

# Nova Scotia Early Childhood Development Report

2008–2010

## Child Well-Being Report

2009



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Printed: March, 2011



# Letter from the Minister

It is my pleasure to present Nova Scotia's 2008 – 2010 Early Childhood Development Progress Report and the 2009 Child Well-Being Report.

Ten years ago, federal, provincial and territorial ministers responsible for Social Services established the Early Childhood Development Communiqué to improve and expand early childhood development programs and services. Four areas of focus were identified:

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

Since 2000, more than \$390 million in federal and provincial funding has been spent to support the delivery of early learning and child care programs in Nova Scotia. This funding has helped to develop programs and services for families, enhance support for the early childhood sector and improve collaborative opportunities with other government departments and training institutions.

While great strides have been made, there is still work to do. We understand the value that a full range of integrated services can bring to children in their early years, and later in life, by fostering lifelong healthy development. We must continue our efforts to improve these services for children and their families. We will continue to work with the early childhood sector, families, community stakeholders and our government partners to ensure Nova Scotia families have every opportunity for success.

Sincerely,

A handwritten signature in black ink, appearing to read "Denise Peterson-Rafuse". The signature is fluid and cursive, with a large initial "D" and "R".

Hon. Denise Peterson-Rafuse  
Minister of Community Services



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# Introduction

It has been ten years since federal, provincial and territorial Ministers of Social Services committed to report to the public on investments as part of the 2000 Communiqué on Early Childhood Development. Since then, Nova Scotia has reported on investments in early learning and child care made as part of the 2001 Early Childhood Development Initiative (ECDI) and the 2003 Multilateral Framework on Early Learning and Childcare (ELCC). This report builds on provincial and federal investments in early childhood education and care since 2008 and provides an opportunity to reflect on early childhood trends and areas of growth since the collection of ECD data during the baseline year of 2000-2001.

In 2005, additional federal funding was committed as part of the Early Learning and Child Care Agreement-in-Principle to further support national strategic investments in early learning and child care. In May 2006, Nova Scotia released an Early Learning and Child Care Plan (the Plan). In 2007, the Agreement-in-Principle was replaced by the Child Care Spaces Initiative. In Nova Scotia's 2005 – 2008 report, we provided an overview of investments made as part of the Child Care Plan. Priority areas identified by Child Care Plan stakeholder consultations (2005) include early childhood educator (ECE) salaries, recruitment and retention, training and professional development opportunities, the cost of child care, operational grant funding to licensed child care facilities, options for children with developmental needs, child care facility spaces, and information for parents. Approximately \$208 million in federal funding has been received by the province as part of the ECDI/ELCC and the Child Care Plan from 2001 to 2010. Details are provided in the appendices.

Early childhood education and care (ECEC) policy has also been influenced by child well-being factors. Nova Scotia's 2009 Child Well-Being Report is included and provides indicators of well-being for physical health, early development, safety and security, and family and community (National Longitudinal Survey of Children and Youth).

Nova Scotia's child well-being trends identify:

- a high proportion of babies born with a healthy birth weight (approximately 79%);
- increased rates of breastfeeding among mothers with children under three years of age;
- a high percentage of children (birth to three years) having advanced motor and social development (more than 80%).

Federal and provincial investments in early learning and child care are key components of healthy child development, especially when they provide programs and services that support effective parenting within strong and cohesive families and enhance supportive and inclusive communities.<sup>1</sup> Quality child care positively impacts child development<sup>2</sup>. Continuing investment in early childhood education and care helps strengthen existing early childhood development programs and services and leads to positive outcomes for Nova Scotia children and their families. These outcomes include benefits not just for children, but for society as well, as quality early learning programs have been proven to produce outcomes for children later in life that enhance both social and economic vitality.<sup>3</sup>

<sup>1</sup> A Canada Fit for Children, 2004.

<sup>2</sup> The Economics of Child Care. (December 1997) U.S. Council of Economic Advisors. Accessed: April 15, 2010. Site: [http://www.policyalmanac.or/social\\_welfare/archive/child\\_care\\_economics.shtml#exec](http://www.policyalmanac.or/social_welfare/archive/child_care_economics.shtml#exec)

<sup>3</sup> Calnan, L, Tarr-Whelan, L (April 2005) Early Childhood Education for All: A Wise Investment. <http://www.familyinitiative.org>

# ECD Investment Areas for Action

The following categories represent Nova Scotia's priority areas for investment with respect to the First Ministers' Communiqué on Early Childhood Development.

ECD Investment Area	Description	Objectives
<b>Promote Healthy Pregnancy, Birth and Infancy</b>	<p>Pre-natal, birth and infancy experiences have a profound effect on the health and well-being of infants and young children and contribute to continuing good health. This priority addresses needs related to the prenatal, birth and infancy periods and includes supports for pregnant women, new parents, infants and care providers.</p>	<ul style="list-style-type: none"> <li>• Enable pregnant women, their partners and their families to achieve a healthy pregnancy, optimal birth outcomes and positive adaptation to parenting.</li> <li>• Promote the optimal physical, cognitive, emotional and social development of all children in Nova Scotia.</li> <li>• Enhance the capacity of parents to support healthy child development.</li> <li>• Enhance the capacity of communities to support healthy child development.</li> <li>• Contribute to a coordinated, effective system of child development services and supports for children and their families.</li> </ul>
<b>Enhanced Parenting and Family Supports</b>	<p>Parents and families have the primary responsibility for the care of their children. This priority addresses the needs related to positive parenting and includes supports for parents and caregivers.</p>	<ul style="list-style-type: none"> <li>• To promote the healthy development of children.</li> <li>• To partner with communities in recognizing parents' roles in the healthy development of children.</li> <li>• To promote the development of children's language and emergent literacy by supporting parents and early childhood educators.</li> </ul>
<b>Strengthen Early Childhood Development, Learning and Care</b>	<p>Quality early childhood development, learning and care have been shown to promote physical, language and motor skills; and social, emotional and cognitive development. This priority includes supports that promote healthy development, provide opportunities for interaction and play, help prepare children for school and respond to the diverse and changing needs of families.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• To stabilize and enhance the quality of licensed child care.</li> <li>• 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.</li> <li>• To promote the inclusion of infants and young children in community-based child care programs and staff training to best meet the needs of children of varying abilities.</li> <li>• 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.</li> <li>• To further assist early childhood educators with opportunities for training and access to information and support on child-related issues.</li> </ul>
<b>Strengthen Community Engagement and Infrastructure Supports</b>	<p>Communities make key contributions to the well-being of children through formal and informal networks. This priority includes supports to strengthen community capacity to meet the needs of children and families from a healthy community perspective.</p>	<ul style="list-style-type: none"> <li>• To promote the development of healthy children.</li> <li>• To promote evidence-based decision making through the development of accurate and timely information.</li> <li>• To report on early childhood development to ensure accountability.</li> </ul>

# Promote Healthy Pregnancy, Birth and Infancy



Early Childhood Development Initiative (ECDI) funding is provided to the Department of Health Promotion and Protection for Healthy Beginnings: Enhanced Home Visiting (HB: EHV). Funding is distributed to the District Health Authorities (Public Health Services) to implement this initiative at the local level. Healthy Beginnings: Enhanced Home Visiting builds on existing programs and services offered by Public Health Services and supports home visiting for families facing challenges during the first three years of their child’s life. The 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		
<b>Launch Date:</b>	June 2002	
<b>Funding Source (\$):</b>	2008/09 ECDI: 3,500,000	2009/10 ECDI: 3,500,000
<b>Target Population:</b>	Families facing challenges who may benefit from additional support	
<b>Lead Department:</b>	Nova Scotia Department of Health Promotion and Protection	
<b>Delivery Agents:</b>	District Health Authorities (Public Health Services)	
<b>Program Description:</b>	Healthy Beginnings: Enhanced Home Visiting is a voluntary, strengths-based, and family-centered home-visiting program offered by Public Health Services. The program builds on the continuum of programs and services offered by Public Health Services to families during pregnancy, post-partum and early childhood.	
<b>Program Goals:</b>	Refer to program objectives (page 8).	

# Program Activities **Healthy Beginnings: Enhanced Home Visiting**

April 2008 - March 2010

**Identify program families:** Standardized screening and assessment is used to identify families who will benefit most from enhanced home visiting and/or additional services.

**Strengthen supports for families:** To maintain the program standard for staff competencies, ongoing priority training and curriculum support are provided. Training is an important element that contributes to the success of the enhanced home visiting program. There are standardized core and curriculum training requirements. Core training focuses on a strength-based family-centered philosophy and the specific principles and components of a home visit.

## **Enhance quality of service:**

- Continuous improvements to the screening and assessment process.
- Ongoing identification of efficiencies within the system to maintain the integrity of the program and quality of support to families.
- The Healthy Beginnings: Enhanced Home Visiting (HB:EHV) Provincial Trainer successfully completed the mentoring and certification process. Certification included completion of standardized training, evaluation, and demonstration of specific competencies identified by the certification body. To retain certification, the Provincial Trainer is required to plan and deliver two training sessions per year. Each training session is one week in length, and available for home visitors, supervisors and public health partners.
- Production of the DVD, "Healthy Beginnings: Enhanced Home Visiting", showcasing families' first-hand stories of their experience in the Enhanced Home Visiting Program. The DVD was completed and released in 2009.

**Conduct a program evaluation:** A comprehensive provincial evaluation framework was developed in 2004 and implemented in several phases. Phase 1 (2006) and Phase 2 (2007) explored program implementation and improvement. Phase 3 is focused on family outcomes and will be implemented in stages across the province. South Shore Health, South West Health and Annapolis Valley Health were the first to implement Phase 3 (March to September 2009).

Phase 3 of the evaluation is focused on answering the following questions:

- To what degree are the program's outcomes (i.e. parenting capacity) being achieved? If these outcomes are not being achieved, why not?
- To what degree are mid-term outcomes (i.e. parenting practices) improving as a result of the program? If these outcomes are not being achieved, why not?
- Are families progressing towards their goals?

An external evaluation team conducted the outcome evaluation and released the report *Evaluation of the Healthy Beginnings Enhanced Home Visiting Program* in September 2009. The evaluation team collected data through focus groups, story sharing sessions with families and the Family Outcomes Survey; a story sharing session with program providers, and an analysis of existing data collected through the Nursing Child Assessment Satellite Training (NCAST) Feeding Scale. Eighty-four families completed the family survey (78% return rate, 108 surveys), while 30 families participated in focus group sessions.

**Launched provincial database:** A provincial database to support the HB:EHV program was launched in 2006. The database was expanded in 2008 to improve data quality and capture additional information. Data reports are not available.

## Program Indicators **Healthy Beginnings: Enhanced Home Visiting**

Investment Period: 2008-09 and 2009-10	
<b>Availability</b>	
Program delivery	The Healthy Beginnings: Enhanced Home Visiting program is delivered province-wide by nine District Health Authorities (DHAs).
<b>Accessibility</b>	
Target population served	Families identified through the screening and assessment process.
<b>Affordability</b>	
Program cost	There is no fee charged to families to participate in the program.
<b>Quality</b>	
Improvement in education and training of service providers	Standardized core training continues for new and existing community home visitors and their supervisors. The HB:EHV Provincial Trainer has completed the certification process.
Monitoring of provincial program standards	The monitoring of provincial program standards is ongoing.
Partnership approach	<p>Healthy Beginnings teams continue to support implementation of HB: EHV at the local level.</p> <p>Continued strengthening of community partnerships with family resource programs and local service providers.</p> <p>The Provincial Evaluation Steering Committee includes members from academia, federal, provincial and district public health system staff and other Nova Scotia government departments.</p>
Data collection	Phases 1 and 2 of the provincial program evaluation are complete. Work is underway to use the findings from Phase 2 to inform program improvements. Phase 3 (outcome evaluation) was completed in 2009 in the South Shore Health, South West Health and Annapolis Valley Health Districts.
Program evaluation	The findings of the outcome evaluation reveal that short and mid-term outcomes of the program are being met. The HB:EHV program has provided practical information and hands-on resources and supports to build parenting knowledge and skills, contributing to the program's success.

# Enhanced Parenting and Family Supports



One of the priorities of early childhood development is to provide opportunities for parent education and to develop new support networks to meet the needs of both parents and caregivers in the community. In 2008, project dollars for the Parent Education and Support Grant, Child Care Information and Support Grant and Early Language and Learning Grant were converted into core funding for Family Resource Programs receiving ECDI funding. The new Family Resource and Parent Education Grant increases opportunities for family resource programs to provide parenting and family support programs and services tailored to meet the needs of their communities.

## Family Resource and Parent Education Grant

<b>Launch Date:</b>	April 2008	
<b>Funding Source (\$):</b>	2008/09 <b>Provincial:</b> 561,500 <b>ECDI:</b> 1,527,313	2009/10 <b>Provincial:</b> 561,500 <b>ECDI:</b> 1,596,000
<b>Target Population:</b>	Families across Nova Scotia looking to enhance their knowledge, skills and/or gain support in their effort to raise healthy children.	
<b>Lead Department:</b>	Nova Scotia Department of Community Services	
<b>Delivery Agents:</b>	Family resource programs	
<b>Program Description:</b>	Programs and services delivered to children and their families in communities, in the areas of parent education and learning, family support, child and youth development, and early learning and literacy.	
<b>Program Goal:</b>	To support the healthy development and well-being of children and their families.	
<b>Program Objectives:</b>	To enhance the capacity of family resource programs to provide programs and services to children and their families by: <ul style="list-style-type: none"> <li>• providing programs and services that respond to the needs of children and their families within communities;</li> <li>• providing services in an outreach capacity to address access and transportation barriers;</li> <li>• complementing other sources of funding to develop a comprehensive continuum of supports and services for children and their families.</li> </ul>	

## Program Activities Family Resource and Parent Education Grant

April 2008 – March 2010

Family resource programs provide community-based programs and services that support the healthy development and well-being of children and youth by strengthening and empowering families and communities. Family resource program core funding recognizes that children and youth grow and develop within the context of families and communities (an ecological model of development). This holistic approach to supporting positive outcomes for children and youth is family-focused and involves parents and family members in consideration of the broader community and cultural context.

