

Nova Scotia Early Childhood Development

2010–2012 Progress Report

Child Well-Being

2011 Report



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Introduction

In 2000, the Early Childhood Development Initiative (ECDI) was announced in a communique from first ministers. The ECDI represented a commitment from the Government of Canada to transfer funds to provinces and territories to be invested in early childhood development initiatives. In turn, provinces and territories committed to invest the funds in early learning and childcare programs for children aged six and under. The agreement was signed by all provinces and territories, with the exception of Quebec.

In 2003, following the 2000 ECDI, provinces and territories, through the Multilateral Framework on Early Learning and Child Care (ELCC) saw a further investment of \$1.05 billion dollars over five years, to regulated early learning and child care programs for children six and under. This commitment was replaced in 2006 by the Child Care Spaces Initiative. This federal initiative committed 250 million dollars per year for five years with the goal of increasing available child care spaces by 25,000 per year. In the same year, Nova Scotia released the Child Care Plan (The Plan), which built on the previous commitment to increase child care spaces through the Child Care Spaces Initiative, as well as overall accessibility to regulated child care for all families.

Evidence shows that the early years (age pre-natal – six) are critical in terms of the development and future health and well-being of children. Quality early childhood experiences, like those provided by quality child care facilities, as well as healthy families and communities contribute to the overall health, well-being and future success of our children. Nova Scotia recognizes this and continues to be committed to supporting and promoting healthy families, communities and children.

This report fulfills the reporting requirements of the 2000 First Minister's Communique on Early Childhood Development (ECDI) and the 2003 Multilateral Framework on Early Learning and Child Care (ELCC), and provides an overview of Nova Scotia's continued commitment to Early Childhood Development; the strides made in this area since the 2008-2010 Nova Scotia Early Childhood Development report, and progress made since signing the ECDI in 2000.

In 2013, Nova Scotia took further steps to enhance its focus on the early years. The Department of Education's mandate was expanded to include Early Childhood Development Services (ECDS). This changed the name of the Department to Education and Early Childhood Development and led to the creation of a new Early Years Branch. To support this change Early Childhood Development Services moved from the Department of Community Services to Education and Early Childhood Development.

The new Early Years Branch is currently working to bring together early childhood expertise, programs and policies to strengthen and integrate more accessible and comprehensive support for young children and families in Nova Scotia. Although located within Education and Early Childhood Development, the Branch's work is also supported by the Departments of Community Services and Health and Wellness.

This report indicates which Nova Scotia government department was responsible for Early Childhood Development initiatives from 2010-2012. Some of these responsibilities have shifted with the introduction of the Early Years Branch. Changes in lead departments for the next reporting period are also indicated.

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
Promote Healthy Pregnancy, Birth and Infancy	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>Enable pregnant women, their partners and their families to achieve a healthy pregnancy, optimal birth outcomes and positive adaptation to parenting.</p> <p>Promote the optimal physical, cognitive, emotional and social development of all children in Nova Scotia.</p> <p>Enhance the capacity of parents to support healthy child development.</p> <p>Enhance the capacity of communities to support healthy child development.</p> <p>Contribute to a coordinated, effective system of child development services and supports for children and their families.</p>
Enhanced Parenting and Family Supports	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>To promote the healthy development of children.</p> <p>To partner with communities in recognizing parents' roles in the healthy development of children.</p> <p>To promote the development of children's language and emergent literacy by supporting parents and early childhood educators.</p>
Strengthen Early Childhood Development, Learning and Care	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>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.</p> <p>To stabilize and enhance the quality of regulated child care.</p> <p>To support parents who need child care while they work or attend school or training programs by providing subsidies to offset the cost of regulated child care.</p> <p>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.</p> <p>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.</p> <p>To further assist early childhood educators with opportunities for training and access to information and support on child-related issues.</p>
Strengthen Community Engagement and Infrastructure Supports	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>To promote the development of healthy children.</p> <p>To promote evidence-based decision making through the development of accurate and timely information.</p> <p>To report on early childhood development to ensure accountability.</p>

Promote Healthy Pregnancy, Birth and Infancy



Early Childhood Development Initiative (ECDI) funding is provided to the Department of Health and Wellness for Healthy Beginnings: Enhanced Home Visiting (EHV). Funding is then distributed to the District Health Authorities (DHA), Public Health Services to implement this initiative at the local level. Healthy Beginnings: EHV 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

Launch Date: June 2002

Funding Source (\$):	2010/2011 ECDI: 3,478,000	2011/2012 ECDI: 3,500,000
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Target Population: Families who are facing challenges and who may benefit from additional parenting supports and resources.

Lead Department: Department of Health and Wellness

Delivery Agents: District Health Authorities (Public Health Services)

Program Description: Healthy Beginnings: Enhanced Home Visiting (EHV) is a voluntary, strengths-based, family centered and 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.

Program Goals: Improved physical, cognitive, emotional and social development of Nova Scotia children.

Work towards these goals is guided by the EHV Logic Model. This model was developed by a provincial steering committee comprised of over 125 stakeholders. The components of this model are:

Family Buy-in: Involves a standardized, universal screening and assessment process to identify families that could benefit from the program and provides ongoing, positive contact to engage families in the program.

Supporting Families: Using a strength-based approach; parents are supported through home visiting, to enhance positive parenting practices. A standardized curriculum helps to promote a healthy parent-child relationship; foster healthy child development; assists families with goal setting and achievement; and links families to appropriate community resources.

Partnership Development: Enhance capacity of local service providers to support healthy child development; increase coordination and effectiveness of child development services for children and families.

Program Objectives:

- Promote the optimal level of physical, cognitive, emotional and social development of children.
- Enhance the capacity of parents to support healthy child development.
- Enhance the capacity of communities to support healthy child development.
- Contribute to a coordinated, effective system of child development services and supports for children and families.

Program Activities

Healthy Beginnings: Enhanced Home Visiting

April 2010- March 2012

Identify Program Families:

Standardized screening and assessment is used to identify families who will most benefit from enhanced home visiting and/or additional services. During 2010/11, a review of the assessment process, training and tools was undertaken by ad-hoc committees with province wide representation, to strengthen the process and ensure quality. Recommendations regarding assessment and screening have been approved by the EHV Provincial Steering committee, incorporated into the revised (draft) program support manual, and shared with all levels of the program. Revisions to the support manual are anticipated to be complete by 2014.

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 contributing to the success of the enhanced home visiting program. There are standardized core and curriculum training sections. Core training focuses on the strength based family centered philosophy and the specifics regarding the principles and components of a home visit.

There were two core training sessions held in 2010/11 and one held in 2011/12. All sessions were facilitated by a Certified Provincial Trainer. This training was extended to partner agency staff - First Nations, Early Intervention and Family Resource Centres.

Enhance Quality of Service:

There have been continuous improvements to the screening and assessment process, as well as ongoing identification of efficiencies within the system to maintain the integrity of the program and the quality of support to families.

Program Evaluation:

Recommendations from the Phase III Family Outcome Evaluation (2009) continue to be implemented. Recommendations include maintaining the integrity of the program by the continued implementation and monitoring of provincial program standards, exploring options to expand supports to families and continuing to invest in program evaluation. The evaluation report can be accessed on the Department of Health and Wellness website: http://www.gov.ns.ca/hpp/publications/hd_%20hbehv_report_2009.pdf

Provincial Database:

A provincial data base to support the Healthy Beginnings: Enhanced Home Visiting program was launched in 2006. The database was expanded in 2008, to improve data quality and capture additional information. Ongoing issues continued to affect data quality and data use. In response, a complete Business Process Review of the HB Data Base was undertaken during 2010/11 to identify issues. Recommendations were received in April 2011 and an implementation plan for the recommendations is in development and anticipated to be complete by 2014.

Program Indicators¹

Healthy Beginnings: Enhanced Home Visiting

Investment Period >		2010-11	2011-12
Availability			
Program Delivery	<p>There are 20 EHV Community Home Visitors in the province, each with an average caseload of 12 to 15 families.</p> <p>The program is fluid with families being accepted in to the program and discharged on an ongoing basis. Results and success of the program requires the initial visits to be in depth, intensive and frequent.</p> <p>The Healthy Beginnings: EHV Program is delivered province-wide by nine District Health Authorities (Public Health Services).</p>		
Accessibility			
Target population served	<p>Throughout 2010–2012, Public Health’s universal screening reached 96% of all families with newborn infants in Nova Scotia.</p> <p>Families who could potentially benefit from the EHV program were identified through standardized screening and assessment processes.</p>		
Increase in the % of target population served	<p>An increase in the number of families being identified and being offered the program is being verbally reported across the province. Work is underway to explore options to a ‘wait list’ approach at the DHA level.</p>	<p>In 2011–2012, the HB: EHV Steering Committee had an ad-hoc working group address the wait-list issues. As a result, new guidelines were developed which have resulted in waitlists no longer being an issue.</p>	
Affordability			
Program cost	<p>There is no fee charged to families to participate in the program.</p>		

(continued next page)

¹Technical note: ‘Indicators’, as used here and throughout the 2010-2012 Progress Report, refers to program indicators as defined in the shared framework of the 2000 First Minister’s Communique on Early Childhood Development (http://www.ecd-elcc.ca/eng/ecd/ecd_communique.shtml), and the 2003 Multilateral Framework on Early Learning and Child Care (ELCC) (http://www.ecd-elcc.ca/eng/elcc/elcc_multiframe.shtml). Indicators provided in detail on page 63 of this report.

Quality	
Improvement in education and training of service providers	<p>To maintain the program standard for staff competencies, ongoing priority training and curriculum support are provided. Training is an important element contributing to the success of the EHV program, and is comprised of standardized core and curriculum training.</p> <p>Training is led by a provincial trainer and provided to all Healthy Beginnings EHV supervisors and home visitors. All trainers are certified in Nursing Satellite Assessment Training (NCAST), designed to measure caregiver–child interaction. The NCAST approach uses a strength based, family centered philosophy that focuses on the principles and components of a home visit.</p> <p>NCAST master trainers have developed a provincial approach to training to ensure public health nurses in each district are re-certified in a timely manner (for quality assurance purposes and adherence to standards). The trainers have planned a collaborative approach to core NCAST training, across the province, to enhance efficiencies for new staff attaining certification.</p> <p>Standardized core training sessions continue for new and existing community home visitors and their supervisors. In 2010-2012, core training was extended to:</p> <ul style="list-style-type: none"> • partners at the Department of Community Services (Early Intervention and Parenting Journey) • Family Resource Centres • First Nations communities <p>New and improved guidelines for use of the NCAST tools have been developed and communicated to the public health system. These guidelines were designed to enhance quality, ensure integrity of the program and address the needs of diverse populations.</p> <p>The Healthy Beginning Program Support Manual has been undergoing revision, with a final draft anticipated to be completed by 2014.</p> <p>Wage rates and provider-to-client ratios have remained the same.</p>
Monitoring of provincial program standards	<p>Ongoing informal monitoring of provincial program standards for Healthy Beginnings: EHV continues.</p> <p>In 2011/12, a formal process for monitoring the program standards was developed. Monitoring results were submitted to all District Health Authorities in 2012. Findings will be released in summer 2013.</p>
Partnership approach	<p>Healthy Beginnings teams continue to support Healthy Beginnings: EHV at the local level and continue to strengthen community partnerships with family resource centers 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> <p>Training by the Provincial Trainer was extended to Community Services, First Nations and Family Resource Centre partners, in 2010-2012.</p>
Data collection	<p>A provincial database to support Healthy Beginnings: EHV was launched in 2006 and expanded in 2008 in order to improve data quality and capture additional information. A Business Process Review was undertaken in 2010/11 to identify data and data quality issues. Recommendations from the BPR have been received from the external consultant and will be moved forward during 2013-2014.</p>

Program evaluation	<p>Phases 1, 2 & 3 of the provincial program evaluation are complete. Work continues to use the findings of Phase 2 and 3 to inform program improvement. Work is ongoing to improve monitoring, screening and assessment processes and tools.</p> <p>The findings of the Outcome Evaluation reveal that the Healthy Beginnings EHV program has provided practical information and hands-on resources and supports to build parenting knowledge and skills, which contributes to the program's success.</p> <p>A Phase 3 evaluation was conducted in Capital District Health Authority through the spring of 2012. This evaluation focused on outcomes for families as well as partnership outcomes.</p>
Inclusion	
Program support of inclusion initiatives	<p>Standardized screening is provided for all families with newborns and those identified for in-depth assessment. Screening helps identify the services needed, as well as the subsequent referral or transition to appropriate services. Healthy Beginnings: EHV does not duplicate services offered by Early Intervention Programs (see p. 34 of this report), but contributes to a coordinated, effective system of child development services and supports for children and families by building on the capacity of community based services that exist.</p>
Parental Choice	
Program improves flexibility to respond to the varying needs and preferences of parents and children	<p>The findings of the Outcome Evaluation show that the Healthy Beginnings: EHV program has provided practical information and hands-on resources and supports to build parenting knowledge and skills. Healthy Beginnings: EHV is a voluntary, strengths-based, family centered, home-visiting program. Standardized curriculum is designed to be flexible for individual families and incorporate personal and family goals.</p>





Enhanced Parenting and Family Supports



One of the priorities of early childhood development services is to provide opportunities for parent education and to develop new support networks that meet the needs of both parents and caregivers in the community. The 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 the families in their communities.

