child Care	ECDI only	ECDI: 1,679,248	1,679,248
Inclusion/Differential	1,308,276	1,195,356	2,503,632
Subsidy and Equipment Grants	9,064,843	280,307	9,345,150
Other Child Care	2,910,897	Provincial only	2,910,897
Child Development Centres	284,744	399,861	684,605
Early Intervention	1,897,572	Provincial only	1,897,572
ECDS Administration	339,964	Provincial only	339,964
ESIA Child Care	2,713,506	2,300,000	5,013,506
Sub-Total	18,519,802	10,807,799	29,327,601
Community Engagement and Infrastructure Support			
ECD Regional Collaboration Teams	ECDI only	ECDI: 20,000	20,000
Information Systems Development	ECDI only	ECDI: 400,000	400,000
Administration and Operations	ECDI only	ECDI: 671,458	671,458
Sub-Total	ECDI only	ECDI: 1,091,458	1,091,458
Total Expenditure	19,386,802	*16,785,415	36,172,217

* Includes carry forward of unspent federal/provincial/territorial ECD funds from 2001 – 2002.

Amounts are gross expenditures. Federal funds received under National Child Benefit for Wards of \$1,385,662 are included.

Note: Nova Scotia's Early Childhood Development Initiative Annual Report April 2003 (Error page 27: figures showed total allocation forecast and not actual); and Nova Scotia's Early Learning and Childcare Baseline Report 2003 (Error page 17: figures showed forecast and not actual).

Appendix F: Provincial and Federal ECD Expenditure Summary 2003 – 2004

Program	Provincial Funding (\$)	Federal Funding (\$)	Total Actual Funding (\$)
Healthy Beginnings: Enhanced Home Visiting Initiative			
Healthy Beginnings: Enhanced Home Visiting Initiative	Nova Scotia Department of Health funding of home visiting unknown due to multifaceted role of public health staff	ECDI: 3,000,000	3,000,000
Sub-Total		3,000,000	3,000,000
Enhanced Parenting and Family Supports			
Family Resource and Parent Education	561,500	ECDI: 10,000	571,500
Child Care Information and Support	ECDI only	ECDI: 650,000	650,000
Early Language and Learning	ECDI only	ECDI: 727,500	727,500
Adoption Redesign	ECDI only	ECDI: 174,411	174,411
Sub-Total	561,500	1,561,911	2,123,411
Stabilizing and Enhancing Child Care			
Stabilization Grant	ECDI only	ECDI: 3,839,403	3,839,403
Training Initiative	ECDI only	ECDI: 1,093,906	1,093,906
Material and Resources Grant	ECDI and ELCC only	ECDI: 410,461 ELCC: 314,000	724,461
Inclusion/Differential	1,370,329	*ECDI: 798,700 **ELCC: 433,800	2,602,829
Subsidy and Equipment Grants	8,781,193	ECDI: 455,361	9,236,554
Other Child Care	3,090,157	Provincial only	3,090,157
Child Development Centres	290,917	Provincial only	290,917
Early Intervention	1,901,383	Provincial only	1,901,383
ECDS Administration	359,395	Provincial only	359,395
ESIA Child Care	2,877,950	ECDI: 2,300,000	5,177,950
Sub-Total	18,671,324	9,645,631	28,316,955
Community Engagement and Infrastructure Support			
ECD Regional Collaboration Teams	–	–	–
Information Systems Development	ECDI only	ECDI: 450,000	450,000
Administration and Operations	ECDI only	ECDI: 1,190,258	1,190,258
Sub-Total	ECDI only	1,640,258	1,640,258
Total Expenditure	19,232,824	15,847,800	35,080,624

* ECDI includes \$498,700 for Supported Child Care Funding; and \$300,000 for Partnership for Inclusion.

** ELCC includes \$292,300 for Supported Child Care Funding; \$16,500 for Building Blocks: Strategies for Inclusion Training Program; and \$125,000 for Partnership for Inclusion.

Amounts are gross expenditure. Federal funds under National Child Benefit for Wards of \$1,551,190 are included.

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McCain, M. N. and Mustard, J. F. (co-chairs) (1999) *Reversing the Real Brain Drain: Early Years Study Final Report.* Toronto: Ontario Children's Secretariat.

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Recommended Early Childhood Development Websites

Centre of Excellence for Early Childhood Development
<http://www.excellence-earlychildhood.ca/>

Canadian Language and Literacy Research Network
<http://www.cllrnet.ca/>

Childcare Resource and Research Unit
<http://www.childcarecanada.org>

National Longitudinal Survey of Children and Youth
<http://www.statcan.ca/english/sdds/4450.htm>

Nova Scotia Department of Community Services
<http://www.gov.ns.ca/coms/>

Nova Scotia Department of Education
<http://www.ednetns.ca/>

Nova Scotia Department of Health
<http://www.gov.ns.ca/health/>

Nova Scotia Government
<http://www.gov.ns.ca/>

The National Child Benefit
<http://www.nationalchildbenefit.ca/>

Social Union Framework Agreement
<http://www.socialunion.gc.ca>

Understanding the Early Years
http://www11.sdc.gc.ca/en/cs/sp/commun/ar_6_6_7.shtml





Building strong, healthy communities together