



Evaluation of the Aboriginal Head Start in Urban and Northern Communities Program 2011-2012 to 2015-2016

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List of Acronyms

AHSOR	Aboriginal Head Start on Reserve
AHSUNC	Aboriginal Head Start in Urban and Northern Communities
CAPC	Community Action Program for Children
CGC	Centre for Grants and Contributions
CHP	Centre for Health Promotion
CPNP	Canada Prenatal Nutrition Program
CPPMT	Children's Programs Performance Measurement Tool
ECD	Early Childhood Development
ECE	Early Childhood Education
FAA	Financial Administration Act
FASD	Fetal Alcohol Syndrome Disorder
G&C	Grants and Contributions
GDP	Gross Domestic Product
HPCDP	Health Promotion and Chronic Disease Prevention Branch
INAC	Indigenous and Northern Affairs Canada
KDE	Knowledge Development & Exchange
NAC	Nunavut Arctic College
NAHSC	National Aboriginal Head Start Council
OECD	Organisation for Economic Co-operation and Development
P/T	Province/Territory
PAC	Parental Advisory Committee
PHAC	Public Health Agency of Canada
TRC	Truth and Reconciliation Commission
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations International Children's Education Fund

Executive Summary

This evaluation covered the Aboriginal Head Start in Urban and Northern Communities (AHSUNC) program for the period from 2011-12 to 2015-16. The evaluation was to fulfil the requirements of the *Financial Administration Act* for Grants & Contributions (G&C), and the Treasury Board of Canada's *Policy on Results* (2016) and *Directive on Results* (2016).

Evaluation Purpose and Scope

The purpose of the evaluation was to assess the relevance and performance of the AHSUNC program. This evaluation was designed to be more focused in scope than the previous evaluation completed in 2012, as the last evaluation was deemed to be comprehensive and, given its previously demonstrated success, the program was considered to be low risk for the Public Health Agency of Canada (PHAC). Data for the evaluation was collected using the following methods: a literature review, a document review, key informant interviews, performance data review, and a focus group. Data was analyzed by triangulating information to increase the reliability and credibility of the evaluation findings and conclusions.

Program Description

The AHSUNC program, created in 1995 and constituting a federal investment of \$174.1 million over the past 5 years, is an early childhood development intervention for Indigenous preschool children and families living off-reserve. Through contribution funding provided by PHAC, Indigenous community organizations design and deliver holistic programs to enhance the spiritual, emotional, physical and social well-being of Indigenous children aged 0-6 and their families. The program targets three distinct groups of Indigenous people living in urban and northern communities: First Nations living off-reserve, Métis and Inuit. AHSUNC activities are managed within the Health Promotion and Chronic Disease Prevention Branch (HPCDP) and led by the Centre for Health Promotion (CHP) in collaboration with Regional Operations.

CONCLUSIONS - RELEVANCE

Continued Need

The evaluation found that there is a continued need for culturally appropriate and holistic early childhood education programming in off-reserve, urban and Northern communities. The AHSUNC program is needed for four key reasons, namely, the changing demographics of Indigenous people in Canada towards increasingly living off-reserve, as protection against poor socioeconomic effects, the importance of early childhood development on future education success, and the need for culturally

appropriate and holistic programming that better meets the specific needs of Indigenous children.

Alignment with Government Priorities

The AHSUNC program addresses various Government of Canada commitments at the domestic and international levels. PHAC is committed to investing in programs that support the positive development of the social, emotional, and mental health of vulnerable children and has prioritized the areas of mental health, healthy nutrition/active lifestyles, injury prevention, and access to health services, all of which are important aspects of the AHSUNC program.

Alignment with Federal Roles and Responsibilities

AHSUNC program objectives align with federal jurisdiction and the Agency's mandate/role. While there is evidence of complimentary programs to AHSUNC at the federal and provincial/territorial levels, no significant overlap was found. Concerns were however expressed by some Indigenous representatives about the addition of all-day kindergarten classes in several provinces/territories. Since the target age for junior and all-day kindergarten (4 and 5-years of age) overlaps that of the AHSUNC program (0-6 years of age), it could impact AHSUNC delivery models and the length of time children can be enrolled in the program and thus limit the access and exposure to cultural programming.

CONCLUSIONS – PERFORMANCE

Demonstration of Effectiveness

The evaluation measured the extent to which the AHSUNC program achieved its intended outcomes, and identified six key findings. The first is that though the number of children enrolled in AHSUNC activities has remained constant over the evaluation period, the program's ability to reach the children and families who most need AHSUNC programming is affected by several barriers to access and delivery, including geographic location, static funding levels, limited capacity to serve students with special needs, and transportation.

Secondly, there is extensive evidence that sites leverage funding and build collaborative relationships that help serve the needs of the children and families enrolled in the program. The extent of collaboration with other organizations varies widely across sites, with geographic location/isolation being a barrier to success.

Third, the evaluation found that early childhood development (ECD) practitioners in the AHSUNC program have broad access to training and information, and use what they learn since training opportunities are often tailored to the specific needs of sites.

However, geographic location can occasionally be a challenge to access training programs as travel is costly and requires time away from the program, and staff turnover issues increase the need for additional training opportunities in order for new hires to expand and enhance their skills with minimal delays. The largest training gaps identified by sites are for special needs education and Early Childhood Educator (ECE) development, both of which are being addressed directly by the program.

Fourth, the AHSUNC program has been effective in increasing school readiness through increased language, motor and academic skills and other developmental benefits for participating children, including those with special needs. There is also evidence that children and families see long term benefits from exposure to Indigenous culture and language programming offered by sites.

Fifth, many AHSUNC sites are able to meaningfully engage and support parents/caregivers, which allows them to participate in their child's development and attain their own positive outcomes.

Finally, evidence suggests that the program is linked to successful long term outcomes for many graduates, their families and their communities.

Demonstration of Economy and Efficiency

The evaluation observed that there are economic benefits to investing in ECD programming. Though the rate of return on investment varies depending on the source of the calculation, studies estimate that it can be as high as \$17 in the case of disadvantaged children. In Canada, although funding for early childhood education has been on the rise in most provinces and territories, economists observe that spending on the early childhood education sector is lagging behind other advanced economies. Canada at all levels of government currently spends 0.3 percent of its Gross Domestic Product (GDP) in early childhood education, the lowest among 14 Organisation for Economic Co-operation and Development (OECD) countries and far below the United Nations International Children's Education Fund (UNICEF) benchmark of 1 percent of GDP.

Evidence suggests that the program is administered efficiently and that current program resources have been maximized. The program's ability to increase its reach in terms of the number of children and families served is however hampered by key resource limitations. While this program has not seen an increase in funding since its inception in 1995, sites have seen a reduction of resources available to them due to, for instance, increases in the cost of food, gas, salaries, and number of children in need of special education, as well as continuing difficulties with staff recruitment and retention. These issues have the potential of affecting programming quality. Though there are some mitigation strategies in place, not all sites are able to implement them equally due to issues such as distance from urban centres, small population centres with limited qualified personnel, and inability to pay competitive wages.

Since 2013, there have been significant changes to the way PHAC manages its grants and contributions programs, including AHSUNC, as well as changes to the roles and responsibilities of the Regional Offices. The evaluation found that there was not a clear consensus on what the responsibilities of each centre of responsibility (Centre for Grant and Contribution (CGC), Program, Regions) entailed with regards to these changes in the management and administration of the program. The evaluation also found that collaborative efforts in implementing these changes could be strengthened. Having clearly defined roles for all PHAC centres of responsibility would enhance the support provided to communities.

National Aboriginal Head Start Council (NAHSC) roles and responsibilities were modified since the last evaluation to better align the Council's role with that of an External Advisory Body. NAHSC members expressed a need for further clarification from the program as to the type of input being expected from them and how it will be used.

AHSUNC performance data is collected through two separate tools: the Performance CPPMT for sites located in the provinces and the North Report Tool for sites located in the territories. Together the CPPMT and the North Report cover the majority of program results. While extensive, this range of data nevertheless does not provide full coverage of the program's performance indicators as included in the AHSUNC Performance Measurement Strategy dated June 17, 2016, thereby limiting the program's ability to comprehensively report on its intended results. The evaluation however recognizes that the program invests significant resources in collecting performance information and that the North Tool is an intentionally streamlined instrument agreed to as part of the Northern Wellness Agreement. It also acknowledges that alternative approaches to collecting data from program sites and parents, such as in-person interviews and focus groups, can be very costly and time consuming, especially in remote and isolated communities. Given the government-wide and portfolio-wide efforts on performance measurement, observations related to the current performance measurement contained in this evaluation should be considered in the context of this work.