Family Resource and Parent Education Grant

Launch Date: April 2008

Funding Source (\$):	2010/2011 Provincial: 561,500 ECDI: 1,596,000	2011/2012 Provincial: 561,500 ECDI: 1,596,000
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Target Population: Children and families across Nova Scotia, with the fewest resources and who may be facing multiple challenges and barriers to accessing supports for their children and families.

Lead Department: Nova Scotia Department of Community Services

Delivery Agents: Family Resource Centres

Program Description: 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.

Program Goal: To support the healthy development and well-being of children and their families.

Program Objectives: To enhance the capacity of family resource programs to provide programs and services to children and their families by:

- providing programs and services that respond to the needs of children and their families within communities
- providing services in an outreach capacity to address access and transportation barriers
- complementing other sources of funding to develop a comprehensive continuum of supports and services for children and their families

Program Activities

Family Resource and Parent Education Grant

April 2010 – March 2012

Accessibility of Programs

Family resource centres strive to be flexible, and meet the unique needs or circumstances of participants by:

- Offering programs and services at times and locations that are convenient for families (provided organizational capacity allows).
- Working to develop creative outreach strategies to engage families facing multiple challenges.
- Working to ensure that programs/supports meet the needs of grandparents, fathers and immigrant families who are accessing programs in increasing numbers.
- Increasing focus on providing programs/services that are culturally relevant.

Increasing Partnerships

There has been an increase in partnership and collaboration with community organizations to address the complex issues families are facing (i.e. basic needs: food, clothing, housing, financial struggles, behavior issues, bullying, child welfare, mental health, domestic violence and violent crime).

Family resource programs partner and collaborate with a broad range of service providers and organizations, including, but not limited to:

- schools
- public health services
- community based organizations
- Department of Community Services
- libraries
- The Public Health Agency of Canada
- Nova Scotia Hearing and Speech Centres
- Child/Adult Mental Health Services
- universities
- Health Canada

Partnership and collaboration with a broad range of service providers and organizations is important to ensure that children and their families have access to a comprehensive continuum of supports and services to meet their holistic needs; services for children and families are coordinated; family resource programs are recognized as a core component of the service delivery system for children and families.

Program Indicators

Family Resource and Parent Education Grant

Investment Period >	2010-11	2011-12
Availability		
# of program sites	19 family resource programs	
# of parents participating*	7,680	4,322
# of children participating*	9,223	5,542

* Differences between figures from year to year are due to updates to reporting. 2010-2011 figures reflect repeat attendance by clients, while 2011-12 figures do not.

Accessibility	
Location	Programs and services are located in 19 sites across Nova Scotia. Outreach programs and services are provided in a number of outlying areas.
Affordability	
Program cost	Access to Family Resource Programs is universal and free of charge.
Quality	
Provision of Core Services	<p>Programs and services are provided in the following areas:</p> <ul style="list-style-type: none"> • parent education and learning • family support • child and youth development • early learning and literacy
Partnerships and Collaboration	Partnership and collaboration exists with a wide range of service providers and organizations including: schools, Public Health Services, Public Health Agency of Canada, Family and Community Supports, community-based organizations, Department of Community Services (i.e. Employment Supports and Income Assistance (ESIA) and Family and Community Supports), Libraries, Nova Scotia Hearing and Speech Centres, Child/Adult Mental Health Services, universities, primary health care, housing.

Strengthen Early Childhood Development, Learning and Care



Parents can choose different types of care for their child. Child care that is 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 part of the delivery of child care programs. Since 2001, the province has launched various approaches to promote the stabilization and enhancement of licensed and regulated child care.

Nova Scotia's Early Learning and Child Care Plan

The ELCC Plan (The Plan) has supported the funding of additional child care spaces and facility upgrades through grants and/or loans to licensed commercial and non-profit child care facilities, and family home day care (FHDC) agencies. Through Expansion Loan funding, approximately 1,318 new child care spaces licensed under the *Day Care Act* and *Regulations* have been created. One of the priority areas identified during the 2005 ELCC Plan consultations was to increase the number of child care spaces in licensed child care facilities, and increase the delivery of regulated family home daycare. More than 2,600 parents, early childhood educators and community members participated in the consultation. During 2010/12, the Plan funded the following programs:

Expansion and Replacement Loan: this program helps new or existing child care facilities expand licensed capacity through a low interest loan.

The Expansion and Replacement Loan received:

- \$2,226,366 in approved funding during 2010/11; and
- \$2,316,524 during 2011/12.
- Total funding since 2006/2007: \$10,644,895
- The loan program is no longer accepting applications.

A total of 42 child care facilities were approved for funding since the program launch in 2007.

Of the 42 approved:

- 35 have completed their expansion project and are in operation
- seven are in varying stages of completion and expected to be complete during 2013-2014

Repair and Renovation Loan: this program provides funding to facilities to improve or enhance the physical environment and grounds of the facilities through repairs, renovations and improvements.

The Repair and Renovation Loan received:

- \$857,263 in approved funding during 2010/11; and
- \$301,621 during 2011/12
- Total Funding since 2007: \$2,935,317
- The program is no longer accepting applications.

A total of 129 child care facilities were approved for Repair and Renovation funding since the program was launched in 2007.

Of the 129 Repair and Renovation grants approved:

- 127 have completed their renovation projects.
- two are in various stages of completion (time frame for completion: 2013-2014)

The Family Home Day Care (FHDC) Program gives parents the option of choosing regulated child care offered by a family home day care provider that is approved and monitored by a licensed family home day care agency

As of March 31, 2012 there were 12 FHDC Agencies and 119 family home day care providers in the province providing 714 child care spaces



Early Childhood Education Training Initiative

Launch Date: November 2002

Funding Source (\$):	2010/2011 ECDI: 708,744	2011/2012 ECDI: 791,688
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Target Population: Students entering the field, those enrolled in training programs and current members of the early childhood education workforce.

Lead Department: Nova Scotia Department of Community Services
(Department of Education and Early Childhood Development, as of September 2013)

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 2010-March 2012

Programs funded for training and support services to the early childhood development sector are:

- Le Centre Provincial de Ressources Prescolaires (CPRPS)
- Mount Saint Vincent University (MSVU)
- Nova Scotia Community College (NSCC – Burrigade, Kingstec and Cumberland campuses)
- Nova Scotia College of Early Childhood Education (NSCECE)
- The Institute for Human Services Education (IHSE)
- Université Saint-Anne
- Child Care Connection Nova Scotia (CCCNS)

Available services include:

- accessible and affordable pre-service and professional development opportunities offered on-line and in regional locations
- academic, employment and counseling services to support the pre-service community;
- maintenance and enhancement of six ECD Support Sites which provide resources and tools for pre-service and in-service professionals;
- mentoring and program support services, as well as opportunities for facility directors/coordinators to network.
- delivery of an orientation course to regulated child care for all untrained child care staff working in a licensed facility

Program Indicators

Early Childhood Education Training Initiative

Investment Period >		2010-11	2011-12
Availability and Accessibility			
# of program sites	<ul style="list-style-type: none">• Six Early Childhood Development (ECD) resource centre support sites.• Three Early Childhood Education (ECE) diploma awarding programs offered at seven different sites, and part-time delivery in regional locations.• A Bachelor of Applied Arts: Child and Youth Study [BAA (CYS)] degree program and a Masters of Arts: Child and Youth Study [MA (CYS)]• Development of one ECE diploma-awarding program offering distance education in French• A combined home study/classroom delivery of the Orientation for Staff Working in Licensed Child Care Facilities, throughout the province, according to demand		
Supporting extended and distance education, and flexible hours of operation	Provision of alternative delivery methods and distance education Professional development workshops delivered in regional locations		
	Professional Development (PD)		
	Workshops: 159 Participants: 3,738	Workshops: 208 Participants: 5,673	
Quality			
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>Certificate of Accomplishment – obtained by completing 3 mandatory and 3 elective modules for a total of 60 hours of training focused on leadership and mentorship in the early childhood sector, offered through the Nova Scotia Community College (NSCC).</p> <p>Early Childhood Administrator Certificate – a six month hands-on continuing education course encourages participants to build on and apply learning and skills acquired in the administration of early childhood programs, offered through Mount Saint Vincent University (MSVU).</p> <p>The Leading Edge – discussion and support groups for people who have a leadership role in an early childhood program. (NSCECE)</p>		
Compensation	Some licensed child care facilities provide financial compensation to staff to increase training levels attained through diploma study or professional development opportunities. A portion of the Early Childhood Enhancement Grant is allocated for the professional development of child care staff.		

Recruitment and retention	Delivery of a Continuing Education Program and an Early Childhood Education Assistance Program.	
	Delivery of orientation modules helps support, and retains entry level staff currently working in the field.	
	Enrollment in ECE diploma programs*	
	Full-Time Students: 172	Full-Time Students: 253
	Graduates from ECE diploma and degree Programs*	
	Diploma graduate: 98 Degree graduates: 35	Diploma graduates: 102 Degree graduates: 37
	* 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, enabling them to improve the early childhood environment and to foster children’s well-being and healthy development.	
	Respectful Workplace training modules designed to support a healthy workplace in an early learning and childcare environment. (NSCC)	
Inclusive		
Special needs programming and supports	Some professional development workshops focus specifically on programming information to further support the inclusion of children with special needs.	
	All Together Now! Inclusion Support Group - facilitates discussions related to the delivery of inclusive early learning programs.	
	A number of diploma and degree programs include courses which are designed to enhance participant’s knowledge and understanding of special needs programming and supports.	
Linguistically appropriate resources and training	Le Centre provincial de ressources préscolaires (CPRPS) offers translation services and on-going training and professional development opportunities to Acadian and Francophone ECEs.	
	In 2012, Université Sainte Anne commenced offering online early childhood education diploma courses.	