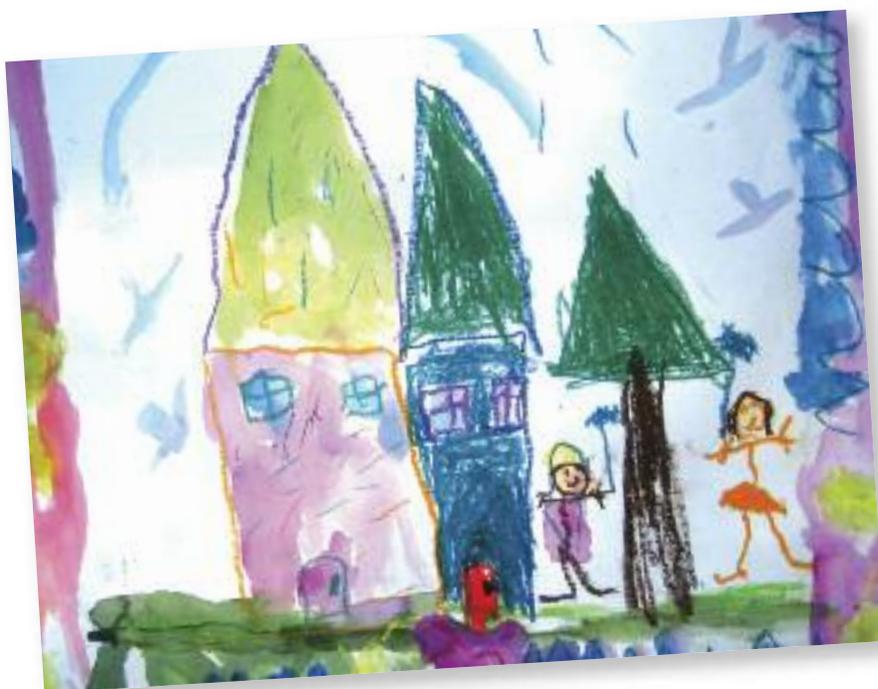
The following categories of programs and services collectively represent a comprehensive approach to family resource programming. Organizations receiving family resource core funding provide programs and services that are included in all or some of these categories, depending on available resources and existing programs and services that may complement this funding.

**Parent education and learning:** parenting programs and workshops, pre-natal and post-natal programs, resource lending library and parent support groups.

**Family support:** life skills development and education programs/workshops, drop-in programs, supportive counseling, crisis management, home visiting, information/referrals/linkages, offering child care while parents attend programming, transportation, respite, clothing exchange, community kitchens and nutrition education, and community events.

**Child and youth development:** life skills development and education programs/workshops, parent-child interactive programs, play-based learning programs, toy lending libraries, youth summer day programs and after-school programs.

**Early learning and literacy:** early literacy and family literacy programs, early language development programs and supports.



## Program Indicators Family Resource and Parent Education Grant

Investment Period >	2008-09	2009-10
<b>Availability</b>		
# of program sites	19 family resource programs	
# of parents participating*	7,872	7,816
# of children participating*	7,631	8,192
	*These figures may include repeat attendance.	
<b>Accessibility</b>		
Location	Programs and services are located in 19 sites across Nova Scotia. Outreach programs and services are provided in a number of outlying areas.	
<b>Affordability</b>		
Program cost	Program is provided free of charge.	
<b>Quality</b>		
Provision of Core Services	Programs and services are provided in the following areas: <ul style="list-style-type: none"> <li>• Parent education and learning</li> <li>• Family support</li> <li>• Child and youth development</li> <li>• Early learning and literacy</li> </ul>	
Partnerships and Collaboration	Partnership and collaboration with a wide range of service providers and organizations including: Public Health Services, Public Health Agency of Canada, Children and Family Services, Nova Scotia Hearing and Speech Clinics, Child & Adult Mental Health Services, Housing Authorities, schools, community based organizations, employment and income support programs, libraries, universities, and primary health care.	

# Strengthen Early Childhood Development, Learning and Care



Parents may choose different types of care for their child. Child care licensed under the Day Care Act and Regulations includes child care facilities and family home day care agencies. Trained early childhood educators are an important component in the delivery of daily child care programs. Since 2001, the province has implemented various approaches to promote the stabilization and enhancement of child care which are discussed in detail in this section.

## Nova Scotia's Early Learning and Child Care Plan

Through Expansion funding, approximately 1300 new child care spaces licensed under the Day Care Act and Regulations will be created. This supports the priority area identified during the 2005 Plan consultations to increase the number of child care spaces in licensed child care facilities. More than 2600 parents, early childhood educators and community members participated in the consultation. The ELCC Plan has supported the funding of additional child care spaces and facility upgrades to improve energy efficiency through grants and/or loans to licensed commercial and non-profit child care facilities, and family home day care (FHDC) agencies. During 2008-10, the Plan funded the following programs:

- **Expansion and Replacement Loan**

- The Expansion and Replacement Loan received a total of approximately \$18.9 million in approved funding. This funding marks the second and third release of this program.
- 25 child care facilities were approved for funding. This program helps child care facilities expand their licensed capacity through a low interest loan.

- **Repair and Renovation Loan**

- The Repair and Renovation Loan received approximately \$1.3 million in approved funding. This funding marks the third and final release of this program.
- 80 centres were approved for Repair and Renovation funding. This program provides funding to facilities to improve or enhance the physical environment and grounds of the centres through repairs, renovations and improvements.

- **Energy Upgrade Grant**

- 2008/09 funding: \$1,279,489
- 276 facilities received grant funding

In addition to the creation of new child care facility spaces, the Plan has also provided funding to increase the number of spaces in regulated family home day care.

- The **Family Home Day Care (FHDC)** Program gives parents the option of choosing regulated child care offered by an approved family home day care provider.
- As of March 31, 2010 there were nine FHDC Agencies and 80 family home day care providers in the province.
- ELCC Plan funding for the FHDC program:
  - \$398,551 (2008/09)
  - \$496,098 (2009/10)

## Early Childhood Education Training Initiative

**Launch Date:** November 2002

**Funding Source (\$):** 2008/09 2009/10  
**Child Care Plan:** 800,000 **Child Care Plan:** 800,000

**Target Population:** Students entering the field, those enrolled in training programs, and current members of the early childhood workforce.

**Lead Department:** Nova Scotia Department of Community Services

**Delivery Agents:** Educational institutions and associated programs

**Program Description:** The Early Childhood Education Training Initiative provides opportunities for the development and delivery of early childhood education pre-service and in-service training and support services by educational institutions and associated programs.

**Program Goal:** To enhance the knowledge and expertise of early childhood students and staff through the delivery of accessible and affordable pre-service and in-service training and support services.

**Program Objectives:**

- To enhance the level of training of early childhood educators.
- To provide training opportunities to support ongoing professional development.
- To support and retain early childhood staff currently working in the field.
- To recruit and train students to enter the early childhood field.



## Program Activities Early Childhood Education Training Initiative

April 2008-March 2010

Programs funded to deliver training and support services to the early childhood development sector are: Le Centre provincial de ressources préscolaires (CPRPS); Mount Saint Vincent University (MSVU); the Institute for Human Services Education (IHSE); Nova Scotia Community College (NSCC - Burrigge, Kingstec and Cumberland Campuses); and the Nova Scotia College of Early Childhood Education (formerly St. Joseph's College of Early Childhood Education). Services include: academic, employment and counseling services to support the pre-service community; the maintenance and enhancement of six ECD Support Sites that provide resources and tools for pre-service and in-service professionals; accessible and affordable training and professional development opportunities offered on-line and in regional locations; mentoring and program support services, as well as opportunities for facility directors/coordinators to network.



## Recruitment and Retention Strategy

In 2008, the province developed a Recruitment and Retention Strategy to respond to current and future demand to recruit and retain early childhood educators working in licensed child care facilities and family home daycare agencies. The strategy includes:

- The launch of a **Continuing Education Program** in June 2008. The program provides financial support to early childhood staff to continue their education and enhance their skills and qualifications. The program provides reimbursement for continuing education courses to eligible staff working in licensed child care facilities or family home day care agencies.
  - As of March 31, 2010 there were 111 participants in the program.
  - To date, 277 continuing education courses have been completed for which participants have been reimbursed.
- The launch of an **Early Childhood Education Assistance Program** in April 2008. The program provides a debt reduction incentive to eligible early childhood education graduates who successfully complete an ECE diploma; Bachelor of Applied Arts, Child and Youth Study degree BAA (CYS); or Master of Applied Arts, Child and Youth Study degree MA (CYS) from an approved ECE program. Graduates are required to work in a licensed child care facility or family home day care agency for a required number of hours to receive reimbursement for their diploma/degree from the Department.
  - As of March 31, 2010 there were 25 participants in the program.
  - Applications have been received for diploma as well as Bachelor and Masters degree programs.
- ELCC Plan funding:
  - \$26,784 (2008/09)
  - \$288,842 (2009/10)

## Program Indicators Early Childhood Education Training Initiative

Investment Period >	2008-09	2009-10
<b>Availability and Accessibility</b>		
# of program sites	<ul style="list-style-type: none"> <li>• Six Early Childhood Development (ECD) resource centre support sites.</li> <li>• Three Early Childhood Education (ECE) diploma awarding programs located at six different sites, plus part-time delivery in regional locations.</li> <li>• A BAA (CYS) degree program and MA (CYS) degree program.</li> </ul>	
# of clients served	Professional Development (PD) workshop participants: 2,342	PD workshop participants: 3,621
Supporting extended and distance education, and flexible hours of operation	<ul style="list-style-type: none"> <li>• Alternative delivery methods and distance education</li> <li>• PD workshops delivered in regional locations</li> </ul>	
	PD Workshops: 138	PD Workshops: 162
<b>Quality</b>		
Enhancements to training and support	Raise the training level of early childhood educators (ECEs) by providing training opportunities to support ongoing professional development.	
Leadership development	<p>Two certificate programs were developed during 2009-2010:</p> <ul style="list-style-type: none"> <li>• Early Childhood Administrator Continuing Education Certificate Course (MSVU)</li> <li>• Leadership/Mentorship Development Program, which leads to a certificate of accomplishment (NSCC)</li> </ul> <p>Delivery of these programs is scheduled to start in fall 2010. These programs have been developed to enhance leadership skills in the early childhood sector.</p>	
Compensation	Licensed child care facilities and family home day care agencies may provide financial compensation to staff to increase training levels through diploma/degree study, or professional development opportunities.	
Recruitment and retention*	New and enhanced professional development training opportunities help attract and retain professionals in the early childhood sector.	
	Development of a Continuing Education Program and an Early Childhood Education Assistance Program for child care staff.	
	Enrollment in ECE diploma programs: 150 full-time students	Enrollment in ECE diploma programs: 223 full-time students
	Graduates of degree program: 40 students	Graduates of degree program: 68 students
	*Approximate numbers based on information received from ECE degree granting and diploma institutions.	
Physical environment; health & safety; and learning environment	Early childhood pre- and in-service training and professional development opportunities enhance the knowledge and expertise of staff to improve the early childhood environment and to foster children's well-being and healthy development.	

## Program Indicators continued from p. 22

Investment Period >	2008-09	2009-10
<b>Inclusive</b>		
Special needs programming and supports	<p>Some professional development workshops focus on programming information to support the inclusion of children of varying abilities. These include:</p> <ul style="list-style-type: none"> <li>• A Special Education certificate study program for early childhood educators. Students can complete the certificate full-time or part-time. The program introduces students to a range of intervention methods through theoretical and practical experiences.</li> <li>• An Early Years Inclusive Education Certificate part-time program for professionals working in the early childhood field. The certificate includes five modules, covering topics like inclusion and early intervention, differences in learning and behaviour, communication concerns, and physical differences.</li> </ul>	
Linguistically appropriate resources and training	<p>Le Centre provincial de ressources préscolaires (CPRPS) offers translation services and on-going training and professional development opportunities to Acadian and Francophone ECEs.</p>	



# Nova Scotia Child Care Stabilization Grant

**Launch Date:** November 2001

<b>Funding Source (\$):</b>	2008/09	2009/10
	<b>ECDI:</b> 4,500,000	<b>ECDI:</b> 4,500,000
	<b>Child Care Plan:</b> 803,793	<b>Child Care Plan:</b> 996,274

**Target Population:** Early childhood staff working in licensed full-day child care facilities.

**Lead Department:** Nova Scotia Department of Community Services

**Delivery Agents:** Licensed full-day child care facilities.

**Program Description:** The purpose of the Nova Scotia Child Care Stabilization Grant program is to provide funding to licensed full-day child care facilities to support early childhood staff wages, benefits and training.

**Program Goal:** Increased recruitment and retention of early childhood staff.

**Program Objectives:** To stabilize the child care workforce in Nova Scotia by recognizing the important role of qualified and trained staff to support the healthy development of children. Better wages and benefits help attract and keep qualified early childhood staff.

## Program Activities Nova Scotia Child Care Stabilization Grant

April 2008 - March 2010

In accordance with enhancements to Stabilization Grant funding in September 2007 and January 2008, increases in funding continue to support enhanced wages and professional development opportunities for early childhood staff. To improve wages and assist in attracting/retaining full-time equivalent (FTE) staff, funding amounts were increased as follows: \$4,500/year per degree/diploma staff, \$4,200/year per equivalent staff, and \$1,200/year per untrained staff; according to staff:child ratios in the *Day Care Regulations*.

## Child Care Operating Grant (CCOG)

The Child Care Operating Grant (CCOG) was launched in 2007 to provide annual funding to licensed child care facilities. This funding was used to promote the enhancement of staff salaries and benefits, aid in recruitment and retention, and help with other operational expenses. Total program funding:

- 2008/09: \$2,882,579 (Provincial)  
\$3,992,300 (ELCC Plan)
- 2009/10: \$3,132,409 (Provincial)  
\$4,857,416 (ELCC Plan)

As of March 31, 2010:

- 269 full-day facilities received CCOG funding
- 98 part-day facilities received CCOG funding

### **Moving Forward 2009/10...**

In 2009/10, components of the Stabilization Grant and the Child Care Operating Grant (CCOG) were considered in the development of the new Early Childhood Enhancement Grant (ECEG). Effective April 2010, the ECEG provides funding support to licensed full- and part-day child care facilities to enhance the salaries of child care educators and support recruitment and retention. Eighty percent of the grant funding is to be used to support the salary and benefits of early childhood educators who provide direct care for children (based on education and training levels). The remaining 20% can be used as follows: 15% for operating expenses and 5% for professional development.