RECOMMENDATIONS

Recommendation 1

The Agency's centres of responsibility involved in managing and administering AHSUNC should clarify roles and responsibilities in providing support to participating communities with a view to enhancing collaborative efforts among centres.

The evaluation found that there was not a clear consensus among PHAC centres of responsibility (Centre for Grants and Contributions, Program, Regions) as to their

respective responsibilities following recent changes in the management and administration of the program. The evaluation also found that collaborative efforts could be strengthened. Having clearly defined roles for all PHAC centres of responsibility would enhance the support provided to communities.

Recommendation 2

The program should continue supporting quality programming through funding of early childhood educator training, particularly to address children's special needs, and continue funding transportation to support participation of children in the program.

Recognizing the importance and need for these supports for quality programming and reach, over the past five years the program has used strategic funds to support early childhood educator training, especially in the field of special needs, as well as unused funds to enable the purchase of transportation vehicles. Evidence indicates that there is a continued need for these supports.

Management Response and Action Plan

Aboriginal Head Start in Urban and Northern Communities Program

Recommendations	Response	Action Plan	Deliverables	Expected Completion Date	Accountability	Resources
<p>Recommendation 1</p> <p>The Agency's centres of responsibility (Centre for Health Promotion, Regions, and Centre for Grants and Contributions (CGC)) involved in managing and administering AHSUNC should clarify roles and responsibilities in providing support to participating communities with a view to enhancing collaborative efforts among centres.</p>	Agree	<ul style="list-style-type: none"> • Engage staff and management (Regions, CGC) in clarifying roles and responsibilities of those involved to optimize program delivery. • Develop a product (e.g. infographic) that clearly outlines CHP, Regions and CGC roles and responsibilities. • Distribute product to AHSUNC community-based sites. 	<ol style="list-style-type: none"> 1. A draft product is developed that clarifies roles and responsibilities. 2. Roles and responsibilities product finalized for distribution. 3. Roles and responsibilities product shared with AHSUNC sites. 	<p>September 30, 2017</p> <p>December 31, 2017</p> <p>March 31, 2018</p>	<p>Co-lead by ADM, HPCDP and CFO</p> <p>DG CHP and DG Regions</p>	<p>Under Existing budget/resources: 1 FTE (distributed across EC and PM positions)</p>

<p>Recommendation 2</p> <p>The program should continue supporting quality programming through funding of early childhood educator training, particularly to address children’s special needs, and continue funding transportation to support participation of children in the program.</p>	<p>Agree</p>	<ul style="list-style-type: none"> AHSUNC Strategic Fund will be allocated to sites for transportation and special needs training over the next 3 years. 	<p>1. Summary report will identify strategic fund investments in transportation and special needs training.</p>	<p>March 31, 2018</p>	<p>DG, CHP ADM, HPCDP</p>	<p>Under Existing budget/resources: 1 FTE (distributed across EC and PM positions)</p>
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1.0 Evaluation Purpose

The purpose of the evaluation was to assess the relevance and performance of the Aboriginal Head Start in Urban and Northern Communities (AHSUNC) program for the period of 2011-12 to 2015-16.

The evaluation was conducted in accordance with the *Five-Year Evaluation Plan 2016-2017 to 2020-2021*, and has met the requirements of the *Financial Administration Act* (FAA) for G&C, and the Treasury Board of Canada's *Policy on Results* (2016), and *Directive on Results* (2016).

2.0 Program Description

2.1 Program Context

The AHSUNC program is managed within HPCDP and led by CHP in collaboration with Regional Operations. The HPCDP Branch is responsible for all of PHAC's community-based interventions targeting vulnerable children and their families, including the AHSUNC program, the Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP).

The AHSUNC program was created in 1995 in follow-up to the *United Nations Convention on the Rights of the Child* (UNCRC; 1991), which stated that Indigenous children "shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, ... or to use his or her own language."¹ It is also in keeping with findings from the 1996 *Royal Commission on Aboriginal Peoples* (RCAP), which specified the need for federal, provincial, and territorial governments to work together to support early childhood education funding for Indigenous children that encourages parental involvement in their children's education and allows Indigenous control over program design and administration.² The ultimate goal of the program, as stated in its Principles and Guidelines, is to help parents and children build a better future for themselves while being supported by community partners.³

The program targets Indigenous children living off-reserve in urban and Northern communities at 134 sites across Canada. Originally, AHSUNC was a four-year pilot program, but it was renewed as an ongoing initiative in 1999-2000. In 1998, the Aboriginal Head Start on Reserve (AHSOR) was created as a complementary program for on-reserve communities.⁴ The AHSUNC program moved from Health Canada when

the Public Health Agency of Canada was created in 2004, while the AHSOR program is situated at the First Nations and Inuit Health Branch at Health Canada.

2.2 Program Profile

The AHSUNC program is an early childhood development initiative for Indigenous preschool children and families living off-reserve. Through contribution funding provided by PHAC, Indigenous community organizations design and deliver holistic programs to enhance the spiritual, emotional, physical and social well-being of Indigenous children aged 0-6 and their families. The program targets three distinct groups of Indigenous people living in urban and northern communities: First Nations living off-reserve, Métis and Inuit. Over the past 5 years, the AHSUNC program had a budget of \$174.1 million.

The AHSUNC projects are free of charge to participants and are typically centre-based preschool programs for three- to five-year-old children, running three to four half-days per week, nine months per year, between September and June. In some cases, sites will offer summer programs in addition to their regular programming. Some sites also provide programming for younger children, from zero to two years of age. Within the centre-based programming model, educators provide structured early childhood development activities to children. Nutritious snacks and/or meals are provided to the children each day. While a standard curriculum does not exist at the national level, the implementation of six core program components provides some national consistency in program delivery. Sites operating centre-based programming must, in most cases, be licensed by their provincial/territorial jurisdiction and must therefore maintain the correct number of certified early childhood educators and ratios of teachers to children.

In addition to centre-based programming, there are a number of other models used within the program. Some sites offer a home visiting component, whereby project staff will visit families in their homes, providing information and support to parents, and educational activities for children. Other program activities include workshops and skill development sessions for parents, joint parent and child workshops and special cultural events and activities for families.

AHSUNC is based on a grass roots, bottom-up approach, where the sites and communities have control over the design in order to best reflect their local culture and needs. The following six core components of the program are intended to work holistically to support Indigenous children's early childhood development and well-being, and prepare them for a successful transition to school.^{5,6}

Health Promotion

The program component of health promotion focuses on improving the health and well-being of the children participating in AHSUNC. It also focuses on empowering the families, caregivers, and anyone else involved with the program to improve control over their health. It is important that the program contributes to holistic health, which includes physical health (e.g., immunizations, physical, vision, and hearing assessments, dental hygiene), behavioral and mental health, and increased physical activity of children and their families.

Nutrition

The nutrition component of the program focuses on providing the children with nutritional food, and teaching children and parents/caregivers about healthy eating practices. Some sites incorporate traditional foods, which is also part of the culture component, and may include children in the gathering and preparation of these foods.⁷

Education

As one of the key goals of AHSUNC is to prepare children to enter school, the education component supports and encourages each child to enjoy life-long learning. It also focuses on the necessary skills and abilities that will help a child when starting in the more formal education system.

Indigenous culture and language

This component is of particular importance for Indigenous children, their families, and the community because it focuses on helping children have a positive view of themselves as Indigenous people, and to have pride in themselves and their culture. Sites integrate Indigenous culture and language widely into their programming, as this is one of the most important and unique features of the program.

Parental/family involvement

The involvement of parents and family is a key component of the program, whether participating in special events, volunteering in AHSUNC activities, or taking part on program boards or parent advisory committees. When possible, extended family, such as Elders or community members with cultural and traditional knowledge and skills are involved in the teaching and caring for children. The program acknowledges that not all parents are able to participate, and while sites will encourage them to attend, the child's registration is not dependent on the parents' involvement.

Social support

As part of this component, AHSUNC sites attempt to make families aware of the resources and community services available to them, as well as providing them with referrals to the appropriate services. In addition, the program works to involve local service providers such as CPNP and CAPC projects, Indigenous family services, schools, health centres or hospitals, and friendship centres.