Child Abuse Protocol Training

Launch Date:	1998
Target Population:	Early childhood staff & care providers working in regulated early childhood settings as well as students attending Early Childhood Education diploma/degree programs.
Lead Department:	Nova Scotia Department of Community Services (Department of Education and Early Childhood Development, as of September 2013)
Delivery Agents:	Department of Community Services Social Work Staff Trainers & Early Childhood Development Consultants
Program Description:	Child Abuse Protocol Training for early childhood staff and care providers who are working in regulated early childhood settings and family resource programs, or students enrolled in an Early Childhood Education training program.
Program Goal:	To establish a set of standardized practices and procedures for early childhood staff and care providers that enables them to recognize signs of abuse, and understand the process for reporting suspicions of abuse and neglect of children.
Program Objectives:	For existing or potential early childhood staff to: <ul style="list-style-type: none"> • understand their duty to report when child abuse is suspected • recognize signs of abuse in children • understand when and how to report suspicions of abuse • understand their roles and responsibilities once a report is made

Program Activities

Child Abuse Protocol Training

April 2010- March 2012

- In 2010, a social work position was dedicated to the delivery of the Child Abuse Protocol Training (CAP), resulting in an increase in the availability and accessibility of training. CAP training is provided throughout the year, throughout the province.
- In 2012, revisions to the child abuse protocol manual, *Reporting and Investigating Allegations of Abuse and Neglect; A protocol and Handbook for Licensees, Child Care Staff and Care Providers in Regulated Child Care Settings*, were completed, providing staff with the most concise and current information available.
- In 2013, delivery in French of the child abuse protocol training will commence.

Program Indicators

Child Abuse Protocol

Investment Period >	2010-11	2011-12
Availability		
# of training sessions	6	18
# of participants	132	356
Total staff trained (%)	6.5%	16.9%
Accessibility		
Increase in % of staff trained (since previous year)	2.1%	10.4%
Affordability		
Cost	There is no charge for participation in Child Abuse Protocol training.	
Quality		
Improvement in the Education/Training of service providers	<p>CAP training is delivered by a registered Social Worker and an Early Childhood Development Consultant (ECDC). In 2010, a social work position was dedicated to the delivery of CAP training, allowing for increased frequency of, and accessibility to CAP training for child care staff.</p> <p>Duty to Report training is provided to students enrolled in Early Childhood Education programs throughout the province. Duty to Report training highlights the legal responsibility of the public to report suspicions of abuse or neglect of children. Those working directly with children and families are often in the position to identify and address suspicions of child abuse first. For this reason, it is particularly important existing and future staff understand this obligation. In 2011, nine half day Duty to Report sessions were presented to students of Early Childhood Education programs.</p>	



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.

Number of Program Participants:

- 158 as of March 31, 2011; and
- 252 as of March 31, 2012

Between 2008-2012, 1287 continuing education courses have been completed for which participants have been reimbursed.

ELCC Plan Funding

- \$175,801 (2010/2011)
- \$206,645 (2011/2012)

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 or a Bachelor of Applied Arts, Child and Youth Study degree [BAA (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/ undergraduate degree from the department.

Number of Program Participants:

- 57 as of March 31, 2011 (51 Diploma/6 Bachelor); and
- 93 as of March 31, 2012 (86 Diploma/7 Bachelor)

ELCC Plan Funding

- \$69,414 (2010/11)
- \$170,402 (2011/12)

Early Childhood Enhancement Grant

Launch Date: April 2010

Funding Source (\$):	2010/2011 Provincial: 3,132,409 ECDI: 4,500,000 Child Care Plan: 8,348,540	2011/2012 Provincial: 3,132,409 ECDI: 4,500,000 Child Care Plan: 9,321,861
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Target Population: Early childhood staff working in licensed full-day and part-day child care facilities.

Lead Department: Nova Scotia Department of Community Services
(Department of Education and Early Childhood Development, as of September 2013)

Delivery Agents: Licensed full-day and part-day child care facilities.

Program Description: The purpose of the Early Childhood Enhancement Grant (ECEG) is to help promote increased salary and benefits to child care educators who provide direct care to children attending child care facilities. This support enhances a foundation for the recruitment and retention of educators, supports their professional growth, and can be used towards the general operating expenses of facilities.

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

Program Objectives: To stabilize the early childhood education workforce in Nova Scotia by recognizing the important role of qualified and trained staff in supporting the healthy development of children. Better wages and benefits help attract and maintain qualified early childhood staff.

Program Activities

Early Childhood Enhancement Grant

April 2008 - March 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. The remaining 20% is to be used as follows: 15% towards operating expenses; 5% to be used towards professional development opportunities for early childhood education staff.

Program Indicators

Early Childhood Enhancement Grant

Investment Period >	2010-11	2011-12
Availability		
# of program sites*	397 licensed full and part day facilities	398 licensed full and part day facilities
# of Educators	ECE Degree: 183 ECE Diploma: 1036 Equivalent: 432 Untrained: 236.5	ECE Degree (Level 3): 199.5 ECE Diploma (Level 2): 1104.5 Equivalent (Level 1): 456 Untrained (Entry Level): 275.5
Trained Staff	Percentage of degree or diploma staff: 65	Percentage of Degree or diploma staff: 64
	Percentage of Equivalent: 23	Percentage of Equivalent: 22
Accessibility		
Increase in % of target population served (since previous year)	n/a	There was an 8% increase in FTE staff in receipt of the grant. The number of childcare facilities receiving the grant is similar to the number of facilities in receipt of the ECEG from 2010-2011 *
Affordability		
Enhancement to staff wages	The grant provides an increase to the salary of early childhood staff employed by licensed full-day and part-day child care facilities receiving grant funding.	
Quality		
Improvement in education/ training of service providers	Licensed child care facilities allocate a percentage (5%) of the grant to assist with training and professional development.	

* This total takes into account facility openings and closures throughout the year.

Child Care Subsidy Program

Launch Date: Early 1970s

Funding Source (\$):	2010/2011 Provincial: 8,547,835 ELCC: 2,700,200 Child Care Plan: 6,110,335	2011/2012 Provincial: 7,734,021 ELCC: 2,700,200 Child Care Plan: 7,520,000
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Target Population: Eligible families as defined by the Child Care Subsidy Program Terms and Conditions.

**Lead Department/
Delivery Agents:** Nova Scotia Department of Community Services
(Department of Education and Early Childhood Development, as of September 2013)

Program Description: The Child Care Subsidy Program (Subsidy Program) has been in place in Nova Scotia since the early 1970s. The Subsidy Program provides 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 agency in the province that has signed the Child Care Subsidy Funding Agreement may care for a child whose family is receiving a subsidy.

Program Goal: To help eligible families with their child care expenses; to enable families to work, pursue employment, attend school, cope with crisis; and 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 2010- March 2012

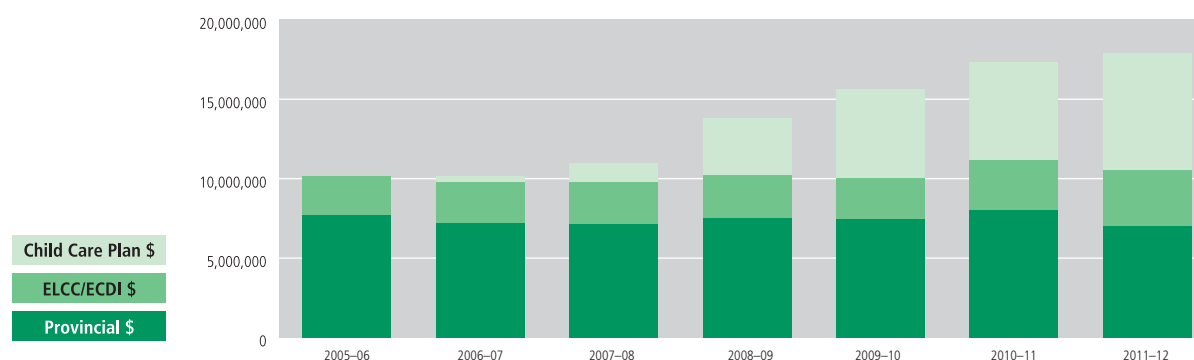
- Increase in Child Care Subsidy Program funding by \$2 million since 2009/2010
- 850 new subsidies created in 2010-2012
- Elimination of the Accessed Daily Parent Fee (ADPF) in June 2010

Program Indicators

Child Care Subsidy Program

Investment Period >	2010-11	2011-12
Availability and Accessibility		
Increase in number of subsidies from previous year	600 subsidies	250 subsidies
# of clients served:		
Total Number of Subsidized	4,177	4,427
Total children subsidized	5,741	5,630
Number of Families Accessing Subsidy	4,912	4,999
Subsidy utilization rate	97%	97%
Inclusive and Parental Choice		
Flexible approaches that address a range of family and employment circumstances	The Child Care Subsidy program serves eligible families who have a social need, have children who have unique developmental needs or who are in crisis. The Child Care Subsidy Program enables families to access licensed child care, when they otherwise may not be able to do so.	

As demonstrated by the graph below, funding of the Child Care Subsidy program has increased since 2005.



Supported Child Care Grant

Launch Date: April 2001

Funding Source (\$):	2010/2011 Provincial: 1,452,092 ECDI: 1,117,100 Child Care Plan: 1,796,106	2011/2012 Provincial: 1,452,100 ECDI: 1,117,100 Child Care Plan: 1,911,556
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Target Population: Licensed child care facilities, and children who require extra supports in order to fully participate in the child care program.

**Lead Department/
Delivery Agents:** Nova Scotia Department of Community Services
(Department of Education and Early Childhood Development, as of September 2013)

Program Description: Supported Child Care Grant (SCCG) funding is available to 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 planning and delivery of inclusive early childhood environments. SCCG funding can be used by facilities to enable staff to participate in specialized training and professional development, 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.

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

To enable families access to licensed child care in their own communities, regardless of their child's developmental needs.



Supported Child Care

Increased funding from the Child Care Plan supported the inclusion of children of varying abilities in licensed child care facilities. One of the key areas identified during the ELCC 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.

The Supported Child Care program received approximately \$8.8 million in funding between 2010-2012.

Program Activities Supported Child Care Grant

April 2010 - March 2012

- Child care facilities in receipt of the SCCG develop and implement an inclusion policy
- Establishment of an Annual Report and review process
- Application and Work Plan revised in order to improve reporting of how a program enhances inclusivity as a result of receiving the SCCG.
- Increase in the number of facilities accessing the SCCG as a means to support inclusive programming, resulting in an increase of options for families seeking inclusive care.



Program Indicators

Supported Child Care Grant

Investment Period >	2010-11	2011-12
Availability and Accessibility		
# of program sites	193 Child Care Facilities	204 Child Care Facilities
# of children served*	Approximately 875	Approximately 900

* Data does not capture all children with identified special needs attending licensed child care as SCCG funding is not based on a diagnosis of individual children.

Parent information & support	Information about SCCG provided on the Department of Community Services (DCS) website.	Updated information on the DCS website. Information is made available during presentations and information sessions. Terms and Conditions are made available to parents by childcare facilities in receipt of the SCCG.
	<p>Early Childhood Development Consultants (ECDCs) support program delivery by:</p> <ul style="list-style-type: none"> • providing information and resources related to inclusive child care • aiding child care facilities to implement enhancements to the early learning environment • using standardized evaluation tools to make recommendations for enhanced program quality and inclusion • supporting the development of Work Plans. Work Plans are required to be submitted as part of the SCCG application, and provide an overview of the facility's annual goals, objectives, and accomplishments as they relate to inclusive programming. 	