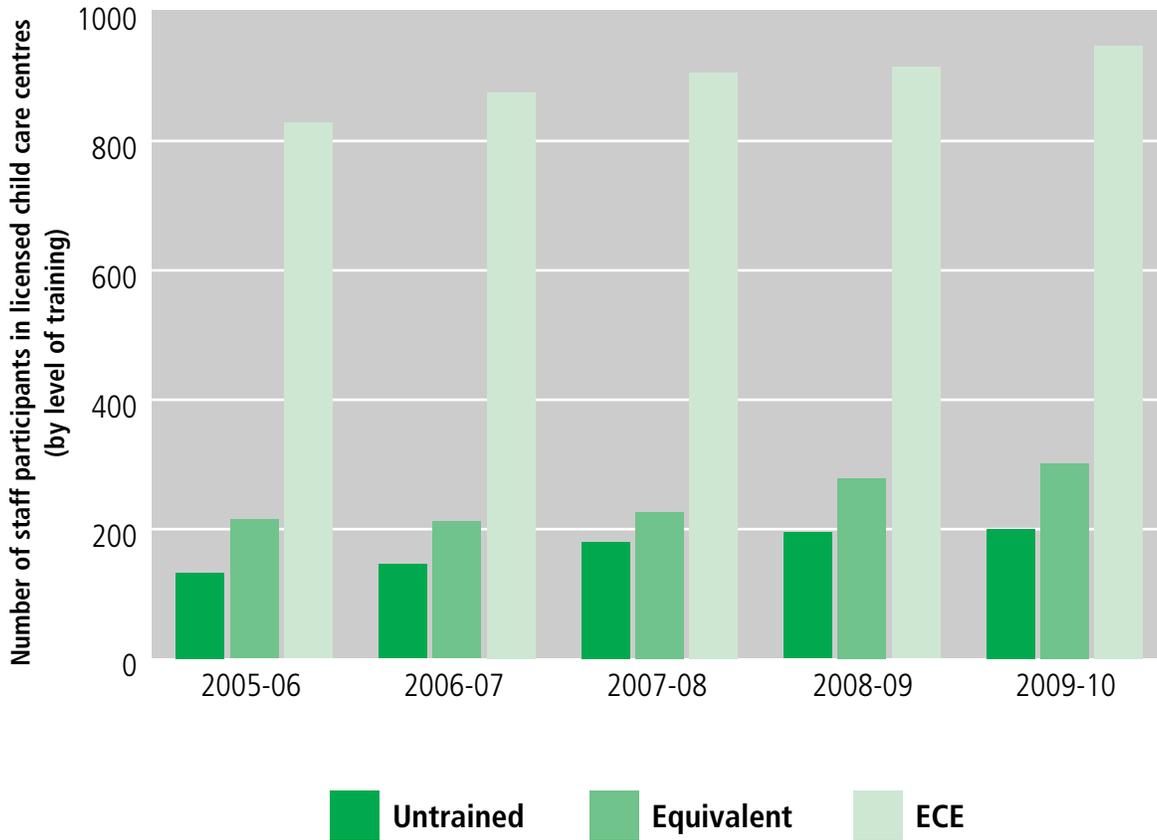


## Program Indicators Nova Scotia Child Care Stabilization Grant

Investment Period >	2008-09	2009-10
<b>Availability</b>		
# of program sites	251 licensed full-day facilities	266 licensed full-day facilities
# of clients served	Full-Time Equivalent (FTE): ECE's: 914 Equivalent: 279 Untrained: 195	Full-Time Equivalent (FTE): ECE's: 947 Equivalent: 302 Untrained: 200
	Percentage of ECE staff: 66%	Percentage of ECE staff: 65%
	Percentage of Equivalent: 20%	Percentage of Equivalent: 21%
<b>Accessibility</b>		
Increase in % of target population served (since previous year)	<p>5.8% increase in FTE staff in receipt of the Grant.</p> <p>(1,312 full-time staff received the grant in 07/08).</p> <p>There was a 3.7% increase in the number of licensed full-day facilities that received the Grant (242 in 07/08).</p>	<p>4.4% increase in FTE staff in receipt of the Grant, as noted above.</p> <p>There was a 6% increase in the number of full-day facilities that received the Grant, as noted above.</p>
<b>Affordability</b>		
Enhancement to staff wages	The Grant provides a wage increment to early childhood staff employed by licensed full-day child care facilities receiving grant funding.	
<b>Quality</b>		
Improvement in education/training of service providers	Licensed child care facilities may portion a percentage (20%) of the grant to assist with training and professional development.	

As noted in the program indicators table, the chart below illustrates the percentage of full-time equivalent (FTE) staff receiving Stabilization Grant Funding.

### Nova Scotia Child Care Stabilization Grant: Indicators



# Child Care Subsidy Program

**Launch Date:** Early 1970s, Child Care Subsidy Program July 2000, Portable Subsidy

<b>Funding Source (\$):</b>	2008/09	2009/10
	<b>Provincial:</b> 7,551,905	<b>Provincial:</b> 7,201,159
	<b>ELCC:</b> 2,700,200	<b>ELCC:</b> 2,635,000
	<b>Child Care Plan:</b> 3,526,300	<b>Child Care Plan:</b> 5,581,800

**Target Population:** Eligible families

**Lead Department/  
Delivery Agent:** Nova Scotia Department of Community Services

**Program Description:** The Child Care Subsidy Program has been in place in Nova Scotia since the early 1970s. The purpose of the Subsidy Program is to provide financial assistance to eligible families while they take steps to increase their self-sufficiency through work, training or education. 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 four criteria: social need, financial assets, family income and residency.

Until July 2000, subsidies were allocated to specific facilities and family home day care (FHDC) agencies.

Since July 2000, the Child Care Subsidy Program has provided portable subsidies. Portable subsidies are attached to the family, allowing them to move to another child care facility or FHDC agency. Any licensed, full-day child care facility or FHDC in the province that has signed the Child Care Subsidy Funding Agreement may care for a child whose family is receiving a subsidy. Federal expenditures have increased with announcements relating to additional subsidies.

**Program Goal:** To help eligible families with their child care expenses; to enable families to work, pursue employment, attend school, and cope with crisis; to support families whose children have unique developmental needs.

**Program Objectives:** Promote the healthy development of children from infancy to 12 years by providing eligible families with financial assistance that enables them to enroll their children in licensed child care facilities, and family home day cares regulated by family home day care agencies.

## Program Activities Child Care Subsidy Program

April 2008- March 2010

### April 2008:

- Launched enhancements to the Child Care Subsidy Program
- Adopted broader, more inclusive income eligibility levels.
- Lowered the minimum family fee from \$2.25 to \$1.00 making child care more affordable
- Changed the definition of net income to match line 236 of the Canada Revenue Agency Notice of Assessment, linking it to a statistically defined and easily understandable amount.
- Made the Child Care Subsidy Application available online for clients to print and fill out.

### May and September 2008:

- Issued 307 new subsidies

### April 2009:

- Converted all fixed subsidies to portable
- Issued 100 new subsidies

### June 2009:

- Issued 50 new subsidies

## Child Care Subsidy

The creation of additional child care subsidies is linked to the ELCC Plan priority of decreasing the cost of child care for families. Child Care Subsidy has been enhanced by:

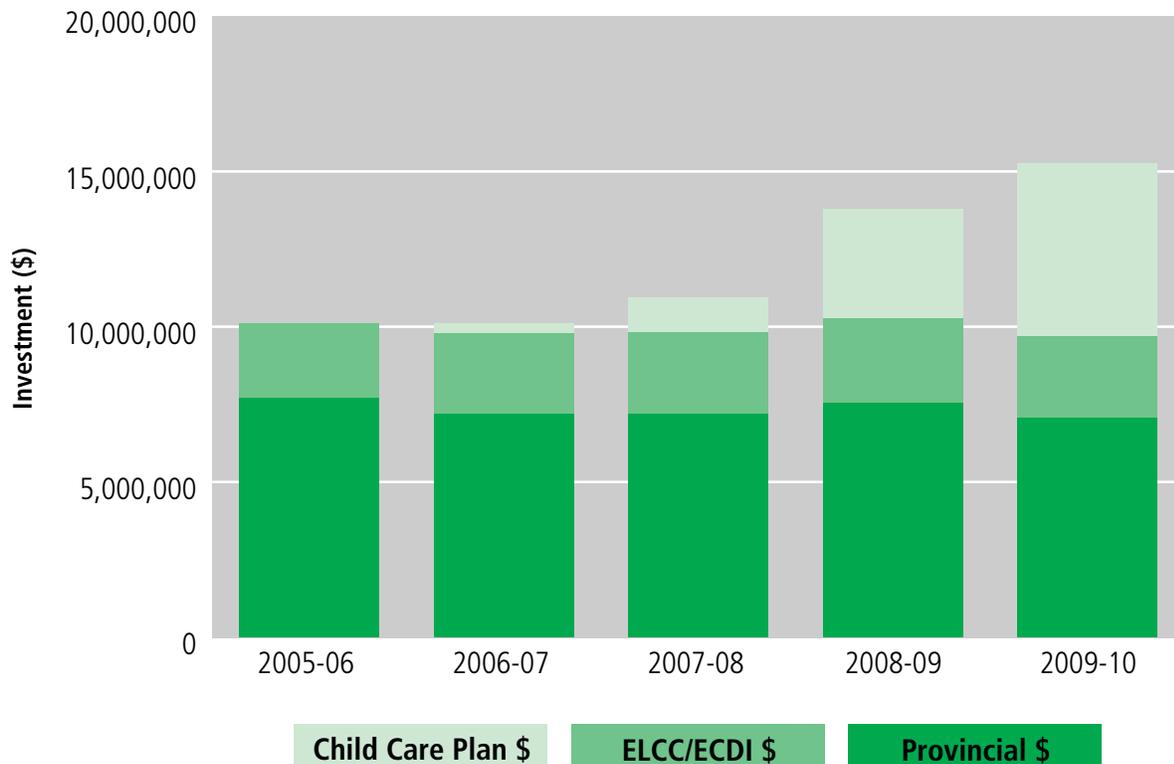
- Revising the Assessed Daily Parent Fee to make the program more affordable for parents.
- Revising the income eligibility guidelines to enable more families to participate in the program.
- Managing a subsidy wait list to increase accessibility to child care spaces and decrease wait times.

# Program Indicators Child Care Subsidy Program

Investment Period >	2008-09	2009-10
<b>Availability and Accessibility</b>		
Increase in number of subsidies	307 subsidies	150 subsidies
# of clients served:		
Total subsidy cases active*	Approx. 3,520	Approx 3,977
Total children subsidized	Approx. 5,464	Approx. 6,345
Subsidy utilization rate	97%	97%
	*reflective of approved subsidies	
<b>Inclusive and Parental Choice</b>		
Flexible approaches that address a range of family and employment circumstances	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's needs.	
	Conversion of 70 fixed subsidies to portable in November 2008.	Conversion of all fixed subsidies to portable to increase child care choices available to families.

As demonstrated by the graph below, funding of the Child Care Subsidy program has increased.

## Child Care Subsidy Program



## Supported Child Care

**Launch Date:** April 2001

<b>Funding Source (\$):</b>	2008/09	2009/10
	<b>Provincial:</b> 1,452,092	<b>Provincial:</b> 1,452,092
	<b>ECDI/ELCC:</b> 1,117,089	<b>ECDI/ELCC:</b> 1,117,100
	<b>Child Care Plan:</b> 342,656	<b>Child Care Plan:</b> 1,392,180

**Target Population:** Licensed child care facilities, early childhood staff, and children of all abilities.

**Lead Department/  
Delivery Agent** Nova Scotia Department of Community Services

**Program Description:** Supported Child Care Grant (SCCG) funding is available to all licensed child care facilities in compliance with the Day Care Act and Regulations. SCCG funding assists child care facilities in building capacity to support the delivery and planning of inclusive early childhood environments.

SCCG funding can be used to participate in specialized training and professional development for early childhood staff, to hire additional staff to enhance staff:child ratios for the delivery of a facility's inclusive program, and to purchase educational and resource materials directly related to the delivery of an inclusive program.

**Program Goal:** To build the capacity of licensed child care facilities to provide quality inclusive programs for children of all abilities.

**Program Objectives:** To facilitate the inclusion of children of all abilities in licensed child care programs throughout the province.

To ensure that families have access to licensed child care in their own communities regardless of their child's developmental needs.

## Supported Child Care

Increased funding from the ELCC Plan supported the inclusion of children of varying abilities in licensed child care facilities. One of the key areas identified during the ELCC Plan consultations was to provide parents of children with developmental needs greater choice and access to licensed child care. Through the Supported Child Care Grant, families have greater choices for inclusive child care programming in their communities.

- Between 2008 and 2010, the Supported Child Care program received an increase in ELCC Plan funding of approximately \$1.7 million.

## Program Activities Supported Child Care

April 2008- March 2010

- Implementation of revised Terms and Conditions for the Supported Child Care Grant and the SCCG Funding Agreement.
- Operators in receipt of SCCG funding were provided with a revised Funding Agreement to increase funding accountability and clarify the funding components.
- Quarterly disbursement of SCCG funding to approved child care facilities.
- Review and evaluation of child care facilities SCCG Annual Work Plan. All applicants for SCCG funding are required to complete an annual Work Plan. The Work Plan demonstrates how an existing program will be enhanced or how a new program will provide inclusive programming.
- The enhancements to the SCCG have increased the number of facilities funded to support inclusive child care programs, increased stakeholder training related to inclusion, and increased the number of facilities that have developed and implemented inclusion policies.