2.3 Previous Evaluations

The last evaluation of AHSUNC was completed in 2012 and found that there was a continued and growing need for the program and that the program met all the criteria for federal involvement. The program was highly regarded by all groups involved in the program delivery, and a positive effect was shown on school readiness, health promoting behaviors, determinants of health, and exposure to Indigenous languages and cultures. Some opportunities for program improvements were identified and led to recommendations focussing on six key areas: expanding reach, enhancing coordination and collaboration with other stakeholders, the feasibility and need of tracking long-term outcomes, comprehensive and streamlined performance measurement, a review of the National Aboriginal Head Start Council advisory function, and a review of the National Strategic Fund's objectives, eligibility criteria and management.

HPCDP's other two children's programs, CAPC and CPNP, were evaluated jointly in 2016. The evaluation found not only did the programs' community partnerships lead to enhancements in program delivery but that CAPC and CPNP funding contributed to organizations having a positive impact on the short term health and well-being of participants and their families.⁸ These programs are related to the AHSUNC in that they include Indigenous people off reserve as one of their target groups. In some communities, AHSUNC, CAPC and CPNP are co-located and conduct complementary activities with Indigenous children and families. However, the main area of focus for AHSUNC is positive health and educational outcomes for Indigenous children off reserve through holistic programming, while CAPC focuses on promoting the healthy development of children aged 0-6 and at-risk families, and CPNP aims to improve the health and well-being of pregnant women, new mothers and babies facing conditions of risk.

2.4 Program Narrative

As depicted in the logic model included in Appendix 1, the program entails two activity streams: community-based programming and knowledge development and exchange (KDE). The community-based programming activity stream entails funding, supporting,

and monitoring AHSUNC sites in off-reserve urban and northern communities. The sites offer activities for children designed to develop their cognitive, language, and social skills, which are known to contribute to their healthy development and well-being.

Two immediate outcomes are intended for the community-based programming stream: Indigenous children and their families participate in AHSUNC programs; and Organizations from different sectors collaborate with AHSUNC sites to support the needs of AHSUNC participants. By participating in AHSUNC, it is expected that Indigenous children and their families will have easier or greater access to health services and community-based health and social services and supports. By collaborating with other organizations through a range of formal and informal networking, cooperation, and coordination mechanisms, AHSUNC sites are expected to maximize their reach and address the needs of children and their families.

As a result, children enrolled in the program are expected to experience developmental benefits and to develop knowledge and pride in their heritage and self-identity. Parents/caregivers' participation in their children's development and in AHSUNC programming is expected to foster positive interactions with their children, help them gain knowledge and skills (e.g., parenting skills), and improve their sense of self for the benefit of the entire family's well-being.

The KDE activity stream aims to promote quality programming by enhancing the skills, knowledge, and abilities of AHSUNC staff through in-person or online training, access to information and education materials, exchanges between generators of knowledge and the AHSUNC early child development practitioners, and other professional development activities. Early child development practitioners are expected to access knowledge activities and apply newly gained knowledge to best meet the needs of their site.

Ultimately, the program aims to improve Indigenous children's health and well-being in order to develop successfully as First Nations, Inuit and Métis young people.

2.5 Program Alignment and Resources

The program is part of PHAC's 2015-16 Program Alignment Architecture (PAA) 1.2.2.1 *Healthy Child Development Program* situated within program 1.2, *Health Promotion and Disease Prevention*, and sub-program 1.2.2, *Conditions for Healthy Living*.⁹

The program's actual expenditures for the years 2011-2012 through 2015-2016 are presented below (Table 1). Overall, the program spent \$174.1 million over 5 years, with an average of \$34.8 million per year. The new *Directive on Results* (2016) specifies the

need to evaluate all ongoing programs of G&C with expenditures of \$5 million or more per year to fulfill subsection 42.1 of the FAA. This budget has remained constant since the program's inception in 1995.

Table 1: Program Actual Expenditures (\$M)^a

Year	Gs & Cs	O&M	Salary ^b	Total
2011-2012	31.8	1.2	2.4	35.3
2012-2013	31.5	0.5	2.4	34.3
2013-2014	32.7	0.2	1.5	34.4
2014-2015	33.0	0.2	1.5	34.7
2015-2016	33.7	0.1	1.6	35.4
Total	162.7	2.2	9.4	174.1

^aFinancial data provided by Office of the Chief Financial Officer

^bNote that salary dollars only include staff at the Public Health Agency of Canada

3.0 Evaluation Description

3.1 Evaluation Scope, Approach and Design

The scope of the evaluation covered the period from April 2011 to September 2016, and included all AHSUNC G&C programming over the five year period. This evaluation was designed to be narrower in scope than the previous evaluation completed in 2012, as the last evaluation was deemed to be comprehensive and, given its previously demonstrated success, the program was considered to be low risk for the Agency. Initial discussions with Agency management refined the scope even further, with a focus on the Agency's role in supporting Indigenous early childhood development in urban, northern and off-reserve contexts, program activities and supports for children with special needs, as well as the impact of the Agency's regional transformation initiative on the AHSUNC program.

The evaluation issues were aligned with the Treasury Board of Canada's *Policy on Results* (2016) and addressed the five core evaluation issues under the two themes of relevance and performance, as shown in Appendix 3. This evaluation used an outcome-based approach to assess the progress made toward the achievement of the expected outcomes.

Data for the evaluation was collected using the following methods: a literature review, a document review, key informant interviews, performance data review, and a focus group. More specific details on the data collection and analysis methods are included in

Appendix 3. In addition, data were analyzed by triangulating information gathered from the different methods listed above. The use of multiple lines of evidence and triangulation were intended to increase the reliability and credibility of the evaluation findings and conclusions.

3.2 Limitations and Mitigation Strategies

Most evaluations face constraints that may have implications for the validity and reliability of evaluation findings and conclusions. The following table outlines the limitations encountered during the implementation of the selected methods for this evaluation. Also noted are the mitigation strategies put in place to ensure that the evaluation findings can be used with confidence to guide program planning and decision making.

Table 2: Evaluation Limitations and Mitigation Strategies

Limitation	Impact	Mitigation Strategy
<p>Resource, time, and logistical constraints prevented evaluators from conducting two of the three intended site visits in the North. Only one group interview was conducted with representatives of AHSUNC sites in the Northwest Territories and the evaluation did not collect direct testimonies from parents in the North.</p>	<p>Group interview findings cannot be generalized to all AHSUNC sites in the North.</p>	<p>Through triangulation, the evaluation relied on multiple other sources including individual interviews with program regional representatives and funding recipients (site directors/ NAHSC members), including representatives from the North, as well as a review of documents (e.g., North Reports) and studies published on the need for and or/results of the program in the North.</p>
<p>The timing of key informant interviews coincided with the introduction of a new process and tool for inviting sites to submit funding requests, which encountered a number of challenges.</p>	<p>Challenges encountered with the new project funding renewal process may have negatively influenced the feedback received from recipients.</p>	<p>Evaluators exercised caution in interpreting interview results and attempted to triangulate with other sources including interviews with program representatives, program documents, and performance program data.</p>
<p>Cost, output and outcome data available for this program did not allow for a quantified analysis of the extent to which the resources invested in the program are sufficient and whether they are maximized in terms of outputs and outcomes. The availability of detailed cost information is largely beyond the control of the program as it is tied to the Agency's planning and financial reporting systems. The development of standard benchmarks for assessing efficiency is also made difficult by the program's flexible local delivery approach and varied contexts for implementation.</p>	<p>For these reasons, no benchmark could reasonably be applied to the measurement of program efficiency.</p>	<p>Through triangulation, evaluators relied on multiple other sources (i.e., interview respondents, program documents, external research) to make a qualitative assessment of the program's efficiency and economy.</p>

4.0 Findings

4.1 Relevance: Issue #1 – Continued Need for the Program

There is a clear and continued need for culturally appropriate Indigenous early childhood education programming for Indigenous children living off reserve or in urban and Northern communities, particularly since the population targeted by such programming is increasing. The AHSUNC program is well-suited to meet that need.

The importance of ECD and early childhood education (ECE) programs such as AHSUNC is clearly supported by extensive research on the benefits of ECE for Indigenous populations, as well as research on the need for culturally appropriate and holistic programming targeting Indigenous people. Furthermore, as a result of demographic changes, the number of Indigenous children in need of AHSUNC programming is increasing.