Quality		
Enhancements to training and support, training requirements	Departmental staff deliver <i>Building Blocks: Strategies for Inclusion</i> 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 facility.	
Staff ratios	Providing an enhanced staff-child ratio; 100% of child care facilities in receipt of SCCG used funding to hire additional staff.	
Physical environment	Early Childhood Development Consultants (ECDCs) provide information and advice to facilities that assist them in enhancing the physical environment to further enable the inclusion of children of varying abilities.	
Health & safety	Annual licensing inspections and monitoring visits are in place. Facilities must be in compliance with the <i>Day Care Act</i> and <i>Regulations</i>	
Learning environment	ECDC's encourage facilities to consider a range of quality indicators (e.g. Early Childhood Environment Rating Scale-Revised ECERS-R and Special Link Inclusion Ratings Scales) and programming for children of all abilities. An evaluation of the child care program using a standardized tool can be used to identify current quality measures within the program and to plan future goals. A Work Plan Evaluation is completed yearly in order to update goals and identify areas of the inclusive program needing further attention.	
Inclusive	2010–2011	2011–2012
Opportunities for community-based programs	<i>Building Blocks: Strategies for Inclusion</i> workshops Child Care Staff Participants: 184	<i>Building Blocks: Strategies for Inclusion</i> workshops Child Care Staff Participants: 199
Parental Choice		
Flexible approaches that address a range of family and employment circumstances	<p>ECDC's assist child care facilities in developing routine-based plans to support children in the context of the daily routine of the child care facility.</p> <p>SCCG funding can be used for a variety of professional development opportunities and resource materials related to the delivery of an inclusive program. This enables a facility to retain knowledge/expertise and specialized resources when presented with changing enrollment demographics of children with disabilities.</p> <p>Families of children with varying abilities have increased inclusive child care options within their own communities. Increased availability of child care provides greater opportunities for parents to enter/return to the workforce.</p>	

Early Intervention Programs

Launch Date: 1985

Funding Source (\$):	2010/2011 Provincial: 2,195,059 ECDI: 299,000 Child Care Plan: 55,700	2011/2012 Provincial: 2,201,536 ECDI: 299,000 Child Care Plan: 224,226
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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
(Department of Education and Early Childhood Development, as of September 2013)

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, provision of information, and support and services individualized to meet the 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, are delivered in the home of the child, and may extend to community-based programs.

Program Activities

Early Intervention Programs

April 2010 - March 2012

- Additional funding provided to address waitlists for EI services
- Training in cultural competency offered to sector
- Funding provided to absorb the increased costs that EIPs may incur for the delivery of core services

Program Indicators

Early Intervention Programs

Investment Period >	2010-11	2011-12
Availability and Accessibility		
# of program sites	17 Early Intervention Programs and two satellite sites	
# of children served	700	850
Parent information & support	Information about Early Intervention provided on the Department of Education and Early Childhood Development (DEECD) website Information on the (DEECD) website	Information on the (DEECD) website is updated. EIP information pamphlets are made available during presentations and information sessions.
Quality		
Enhancements to training and support, training requirements	Cultural competency and the Individual Family Service Plan (IFSP); increased use of the SpecialLink Early Childhood Inclusion Quality Scale; and Duty to Report training. Duty to Report training highlights the responsibilities of the public, particularly those that work with children, to report suspicions of abuse or neglect of children.	
Home Visits	Home visitation criteria includes: initial contact/intake referral; regularly scheduled meetings, at least bi-weekly that are based on the family and child's needs; information gathering and observing; and modeling activities.	
Family Support	Family support criteria includes: facilitation of service co-ordination, sharing of resources and information, facilitate family connections (formal and informal) education, family capacity building and advocacy.	
Individual Family Service Plan (IFSP)	IFSP criteria Includes: IFSP preparation, compilation of child profile, and setting family-identified priorities/goals based on child and family need.	
Transition Planning	Transition planning includes: planning for transitions from home to preschool, and from preschool to elementary school; modeling appropriate behaviors; promotion of skill development in children; and individual routine based planning.	

Employment Support and Income Assistance Child Care

Launch Date: August 2001

Funding Source (\$):	2010/2011 Provincial: 1,540,073 ECDI: 2,300,000	2011/2012 Provincial: 1,658,418 ECDI: 2,300,000
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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 2010- March 2012

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 of residents of Nova Scotia who are struggling on low incomes. A multi-year Poverty Strategy has been developed which will include an inventory of all current government programs and services that support low-income groups.

Program Indicators

Employment Support and Income Assistance Child Care

Investment Period >	2010-11	2011-12
Availability		
Average of clients served per month	1,130 families provided with child care assistance.	993 families provided with child care assistance.
Accessibility		
Change in target population served (since previous year)	1.6% increase in the number (18) of families requesting funds through the Income Assistance Program to cover child care expenses (1,112 families per month served in 2009/10).	12% decrease in the number (137) of families requesting funds through the Income Assistance Program to cover child care expenses as indicated above.
Change in the socio-demographic profile of the client population	The ESIA target population is aging and there are fewer families with children.	
Affordability		
Program cost	The ESIA program provides funds for families to pay for child care services.	
Quality		
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 Child Care Connections Nova Scotia.

Child Care Connection Nova Scotia

Launch Date:	1989	
Funding Source (\$):	2010/2011 Provincial: 38,000 ECDI/ ELCC: 21,452	2011/2012 Provincial: 38,000 ECDI/ ELCC: 21,452
Target Population:	Members of the early childhood sector and parents seeking child care information.	
Lead Department:	Nova Scotia Department of Community Services (Department of Education and Early Childhood Development, as of September 2013)	
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, and 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

- Development of a training package designed to strengthen and enhance the leadership skills of boards of directors for non-profit child care facilities and family home daycare agencies.
- Continued enhancements to the CCCNS website (<http://www.cccns.org>).
- Between January 2010 and December 2011 there were 21,984 visits, to the website, with an average of 60 visits per day overall.
- The online CCCNS Centre Directory contains information about licensed centres. Centres maintain their own information and have up to three web pages to post information regarding their program, centre events, facility and their staff. Centres are organized by county.
- Holdings in the CCCNS centre resource library are listed on the web site, and updated annually. Users can search for resources, ask for them to be put aside for pick up or mailed out to them.
- Resources include on line articles, papers and information sheets on a range of topics pertaining to early childhood education and care, administrator credentialing, and relevant links.
- Job postings are located on the CCCNS site.
- The Certification Council of Early Childhood Educators of Nova Scotia (CCECENS) is hosted on the CCCNS website: www.cccns.org/cert/home.html
- CCCNS holds an annual conference. Information on the conference can be found on the CCCNS home page: <http://www.cccns.org/>

Program Indicators

Investment Period >	2010-11	2011-12
Availability & Accessibility		
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.	
Quality		
Improvement in service provision	Website provides online resources in the area of quality and inclusion, sector infrastructure, and factors for parents to consider when choosing a child care program. The annual conference is also posted on the web site.	
Inclusive, Parental Choice		
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.	



2011 Child Well-Being Report



2011 Child Well-Being Report

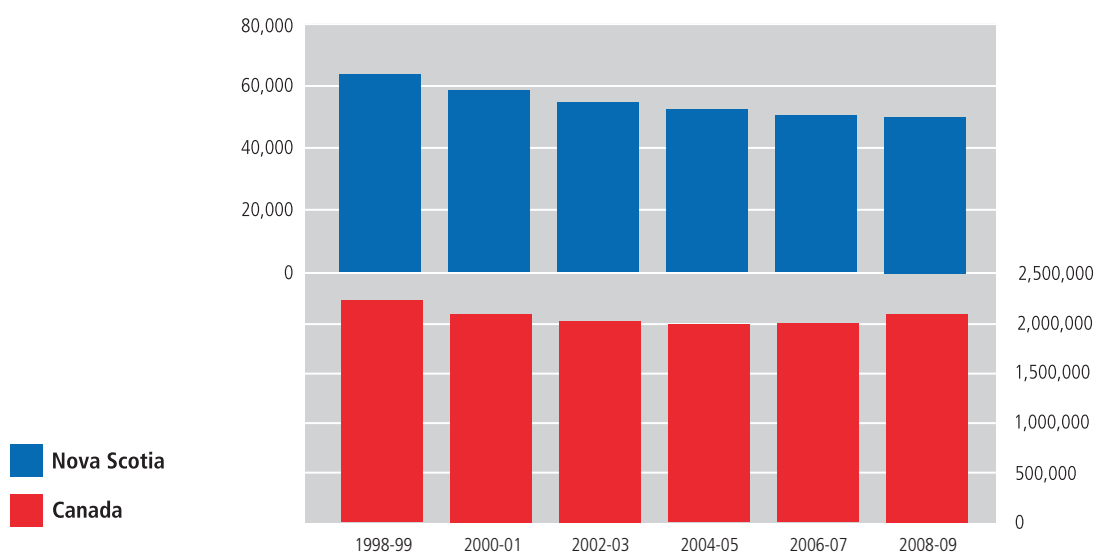
Introduction

In September 2000, First Ministers released a Communiqué on Early Childhood Development, which included commitments to public reporting on child well-being using an agreed upon set of common indicators related to the objectives established for early childhood development. The 2011 Child Well Being Report fulfills Nova Scotia's commitment to report to its citizens on the health and well-being of our 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. It is important to emphasize that it is not possible to assess the overall development of children on the basis of a few select indicators, but the information presented here does provide some insight to their general well-being as a group.

Families and children are the foundation of our society. The 2000 Early Childhood Development Initiative is a means for federal, provincial and territorial governments to promote a good start in life for all children. Ensuring our children have the opportunity to develop their full potential within safe and secure environments involves the combined efforts of families, communities and governments.

This report¹ provides information on the well-being of children from birth to age five in Nova Scotia for the years 1998/1999 to 2008/09. 2010 statistics are provided, where available. 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 2008/09 there were an estimated 50,400; a decrease of 20.9%. Canada experienced a decrease of 7% in the numbers of pre-school aged children during the same period. Figure 1 shows the number of preschool aged children in Nova Scotia and Canada between 1999 and 2009.

Figure 1: Population of Preschool Children (Aged 0-5 years)



¹Technical 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 recalculation 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



Background

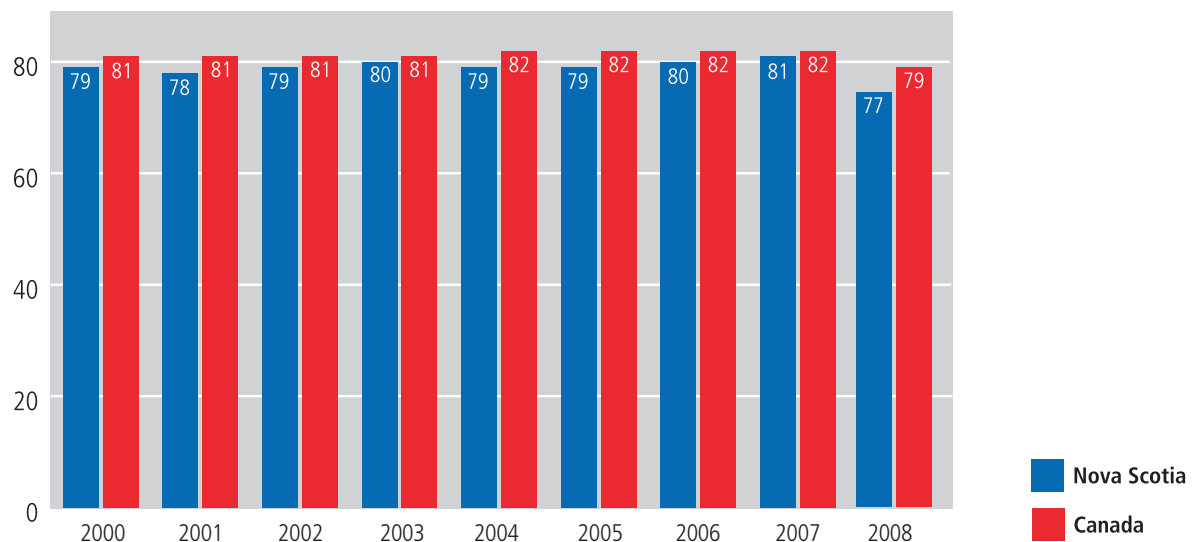
The National Longitudinal Survey of Children and Youth [NLSCY] is a long-term survey of Canadian children aged birth to 11 in the 10 provinces. Statistics Canada and Human Resources and Skills Development Canada jointly administer the survey. The NLSCY was launched in 1994 to provide information on children's health, physical development, learning and behavioural, and social environment. The NLSCY does not collect data about children living on Indian Reserves, Crown lands, children who are residents of institutions or some remote regions, or children of full-time members of the Canadian Armed Forces. Parents, teachers, principals who are most knowledgeable about the child, and children aged 14 years and older, are surveyed from 10 provinces. 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 aged birth to five years are added to the sample as the original cohort ages. The most recent cycle of the NLSCY (Cycle 8, 2008/09) included 35,795 aged birth to seven (the Cycle 7 cohort age range was birth to nine). Cycle 8 covers the period September 1, 2008 to July 31, 2009. 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 Census.