## Program Indicators Supported Child Care

Investment Period >	2008-09	2009-10
<b>Availability and Accessibility</b>		
# of program sites	141 child care facilities	155 child care facilities
# of children served*	Approx. 500	
	*Data does not capture all children with developmental needs attending licensed child care as SCCG funding is not based on a diagnosis of a special need for individual children.	
Parent information & support	Information about SCCG provided on the Department of Community Services (DCS) website.	Updated information on the DCS website. Information pamphlets are made available during presentations and information sessions.
	Early Childhood Development Consultants (ECDCs) support program delivery by providing information and resources related to quality child care; aiding in the implementation of enhancements to the early learning environment; using standardized evaluation tools to make recommendations for enhanced program quality and inclusion; and supporting the development of action plans.	
<b>Quality</b>		
Enhancements to training and support, training requirements	Departmental staff deliver Building Blocks: Strategies for Inclusion training to early childhood educators to assist in the development of inclusion policies and Routine-Based Planning. Routine-Based Planning is a program planning process where goals and strategies identified for children with developmental needs are embedded directly into the daily routines of the child care centre.	
Staff ratios	Providing an enhanced staff-child ratio (98% of centres in receipt of SCCG used funding to hire additional staff).	
Physical environment	The Department provides consultative support to ensure the physical environment contributes to the inclusion of children of all abilities.	
Health & safety	Annual licensing inspections and monitoring visits. Facilities must be in compliance with the <i>Day Care Act</i> and <i>Regulations</i>	
Learning environment	Departmental staff encourage facilities to consider a range of quality indicators (e.g. Early Childhood Environment Rating Scale-Revised ECERS-R and Inclusion Scales) and programming for children of all abilities. An evaluation of the child care program using ECERS-R can be used to identify current quality measures within the program and to plan future goals. The ECERS-R scale addresses issues of ratios and supervision and identifies 43 areas in the early childhood environment and evaluates them on a scale of 1 to 7 (inadequate to excellent). Most items on the ECERS-R scale have a health and safety component and specifically address the learning environment.	
<b>Inclusive</b>		
Opportunities for community-based programs	Building Blocks: Strategies for Inclusion workshops, 62 child care sector staff participated	Building Blocks: Strategies for Inclusion, 97 sector staff participated
<b>Parental Choice</b>		
Flexible approaches that address a range of family and employment circumstances	Departmental staff help centres develop Routine-Based Plans to support children in the context of the daily routine.	

## Early Intervention Programs

**Launch Date:** 1985

<b>Funding Source (\$):</b>	2008/09	2009/10
	<b>Provincial:</b> 2,127,054 <b>ECDI/ELCC:</b> 299,000	<b>Provincial:</b> 2,149,213 <b>ECDI/ELCC:</b> 299,000

**Target Population:** Children between the ages of birth and school entry with a developmental delay of six months or more in two or more areas of development, or who are at risk of developmental delay due to a diagnosis or health history.

**Lead Department:** Nova Scotia Department of Community Services

**Delivery Agents:** Early Intervention Programs (EIPs)

**Program Description:** Early Intervention Programs (EIPs) in Nova Scotia deliver a suite of family-centered services to children with special needs, from birth to when they enter school. These services include home visits, Individualized Family Service Planning (IFSP), transition planning and family supports.

Referral for services from an EIP can be made by a member of the child's family or a representative acting on behalf of the child's family (if the family has given consent to make the referral), such as a family physician, speech/language pathologist or early childhood specialist.

**Program Goals:** Create positive developmental outcomes for children with special needs through consultation, information, support and services designed to meet the individual needs of the child and family.

**Program Objectives:** Delivery of Early Intervention Core Services emphasizes the continued development of functional skills through planned interactions to minimize the impact of the child's condition. Consultation, information, support and services are designed to meet the individual needs of each child and family and are delivered in the child's home and may be extended to community-based programs.

**Program Activities:**

- Annual reports and program statistics forwarded to the Department from EIPs.
- Funding for increased costs in specific areas provided to support the delivery of Core Services.

## Program Indicators Early Intervention

Investment Period >	2008-09	2009-10
<b>Availability and Accessibility</b>		
# of program sites	17 Early Intervention Programs with two additional satellite sites	
# of children served	620	669
Parent information & support	Information about Early Intervention provided on the Department of Community Services (DCS) website	Information on the DCS website is updated. EIP information pamphlets are made available during presentations and information sessions.
<b>Quality</b>		
Enhancements to training and support, training requirements	'Handle With Care' training was offered in April 2010. The Handle with Care workshop is designed to help participants develop a mental health promotion mindset in their work and help them implement appropriate strategies.	
Home Visits	The following home visitation criteria are followed: initial contact/intake referral; regularly scheduled meetings, at least bi-weekly and based on the family and child's needs; information gathering and observing; and modeling activities.	
Family Support	The following family support criteria are followed: facilitate service co-ordination, sharing of resources and information, facilitate family connections (formal and informal) and education, family building and advocacy.	
Individual Family Service Plan (IFSP)	The following IFSP criteria are followed: IFSP preparation, compilation of child profile, and setting family-identified priorities/goals based on child and family need.	



## Read to Me!

The Read to Me! program was launched in 2002. It is a province-wide, hospital-based program developed to help families enrich their child's early years with books and reading. The program presents parents with a bright yellow bag of books and literacy resources at the hospital within 24 hours of the birth of their baby. Each bag contains three board books; a Read to Me! Family Reading Guide, music and rhyme CD; and information about local library programs. The program is delivered at eleven hospitals in Nova Scotia that offer maternity services, reaching every baby born in the province. Approximately 9,000 babies are born in Nova Scotia each year. To date, over 65,000 bags have been given to families.

Founding partners include: the province of Nova Scotia, Halifax Youth Foundation, IWK Health Centre and Auxiliary, Canada Broadcasting Corporation (CBC), and the government of Canada. The Read to Me! network of provincial partners has a shared goal of supporting early literacy in Nova Scotia. Read to Me! staff, along with over 100 volunteers, deliver the program across Nova Scotia. The website is: [www.readtome.ca](http://www.readtome.ca).

**2008/09:** ELCC Plan funding: \$50,000



## Employment Support and Income Assistance Child Care

**Launch Date:** August 2001

<b>Funding Source (\$):</b>	2008/09	2009/10
	<b>Provincial:</b> 1,575,221	<b>Provincial:</b> 1,419,000
	<b>ECDI:</b> 2,300,000	<b>ECDI:</b> 2,300,000

**Target Population:** Employment Support and Income Assistance recipients

**Lead Department/  
Delivery Agent:** Nova Scotia Department of Community Services

**Program Description:** The Employment Support and Income Assistance (ESIA) program provides income assistance and employment supports to persons in need and helps families maximize their self-sufficiency to increase their employability and level of independence.

**Program Goal:** To help ESIA recipients with child care expenses during their move toward employability and self-sufficiency.

**Program Objectives:** To provide financial assistance for basic necessities such as food, clothing, shelter, items of special need, child care, and employment supports to help individuals and families move toward self-sufficiency.

### Program Activities Employment Support and Income Assistance Child Care

April 2008- March 2010

The Department of Community Services is currently developing initiatives to strengthen the system of employment and income supports for those most in need. These initiatives will begin to help reduce poverty, particularly among women and children, and improve the standard of living for low-income Nova Scotians. A multi-year Poverty Strategy has been developed and will include an inventory of all government programs and services that currently support low-income Nova Scotians.

## Program Indicators Employment Support and Income Assistance Child Care

Investment Period >	2008-09	2009-10
<b>Availability</b>		
Average of clients served per month	1,188 families provided with child care assistance.	1,112 families provided with child care assistance.
<b>Accessibility</b>		
Change in target population served (since previous year)	8% decrease in the number of families requesting funds through the Income Assistance Program to cover child care expenses (1,291 families per month served in 2007/08).	6% decrease in the number of families requesting funds through the Income Assistance Program to cover child care expenses as indicated above (1,188 families per month served in 2008/09).
Change in the socio-demographic profile of the client population	The ESIA target population is aging and there are fewer families with children.	
<b>Affordability</b>		
Program cost	The ESIA program provides funds for families to pay for child care services.	
<b>Quality</b>		
Parental choice	Families determine their child care providers.	



# Community Engagement and Infrastructure Support



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, looks for innovative opportunities, and establishes the supports for sustainability and growth. At the same time, the system must be flexible enough to meet unique community needs and provide seamless service delivery.

The Community Engagement and Infrastructure Support Initiative provides for the development of an integrated early childhood development system by supporting the ECD Information System and Reporting, and Child Care Connection Nova Scotia.

## Early Childhood Development Information System and Reporting

<b>Launch Date:</b>	October 2002	
<b>Funding Source (\$):</b>	2008/09 <b>ECDI:</b> 279,664 <b>Child Care Plan:</b> 1,700,000	2009/10 <b>ECDI:</b> 420,000 <b>Child Care Plan:</b> 1,800,154
<b>Primary Stakeholders:</b>	Early childhood programs and facilities	
<b>Lead Department/ Delivery Agent:</b>	Nova Scotia Department of Community Services	
<b>Program Description:</b>	The Early Childhood Development Information System (ECDIS) consists of five integrated modules and a reports module: <ul style="list-style-type: none"> <li>• Child Care Licensing</li> <li>• Child Care Subsidy/Supported Child Care Applications</li> <li>• Child Care Centre Claims/Payments</li> <li>• Grant Allocations/Payments</li> <li>• System Administration</li> </ul>	
<b>Program Goal:</b>	To provide an integrated information system that will enable Departmental staff to have cross-functional access to data and provide clients with a heightened level of efficiency and service delivery.	
<b>Program Objective:</b>	The Early Childhood Development (ECD) Services 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 Early Childhood Development Information System and Reporting

April 2008- March 2010

Activities include ongoing development and updates to the Department of Community Services website regarding grant and loan program information, Child Care Subsidy information and applications, development and maintenance of the online Directory of Licensed Child Care Facilities, monitoring of the online ELCC mailbox, and continued development of the IT system to enable enhanced data collection opportunities and system administration.

## Program Indicators Early Childhood Development Information System and Reporting

Investment Period >	2008-09	2009-10
<b>Availability and Accessibility</b>		
Program access and availability	The online Directory of Licensed Child Care Facilities provides information on the licensing status of child care facilities and family home day care agencies.	
<b>Quality</b>		
Improvement in service provision	The ECD Information System provides access to data for reports and a variety of information to support informed decision making.	
	Improvements to the DCS website by providing accessible information for members of the early childhood sector and the public.	



## Child Care Connection Nova Scotia

**Launch Date:** August 2005

<b>Funding Source (\$):</b>	2008/09	2009/10
	<b>Provincial:</b> 38,000 <b>ECDI/ELCC:</b> 21,452	<b>Provincial:</b> 38,000 <b>ECDI:</b> 21,452

**Target Population:** Members of the early childhood sector and parents seeking child care information.

**Lead Department:** Nova Scotia Department of Community Services

**Delivery Agent:** Child Care Connection Nova Scotia

**Program Description:** Child Care Connection Nova Scotia (CCCNS) is a non-profit community-based development organization. CCCNS provides support and resources to early childhood educators and those interested in quality child care in Nova Scotia. Funding is provided to maintain the CCCNS website, in addition to a grant to support program operations.

**Program Goal:** To connect child care practitioners, organizations and other interested individuals with information, resources, support and the promotion of quality child care.

**Program Objectives:**

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

## Program Activities Child Care Connection Nova Scotia

- Ongoing program support
- Continued enhancements to the CCCNS website (<http://www.cccns.org>).

## Program Indicators Child Care Connection Nova Scotia

Investment Period >	2008-09	2009-10
<b>Availability and Accessibility</b>		
Program access and availability	Website provides 24-hour access to relevant child care information. Child care centre data is kept current through access to their information via a username and password.	
<b>Quality</b>		
Improvement in service provision	Website provides online resources in the area of quality and inclusion.	
<b>Inclusive, Parental Choice</b>		
Flexible approaches that address a range of family and employment circumstances	Parents and guardians looking for licensed child care in Nova Scotia can search the CCCNS Child Care Centre Directory to find a child care program through an online list of regulated child care facilities.	





# 2009 Child Well-Being Report



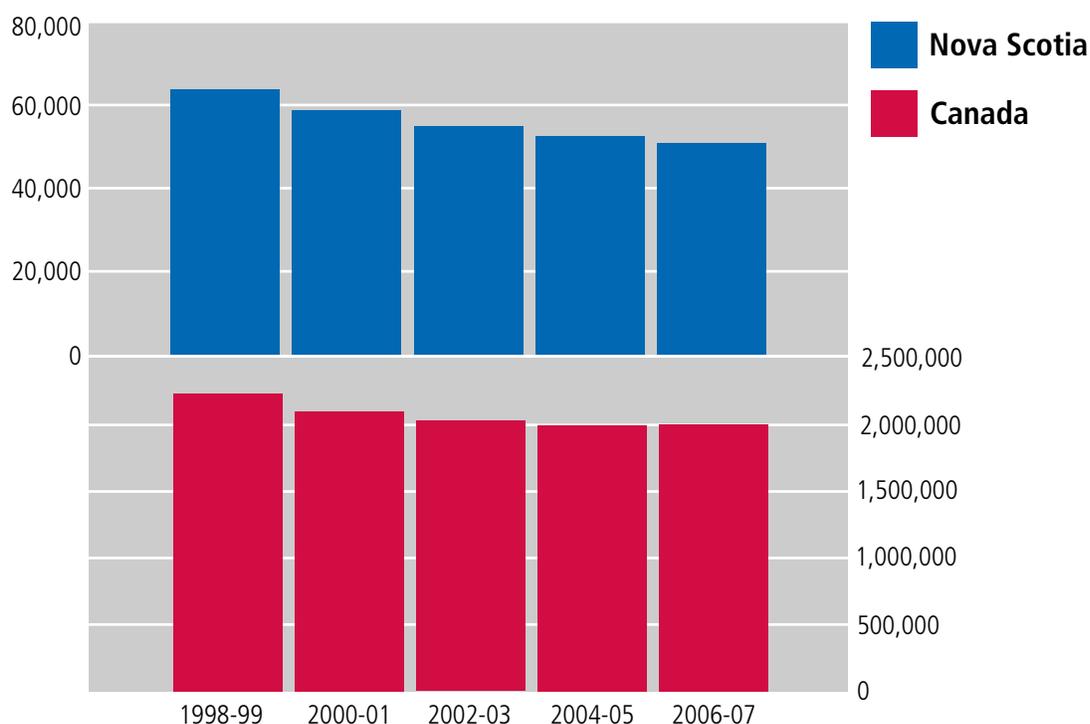
# 2009 Child Well-Being Report

The 2009 Child Well-Being Report fulfils the province’s commitment to report to the public on indicators of health and well-being for children and their families. The indicators relate to five aspects of child well-being: physical health and motor development, early development, safety and security, family context, and community. The measurement of the indicators is important because “early childhood provides the underpinning for physical, cognitive and emotional development in childhood and outcomes later in life.”<sup>4</sup>

In 1992, the National Longitudinal Survey of Children and Youth (NLSCY) was created to provide information on the behavioural, social and emotional development of children and youth as they grow from birth to early 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. Parents, teachers, principals and children aged 10 years and older are surveyed. The families of approximately 23,000 Canadian children who were under 12 years of age in 1994/95 participate in the NLSCY every two years. In keeping with the need for a greater understanding of learning and development in the early years, children ages birth to five years are added to the sample as the original cohort ages. In addition to the NLSCY, other sources of information about young children and their families include the Nova Scotia Vital Statistics Registry, the Survey of Labour and Income Dynamics (SLID) and the 2006 Statistics Canada Census.