Benefits of Early Childhood Education for Indigenous Populations

Several recent studies have confirmed the importance of early childhood development as a key contributor to children's future educational success and reducing poor socio-economic effects. Early child development activities targeting the crucial developmental years (before age 5) have been shown to impact brain development, which in turn is linked to better educational attainment, physical health and gainful employment.¹⁰ Between the ages of 0-5, the brain is developing at exponentially high rates and is much more active than an adult brain, and is therefore a critical period for linguistic, social, and emotional development.¹¹ Additionally, studies show that positive early experiences lead to improved determinants of health, resulting in better health outcomes throughout life, which can also lower health and social costs.^{12,13}

As Indigenous children in Canada are already at a higher risk of living in poverty and encountering other obstacles to optimum development,¹⁴ providing programs that focus on finding ways to overcome these challenges or compensate for the disadvantages faced is crucial.¹⁵ One of the reasons Indigenous children are more likely to be at higher risk of living in poverty and other disadvantaged situations is linked to the history of trauma from residential schools and colonization. From this, Indigenous children may experience higher risk situations and obstacles, such as low socio-economic status, abuse (mental, emotional, physical or sexual) or neglect, loss of Indigenous knowledge, culture and language, living in food-insecure households, living in foster care or with adoptive parents, or living with parents with emotional, mental health and/or substance

abuse issues. In addition, growing up in poverty has been shown to have significant impacts on a child's development, such as their readiness for school.^{16,17}

“A quote we hear often is that AHSUNC gives back what Residential Schools took away... It's holistic. It's just welcoming. It's inviting. In that sense, it increases well-being.”

AHSUNC staff

As a result of the above mentioned factors, Indigenous children in Canada are more likely to have poor oral health, higher rates of obesity and Fetal Alcohol Syndrome Disorder (FASD). Health risks among Indigenous children in the north also include a higher risk of rickets, unintentional injuries, and youth suicide.¹⁸

The AHSUNC program was designed to help mitigate some of these issues for children and their caregivers through offering social support, site programming that addresses specific needs, and collaborating with partners to find ways to provide services, referrals, and activities.¹⁹ Sites may customize programming to better meet the needs of the

community and to address any gaps in services.

Data show that a significant number of children in the AHSUNC program have special needs such as autism, attention deficit hyperactivity disorder (ADHD), speech and language difficulties, FASD, developmental delays, and mental health issues, all of which can affect a child's long-term educational outcomes and success in life. In 2013-14, 9% of the children enrolled in AHSUNC programs had been diagnosed as having special needs, most commonly speech and language difficulties, another 10% had suspected special needs.²⁰ Interviewees mentioned that they had observed an increase in the number of children in the past five years with conditions such as FASD and autism, challenging behaviors or others that require special accommodation and assistance. AHSUNC sites support children with special needs and their families in a number of ways, such as coordinating services, adapting programming for the child, bringing services into the classroom, and referring caregivers to services.

AHSUNC also aims to fill a gap in providing access to early childhood development services in many Indigenous communities, particularly those in remote or isolated communities which have greater difficulties getting services that are more readily available in urban centres.

Need for Culturally Appropriate and Holistic Programming

The promotion and use of Indigenous language and culture in early childhood programs for Indigenous children such as AHSUNC has also been linked to better educational outcomes as well as strengthening the child's identity and improving the well-being of the community.²¹ The cultural focus of the program and the supportive environment can help children develop a greater sense of belonging.²²

One of the unique aspects of AHSUNC, in comparison to other ECD programs, is the inclusion of culturally appropriate programming. Aboriginal Head Start was designed to incorporate the Indigenous cultures and languages of their communities in ways that mainstream programs do not. The program also reflects the population served by the program by hiring Indigenous staff; in 2015-16, 85% of AHSUNC ECE staff members were identified as Indigenous, compared to 84% in 2013-14.

Site-developed AHSUNC programming reflects the values and unique needs and priorities of the communities, and can help overcome some of the concerns or suspicions that some people may have due to their history with the residential school system. This method of supporting Indigenous communities to be engaged in the education and care of their children is in line with the 2015 Calls to Action in the Truth and Reconciliation Commission (TRC) report,²³ and is also in line with Article 23 of the United Nations Declaration on the Rights of Aboriginal Peoples, which states that:

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, Indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.²⁴

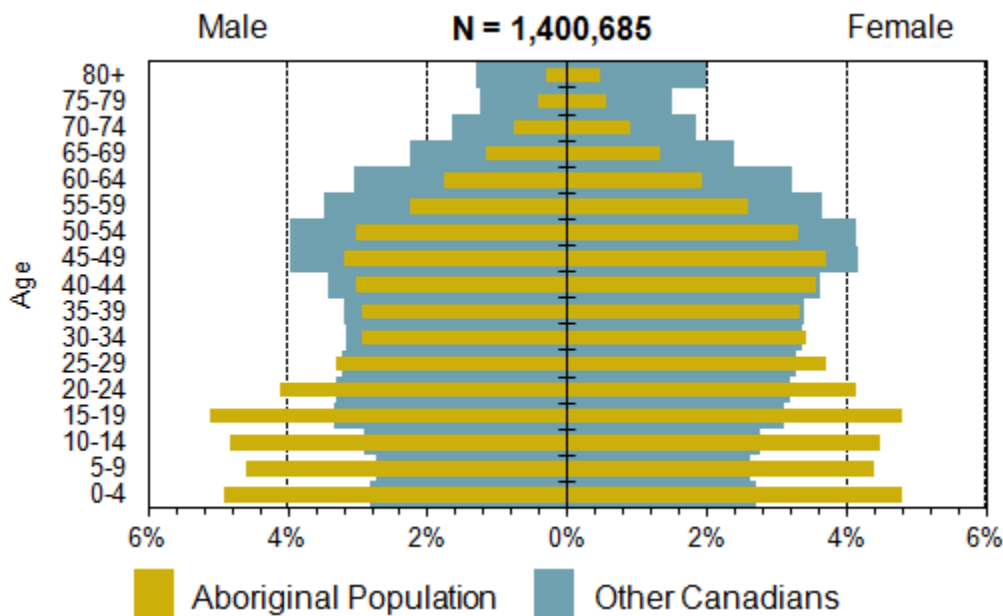
Changing Demographics

Demographic data also shows an increasing need for ECD programs that target pre-school Indigenous children. The proportion of Indigenous individuals compared to the general Canadian population is increasing. Specifically, 1,400,685 people self-identified as Indigenous in 2011, representing 4.3% of the total Canadian population,²⁵ compared to 1,172,790 in 2006, or 3.8% of the total population.²⁶

Additionally, the Indigenous population in Canada is younger when compared to the rest of Canada. While the median age of non-Indigenous people in Canada was 41 years in 2011, the median age of First Nations people was 26 years, 23 years for Inuit, and 31

years for Métis, respectively.²⁷ The age divide is even more pronounced in Indigenous population estimates for children. In 2011, 28% of the total Indigenous population was children under the age of 14, compared to 16.5% of the total non-Indigenous population.²⁸ Figure 1 illustrates the age breakdown between Indigenous and non-Indigenous peoples in Canada in 2011.

Figure 1: Age distribution between Indigenous population and other Canadians, by Gender



Source: Indigenous and Northern Affairs Canada, 2013.²⁹

According to 2011 Census data, off-reserve Indigenous peoples constitute the fastest growing segment in Canadian society. Between 1996 and 2011, the percentage of Indigenous people living in urban areas grew from 49% to 56%, a 7% growth rate over 15 years.³⁰ One study found that there were approximately 120,000 Indigenous children aged 0-6 living off reserve in 2011,³¹ and of these children, 82% lived in urban centres.³² Together, these statistics demonstrate an increase in the exact population targeted by the AHSUNC program, indicating that the need for the program remains strong.

4.2 Relevance: Issue #2 – Alignment with Government Priorities

AHSUNC programming is aligned with federal priorities on health promotion and reconciliation, as well as PHAC priorities regarding mental health, healthy nutrition/active lifestyles, injury prevention and access to health information and services.

Government of Canada Priorities

AHSUNC is aligned with the Government of Canada priority to improve the well-being of Indigenous populations. This is demonstrated by various new and ongoing commitments by the federal government that have involved helping vulnerable populations, early childhood development, and the rights of children and Indigenous people. The overall objective of AHSUNC is to provide Indigenous preschool children living off reserve with a positive sense of themselves, a desire for learning and improved health and well-being so that they benefit from future opportunities to develop fully and successfully as young people.