Physical Health

Children's physical health is influenced by a number of factors, including whether they are born pre-term, low birth weight or high birth weight. Low birth weight babies (less than 2,500 grams) may be born preterm, 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. Immunization and prevalence of breastfeeding also contribute to a child's optimum physical health, and may help reduce the likelihood of infant mortality.

Indicator	Explanation	2008/09 Statistic
Healthy Birth Weight ²	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.	In 2008 -2009, in Nova Scotia, 77% of babies were born within a healthy birth weight. This is comparable to the National rate of 79%.

Figure 2: Percent of Babies with Healthy Birth Weight



² 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

Indicator	Explanation	2008/09 Statistic
Pre-term Birth Rate ³	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 preterm birth. Lifestyle, multiple birth pregnancies, and medical conditions may increase the risk of some pregnant women delivering their baby before 37 weeks of gestation.	In 2000, the incidence of preterm births in Nova Scotia was 6.7%; in 2008 the incidence was 8.7%; in 2010 it had decreased to 7.3%. Preliminary data shows a decrease to 7.4% in 2011.

Figure 3: Percent of Live Births Pre-term (<37 weeks)

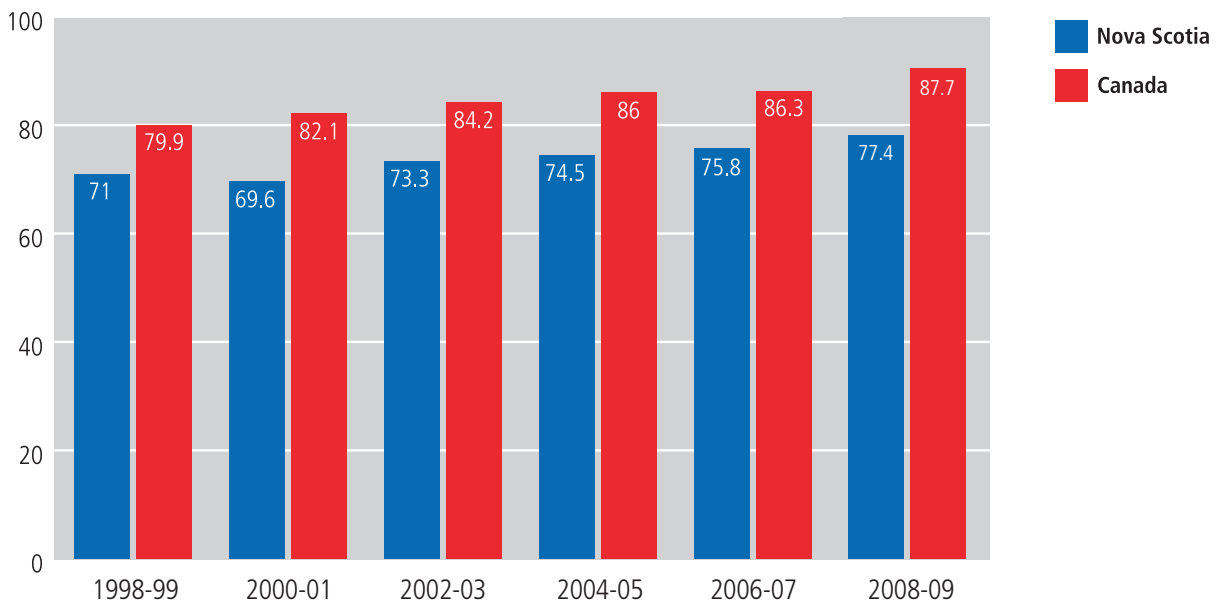


³ Source: Canadian Vital Statistics – Birth Database (Statistics Canada)

Indicator Explanation	Explanation	2008/09 Statistic
Immunization ⁴	Immunization against infectious disease is part of an important public health strategy to preventing several serious diseases that affect young children. Meningococcal group C disease, measles and haemophilus influenzae-b (Hib), for example, are three serious diseases that can be prevented by immunization.	From 1999-2008 there was one reported case of measles in Nova Scotia, and two reported cases of meningococcal group C disease. A single case of Hib was reported in 2002.

Indicator Explanation	Explanation	2008/09 Statistic
Breastfeeding ⁵	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 and food allergies. Prevalence of breastfeeding includes the proportion of children aged birth to three years who are currently or have ever been breastfed.	Prevalence of breastfeeding among infants in Nova Scotia has increased by 6.4% since 1998/99. The rate of breastfeeding in Nova Scotia is 77.4%. The national rate of breastfeeding is 87.7% (see Figure 4).

Figure 4: Prevalence of Breastfeeding (percent of children <3 years)



Indicator Explanation	Explanation	2008/09 Statistic
Infant Mortality ⁶	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.	<p>In Nova Scotia, between 2000 and 2009, the number of infant deaths ranges between 3 and 6 per 1,000 live births</p> <p>In 2009, the infant mortality rate in Nova Scotia was 3.4 deaths per 1,000 births, compared to the national rate of 4.9 deaths per 1,000.</p> <p>In 1960, the infant mortality rate for Canada was 27.3⁷ per 1,000.</p>

⁴ 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

⁵ 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), Cycle 8 (2008/09) Parents Questionnaire

⁶ Source: Statistics Canada, Canadian Vital Statistics, Birth and Death Databases and population estimates. CANSIM Table 102-0504. Definition: the number of infants who die in the first year of life per 1000 live births

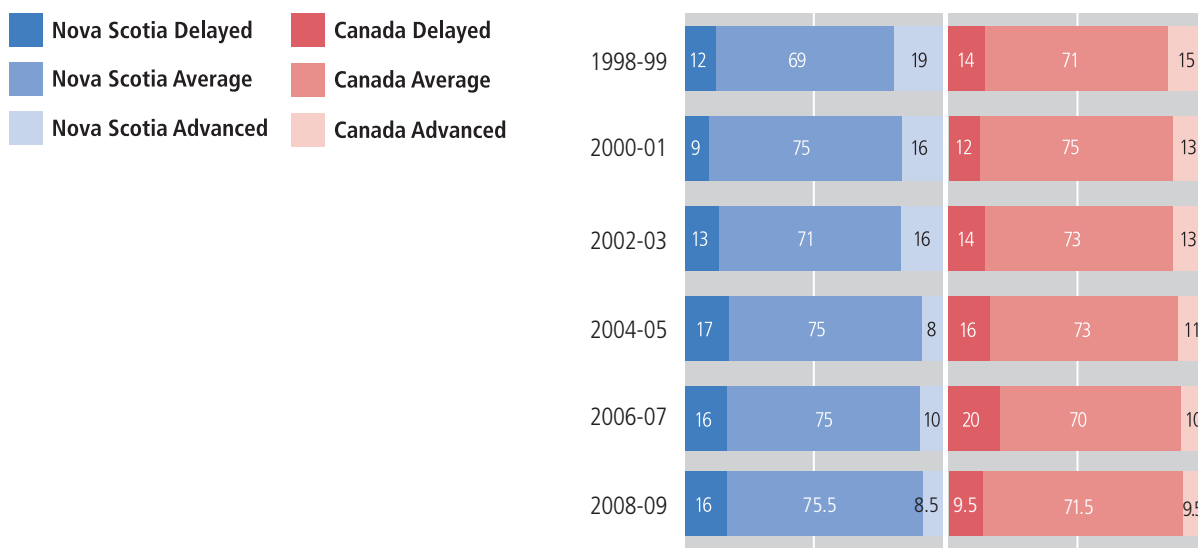
⁷ Source: Selected Infant Mortality Statistics, Canada 1921-1990. (Statistics Canada) Catalogue 82-549

Early Development

Children's physical development includes their overall physical health, and the development of fine motor skills (such as tying shoelaces), and gross motor skills (such as balance). Social development involves how a child interacts with other children and how he expresses his feelings. A child's emotional health includes the way he thinks, feels, behaves, experiences things and relates to the world. A child's overall health is influenced by positive parenting.

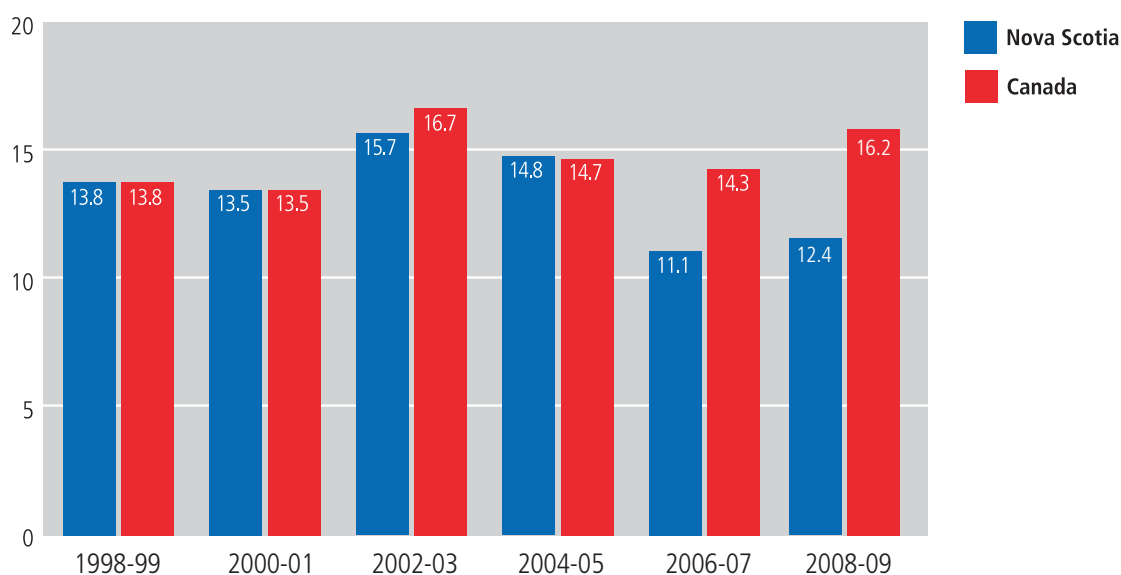
Indicator	Explanation	2008/09 Statistic
Physical Health and Motor Development ⁸	The Motor and Social Development [MSD] scale consists of a set of 15 questions that measure dimensions of the motor, social and cognitive development of young children from birth to three years. The questions vary by age 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.	<p>In 2008-2009, 84% of children in Nova Scotia scored average or advanced on the MSD scale. In Canada, for the same year, 80% of children scored average or advanced.</p> <p>The average percent of children in Nova Scotia scoring average or advanced on the MSD scale between 1998 and 2009 was 86%.</p> <p>See comparison below.</p>

Figure 5: Motor and Social Development (Percentage)



Indicator	Explanation	2008/09 Statistic
Emotional Health	<p>The NLSCY measures emotional well-being using the Emotional-Problem Anxiety Score⁹, and the Hyperactivity-Inattention Score¹⁰. 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.</p> <p>The Emotional Problem-Anxiety Score⁹ 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 or worried; too nervous or tense; or has trouble enjoying himself.</p>	The proportion of children showing higher levels of anxiety increased slightly between 2000/01 and 2002/03. In 2006/07, the proportion of children in Nova Scotia indicated as having high emotional problems decreased; however in 2008/09 the proportion increased slightly as did the Canadian data (see Figure 6).