This section<sup>5</sup> provides information on the well-being of children from birth to age five in Nova Scotia for the years 1998/1999 to 2006/2007. National data is provided for comparison. There were an estimated 63,700 children under the age of six in Nova Scotia in 1998/99. In 2006/07 there were an estimated 50,700; a decrease of 20.4%. Canada experienced a decrease of 9.1% in the numbers of preschool-aged children (2.2 million in 1998/99, 2 million in 2006/07) during the same period. The chart below shows the number of preschool-aged children in Nova Scotia and Canada between 1999 and 2007.

## Population of Preschool Aged (0-5 years) Children



<sup>4</sup> Kilburn, R.M., Karoly, L.A. (2008) The Economics of Early Childhood Policy, p.2. RAND Labour and Population.

<sup>5</sup> Technical Note: The data included in this chapter comes 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 re-calculation of the population using the 2006 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 which are based on estimates between census years.

# Physical Health

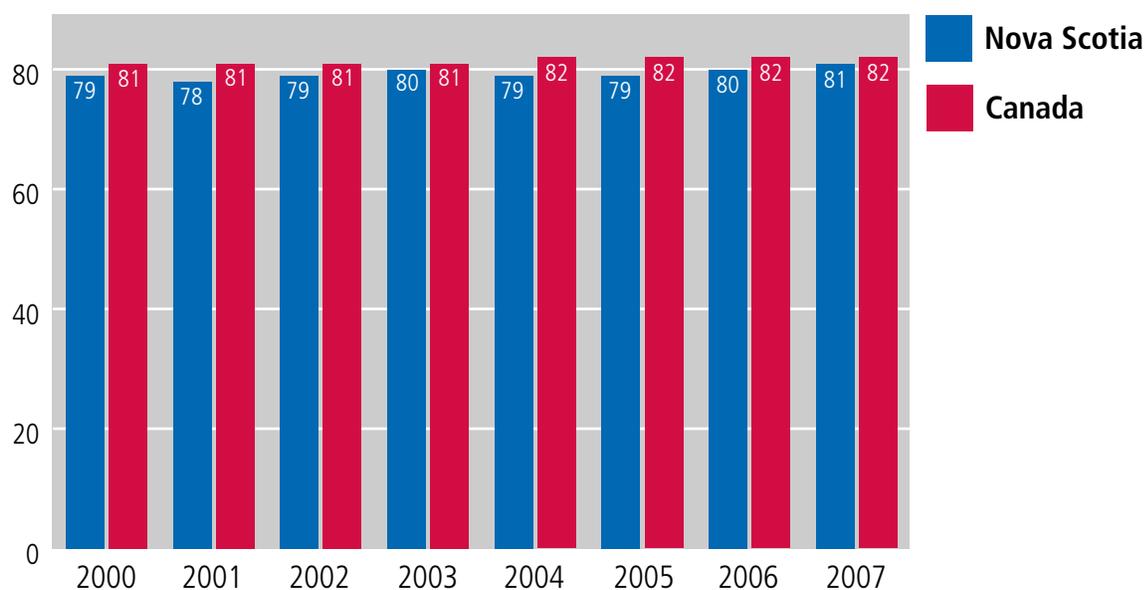
## Healthy Birth Weight<sup>6</sup>

A healthy birth weight for babies is between 2,500 and 4,000 grams. Babies born outside this range are at increased risk for a variety of health problems and disabilities. In 2000, 79% of babies born in Nova Scotia were a healthy birth weight, compared to 81% for Canada. Although there have been small fluctuations; the proportions of low, healthy and high birth weight babies have remained relatively constant since 2000.

Low birth weight babies (less than 2,500 grams) 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 mother's nutrition during pregnancy, social supports, lifestyle, mother's age and health.

High birth weight babies (more than 4,000 grams) are more likely to experience difficult births and health problems. High birth weight babies may also be related to maternal health problems. In Nova Scotia, the incidence of high birth weight babies has declined since 2000. In 2000, 16% of babies were born with high birth weight. The proportion of high birth weight babies declined to 13.2% in 2007.

### Percent of Babies with Healthy Birthweight

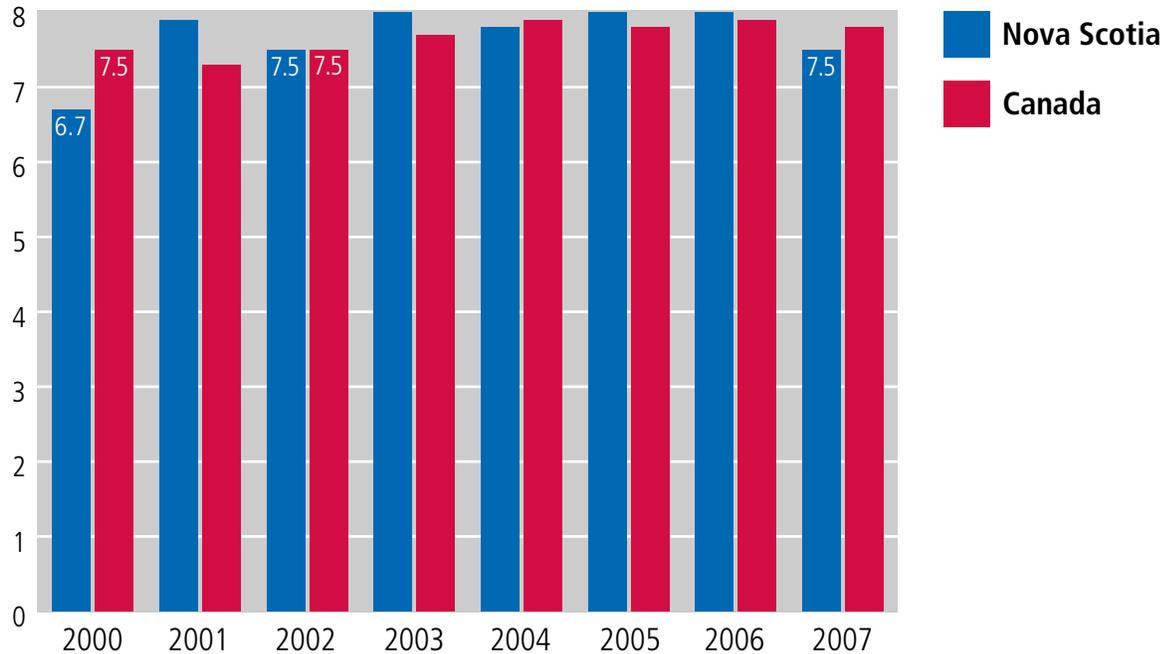


<sup>6</sup> Source: Canadian Vital Statistics - Birth Database (Statistics Canada). Exclusions: births with unknown birth weight, births to non-Canadian residents, birth where residence of mother is unknown.

## Pre-term Birth Rate<sup>7</sup>

Babies born at less than 37 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<sup>8</sup>. Lifestyle and medical conditions may place some pregnant women at increased risk of delivering their baby before 37 weeks of gestation. In 2000, the incidence of pre-term births was 6.7%; in 2001 the incidence was 7.9%; in 2007 it dropped to 7.5%. These numbers are comparable to Canadian data for the same periods.

### Percent of Live Births Pre-term (<37 weeks)



## Immunization<sup>9</sup>

Immunization against infectious disease is part of an important public health strategy to prevent 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, or measles in Nova Scotia between 1998 and 2007. A single case of Hib was reported in 2002.

## Infant Mortality<sup>10</sup>

One of the major contributing factors to increased life expectancy during the 20th century has been a substantial reduction in infant mortality rates. Infant mortality refers to the death of a live born infant within the first year of life. In 2006, the infant mortality rate in Canada was 5 per 1000 compared to a rate<sup>11</sup> of 27.3 per 1000 in 1960. In Nova Scotia, the number of infant deaths has ranged between 4 and 6 per 1000 live births between 2000 and 2007.

<sup>7</sup> Source: Canadian Vital Statistics – Birth Database (Statistics Canada)

<sup>8</sup> Excludes births with unknown gestational age and gestational age less than 20 weeks, and births to non-Canadian residents

<sup>9</sup> 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.

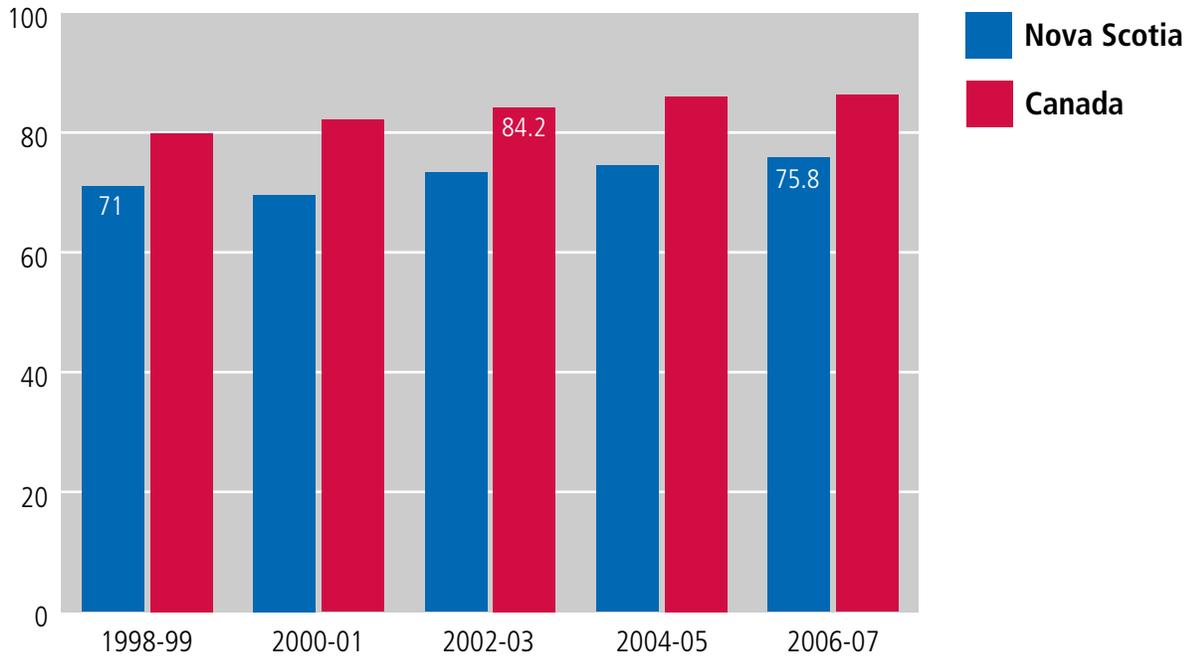
<sup>10</sup> Source: Canadian Vital Statistics - Mortality, Summary List of Causes (Statistics Canada). Definition: the number of infants who die in the first year of life per 1000 live births.

<sup>11</sup> Source: Selected Infant Mortality Statistics, Canada 1921-1990. (Statistics Canada) Catalogue 82-549

## Breastfeeding<sup>12</sup>

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

### Prevalence of Breastfeeding (percent of children < 3 years)



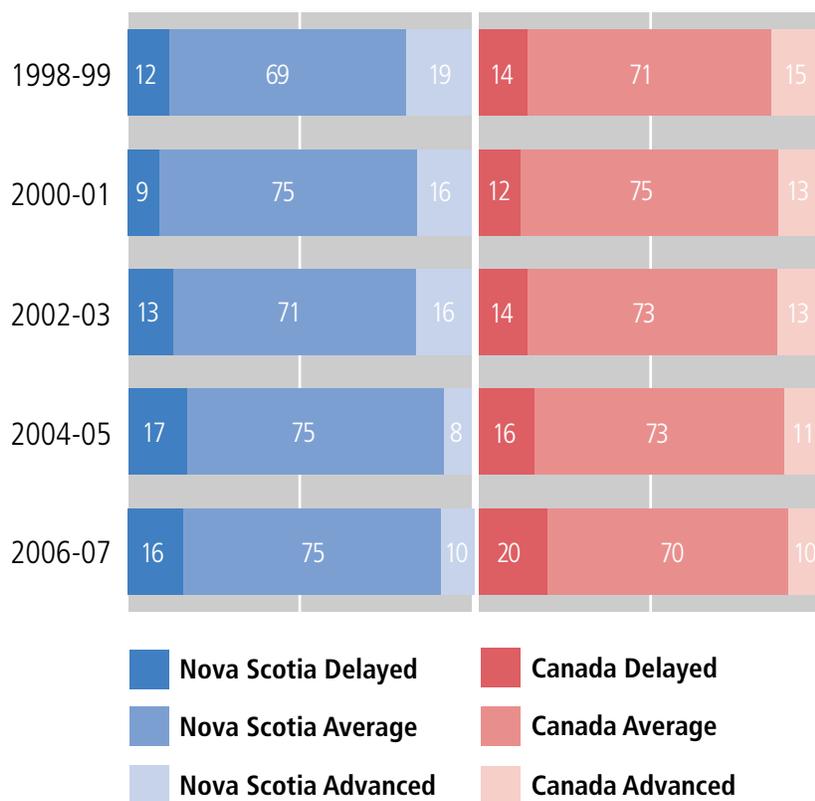
<sup>12</sup> Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4-v2 (2000/01), Cycle 5 (2002/03), Cycle 6 (2004/05), Cycle 7 (2006/07) Child Questionnaire

# Early Development

## Physical Health and Motor Development<sup>13</sup>

Children’s physical development includes their overall physical health, and the development of fine motor skills (like tying shoelaces), and gross motor skills (like balance). Social development involves how a child interacts with other children and how they express their feelings. The Motor and Social Development (MSD) scale consists of 15 questions that measure dimensions of the motor, social and cognitive development of young children from birth to three years. The questions vary by age of the child and are asked of the person most knowledgeable of the child. 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 to 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 80% of children scored average or advanced on the MSD scale between 1998/99 and 2006/07. This compares favourably with the Canadian data.