In 1991, Canada adopted the UNCRC, which outlines the rights of children including the right to health and nutrition, to be protected, to have access to play, culture, and art, and the right to learn.³³ The rights laid out by UNCRC are reflected in the design of AHSUNC and its six core program components, where Indigenous children have their play, health, nutrition, and education rights upheld in an environment that teaches children about their culture and language. The CHP is expected to report on Canada's progress made on the UNCRC to the United Nations in 2018.³⁴

In the 2015 *Speech from the Throne*, the federal government stated its priorities of providing quality education for First Nations and implementing the TRC Calls to Action.³⁵ The TRC released its final report in 2015 after six years of hearings and testimonies from people affected by residential schools in Canada. Ninety-four (94) Calls to Action were made by the TRC "in order to redress the legacy of residential schools and advance the progress of Canadian reconciliation."³⁶ A number of interviewees mentioned the significance of the TRC to AHSUNC because of the specific recommendations it made regarding Indigenous education.

The Calls to Action³⁷ relating to AHSUNC include:

- For the "the federal, provincial, territorial, and Aboriginal governments to develop culturally appropriate early childhood education programs for Aboriginal families." (Call to Action 12)

- For the “federal government to “draft new Aboriginal education legislation with the full participation and informed consent of Aboriginal peoples,” which would incorporate principles such as “Improving education attainment levels and success rates,” “Developing culturally appropriate curricula,” and “Enabling parents to fully participate in the education of their children.” (Call to Action 10, 10ii, 10iii, 10vi)
- Eliminating “the discrepancy in federal education funding for First Nations children being educated on reserves and those First Nations children being educated off reserves.” (Call to Action 8)

In the Federal Budget of March 2016, “*Growing the Middle Class*,”³⁸ the government recognized the “connection between child care and the economic security of families, and proposed to invest \$500 million in 2017–18 to support the establishment of a National Framework on Early Learning and Child Care designed to meet the needs of Canadian families, wherever they live. It also proposed to renew the \$51-million-per-year *Urban Aboriginal Strategy* which seeks to connect Indigenous peoples in urban centres to services and programs that are tailored to their particular needs.

The Prime Minister’s Mandate Letter to all Ministers, including the Minister of Health, further expressed the government’s priority on Indigenous issues, stating that “it is time for a renewed, nation-to-nation relationship with Indigenous Peoples, based on recognition of rights, respect, co-operation, and partnership.”³⁹ While not specific to this program, it is an acknowledgement of the need for the government to work with Indigenous communities on programs that fit under the health portfolio, including AHSUNC.

Public Health Agency of Canada Priorities

The Agency is committed to the well-being of children, and has committed to “help vulnerable children get a good head start by supporting programs that build and strengthen positive social, emotional and mental health in early childhood and throughout their life.”⁴⁰ According to the *2013-14 Report on Plans and Priorities*, PHAC expressed the intention of scaling up identified best practices in early childhood development that address the social, mental and physical health of pre-school age children and their parents.⁴¹ In addition, PHAC focuses on the health and well-being of Indigenous people, and as detailed in the 2009 Chief Public Health Officer’s *Report on the State of Public Health in Canada*, in particular the health and well-being of Indigenous children.⁴²

PHAC acknowledges that to meet this commitment, it needs to assist in building and strengthening protective factors in early childhood which will contribute to lifelong resiliency,⁴³ and address health disparities among Indigenous people.^{44,45} As discussed in the 2016-17 *Report on Plans and Priorities*, PHAC has continued to invest in programs that will reach vulnerable children, and is working with Employment and Social Development Canada, Indigenous and Northern Affairs Canada, and its partners within the Health Portfolio to support the Government of Canada's priorities in healthy child development.⁴⁶

The Agency outlines several priorities, including mental health, healthy nutrition/active lifestyles, injury prevention, and access to health services. All of these priorities are touched upon through AHSUNC programming and are critical to reaching the program's goal of improving the health and well-being of Indigenous children so they can develop successfully as young people.

Mental Health

AHSUNC programming for children and families is designed to assist with both immediate and long-term mental health, as it is estimated that 50% to 74% of mental illnesses start in early childhood.⁴⁷ One of the key aspects of the programming that promotes mental health for children and their families is the focus on Indigenous community and cultural awareness through program components of health promotion, social support and culture and language. Many of the families served by the program have been affected by the intergenerational trauma of the Sixties Scoop, which has had long-term impacts on their mental health and well-being and which can affect their children. The program provides activities to help with the mental well-being of children and their families, such as father and child activities which assist with parenting skills and bonding, and social events and celebrations that can reduce social isolation and help with social support within the community. AHSUNC sites also provide assistance with, or referrals to, family violence prevention and support, substance abuse and prevention, and ways to support victims of trauma or abuse, all problems that are linked to mental health issues.

Healthy Nutrition/Active Lifestyles

The program includes a focus on healthy eating and active lifestyles for children through nutrition and health promotion program components. For example, AHSUNC sites provide education in areas such as nutrition, healthy eating, and diabetes, promote regular physical activity, and include traditional foods whenever possible. Sites provide healthy snacks for the children,⁴⁸ and some have Elders or members of the community with traditional knowledge who involve the children in traditional food gathering and preparation.

Injury Prevention

AHSUNC includes aspects of programming and training or skill building that support PHAC's priorities related to injury prevention. Programming includes car seat safety, fire safety, general injury prevention, and water and boat safety. For example, some sites have held CPR training and education programs on topics such as safely installing car seats, poison control, and safe child bathing. Children learn from staff about safety topics such as road and play safety⁴⁹ and learn from Elders and others about the traditional knowledge of safety, particularly in the challenging winter environments.

Access to Health Information and Services

Some of AHSUNC's key programming through social support and health promotion components support PHAC's priorities by providing access to information and services, referring children to the necessary health services, immunization of children, and oral health care. However, this can be a challenge in Northern and remote communities where there is a lack of health services, and accessing services may require travelling long distances from the community. This will be further discussed under section 4.4.2.

4.3 Relevance: Issue #3 – Alignment with Federal Roles and Responsibilities

AHSUNC program objectives align with federal jurisdiction and the Agency's mandate/role. While evidence suggests there are complementary programs to AHSUNC, no significant overlap was found.

The Agency addresses the federal government's broad role in health promotion that is outlined in its foundational legislation. The *Canada Health Act* describes one of the main objectives of Canadian health care policy as being to "protect, promote, and restore the physical and mental well-being of residents of Canada." Within this mandate the *Public Health Agency of Canada Act* specifies that some of the activities the Government of Canada can undertake include health protection and promotion, population health assessment, and health surveillance.

Alignment with Federal Jurisdiction

Generally speaking, the responsibility for child health and early childhood development rests with the provincial and territorial governments. However, the federal government will occasionally make policy decisions to invest in an area when it can: 1) address an issue of national scope that is beyond the capacity of any particular province or territory to address by itself, 2) fill gaps for a vulnerable population, or 3) collaborate with provinces and territories to complement provincial or territorial direction. The AHSUNC

program meets all of these criteria by seeking to reduce disparities in well-being for Canada's Indigenous people, and by working with provincial/territorial partners to ensure that the program is in line with their specific legislation and directives.

Alignment with Agency's Mandate/Role

The Agency's mission is to promote and protect the health of Canadians through leadership, partnership, innovation and action on public health. One of the ways that the Agency fulfills its mission is through the funding of community-based public health programs, such as the AHSUNC program. AHSUNC program activities are further aligned with the mandate and role of the Agency, particularly in terms of health promotion and the prevention and control of chronic diseases and injuries.^{50,51} Given the alignment of the AHSUNC program with the federal role described above, delivering this community-based program is a legitimate and appropriate role for the Agency.

Duplication/Overlap/Complementarity

As discussed above, the area of early childhood development involves multiple programs and jurisdictions. As shown in Table 3, PHAC, Health Canada, Indigenous and Northern Affairs Canada (INAC), and Employment and Social Development Canada (ESDC) all manage programs offering services to Indigenous children within AHSUNC's target age range (0-6) at the federal level. Of these, the AHSUNC program is the only program to focus uniquely on Indigenous children off reserve and in the North.