Figure 6: Young Children with High Emotional Problems (Percent)



⁸Source: 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), Cycle 8 (2008/09) Parents Questionnaire; Exclusions: children aged 4-5 years, children living in the Territories, children living on reserve, children living in institutions

⁹Source: 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), Cycle 8 (2008/09) Parents Questionnaire; Exclusions: children aged 0-1 years, children living in the Territories, children living on reserve, children living in institutions

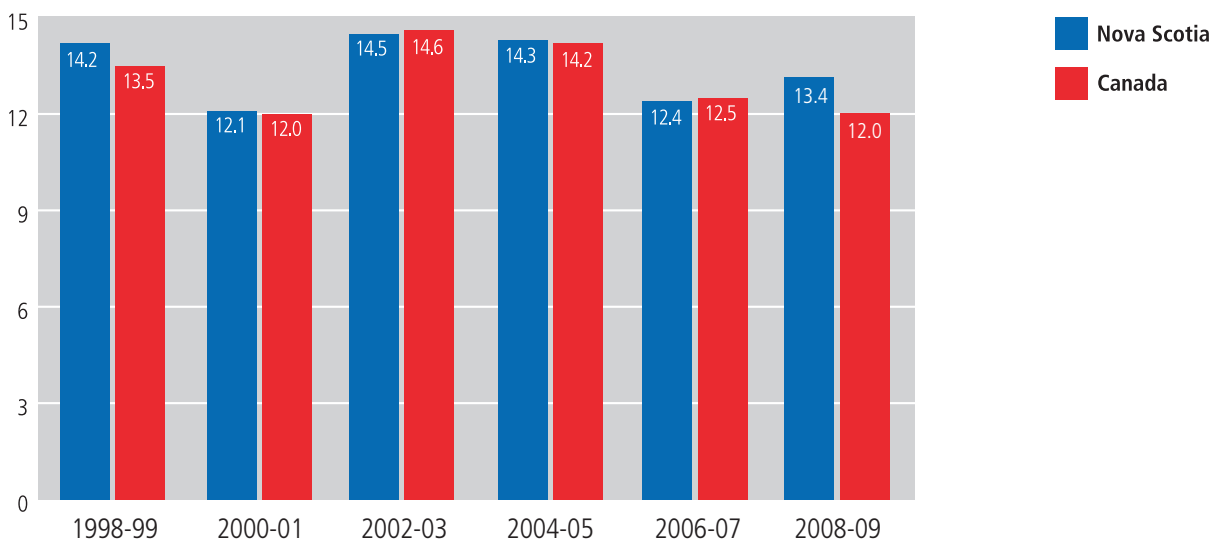
¹⁰Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4-v2 (2000/01), Cycle 5 (2002/03), Cycle 6 (2004/05), Cycle 7 (2006/07), Cycle 8 (2008/09) Parents Questionnaire; Exclusions: children aged 0-1 years, children living in the Territories, 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 Score¹¹, and the Personal-Social Score¹². These scores 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.

Indicator Explanation	Explanation	2008/09 Statistic
Children Expressing High Aggression	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 her 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 were slight fluctuations between the periods 1998/99 to 2002/03. During 2008/09, the proportion of children in Nova Scotia demonstrating higher levels of physical aggression and conduct problems was slightly higher than the Canadian data (see Figure 7).

Figure 7: Children Expressing High Aggression (Percent)

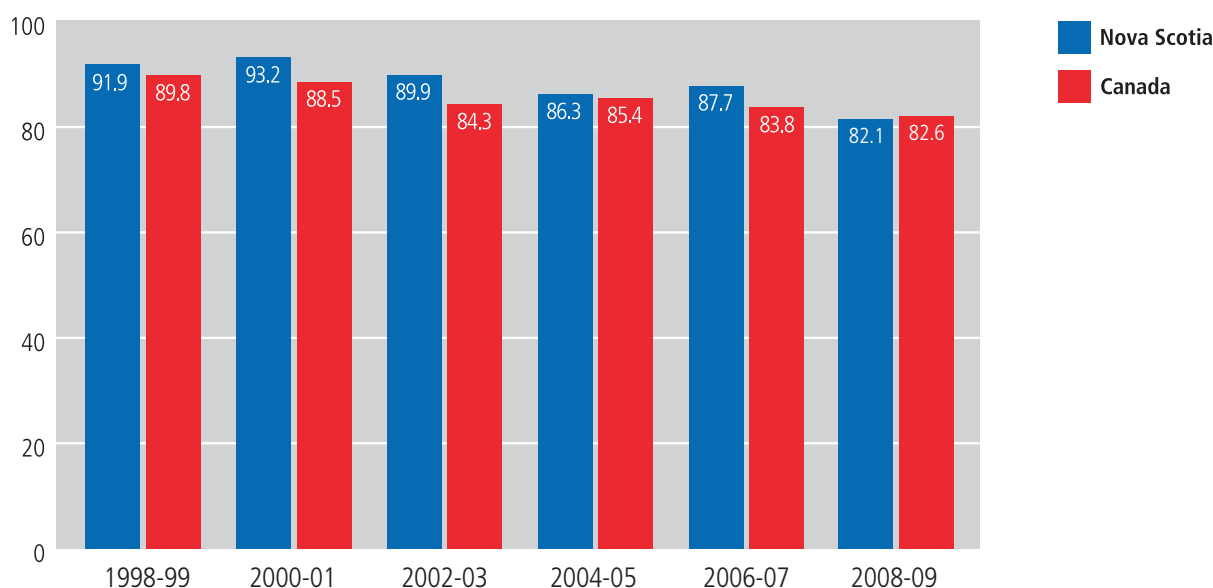


¹¹ Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4-v2 (2000/01), Cycle 5 (2002/03), Cycle 6 (2004/05), Cycle 7 (2006/07), Cycle 8 (2008/09) Parents Questionnaire; data presented as weighed; data based on provinces only.

¹² Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4-v2 (2000/01), Cycle 5 (2002/03), Cycle 6 (2004/05), Cycle 7 (2006/07), Cycle 8 (2008/09) Parents Questionnaire; Exclusions: children aged 4-5 years, children living in the Territories, children living on reserve, children living in institutions

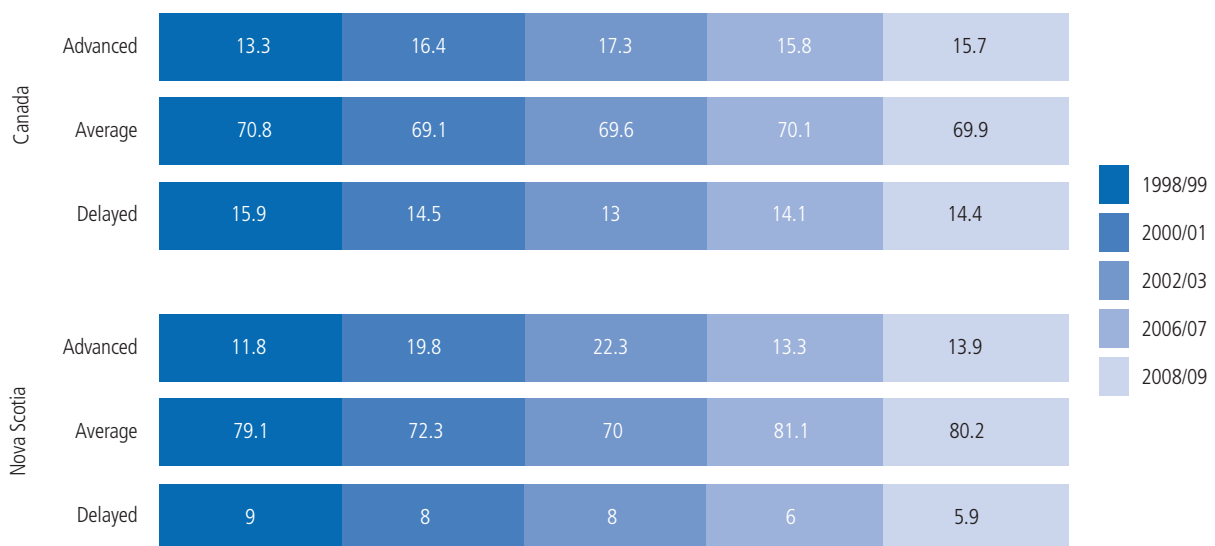
Indicator	Explanation	2008/09 Statistic
Children Exhibiting Appropriate Behaviour	The Personal-Social Score (formerly the Pro-Social Behaviour Score) relates to how a young child interacts with himself, with strangers, with his parent(s)/caregiver(s), and with objects such as toys. Personal-social behaviour is influenced by a child's personality and temperament. The Personal-Social Score measures the proportion of children who do not exhibit age appropriate personal-social behaviours. The scale ranges from 0 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 has declined and is comparable to the Canadian data (see Figure 8).

Figure 8: Children Exhibiting Appropriate Behaviour (Percent)



Indicator	Explanation	2008/09 Statistic
Language Skills ¹³	<p>Children need to be able to communicate 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.</p> <p>The standardized score takes account of the child's age in two month increments and allows for comparisons of scores to be made across age groups. Children scoring between 85 and 115 on the scale are classified as having average language skills for their age. Children scoring 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.</p>	<p>In 2008/09 in Nova Scotia, 80.2% of children scored average on the PPVT-R as compared to the 69.9% in Canada. In Nova Scotia, 13.9% of children scored advanced as compared to the Canadian average of 15.7%.</p> <p>As in previous years, Nova Scotia compares favorably with the Canadian data.</p>

Figure 9: Language Skills (Percentage)



¹³ Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4-v2 (2000/01), Cycle 5 (2002/03), Cycle 6 (2004/05) *Nova Scotia data was not available, Cycle 7 (2006/07), Cycle 8 (2008/09) Parents 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 Rate¹⁴

The injury hospitalization rate is the proportion of children per 100,000 population who are hospitalized for treatment of injuries. Translating the numbers into a rate per 100,000 allows a comparison of the incidence of hospitalization due to injury across the country and allows a standardized measure for tracking the incidence over time. Hospitalization rates may be affected by both admittance procedures and frequency of injuries.

Injuries can involve accidents (unintentional injuries), or they can be the result of intentional harm. In Nova Scotia, most childhood injuries resulting in hospitalization are due to unintentional injuries. During 2003/04, 147 children under age five were hospitalized due to all external causes of injury; 95% of these were due to accidental causes. During 2004/05, 94% were due to accidental causes (144 of 153); 88% (131 of 149) were due to accidental causes during 2005/06. The rate 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 was 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 his parents that affects his 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.

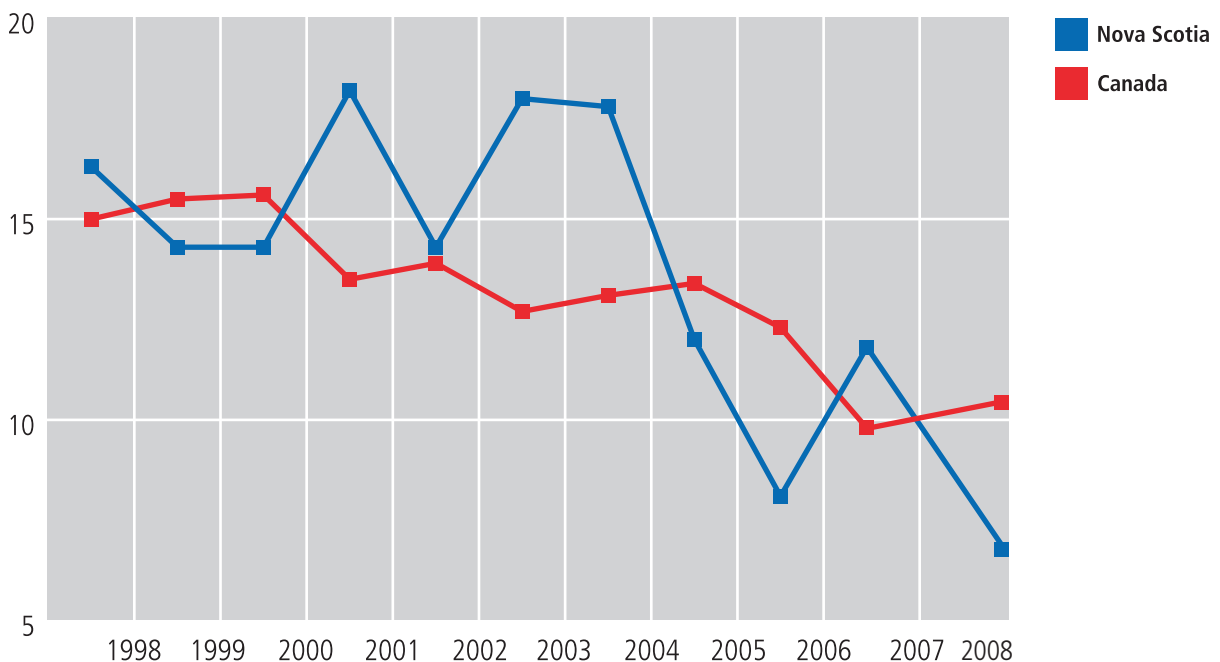
Indicator	Explanation	2008/09 Statistic
Parental Education ¹⁵	Parental education level is an important aspect of socio-economic status. The value that parents place on their child's education level and academic achievement is linked to the level of education the parent has achieved. Educated parents tend to have educated children. Research has found consistent positive effects of parental education on all aspects of parenting including parenting styles, beliefs and child-rearing philosophy.	Educational achievement among parents of young children fluctuated between 1998/99 and 2006/07 in Nova Scotia and Canada, particularly with respect to high school completion and post secondary achievement. In 2008/09, 39.4% of parents in Nova Scotia obtained a high school diploma, 'or beyond' as their highest academic achievement. 51% had completed university or college (including trades). This is comparable to Canadian data.