### Motor and Social Development (percentage)



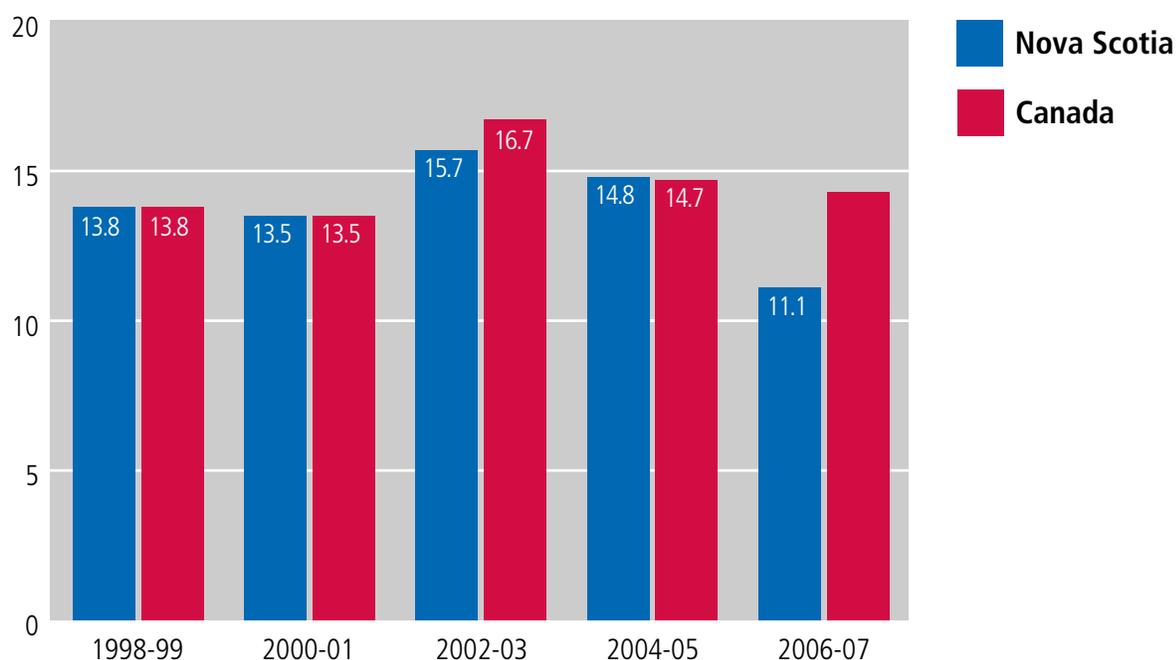
<sup>13</sup> Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4-v2 (2000/01), Cycle 5 (2002/03), Cycle 6 (2004/05), Cycle 7 (2006/07) Child Questionnaire; Exclusions: children aged 4-5 years, children living in the Territories, children living on reserve, children living in institutions

## Emotional Health

A child's emotional health includes the way they think, feel, behave, experience things and relate to the world. A child's emotional health is influenced by positive parenting. The NLSCY measures emotional well-being using the Emotional-Problem Anxiety Score<sup>14</sup>, and the Hyperactivity-Inattention Score<sup>15</sup>. 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 behaviours.

The Emotional Problem-Anxiety Score is one of the behaviour scales examined in the NLSCY. 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; or has trouble enjoying themselves. The proportion of children showing higher levels of anxiety increased slightly between 2000/01 and 2002/03. In 2006/07, the proportion of children indicated as having high emotional problems in Nova Scotia decreased, as did the Canadian data.

### Percent of Young Children with High Emotional Problems



<sup>14</sup> 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), Cycle 6 (2004/05), Cycle 7 (2006/07) Child Questionnaire. Exclusions: children aged 0-1 years, children living in the Territories, children living on reserve, children living in institutions

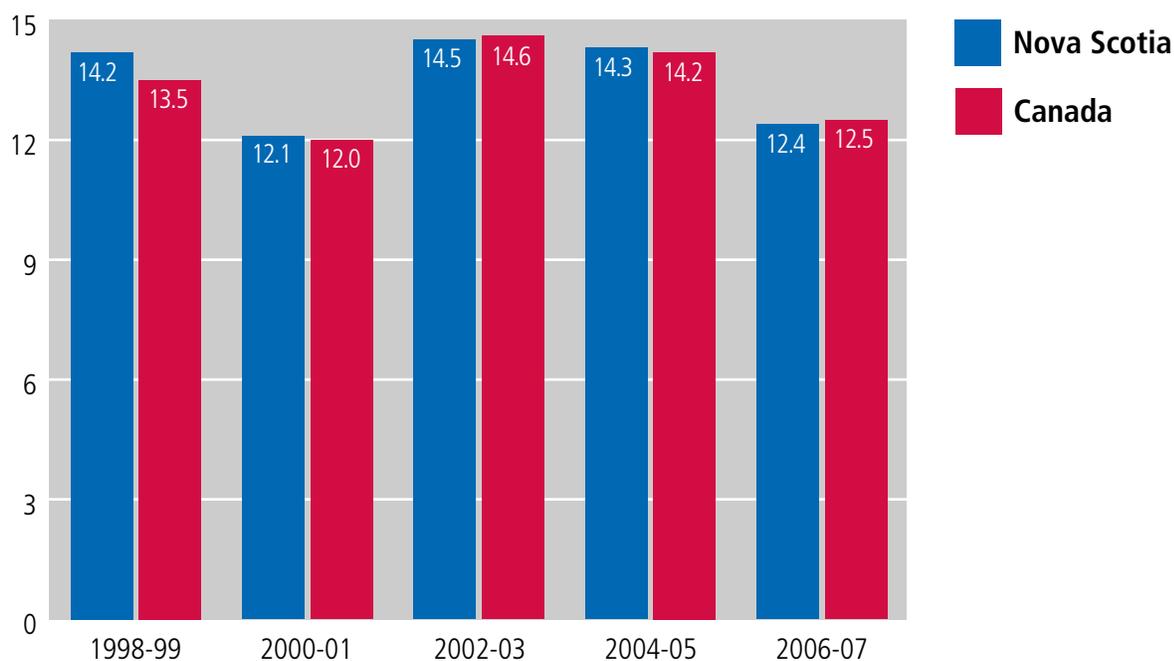
<sup>15</sup> Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4-v2 (2000/01), Cycle 5 (2002/03), Cycle 6 (2004/05), Cycle 7 (2006/07) Child Questionnaire. Exclusions: children aged 0-1 years, children living in the Territories, children living on reserve, children living in institutions

## Social Knowledge and Competence

Social knowledge and competence for a child relates to the child's interactions with other people and the environment. The NLSCY measures social knowledge and competence using the Physical Aggression Score<sup>16</sup>, and the Personal-Social Score<sup>17</sup>. 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 behaviours.

The Physical Aggression Score measures how often the child is defiant; gets into fights; has temper tantrums or a hot temper; has difficulty waiting for their 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 two to three years and one for children aged four to five. The scales are composed of different items intended to capture different aspects of physically aggressive behaviour. There have been slight fluctuations between the periods 1998/99 to 2002/03. The proportion of children in Nova Scotia demonstrating higher levels of physical aggression and conduct problems are approximately equivalent to the Canadian data.

### Percent of Children Expressing High Aggression

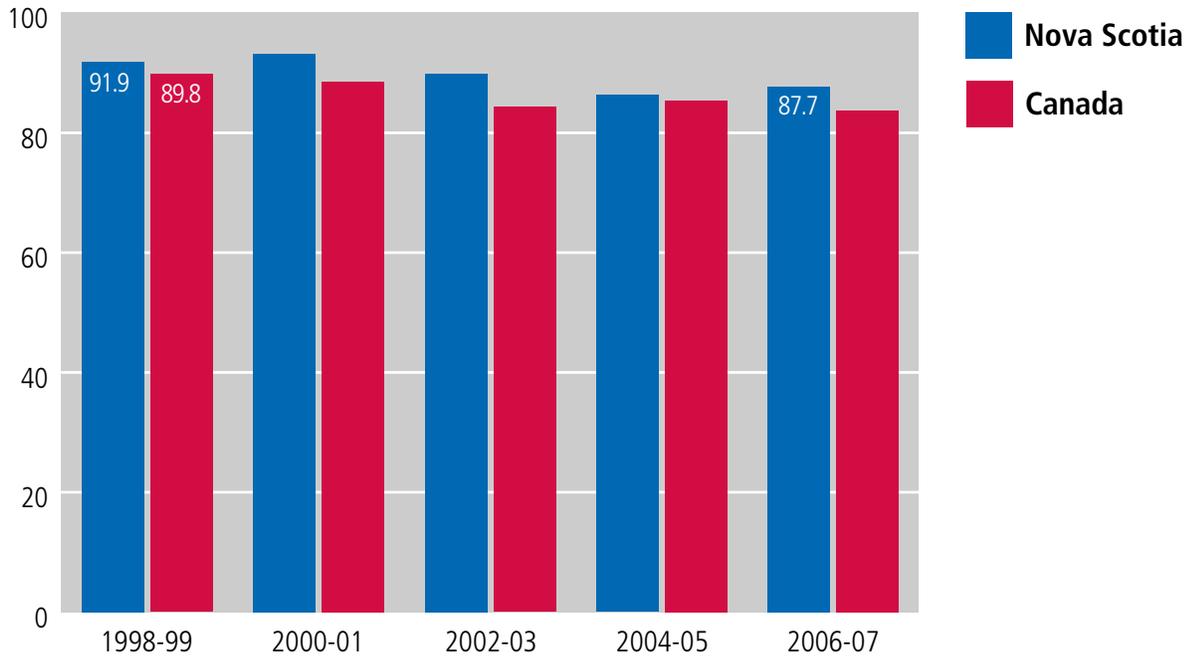


<sup>16</sup> Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4-v2 (2000/01), Cycle 5 (2002/03), Cycle 6 (2004/05), Cycle 7 (2006/07) Parents Questionnaire; data presented as weighed; data based on provinces only.

<sup>17</sup> 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), Cycle 6 (2004/05), Cycle 7 (2006/07) 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 themselves, with strangers, with their parent(s)/caregiver(s) and with objects like 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 to 60 with a low score indicating lower levels of age-appropriate behaviour. In Nova Scotia, the proportion of children who exhibit age-appropriate personal-social behaviours is slightly higher than the Canadian data.

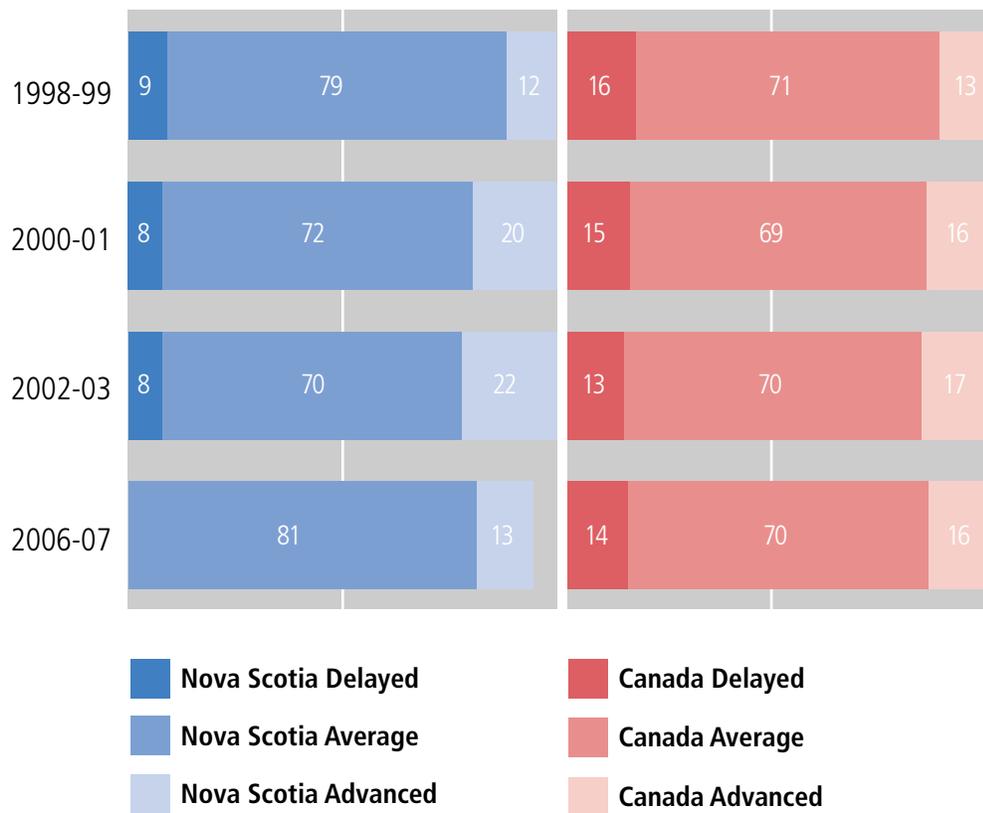
### Percent of Children Exhibiting Appropriate Behaviour



## Language Skills<sup>18</sup>

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 into account the child’s age by two month age groups and allows 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 between 0 and 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. In Nova Scotia, 81.1% scored average on the PPVT-R as compared to the Canadian average of 70.1%; and 13.3% of children scored advanced on the PPVT-R as compared to the Canadian average of 15.8%. Nova Scotia compares favorably with the Canadian data with respect to children exhibiting average and advanced scores on the PPVT-R (Nova Scotia data was not available in 2004/05).