Table 3: Federal Programming Serving Indigenous Children

Department	Program	Description
PHAC	Aboriginal Head Start in Urban and Northern Communities (AHSUNC)	AHSUNC is a Grant and Contribution (G & C) community-based program providing funding to Indigenous community-based organizations to deliver early intervention, culturally relevant preschool programs that promote the healthy development of Indigenous preschool children and their families living off-reserve and in the North (First Nations, Inuit and Métis).
	Community Action Program for Children (CAPC)	CAPC is a G&C community-based children's program that promotes the healthy development of young children (0-6 years) and their families facing conditions of risk (such as poverty, geographic and social isolation, teenage parents, and child and substance abuse environment). Some CAPC sites are located in the same communities as AHSUNC sites.
	Canada Prenatal Nutrition Program (CPNP)	CPNP is a G&C community-based maternal and child health program that provides support to improve the health and well-being of pregnant women, new mothers and babies facing challenging life circumstances (such as poverty, geographic and social isolation, teenage-parents, and child and substance abuse environment). Some CPNP sites are located in the same communities as AHSUNC sites.
Health Canada	Aboriginal Head Start On-Reserve (AHSOR)	AHSOR is a G & C community-based program that supports early intervention strategies to address the learning and developmental needs of young children living in First Nations communities. It targets First Nations families and children aged 0-6 years living on-reserve.
	Brighter Futures	The Brighter Futures program is a community-based health promotion and ill-health prevention program for First Nations and Inuit communities. The program, typically, promotes health and prevents ill-health through learning-related activities that strive to increase awareness, change attitudes, build knowledge and enhance skills.
Employment and Social Development Canada (ESDC)	First Nations and Inuit Child Care Initiative (FNICCI)	FNICCI is a G&C program that targets First Nations and Inuit families and children aged 0-12 years living on reserve and Inuit communities. It promotes healthy child development through a holistic approach, offers parents education and/or training programs, and supports their return to the workforce.

Indigenous and Northern Affairs Canada (INAC)	Ontario and Alberta Daycare Funding	This is a G&C program aiming to provide early childhood development programming and learning service to First Nations children from 0-12 years living and attending daycare on-reserve in Ontario and Alberta.
	First Nations' National Child Benefit Reinvestment (NCBR)	NCBR is a community based program that aims to reduce the depth and effects of child poverty, help and support low-income parents. It targets First Nations children 0-17 years in low-income families living on-reserve.
	K4-K5 (As part of Elementary/ Secondary Education Programming)	K4-K5 is a G&C program designed for First Nations children aged 4-5 years living on reserve.

In 2015, the federal government committed to affordable, accessible, inclusive, high-quality early learning and child care for every child via the development of a National Early Learning and Child Care Framework. In Budget 2016, the government proposed to provide \$100 million in 2017-18 towards early learning and childcare on reserve.⁵² At the time of reporting, federal/provincial/territorial (F/P/T) negotiations for this initiative are underway, and it is unclear whether any investments in Indigenous early learning and childcare are expected to be extended off reserve or to the North through the AHSUNC program.

At the provincial/territorial level, each Province/Territory (P/T) has its own approach to early childhood development, and has invested in different early child development projects and programs.⁵³ A scan of F/P/T government-supported and not-for-profit childhood programs⁵⁴ found that while there are a number of programs targeting children of the same age range as the AHSUNC program, there is no significant overlap in programming and services. The majority of programs identified did not target a specific population group, and the small number that did largely focused on groups other than Indigenous children, such as recent immigrants and refugees, language minorities, and low income groups. While some of the programs available may be complementary to the AHSUNC program, most do not tailor their programming directly to Indigenous children, which could mean a missed opportunity to expose children to their culture and language at a critical point in their development.

Additionally, more provinces and territories are introducing full-day kindergarten as part of their focus on early childhood development. Some interviewees expressed concerns regarding the introduction of junior and all-day kindergarten, including that the target age for junior and all-day kindergarten overlaps that of the AHSUNC program (0-6 years

of age), which could impact the length of time children can be enrolled in the program and thus limit the exposure they have to cultural programming.

4.4 Performance: Issue #4 – Achievement of Expected Outcomes (Effectiveness)

4.4.1 To what extent have the immediate outcomes been achieved?

Immediate outcome #1: To what extent have Indigenous children and their families participated in AHSUNC programs?

The number of children enrolled in AHSUNC activities has remained constant over the evaluation period. However, the program’s ability to reach the children and families who most need AHSUNC programming is affected by demographic changes as well as several barriers to access and delivery, including geographic location, limited capacity to serve students with special needs, and transportation.

Geographical coverage

The program currently supports 134 AHSUNC sites.⁵⁵ The number and location of program sites has remained fairly constant since the programs’ creation in 1995. Yearly program enrollment trends since 2006 have also remained generally stable at approximately 4,700 to 4,800 children aged 0-6 per year.⁵⁶ In 2009-2010, the AHSUNC program reached 4% of all Indigenous children aged 0-6 living off-reserve across Canada, with the greatest reach levels in the Northwest Territories (12.2%) and Quebec (11.5%).⁵⁷

Other sources suggest, however, that the number of children (and their families) needing program services is increasing, and that the geographical concentration of children and families in need of program services is changing, as part of a trend towards increased urbanization. For instance, Statistics Canada data shows the population of Indigenous children aged 0-6 living off reserve rose from approximately 96,500 to 120,000 between 2001 and 2011, representing a 24% increase. The increase was particularly pronounced in Ontario, Alberta and British-Columbia.⁵⁸

An internal study also found, based on Statistics Canada data on Census sub-divisions (CSD), that the number of communities with a “critical mass”ⁱ of Indigenous children

ⁱ Critical mass was calculated based on community size relative to geographical dispersion. To be considered having a critical mass, a CSD had to be smaller than 5,000 km² in size and its Indigenous children population had to be 200 or higher.

aged 0-6 off reserve had increased from 134 to 175 (a 30% increase) between 2006 and 2011. During that period, 118 communities with a critical mass of Indigenous children had remained stable, whereas 13 communities no longer had a critical mass and 57 had gained a critical mass.⁵⁹

A follow-up analysis, completed in 2016, subsequently mapped communities with a critical mass of Indigenous children to the location of AHSUNC sites. In examining the geographical coverage of AHSUNC sites, CAPC locations were also identified to indicate other types of programming that may be targeted at vulnerable children in those communities. This analysis of program coverage revealed that the AHSUNC serves 98 (56%) of the 175 off-reserve communities with a critical mass of Indigenous children. Of the 77 communities not served by an AHSUNC site, 34 benefit from a CAPC site, for a remaining total of 43 (25%) of communities without either an AHSUNC or a CAPC site. On the other hand, 47 (27%) of communities benefit from both an AHSUNC and a CAPC site.

Table 4: Number of Communities with an AHSUNC and/or CAPC site⁶⁰

AHSUNC only	CAPC only	Both AHSUNC and CAPC	Total AHSUNC	Neither AHSUNC nor CAPC	Total
51 (29%)	34 (19%)	47 (27%)	98 (56%)	43 (25%)	175 (100%)

Program capacity limitations and mitigating solutions

Multiple sources indicate that sites' capacity to meet the demand for their services is decreasing. For instance, program performance data shows a decrease between 2013-14 and 2015-16 in the number of children that AHSUNC sites were able to serve. In 2013-2014, 27% of sites reported being at least 5 children under-capacity (i.e., having refused at least 5 children due to insufficient capacity), compared to 44% of sites in 2015-16.ⁱⁱ Similarly, when asked if they had a waitlist at the beginning of the school year, 27% of sites said yes in 2013-14 compared to 40% of sites in 2015-16. However, the average number of children on a waitlist was higher in 2013-14 (average of 21 children) than in 2015-16 (average of 15 children).

One possible explanation for this trend could be that, while an increasing number of sites are facing an increase in demand and/or a decrease in capacity due in part to increasing costs and static funding levels, some have managed to mitigate these

ⁱⁱ Note: These figures were captured through a survey of program sites; they reflect enrollment status at the time of answering the survey and do not account for in-year fluctuations.

pressures by providing lower “dosage” of programming to participating children (e.g., by reducing the number of hours of programming received by each child in order to welcome additional participants). Testimonies gathered through interviews with regional AHSUNC staff and program site representatives confirmed that adjustments have been made in several instances to increase the number of children and their families served by the program. The most commonly mentioned approach consists of decreasing the number of hours offered to each child to maximize program reach. While the purpose of decreasing the hours spent on each child is to maximize reach to as many children and families as possible, continuing with this mitigation strategy could ultimately affect the impact of the program on children and families due to less exposure to the benefits of ECD programming.⁶¹ Evaluators were however unable to verify whether programming dosage has indeed been reduced and, if so, to what extent, thereby leaving room for other possible alternative explanations such as program sites keeping fewer applicants on their waitlist in order to manage expectations.

Another mitigation strategy adopted by the program consisted of inviting sites to apply for strategic funding to explore alternative programming using “innovative, community-tailored programming delivery models, such as home visiting and evening and weekend child and parent activities, rather than the typical AHSUNC programming that runs four to five days per week; and to support culturally relevant early childhood programs that enhance the health (social-emotional, physical), cognitive and language development, and school readiness of young Inuit children.”⁶²

The number of children who can be accepted in an AHSUNC site at any given time can also vary depending on the number of children with special needs enrolled in the program since addressing special needs takes more time and attention from available early childhood educators. In 2015-16, 13% of AHSUNC sites reported having been unable to accept a child with special needs due to lack of resources and 11% of sites reported having limited their total enrolment in order to accommodate the high number of special needs children they served.