¹⁴ Source: Canadian Institute for Health Information (CIHI) Hospital Morbidity Database; Exclusions: newborns, out-patients and emergency department visits. Most recent data: 2005-06

¹⁵ Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4-v2 (2000/01), Cycle 5 (2002/03), Cycle 6 (2004/05), Cycle 7 (2006/07), Cycle 8 (2008/09) Parents 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.

Indicator Explanation	Explanation	2008/09 Statistic
Parental Level of Income ¹⁶	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 families are 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-off. The Low Income Cut-Offs are adjusted for family size.	While the incidence of low income in Canada appears to be declining; the proportion of Nova Scotia families with young children with low income fluctuated more between years as it also declined over the period between 1998 and 2008.

Figure 10: Families Below After Tax LICO (Percent)



¹⁶ Source: Survey of Labour and Income Dynamics, Statistics Canada, Income Statistics Division: Reference years 1998-2008, Custom Table R390099; data based on provinces only. Population level Families with children 0 to 5 years of age (included)

Indicator Explanation	Explanation	2008/09 Statistic
Parental Depression ¹⁷	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 2008/09, the parental depression rate in Nova Scotia has fluctuated between 10.2% to 12.7%; as compared to 9% to 8.7% for the Canadian data.

Indicator Explanation	Explanation	2008/09 Statistic
Tobacco Use during Pregnancy ¹⁸	Tobacco smoke contains more than 4,000 chemicals; 70 of which are known carcinogens which cause cancer or initiate cancer ¹⁹ . Second - hand smoke is a serious health risk for anyone exposed to it. Fetuses and young children are especially vulnerable to the harmful effects of tobacco smoke in their environment. These effects include stillbirth, low birth weight, increased risk of sudden infant death syndrome, reduced lung development and increased incidence and severity of respiratory illness, such as asthma. Smoking during pregnancy has also been associated with other lifestyle factors including stress, nutrition, and weight gain that collectively impact negatively on pregnancy outcomes. Reducing the number of women who smoke during pregnancy is an important public health objective. Smoking rates are highest among young women, 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 mother smoked during pregnancy.	The proportion of mothers who smoked during pregnancy in Nova Scotia has declined since 1998/99 (29%) thru 2008/09 (17.8%). The Canadian data for 2008/09 is 13.1%.

¹⁷ 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), Cycle 8 (2008/09) Parents Questionnaire; Exclusions: children living in the Territories, children living on reserve, children living in institutions

¹⁸ 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), Cycle 8 (2008/09) Parents Questionnaire; Exclusions: children living in the Territories, children living on reserve, children living in institutions, children aged 2-5

¹⁹ Health Canada: Tobacco Scientific Facts. <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/fact-fait/facts-faits-eng.php>. Accessed August 19, 2011.

Indicator Explanation	Explanation	2008/09 Statistic
Family Functioning ²⁰	<p>The family is the primary factor in children's healthy development. 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 higher degree of dysfunctional behaviour. A dysfunctional family environment increases the likelihood of childhood behaviour and emotional problems such as aggression and anxiety.</p>	<p>The proportion of families in Nova Scotia (2008/09) reporting low levels of family functioning is 8.4%, and approximately equivalent to the Canadian data (8.9%).</p>



²⁰ Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4-v2 (2000/01), Cycle 5 (2002/03), Cycle 6 (2004/05), Cycle 7 (2006/07), Cycle 8 (2008/09) Parents Questionnaire; Exclusions: children living in the Territories, children living on reserve, children living in institutions

Indicator Explanation	Explanation	2008/09 Statistic
Positive Parenting ²¹	The NLSCY measures positive parental interactions and practices by asking parents a series of questions related to praising the child, playing with their 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. Positive parenting includes teaching a child socially and culturally acceptable behaviours and developing love, trust and respect between the parent(s) and child. Positive parenting is associated with children's positive personal and social behaviour and the development of a strong and lasting bond between the parent(s) and child.	<p>The proportion of parents practicing positive parenting behaviours has fluctuated from 92% to 96.7% (1998–2008).</p> <p>These numbers compare favorably with the 2008/09 Canadian data (94.8%).</p>

Indicator Explanation	Explanation	2008/09 Statistic
Reading by an Adult ²²	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.	<p>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%) and 2006/07 (85%). The NS average decreased in 2008/09 (78.2%).</p> <p>The Canadian average was 67.6% in 2008/09.</p>

²¹ Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4-v2 (2000/01), Cycle 5 (2002/03), Cycle 6 (2004/05), Cycle 7 (2006/07), Cycle 8 (2008/09) Parents Questionnaire; Exclusions: children living in the Territories, children living on reserve, children living in institutions

²² Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4-v2 (2000/01), Cycle 5 (2002/03), Cycle 6 (2004/05), Cycle 7 (2006/07), Cycle 8 (2008/09) Parents Questionnaire; Exclusions: children living in the Territories, children living on reserve, children living in institutions

Community Related Indicators

Families are affected by the physical, social, economic, and community environments in which they live. Neighbourhoods are dynamic social environments, which have many influences on 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.

Indicator	Explanation	2008/09 Statistic
Neighbourhood Cohesion ²³	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, fewer parents reported lower levels of neighbourhood cohesion in 2008/09 (12.9%), than in 1998/99 (16%). The 2008/09 Canadian data was 14.1%.

²³ Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4-v2 (2000/01), Cycle 5 (2002/03), Cycle 6 (2004/05), Cycle 7 (2006/07), Cycle 8 (2008/09) Parents Questionnaire; Exclusions: children living in the Territories, children living on reserve, children living in institutions



Indicator Explanation	Explanation	2008/09 Statistic
Neighbourhood Safety ²⁴	<p>The Neighbourhood Safety Score assesses various components about neighbourhoods, such as whether it is safe to walk in the community after dark, whether it is safe for children to play outside, and the availability of safe play areas. These characteristics have been identified as having an influence on the overall physical and social development of children. Some neighbourhoods are actively involved in making their community a safer place by establishing programs such as Neighbourhood Watch or Citizens on Patrol. The Neighbourhood Safety Score ranges from 0 to 9 with higher scores indicating a greater sense of safety in a child's neighbourhood. To identify low levels of neighbourhood safety, thresholds were established by taking the score that is closest to the 10th percentile based on the 2000/01 data for children in all provinces.</p>	<p>From 2000/01 to 2004/05 approximately 29% of parents in Nova Scotia rated their neighbourhoods low on the Neighbourhood Safety Score. This proportion decreased during 2006/07 and 2008/09, to 27.4% and 25.3% respectively.</p> <p>The Canadian data for 2008/09 was 19.2%.</p>

²⁴ Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Cycle 4-v2 (2000/01), Cycle 5 (2002/03), Cycle 6 (2004/05), Cycle 7 (2006/07), Cycle 8 (2008/09) Parents Questionnaire; Exclusions: children living in the Territories, children living on reserve, children living in institutions

Child Well-Being Report: Conclusion

The health and wellbeing of children and their families are impacted by many factors. A review of the indicators for children's health and wellbeing indicate that Nova Scotia's data across a broad range of categories is in line, or on par with the Canadian data.

The province will continue to invest in the health and wellbeing of children and their families by providing programs and services to enhance the quality of child care, increasing supports for children and their families, further enabling the development of inclusive environments, and supporting those working in the field of early childhood education.

In 2013, Nova Scotia took further steps to enhance its focus on the early years. The Department of Education's mandate was expanded to include Early Childhood Development Services (ECDS). This changed the name of the Department to Education and Early Childhood Development and led to the creation of a new Early Years Branch. To support this change, Early Childhood Development Services moved from the Department of Community Services to the Department of Education and Early Childhood Development.

The Early Years Branch is currently working to bring together early childhood expertise, programs and policies to strengthen and integrate more accessible and comprehensive support for young children and families in Nova Scotia. Although located within Education and Early Childhood Development, the Branch's work is also supported by the Departments of Community Services and Health and Wellness.



Addendum:

Federal Funding Principles and Program Indicators¹

Principles and Program Indicators	2000 Early Childhood Development Communiqué (ECDI)	2003 Multilateral Framework on Early Learning and Child Care (ELCC)
Availability	<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"> • Number of clients served (i.e. number of children served, number of families served, and/or number of program 'spaces' or equivalent). • Number of program sites. 	<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.</p> <p>Examples of initiatives that support availability and accessibility could include:</p> <ul style="list-style-type: none"> • Increasing early learning and child care spaces. • Supporting extended and flexible hours of operation. • Parent information and referral.
Accessibility	<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"> • Increase in the % of target population served. • Change in the socio-demographic profile of the client population. 	
Affordability	<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"> • Enhancing fee subsidies that take into account parents' ability to pay. • Operational funding.
Quality	<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"> • Improvement in the education/training of service providers. • Increases in wage rates. • Increases in provider-to-client ratios. • Increases in client satisfaction. 	<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"> • Enhancements to training and support, child/caregiver ratios and group size, compensation, recruitment and retention, physical environment, health and safety, and learning environment.

Principles and Program Indicators	2000 Early Childhood Development Communiqué (ECDI)	2003 Multilateral Framework on Early Learning and Child Care (ELCC)
Inclusion	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"> • Special needs programming and supports. • Culturally and linguistically appropriate resources and training.
Parental Choice	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"> • Innovative approaches to service provision in rural and remote communities. • Flexible approaches that address a range of family and employment circumstances.

¹ Source: 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, 2010 – March 31, 2012.

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 2012.