### Language Skills (percentage)



<sup>18</sup> 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), Cycle 6 (2004/05), Cycle 7 (2006-07) 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<sup>19</sup>**

The injury hospitalization rate is the proportion of children per 100,000 who are hospitalized for treatment of injuries. Converting the numbers into a rate per 100,000 allows a comparison of the incidence of hospitalization due to injury across the country and provides 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, or they can be the result of intentional harm. In Nova Scotia, most childhood injuries resulting in hospitalization are due to unintentional injuries. During 2003/04, 147 children under five were hospitalized due to injury; 95% of these were due to accidental causes. Between 2004/05 and 2005/06, the rates were 94% and 88% respectively. The rate has fluctuated between 1998 and 2006. In 2002/03, the rate of hospitalization in NS exceeded the Canadian rate for the first time since 1998. From 2003 to 2006, the rate of hospitalization in NS has been less than the Canadian rate.

## **Family Related Indicators**

Parents are the main support for their children and have an important role in influencing how a child develops, both mentally and physically. Each child is born with a set of characteristics inherited from their parents that affects their well-being. Genetic inheritance can provide both protective and risk factors, which may be impacted by environmental influences. Family related indicators are measures of various aspects of parental health and behaviour that are known to influence the health and well-being of their children.

## **Parental Education<sup>20</sup>**

Parental education level 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 achieved. 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 child-rearing philosophy. Educational achievement among parents of young children has fluctuated between 1998/99 and 2006/07 in Nova Scotia and Canada, particularly with respect to post-secondary achievement.

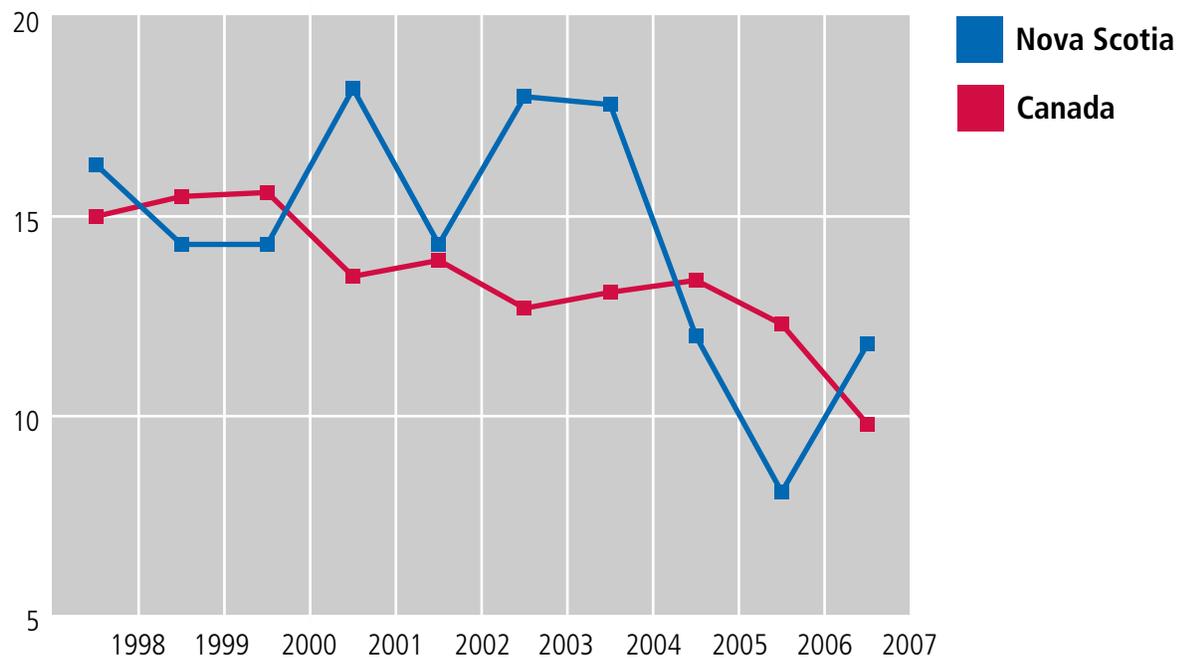
<sup>19</sup> Source: Canadian Institute for Health Information (CIHI) Hospital Morbidity Database. Exclusions: newborns, out-patients and emergency department visits. Most recent data: 2005-06.

<sup>20</sup> 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), Cycle 6 (2004/05), Cycle 7 (2006/07) Child Questionnaire. Exclusions: children whose person most knowledgeable about the child (or spouse) is not a biological, step, adoptive or foster mother, children living in the Territories, children living on reserve, children living in institutions.

### Parental Level of Income<sup>21</sup>

Income can affect a child's physical, mental, social and academic development. Parental income level is measured by the After Tax Low Income Cut-Offs (LICO). The After Tax LICO is determined 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 those 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-Offs. While the Canadian data appears to be declining; the proportion of Nova Scotia families with young children who do not have enough income to spend on basic necessities has fluctuated between 1998 and 2007. Because LICO are relative measures, considerable variation can occur from year to year as the economy changes.

### Percent of Families Below After Tax LICO



<sup>21</sup> Source: Survey of Labour and Income Dynamics: Reference years 1998-2007; data based on provinces only. Population level Families with children 0 to 5 years of age (included).

## **Parental Depression<sup>22</sup>**

Depression among parents affects the entire family. Depressed parents are usually withdrawn, tired, despondent and pessimistic about the future. 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 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 parent(s)/guardian(s) of young children participating in the survey. It does not represent the occurrence of clinically diagnosed depression. From 1998/99 to 2005/06, the parental depression rate in Nova Scotia has fluctuated from 10.2% to 12.5%; compared to 9.3% to 11.2% for the Canadian data. The proportion of parents in Nova Scotia reporting symptoms of depression (2006/07) are approximately 11%, compared to 9% for the Canadian data.

## **Tobacco Use during Pregnancy<sup>23</sup>**

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, like asthma. Smoking during pregnancy has also been associated with other lifestyle factors including stress, nutrition, and weight gain, which 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, those of low socio-economic status and those who live 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 aged one year or younger whose mothers smoked during pregnancy. The proportion of mothers who smoked during pregnancy in Nova Scotia has declined since 1998/99 (29%) through 2006/07 (21.9%). The Canadian data average is 11.4%.

## **Family Functioning<sup>24</sup>**

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, appropriate behaviours, and to become a responsible adult. The NLSCY asks parents a series of questions related to family functioning which include: questions about problem-solving practices, expressive communication, decision-making and levels of acceptance. 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 proportion of families in Nova Scotia (2006/07) reporting low levels of family functioning is 9.8%, approximately equivalent to the Canadian data (9%).

<sup>22</sup> 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), Cycle 6 (2004/05), Cycle 7 (2006/07) Child Questionnaire. Exclusions: children living in the Territories, children living on reserve, children living in institutions.

<sup>23</sup> 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), Cycle 6 (2004/05), Cycle 7 (2006/07) Child Questionnaire. Exclusions: children living in the Territories, children living on reserve, children living in institutions, children aged 2-5.

<sup>24</sup> 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), Cycle 6 (2004/05), Cycle 7 (2006/07) Child Questionnaire; Exclusions: children living in the Territories, children living on reserve, children living in institutions

## Positive Parenting<sup>25</sup>

The NLSCY measures positive parental interactions and practice by asking parents a series of questions related to 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. Positive parenting includes teaching the child socially and culturally acceptable behaviours and developing love, trust and respect between the parent(s) 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(s) and child. The proportion of Nova Scotia parents practicing positive parenting behaviours with their children has fluctuated between 92% and 98% (1998 – 2007). This compares favourably with the 2006/07 Canadian data (94%).

## Reading by an Adult<sup>26</sup>

Adults who read to young children have a positive impact on the child's educational outcomes. In general, the more frequently a child is read to, the greater benefits to vocabulary and reading comprehension during the primary school years. Reading to children helps stimulate essential and ongoing brain development. It helps to expand their creativity, imagination and understanding of the world. Reading also provides an opportunity to spend time with children. The NLSCY asks how often the child is read to by a parent or another adult. In Nova Scotia, there was an increase in the incidence and prevalence of daily reading to a child by an adult between 1998/99 (64%); 2000/01 (80%); 2002/03 (76%); and 2006/07 (85%). The Canadian average was 66% in 2006/07.

# Community Related Indicators

Families are affected by the physical, social, economic, and community environments in which they live. Neighbourhoods are dynamic social environments that have many influences on their residents, including children. Physical surroundings can greatly affect children's health and well-being; research is beginning to provide evidence 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 asks a series of questions to assess the extent of the presence or absence of certain neighbourhood characteristics. The Neighbourhood Cohesion Score and the Neighbourhood Safety Score measure the cohesion and safety of neighbourhoods children are living in, as perceived by the person most knowledgeable about the child.

## Neighbourhood Cohesion<sup>27</sup>

The Neighbourhood Cohesion Score is based on perceptions of trust among 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 to 15; 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 compared to those who do not. In Nova Scotia, there were slightly fewer parents who reported lower levels of neighbourhood cohesion in 2000/01 and 2002/03 (11%), 2004/05 and 2006/07 (12%), than in 1998/99 (16%). The 2006/07 Canadian average was 13.1%.

<sup>25</sup> 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), Cycle 6 (2004/05), Cycle 7 (2006/07) Child Questionnaire; Exclusions: children living in the Territories, children living on reserve, children living in institutions

<sup>26</sup> 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), Cycle 6 (2004/05), Cycle 7 (2006/07) Child Questionnaire; Exclusions: children living in the Territories, children living on reserve, children living in institutions

<sup>27</sup> 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), Cycle 6 (2004/05), Cycle 7 (2006/07) Child Questionnaire. Exclusions: children living in the Territories, children living on reserve, children living in institutions.

## Child Well-Being Report: Conclusion

The health and well-being of children and their families are impacted by many factors. A review of the indicators for children's health and well-being indicate that Nova Scotia's data across a broad range of categories is similar to the Canadian data. The province will continue to invest in the health and well-being of children and their families by providing programs and services to enhance the quality of child care, increasing supports for children and their families, building inclusive child care environments and supporting early childhood educators working in licensed child care facilities and family home day care agencies.





## Addendum: Federal Funding Principles and Program Indicators<sup>29</sup>

Principles and Program Indicators	2000 Early Childhood Development Communiqué (ECDI)	2003 Multilateral Framework on Early Learning and Child Care (ELCC)
<b>Availability</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• Number of clients served (i.e. number of children served, number of families served, and/or number of program ‘spaces’ or equivalent).</li> <li>• Number of program sites.</li> </ul>	<p>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 training. Examples of initiatives that support availability and accessibility could include:</p> <ul style="list-style-type: none"> <li>• Increasing early learning and child care spaces.</li> <li>• Supporting extended and flexible hours of operation.</li> <li>• Parent information and referral.</li> </ul>
<b>Accessibility</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• Increase in the % of target population served.</li> <li>• Change in the socio-demographic profile of the client population.</li> </ul>	
<b>Affordability</b>	<p>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 program.</p>	<p>Early learning and child care services should be affordable. Governments have established mechanisms to help parents meet the costs of early learning and child care. Examples of initiatives that support affordability could include:</p> <ul style="list-style-type: none"> <li>• Enhancing fee subsidies that take into account parents’ ability to pay.</li> <li>• Operational funding.</li> </ul>
<b>Quality</b>	<p>Where the objective of an investment by governments is to improve quality, governments will report on one or more indicators of quality, such as:</p> <ul style="list-style-type: none"> <li>• Improvement in the education/training of service providers.</li> <li>• Increases in wage rates.</li> <li>• Increases in provider-to-client ratios.</li> <li>• Increases in client satisfaction.</li> </ul>	<p>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:</p> <ul style="list-style-type: none"> <li>• Enhancements to training and support, child/caregiver ratios and group size, compensation, recruitment and retention, physical environment, health and safety, and learning environment.</li> </ul>
<b>Inclusion</b>	n/a	<p>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:</p> <ul style="list-style-type: none"> <li>• Special needs programming and supports.</li> <li>• Culturally and linguistically appropriate resources and training.</li> </ul>
<b>Parental Choice</b>	n/a	<p>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:</p> <ul style="list-style-type: none"> <li>• Innovative approaches to service provision in rural and remote communities.</li> <li>• Flexible approaches that address a range of family and employment circumstances.</li> </ul>

<sup>29</sup> Source: [http://www.ecd-elcc.ca/eng/ecd/ecd\\_communique.shtml](http://www.ecd-elcc.ca/eng/ecd/ecd_communique.shtml). In most cases, only some program indicators specified by each principle are available to each program/initiative. However, descriptive information is provided with respect to the indicators in the context of the program area.

## Appendices: Financial Expenditures

Appendices A and B provide actual provincial and federal expenditures made as part of the Early Childhood Development Initiative (ECDI), Multilateral Framework on Early Learning and Child Care (ELCC), and Early Learning and Child Care Plan Agreement-in-Principle for the period April 1, 2008 – March 31, 2010.

Appendix C provides an overview of total provincial and federal expenditures in early childhood development and early learning and child care from 2000 (baseline year) through 2010.

For information on detailed expenditure summaries (including baseline funding) refer to the Nova Scotia Early Childhood Development 2005 – 2008 Progress Report / Child Well-Being 2007 Report ([www.gov.ns.ca/coms](http://www.gov.ns.ca/coms)).

All expenditure summaries are provided by the Nova Scotia Department of Community Services and all graphs and figures represent Nova Scotia's investment in the four ECD program areas as identified in the First Minister's Communiqué on Early Childhood Development (2000).