Beyond the geographical location of AHSUNC sites and physical capacity, participation in AHSUNC can also be affected by limited access to transportation. Several key documents as well as interviews with site representatives underlined the integral role played by transportation in having good school attendance and success in school as parents are not always able to drive their children to the site. To this end, many sites have access to a bus or a van so that children and parents are able to attend AHSUNC activities and programming. Recognizing the benefit of investing in transportation to maintain reach, the program has provided targeted investments of more than \$3M in the acquisition of transportation vehicles over the past four years (2013-14 to 2016-17), for

an average of \$764,842 per year. Nevertheless, approximately 9% of sites reported in 2015-16 that they did not have access to a vehicle to transport children, thereby suggesting an ongoing need for program investments in this area.

Immediate outcome #2: To what extent have organizations from various sectors collaborated with AHSUNC sites to support the needs of AHSUNC participants?

There is extensive evidence that sites leverage funding and build collaborative relationships, for example with the health, education, social services and justice sectors. The extent of collaboration with other organizations varies across sites, being particularly influenced by geographic location/isolation.

To provide children and their families with the most needed services, AHSUNC sites often collaborate or coordinate with other community partners to access resources (i.e., funding, physical space), bring existing programs/services into the AHSUNC program, create new programming, and/or enhance existing programs/services. Partnerships also exist to develop knowledge development and exchange activities, which are discussed in the next section.

Interviewees and program data identified a significant range of partnerships, some examples of which are listed in Table 5. Some of the partnerships and collaborations have existed for many years and have demonstrated a number of positive results, such as being able to provide better support to children transitioning from AHSUNC to community school, sharing facilities and resources to reduce the financial cost to the sites, helping families and caregivers access services and support, and improving the health of children through easier access to health services such as on-site assessments. Children with special needs have also benefited from these partnerships and collaborations by being set up to meet with specialists, such as audiologists and speech pathologists.

Table 5: Examples of Collaboration and Partnership Opportunities for AHSUNC Sites

Sector	Examples of Partners
Social Service	Employment agencies, Food banks, other AHSUNC sites, Indigenous Friendship Centres
Health	Mobile Health unit, Health workers (audiologists, optometrists, dentists, nurses, speech language pathologists etc.), Health Centres
Education	Schools, Ministry of Education
Justice	Humanitarian and social justice organizations

Data have additionally shown an ability to leverage funding and in-kind contributions through their partnerships and collaborations in order to provide activities and programs to their participants. For example, 60% of sites reported having leveraged funds from other sources in 2015-2016, for a total amount of \$15,350,000. According to the data, for every G&C dollar invested by the AHSUNC program, sites generated an average of 46¢ in funding from other sources in 2015-2016. The majority of leveraged funds came from provincial/territorial and municipal sources (93% in 2015-2016), while the other sources of funding were not-for-profit organizations, fundraising, other PHAC programs as well as other federal departments.

Furthermore, 61% of sites reported having leveraged in-kind contributions in 2015-16. Sources of in-kind contributions included: in-kind staff (41% of sites); space and use of facility (27% of sites); and program materials and other donations (23% of sites).

For sites that have difficulty developing and maintaining collaborative partnerships, geographic location appears to be a key factor, especially if the sites are remote or isolated. This is a particular problem for the sites in the Northern region, as many of the sites are in communities where it can be difficult to reach possible partners due to the cost of gas, a lack of public transit, or due to the fly-in nature of the community. In addition, because it may be more difficult for rural and remote communities to access partners, some of these sites have reported having financial difficulties. An exception for this is the Nunavik region in Quebec, which has a provincial commitment for long-term block funding for ECD programming from the provincial government. This has allowed for the building of facilities and the provision of consistent ECD training for AHSUNC sites.

By contrast, sites in urban centres generally have stronger and more numerous opportunities for collaboration and partnerships. The Little Red Spirit site in Winnipeg, for instance, is a good example of how an AHSUNC site can provide extensive services for children and their families. This site recently completed a comprehensive evaluation and identified that the site collaborates with a significant number of community agencies and government organizations to provide support and services for the many aspects of a family's life, such as health and well-being, education, and social services.⁶³ Little Red Spirit, in collaboration with their partners, has provided parents with links to resources in the community to address the needs of the families. This includes resources such as, but not limited to: housing services provided by the province of Manitoba; counselling through mental health organizations or health organizations; additional food and clothing through local food banks and clothing depots; and cultural events and information through Indigenous organizations such as Ma Mawi or the local Friendship Centre. The staff's knowledge of the resources provided by their partners, and their assistance to parents in accessing the necessary services helps improve the parents' ability to support their children at home.

Immediate outcome #3: To what extent have early child development practitioners accessed and used knowledge activities?

Early child development practitioners in the AHSUNC program have broad access to training and information, and use what they learn since training opportunities are often tailored to the specific needs of sites. However, geographic location can be a challenge to access, and staff retention issues increase the need for training. The largest training gaps identified by sites are for special needs education and Early Childhood Educator (ECE) development, both of which are being addressed directly by the program.

Access to knowledge development and exchange (KDE)ⁱⁱⁱ ensures that site staff can best support the children in their health development. This reflects the Agency's leadership role in supporting the development and dissemination of evidence-based knowledge and promoting effective practices relating to Indigenous ECD. The AHSUNC program works with early childhood practitioners, public health practitioners, parents and caregivers, policy makers and other stakeholders who have an interest in Indigenous early childhood education to identify knowledge gaps, gather evidence of culturally appropriate and effective practices, develop knowledge products and/or encourage the use of other relevant programming.

ⁱⁱⁱ Knowledge Development and Exchange, Knowledge Translation, Knowledge Transfer and Knowledge Mobilization are understood to be similar enough concepts to be used interchangeably. They all refer to a spectrum of activities that ultimately support the development and dissemination of knowledge into the hands of people and organizations who can put it to practical use to improve health outcomes.

According to program data, the most common ways knowledge exchange is accessed by sites is through the use of tools, resources and activities shared through in-person interactions. Types of knowledge exchange activities include: workshops, conferences, summits, training sessions, cultural activities and parent groups. KDE tools, resources and activities that target AHSUNC parents, children, staff, other AHSUNC sites and community members.⁶⁴ Other formats for KDE include webinars, parent newsletters/pamphlets, promising practices summaries, training curriculum, and safety toolkits.

Learning and knowledge can also come from community and organizations collaborating with the AHSUNC sites, such as traditional teachings, or from other proven and adapted programming, such as Seeds of Empathy or the Nobody's Perfect parenting program. Other notable training opportunities made available to site staff include CPR/First Aid, the Take it Outside initiative,^{iv,65} Leadership and Administration Management Training, one-on-one on-site coaching in the Northwest Territories (NWT) to support and enhance the implementation of the NWT AHS Curriculum "Making a Difference,"⁶⁶ and a national thematic webinar series based on identified program gaps in training.

Regional reports on KDE activities reveal that a total of 155 training and related capacity development activities were funded by the program from 2011-12 to 2015-16. The total number of activities held each year remained relatively constant year over year across all provinces.⁶⁷ This is in keeping with the annual funding allocated for training activities, which was generally stable over the past five years, totalling on average \$1.5M annually.⁶⁸

Interestingly, the number of training activities focusing on special needs funded by the program has more than doubled in the last year. From 2011-12 to 2014-15, the program funded between 5 and 7 special needs training activities each year across the country, a number that jumped to 17 activities in 2015-16.⁶⁹ Data show that the proportion of sites South of 60 offering special needs training has also increased,

"To better understand the complexities of autism the staff attended [an autism conference]. The speech pathologist provided us with tools and language to help the children with speech but I would like to see more training on speech and language, especially a tool that can be easily used by parents and grandparents."

AHSUNC staff

^{iv} The Take it Outside initiative uses discovery-based learning activities in the outdoors for pre-school aged children attending AHSUNC. It builds the capacity of staff, parents/families and children to be more confident and excited to be in the outdoors and do things in their environment comfortably and to teach and learn cultural knowledge and language in a traditional environment.

from 34% in 2013-14 to 52% in 2015-16.⁷⁰ This is in line with documentary evidence and interviews that cite special education as the largest training need for AHSUNC sites, in particular in areas such as strategies for inclusion, working with parents, providing appropriate curriculum, using screening and assessment tools, learning how to handle difficult behavior (both non-aggressive and aggressive), as well as training for specific disorders (e.g., FASD and Autism Spectrum Disorder).