For information on detailed expenditure summaries (including baseline funding) refer to the Nova Scotia Early Childhood Development 2005 – 2008 and 2008 – 2010 Reports
www.ednet.ns.ca/earlyyears/providers/

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 Expenditure Summary

(April 1, 2010 to March 31, 2011)

Program	Provincial Funding (\$)	Federal Funding ECDI/ELCC (\$)	Federal Funding Child Care Plan (\$)	Total Forecast Funding (\$)
Healthy Beginnings: Enhanced Home Visiting Initiative				
Healthy Beginnings: Enhanced Home Visiting Initiative	Nova Scotia Department of Health funding of home visiting unknown due to multifaceted role	3,478,000	0	3,478,000
Sub-Total	–	3,478,000	0	3,478,000
Enhancing Parenting and Family Supports				
Family Resource and Parent Education	561,500	1,596,000	0	2,157,500
Sub-Total	561,500	1,596,000	0	2,157,500
Stabilizing and Enhancing Child Care				
Stabilization Grant	Federal only	0	9,554	9,554
Training Initiative	Federal only		708,744	708,744
Supported Child Care	1,452,092	1,117,100	1,796,106	4,365,298
Subsidy and Equipment Grants	8,547,835	2,700,200	6,110,335	17,358,370
Child Care Connections	38,000	21,452	0	59,452
Early Childhood Enhancement Grant	3,132,409	4,500,000	8,348,540	15,980,949
Family Home Day Care	Federal only		879,510	879,510
New / Expanded Child Care Centres	Federal only		2,226,366	2,226,366
Repair / Renovation Loans	Federal only		857,263	857,263
Recruitment & Retention (Continuing Ed)	Federal only		245,215	245,215
Awareness Campaign	Federal only		45,790	45,790
Food and Nutrition Grant	Federal only		25,995	25,995
Child Development Centres	235,159	0	0	235,159
Early Intervention	2,195,059	299,000	55,700	2,549,759
ECDS Administration	446,601	0	0	446,601
ESIA Child Care	1,540,073	2,300,000	0	3,840,073
Sub-Total	17,587,227	10,937,752	21,319,852	49,844,831
Community Engagement and Infrastructure Support				
Administration and Operations	Federal only	1,388,121	614,004	2,002,125
Sub-Total	Federal only	1,388,121	614,004	2,002,125
Total Expenditure	18,148,727	17,399,873	21,933,856	57,482,456

Appendix B:

Provincial and Federal ECD Expenditure Summary

(April 1, 2011 to March 31, 2012)

Program	Provincial Funding (\$)	Federal Funding ECDI/ELCC (\$)	Federal Funding Child Care Plan (\$)	Total Forecast Funding (\$)
Healthy Beginnings: Enhanced Home Visiting Initiative				
Healthy Beginnings: Enhanced Home Visiting Initiative	Nova Scotia Department of Health funding of home visiting unknown due to multifaceted role	3,500,000	0	3,500,000
Sub-Total	–	3,500,000	0	3,500,000
Enhancing Parenting and Family Supports				
Family Resource and Parent Education	561,500	1,596,000	0	2,157,500
Sub-Total	561,500	1,596,000	0	2,157,500
Stabilizing and Enhancing Child Care				
Training Initiative	Federal only	0	791,668	791,668
Supported Child Care	1,452,100	1,117,100	1,911,556	4,480,756
Subsidy and Equipment Grants	7,734,021	2,700,200	7,520,000	17,954,221
Child Care Connections	38,000	21,452	0	59,452
Early Childhood Enhancement Grant	3,132,409	4,500,000	9,321,861	16,954,270
Family Home Day Care	Federal only	0	975,532	975,532
New / Expanded Child Care Centres	Federal only	0	2,316,524	2,316,524
Repair / Renovation Loans	Federal only	0	301,621	301,621
Recruitment & Retention (Continuing Ed)	Federal only		377,047	377,047
Child Development Centres	238,949	0	0	238,949
Early Intervention	2,201,536	299,000	224,226	2,724,762
ECDS Administration	424,050	0	0	424,050
ESIA Child Care	1,658,418	2,300,000	0	3,958,418
Sub-Total	16,879,483	10,937,752	23,740,035	51,557,270
Community Engagement and Infrastructure Support				
Administration and Operations	Federal only	1,344,447	777,670	2,122,117
Sub-Total	Federal only	1,344,447	777,670	2,122,117
Total Expenditure	17,440,983	17,378,199	24,517,705	59,336,887

Appendix C: Longview ECDS Expenditures 2000-2012

Program	2000 - 2001 Actual Baseline Funding (\$)	2001 - 2002 Actual Baseline Funding (\$)	2002 - 2003 Actual Baseline Funding (\$)
Healthy Beginnings: Enhanced Home Visiting			
Healthy Beginnings*	0	417,340	3,582,660
Sub-Total	0	417,340	3,582,660
Enhanced Parenting and Family Supports			
Family Resource/Parent Education	515,500	1,079,600	1,128,000
Child Care Information/Support	0	0	450,000
Early Language/Learning	0	0	567,500
Adoption Redesign	0	0	24,998
Family Resource and Parent Education Grant	0	0	0
Sub-Total	515,500	1,079,600	2,170,498
Stabilizing and Enhancing Child Care			
Stabilization Grant	0	3,448,122	3,646,647
Training Initiative	0	0	1,306,380
Supported Child Care	1,308,276	1,865,388	2,503,632
Subsidy/Equipment Grants	9,094,622	9,519,259	9,345,150
Child Care Connection Nova Scotia			
Other Child Care (CCOG, SEG)	2,871,569	2,854,720	2,910,897
Early Childhood Education Grant (ECEG)**	0	0	0
Child Development Centres	285,216	286,301	684,605
Early Intervention	1,612,125	1,897,742	1,897,572
ESIA Child Care	899,591	3,174,649	5,013,506
ECDS Administration	581,368	565,279	339,964
New/Expanded Child Care Centres	0	0	1,679,248
Materials/Resource Grant	0	0	0
Repair/Renovation	0	0	0
Outdoor Play Space Grant	0	0	0
Program Enhancement Grant	0	0	0
Energy Upgrade Grants	0	0	0
Food and Nutrition Grant	0	0	0
Recruitment and Retention (Cont. Ed)	0	0	0
Family Home Day Care	0	0	0
Read to Me	0	0	0
Awareness Campaign	0	0	0
French Translation of ECD Training Materials	0	15,000	0
Capacity Initiative	0	0	0
Sub-Total	16,652,767	23,626,460	29,327,601
Community Engagement and Infrastructure Support			
ECD Reg Collaboration Teams	0	0	20,000
Information Systems Development	0	0	400,000
Volunteer Initiative	0	0	0
Administration / Operations	0	109,129	671,458
Sub-Total	0	109,129	1,091,458
Total Expenditure	17,168,267	25,232,529	36,172,217

* Nova Scotia Department of Health and Wellness funding of home visiting unknown due to multifaceted role of public health staff.

** In 2010 the Early Childhood Education Grant (ECEG) replaced the Child Care Operating Grant (COGS) and the Stabilization Grant.

Program	2003 - 2004 Actual Baseline Funding (\$)	2004 - 2005 Actual Baseline Funding (\$)	2005 - 2006 Actual Baseline Funding (\$)	2006 - 2007 Actual Baseline Funding (\$)
Healthy Beginnings: Enhanced Home Visiting				
Healthy Beginnings*	3,000,000	3,494,582	3,500,000	3,500,000
Sub-Total	3,000,000	3,494,582	3,500,000	3,500,000
Enhanced Parenting and Family Supports				
Family Resource/Parent Education	571,500	802,500	901,500	787,500
Child Care Information/Support	650,000	650,000	650,000	650,000
Early Language/Learning	727,500	740,000	890,000	720,000
Adoption Redesign	174,411	349,361	831,899	928,310
Family Resource and Parent Education Grant	0	0	0	0
Sub-Total	2,123,411	2,541,861	3,273,399	3,085,810
Stabilizing and Enhancing Child Care				
Stabilization Grant	3,839,403	3,896,696	4,029,166	4,263,137
Training Initiative	1,093,906	974,089	994,000	1,098,000
Supported Child Care	2,602,829	2,428,763	2,683,032	2,705,866
Subsidy/Equipment Grants	9,236,554	9,288,606	10,108,891	10,122,220
Child Care Connection Nova Scotia				
Other Child Care (CCOG, SEG)	3,090,157	3,081,892	2,892,808	3,790,479
Early Childhood Education Grant (ECEG)**	0	0	0	0
Child Development Centres	290,917	293,418	291,049	276,077
Early Intervention	1,901,383	2,026,612	2,092,237	2,320,369
ESIA Child Care	5,177,950	5,024,092	4,880,358	4,359,969
ECDS Administration	359,395	373,705	293,387	328,328
New/Expanded Child Care Centres	0	0	93,018	2,248,302
Materials/Resource Grant	724,461	-21,944	0	0
Repair/Renovation	0		0	46,939
Outdoor Play Space Grant	0		0	0
Program Enhancement Grant	0		0	0
Energy Upgrade Grants	0		0	0
Food and Nutrition Grant	0		0	0
Recruitment and Retention (Cont. Ed)	0		0	0
Family Home Day Care	0		0	0
Read to Me	0		0	0
Awareness Campaign	0		0	0
French Translation of ECD Training Materials	0		0	0
Capacity Initiative	0	2,152	23,000	0
Sub-Total	28,316,955	27,368,081	28,380,946	31,559,686
Community Engagement and Infrastructure Support				
ECD Reg Collaboration Teams	0	2,598	3,444	2,722
Information Systems Development	450,000	312,097	995,735	1,206,492
Volunteer Initiative	0	11,945	0	0
Administration / Operations	1,190,258	1,427,076	1,668,132	1,629,234
Sub-Total	1,640,258	1,753,716	2,667,311	2,838,448
Total Expenditure	35,080,624	35,158,240	37,821,656	40,983,944

2007 - 2008 Actual Baseline Funding (\$)	2008 - 2009 Actual Baseline Funding (\$)	2009 - 2010 Actual Baseline Funding (\$)	2010 - 2011 Actual Baseline Funding (\$)	2011 - 2012 Actual Baseline Funding (\$)	Total Actual Funding
3,500,000	3,500,000	3,500,000	3,478,000	3,500,000	34,972,582
3,500,000	3,500,000	3,500,000	3,478,000	3,500,000	34,972,582
767,500	0	0	0	0	6,553,600
550,000	0	0	0	0	3,600,000
550,000	0	0	0	0	4,262,886
775,090	0	0	0	0	3,084,069
0	2,088,813	2,157,500	2,157,500	21,575,00	8,561,313
2,710,476	2,088,813	2,157,500	2,157,500	2,157,500	26,061,868
4,991,090	5,303,793	5,496,274	9,554	0	38,923,882
800,000	800,000	800,000	708,744	791,668	9,366,787
2,894,070	2,911,837	3,961,372	4,365,298	4,480,756	34,711,119
10,951,300	13,778,405	15,417,959	17,358,370	17,954,221	142,175,557
			59,452	59,452	118,904
8,288,897	6,874,879	7,989,825	10,734		44,656,857
0	0	0	15,980,949	16,954,270	32,935,219
263,281	284,812	258,200	235,159	238,949	3,687,984
2,379,822	2,426,054	2,448,213	2,549,759	2,724,762	26,276,650
4,110,842	3,875,221	3,719,000	3,840,073	3,958,418	48,033,669
423,851	434,013	486,546	446,601	424,050	5,056,487
420,820	748,735	2,684,148	2,226,366	2,316,524	12,417,161
0		0	0	0	702,517
839,097	609,597	280,800	857,263	301,621	2,935,317
5,080,806	20,000	0	0	0	5,100,806
2,621,057	4,4851	0	0	0	2,665,908
0	1,279,489	0	0	0	1,279,489
0	0	0	25,995	0	25,995
0	26,784	288,842	245,215	377,047	937,888
0	398,551	496,098	879,510	975,532	2,749,691
0	50,000	0	0	0	50,000
0	0	50,540	45,790	0	96,330
0	0	0	0	0	15,000
0	0	0	0	0	25,152
44,064,933	39,867,021	44,377,817	49,791,545	51,557,270	414,944,368
1,703	3,178	0	0	0	33,645
1,923,994	1,979,644	2,220,154	0	0	9,488,116
0	0	0	0	0	11,945
1,727,222	1,946,177	2,001,270	2,002,125	2,122,117	16,494,198
3,652,919	3,928,999	4,221,424	2,002,125	2,122,117	26,027,904
53,928,328	49,384,833	54,256,741	57,482,456	59,336,887	502,006,722

*Nova Scotia Department of Health and Wellness funding of home visiting unknown due to multifaceted role of public health staff.
 ** In 2010 the Early Childhood Education Grant (ECEG) replaced the Child Care Operating Grant (COGS) and the Stabilization Grant.