# Appendix A: Provincial and Federal ECD Expenditure Summary

(April 1, 2008 to March 31, 2009)

Program	Provincial Funding (\$)	Federal Funding ECDI / ELCC (\$)	Federal Funding Child Care Plan (\$)	Total Actual Funding (\$)
<b>Healthy Beginnings: Enhanced Home Visiting</b>				
Healthy Beginnings: Enhanced Home Visiting	Nova Scotia Department of Health funding of home visiting unknown due to multifaceted role	3,500,000		3,500,000
<b>Sub-Total</b>	<b>0</b>	<b>3,500,000</b>	<b>0</b>	<b>3,500,000</b>
<b>Enhancing Parenting and Family Supports</b>				
Family Resource and Parent Education	561,500	1,527,313		2,088,813
<b>Sub-Total</b>	<b>561,500</b>	<b>1,527,313</b>	<b>0</b>	<b>2,088,813</b>
<b>Stabilizing and Enhancing Child Care</b>				
Stabilization Grant	Federal only	4,500,000	803,793	5,303,793
Training Initiative	Federal only		800,000	800,000
Supported Child Care	1,452,092	1,117,089	342,656	2,911,837
Child Care Subsidy	7,551,905	2,700,200	3,526,300	13,778,405
Child Care Operating Grant	2,882,579		3,992,300	6,874,879
Family Home Day Care	Federal only		398,551	398,551
New / Expanded Child Care Centres *	Federal only		748,735	748,735
Repair / Renovation Loans**	Federal only		609,597	609,597
Outdoor Play Space Grants	Federal only		20,000	20,000
Program Enhancement Grants	Federal only		44,851	44,851
Energy Upgrade Grants	Federal only		1,279,489	1,279,489
Recruitment & Retention (Continuing Ed)	Federal only		26,784	26,784
Read to Me Foundation	Federal only		50,000	50,000
Child Development Centres	284,812			284,812
Early Intervention	2,127,054	299,000		2,426,054
ESIA Child Care	1,575,221	2,300,000		3,875,221
<b>Sub-Total</b>	<b>15,873,663</b>	<b>10,916,289</b>	<b>12,643,056</b>	<b>39,433,008</b>
<b>Community Engagement and Infrastructure Support</b>				
ECD Regional Collaboration Teams	Federal only	3,178		3,178
Information Systems Development	Federal only	279,644	1,700,000	1,979,644
Administration and Operations	Federal only	1,080,340	865,837	1,946,177
ECDS Administration	434,013			434,013
<b>Sub-Total</b>	<b>434,013</b>	<b>1,363,162</b>	<b>2,565,837</b>	<b>4,363,012</b>
<b>Total Expenditure</b>	<b>16,869,176</b>	<b>17,306,764</b>	<b>15,208,893</b>	<b>49,384,833</b>

## Appendix B: Provincial and Federal ECD Expenditure Summary (April 1, 2009 to March 31, 2010)

Program	Provincial Funding (\$)	Federal Funding ECDI / ELCC (\$)	Federal Funding Child Care Plan (\$)	Total Actual Funding (\$)
<b>Healthy Beginnings: Enhanced Home Visiting</b>				
Healthy Beginnings: Enhanced Home Visiting	Nova Scotia Department of Health funding of home visiting unknown due to multifaceted role	3,500,000		3,500,000
<b>Sub-Total</b>	<b>0</b>	<b>3,500,000</b>	<b>0</b>	<b>3,500,000</b>
<b>Enhancing Parenting and Family Supports</b>				
Family Resource and Parent Education	561,500	1,596,000		2,157,500
<b>Sub-Total</b>	<b>561,500</b>	<b>1,596,000</b>	<b>0</b>	<b>2,157,500</b>
<b>Stabilizing and Enhancing Child Care</b>				
Stabilization Grant	Federal only	4,500,000	996,274	5,496,274
Training Initiative	Federal only		800,000	800,000
Supported Child Care	1,452,092	1,117,100	1,392,180	3,961,372
Child Care Subsidy	7,201,159	2,635,000	5,581,800	15,417,959
Child Care Operating Grants	3,132,409		4,857,416	7,989,825
Family Home Day Care	Federal only		496,098	496,098
New / Expanded Child Care Centres*	Federal only		2,684,148	2,684,148
Repair / Renovation Loans**	Federal only		280,800	280,800
Recruitment & Retention (Continuing Ed)	Federal only		288,842	288,842
Child Care Awareness Campaign	Federal only		50,540	50,540
Child Development Centres	258,200			258,200
Early Intervention	2,149,213	299,000		2,448,213
ESIA Child Care	1,419,000	2,300,000		3,719,000
<b>Sub-Total</b>	<b>15,612,073</b>	<b>10,851,100</b>	<b>17,428,098</b>	<b>43,891,271</b>
<b>Community Engagement and Infrastructure Support</b>				
ECD Regional Collaboration Teams	Federal only	0	0	0
Information Systems Development	Federal only	420,000	1,800,154	2,220,154
Administration and Operations	Federal only	1,176,905	824,365	2,001,270
ECDS Administration	486,546			486,546
<b>Sub-Total</b>	<b>486,546</b>	<b>1,596,905</b>	<b>2,624,519</b>	<b>4,707,970</b>
<b>Total Expenditure</b>	<b>16,660,119</b>	<b>17,544,005</b>	<b>20,052,617</b>	<b>54,256,741</b>

## Notes:

### **\*New / Expanded Child Care Centres**

Since 2007/08, \$19 million in loans has been approved, of which approximately \$12.5-million is forgivable. This includes funding for repairs, renovations, and improvements including energy upgrades, accessibility for children and families with identified special needs, and the expansion of licensed child care facilities to create additional child care spaces. The portion reported reflects forgivable loans paid, as issued to approved licensed non-profit facilities for 2009/10. Repayable loans issued are NOT reported as expenditures.

**\*\*Repair / Renovation Loans** As explained above.



## Appendix C: Total Provincial and Federal ECD Expenditure Summary from 2000 (Baseline Year) to 2010

Program	2000 - 2001 Actual Baseline Funding (\$)	2001 - 2002 Actual Baseline Funding (\$)	2002 - 2003 Actual Baseline Funding (\$)	2003 - 2004 Actual Baseline Funding (\$)	2004 - 2005 Actual Baseline Funding (\$)
<b>Healthy Beginnings: Enhanced Home Visiting</b>					
Healthy Beginnings	—	417,340	3,582,660	3,000,000	3,494,582
Nova Scotia Department of Health funding of home visiting unknown due to multifaceted role of public health staff					
<b>Sub-Total</b>	<b>—</b>	<b>417,340</b>	<b>3,582,660</b>	<b>3,000,000</b>	<b>3,494,582</b>
<b>Enhanced Parenting and Family Supports</b>					
Family Resource and Parent Education	515,500	1,079,600	1,128,000	571,500	802,500
Child Care Information and Support	—	—	450,000	650,000	650,000
Early Language and Learning	—	—	567,500	727,500	740,000
Adoption Redesign	—	—	24,998	174,411	349,361
Family Resource and Parent Education Grant	—	—	—	—	—
<b>Sub-Total</b>	<b>515,500</b>	<b>1,079,600</b>	<b>2,170,498</b>	<b>2,123,411</b>	<b>2,541,861</b>
<b>Stabilizing and Enhancing Child Care</b>					
Stabilization Grant	—	3,448,122	3,646,647	3,839,403	3,896,696
Training Initiative	—	—	1,306,380	1,093,906	974,089
Supported Child Care (formerly Inclusion Differential)	1,308,276	1,865,388	2,503,632	2,602,829	2,428,763
Subsidy and Equipment Grants	9,094,622	9,519,259	9,345,150	9,236,554	9,288,606
Other Child Care (CCOG, SEG)	2,871,569	2,854,720	2,910,897	3,090,157	3,081,892
Child Development Centres	285,216	286,301	684,605	290,917	293,418
Early Intervention	1,612,125	1,897,742	1,897,572	1,901,383	2,026,612
ESIA Child Care	899,591	3,174,649	5,013,506	5,177,950	5,024,092
ECDS Administration	581,368	565,279	339,964	359,395	373,705
New / Expanded Child Care Centres	—	—	1,679,248	—	—
*Material / Resource Grant	—	—	—	724,461	-21,944
Repair / Renovation	—	—	—	—	—
Outdoor Play Space Grant	—	—	—	—	—
Program Enhancement Grant	—	—	—	—	—
Energy Upgrade Grants	—	—	—	—	—
Recruitment & Retention (Cont. Ed)	—	—	—	—	—
Family Home Day Care	—	—	—	—	—
Read to Me	—	—	—	—	—
Awareness Campaign	—	—	—	—	—
French Translation of ECD Training Materials	—	15,000	—	—	—
Capacity Initiative	—	—	—	—	2,152
<b>Sub-Total</b>	<b>16,652,767</b>	<b>23,626,460</b>	<b>29,327,601</b>	<b>28,316,955</b>	<b>27,368,081</b>
<b>Community Engagement and Infrastructure Support</b>					
ECD Regional Collaboration Teams	—	—	20,000	—	2,598
Information Systems Development	—	—	400,000	450,000	312,097
Volunteer Initiative	—	—	—	—	11,945
Administration and Operations	—	109,129	671,458	1,190,258	1,427,076
<b>Sub-Total</b>	<b>—</b>	<b>109,129</b>	<b>1,091,458</b>	<b>1,640,258</b>	<b>1,753,716</b>
<b>Total Expenditure</b>	<b>17,168,267</b>	<b>25,232,529</b>	<b>36,172,217</b>	<b>35,080,624</b>	<b>35,158,240</b>

## Appendix C: *continued*

Program	2005 - 2006 Actual Baseline Funding (\$)	2006 - 2007 Actual Baseline Funding (\$)	2007 - 2008 Actual Baseline Funding (\$)	2008 - 2009 Actual Baseline Funding (\$)	2009 - 2010 Actual Baseline Funding (\$)	Total Actual Funding
<b>Healthy Beginnings: Enhanced Home Visiting</b>						
Healthy Beginnings	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	27,994,582
Nova Scotia Department of Health funding of home visiting unknown due to multifaceted role of public health staff						
<b>Sub-Total</b>	<b>3,500,000</b>	<b>3,500,000</b>	<b>3,500,000</b>	<b>3,500,000</b>	<b>3,500,000</b>	<b>27,994,582</b>
<b>Enhanced Parenting and Family Supports</b>						
Family Resource and Parent Education	901,500	787,500	767,500	—	—	6,553,600
Child Care Information and Support	650,000	650,000	550,000	—	—	3,600,000
Early Language and Learning	890,000	720,000	617,886	—	—	4,262,886
Adoption Redesign	831,899	928,310	775,090	—	—	3,084,069
Family Resource and Parent Education Grant	—	—	—	2,088,813	2,157,500	4,246,313
<b>Sub-Total</b>	<b>3,273,399</b>	<b>3,085,810</b>	<b>2,710,476</b>	<b>2,088,813</b>	<b>2,157,500</b>	<b>21,746,868</b>
<b>Stabilizing and Enhancing Child Care</b>						
Stabilization Grant	4,029,166	4,263,137	4,991,090	5,303,793	5,496,274	38,914,328
Training Initiative	994,000	1,098,000	800,000	800,000	800,000	7,866,375
Supported Child Care	2,683,032	2,705,866	2,894,070	2,911,837	3,961,372	25,865,065
Subsidy and Equipment Grants	10,108,891	10,122,220	10,951,300	13,778,405	15,417,959	106,862,966
Other Child Care (CCOG, SEG)	2,892,808	3,790,479	8,288,897	6,874,879	7,989,825	44,646,123
Child Development Centres	291,049	276,077	263,281	284,812	258,200	3,213,876
Early Intervention	2,092,237	2,320,369	2,379,822	2,426,054	2,448,213	21,002,129
ESIA Child Care	4,880,358	4,359,969	4,110,842	3,875,221	3,719,000	40,235,178
ECDS Administration	293,387	328,328	423,851	434,013	486,546	4,185,836
New / Expanded Child Care Centres	93,018	2,248,302	420,820	748,735	2,684,148	7,874,271
*Material / Resource Grant	—	—	—	—	—	702,517
Repair / Renovation	—	46,939	839,097	609,597	280,800	1,776,433
Outdoor Play Space Grant	—	—	5,080,806	20,000	—	5,100,806
Program Enhancement Grant	—	—	2,621,057	44,851	—	2,665,908
Energy Upgrade Grants	—	—	—	1,279,489	—	1,279,489
Recruitment & Retention (Cont. Ed)	—	—	—	26,784	288,842	315,626
Family Home Day Care	—	—	—	398,551	496,098	894,649
Read to Me	—	—	—	50,000	—	50,000
Awareness Campaign	—	—	—	—	50,540	50,540
French Translation of ECD Training Materials	—	—	—	—	—	15,000
Capacity Initiative	23,000	—	—	—	—	25,152
<b>Sub-Total</b>	<b>28,380,946</b>	<b>31,559,686</b>	<b>44,064,933</b>	<b>39,867,021</b>	<b>44,377,817</b>	<b>313,542,267</b>
<b>Community Engagement and Infrastructure Support</b>						
ECD Regional Collaboration Teams	3,444	2,722	1,703	3,178	—	33,645
Information Systems Development	995,735	1,206,492	1,923,994	1,979,644	2,220,154	9,488,116
Volunteer Initiative	—	—	—	—	—	11,945
Administration and Operations	1,668,132	1,629,234	1,727,222	1,946,177	2,001,270	12,369,956
<b>Sub-Total</b>	<b>2,667,311</b>	<b>2,838,448</b>	<b>3,652,919</b>	<b>3,928,999</b>	<b>4,221,424</b>	<b>21,903,662</b>
<b>Total Expenditure</b>	<b>37,821,656</b>	<b>40,983,944</b>	<b>53,928,328</b>	<b>49,384,833</b>	<b>54,256,741</b>	<b>385,187,379</b>

Note: ECD carry forward of \$4,685,200 from 2001/02 to 2002/03. Amounts are gross expenditures. \*Funding issued in 2003/04; returned by recipients in 2004/05.