The other most common training need identified for AHSUNC staff was for further ECE training. Specifically, one third of AHSUNC ECE staff required training to meet P/T ECE requirements as of 2016.⁷¹ Documents, literature and interviews concur that there are a number of reasons for this, such as challenges related to geographic location as well as staff recruitment and retention.

In rural or remote communities, meeting staffing requirements for licensing is especially challenging since their communities may be located far from educational institutions and staff may be dependent on external factors in order to participate (e.g., informal child care arrangements). In some instances, collaborative partnerships have been developed to ensure that staff at these facilities in remote communities are properly trained and qualified. For example, the University of Victoria has developed partnerships with a number of communities to establish programs that enable students or ECD practitioners to gain the qualifications they require to operate licensed child care and early childhood development programs, as well as a two-year diploma from the University, without having to leave their communities.⁷²

Evidence suggests that training needs for ECE are particularly pronounced in more isolated communities.⁷³ To address this need, the AHSUNC program has funded numerous training and certification opportunities, such as those with the Nunavut Arctic College (NAC). The NAC, with assistance from the AHSUNC Strategic Fund, has developed a pan regional approach to build the Early Childhood Education opportunities, courses and capacity across Nunavut. Between 2013 and 2015, the NAC offered 25 introductory ECE courses with an Inuit focus as well as First Aid/CPR courses to its students.⁷⁴ It has also completed important work to increase educators' skills and confidence, such as consolidating and digitizing Inuit curriculum resources, creating an Inuit ECE video series that feature Inuit Elders, children, families and caregivers, and creating an ECE facilitator workbook that is available in Inuktitut.

Still, ongoing training is needed in this area due to staffing recruitment and retention issues. Among the reasons for these issues is the lack of competitive wages the sites can offer their staff, where some staff who receive their certification subsequently leave

for higher paying opportunities. This is discussed further in the effectiveness section of this report.

4.4.2 To what extent have the intermediate outcomes been achieved?

Intermediate outcome #1: To what extent have Indigenous children enrolled in the program experienced developmental benefits in a context that celebrates Indigenous cultures and languages?

The AHSUNC program has been effective in increasing school readiness through increased language, motor and academic skills and other developmental benefits for participating children, including those with special needs. There is also evidence that children and families see long term benefits from exposure to Indigenous culture and language programming offered by sites.

Developmental benefits

During the 2010-2011 school year, PHAC conducted an AHSUNC School Readiness Study to examine the impact of the AHSUNC program on school readiness skills.⁷⁵ The study was conducted with over 2,000 children aged 3 to 5 enrolled in the program and focused on three key areas of school readiness: language, motor and academic skills.

Results indicate that participants with and without special needs all showed significant improvement in all categories. Although participants with a diagnosed or suspected special need scored significantly lower in all three skill areas, both groups progressed significantly over the course of the school year. Importantly, children who started out with the lowest levels of school readiness made the most substantial progress. The results were statistically significant and demonstrated that of the various age groups studied, the 3-year-olds showed the most improvement in scores over the course of the school year. In addition, the study showed that 3 and 4-year old participants with a special need progressed significantly more in language skills than their peers without a special need, suggesting that the program is especially helpful at improving the language skills of children who have special needs in this area.

“Because of Head Start, my girls were extremely prepared for kindergarten.

My oldest is in grade 3 now and she has a strong social structure and other students didn’t have that.

With my last child who went through Head Start, she is really, really proud of her culture and who she is. I think this will serve her well in life.”

AHSUNC Parent

The results from this comparative analysis further show that AHSUNC participants started out at the beginning of the school year performing below the age-specific norms, and progressed to performing the same or above the normative sample by the end of the school year. This suggests that the progress observed in participants from the start to the end of the school year was not simply due to maturation, but also to participation in the AHSUNC program.

In 2015-16, the Little Red Spirit Aboriginal Head Start Program in Winnipeg conducted its own study to assess the academic outcomes (math, reading, writing, and school attendance) of former Little Red Spirit students currently attending Grades 1-6 at a local elementary school.⁷⁶

The findings of the study reveal that former Little Red Spirit students exhibited higher attendance levels and more favourable teacher-rated math, reading, and writing assessments compared to a grade-matched group of peers who had not attended the program. Furthermore, current Little Red Spirit participants also demonstrated a high degree of positive change with regard to their academic and social development skills since joining the program. These findings are in line with other studies on the effectiveness of the Head Start program in the U.S.⁷⁷

Finally, survey results, interviews and qualitative program site data note that children who participated in the AHSUNC program generally had a positive transition to school and that the program helped children develop skills, good school behavior and attitudes (see Table 6). In particular, a strong majority (93%) of parents and primary caregivers surveyed in 2015 reported that their child was more prepared to start school as a result of their participation in AHSUNC. In some instances, AHSUNC sites helped ease the transition for students by setting up opportunities for students to visit the elementary school and their kindergarten teacher as well as providing information about the child to the school so as to best support them in this period of change. Evaluators heard many stories of elementary school teachers and principals who could immediately recognize a child who participated in the AHSUNC program due to their school readiness, articulated speech and positive behavior.

Table 6: Examples of Skills, Behaviors and Attitudes Exhibited by Children in the Program⁷⁸

Competencies	Observed behavior/skill of child
Gross and Fine Motor Skills	<ul style="list-style-type: none"> -Washes hands -Prepares snack at school -Uses cutlery/utensils -Able to dress self independently -Writes own name
Social and Communication Knowledge and Skills	<ul style="list-style-type: none"> -Socializes, interacts, plays with other children -Confident (less shy, more outspoken, can speak in front others at school) -Increased participation in class -Articulates own feelings -Increased attention span
Emotional Maturity	<ul style="list-style-type: none"> -Shows respect in class -Increased empathy/self-esteem -Fewer tantrums/meltdowns/aggressive behaviors -Independence (reduced need for extra support, rides bus independently) -Good decision making
Language and Cognitive Development	<ul style="list-style-type: none"> -Improved speech (speaks in sentences, uses words or pictures to communicate) -Engages in conversations with staff, tries hard to communicate -Listens and follows simple commands/directions
General Knowledge	<ul style="list-style-type: none"> -Knows basic hygiene -Knows about health education (eating balanced meals, food prep, food guides, different foods) and exercise -Aware of the importance of literacy
Special Skills includes literacy, numeracy, singing etc.	<ul style="list-style-type: none"> -Completes crafts -Cultural learning (languages, smudging ceremony) -Completes puzzles -Improved literacy -Counts and knows ABCs and colors
Special Issues: Includes health, special needs, behavioral issues	<ul style="list-style-type: none"> -Addressing speech development -Early detection of vision and hearing impairments -Addressing special needs and behavioral issues -Children reach school readiness; successful transitions into kindergarten

Indigenous Culture and Language

The AHSUNC Principles and Guidelines⁷⁹ encourage sites to undertake activities that promote culture and language in their programming to provide Indigenous children with

a positive sense of identity and to support them in learning Indigenous languages and culture. The goal is for children to have a sense of belonging to their cultural community and to expand their cultural knowledge. These are considered to be protective factors for health as well as the building blocks for healthy identity and self-esteem.⁸⁰

Research shows that early childhood development is best supported by programs and services that are culturally relevant to the individual community. Beyond early childhood programs and services, experts maintain that culture and language should encompass all aspects of Indigenous-specific programs and services. It is commonly accepted that language is the core of a culture, and an essential component of self-determination.⁸¹

The AHSUNC program widely integrates culture and language into its programming. Some examples of cultural activities include crafts, Elder and Traditional Healer involvement, fishing and hunting, music and dance, traditional ceremonies, and traditional food activities. Overall, it was found that such activities bring people together, allow participants to strengthen concepts and skills directly from those who possess cultural knowledge, to further learn Indigenous languages and heritage, and connect with the land.

A majority (73%) of parents and caregivers surveyed in 2015 reported that their child had learned Aboriginal words as a result of participating in the program and 71% said their child was more aware of Aboriginal cultures.

The Ottawa Inuit Children's Centre (OICC) is an example of a promising practice around culture and language. Located in an urban setting, the OICC has found innovative ways to provide culturally-relevant programming despite the diversity of dialects and limited access to Inuit educators and Elders. For instance, OICC serves traditional Inuit food, ensures that every classroom has an Inuit assistant, and organizes a teachers' circle to share cultural knowledge. OICC's holistic approach to ECD extends to the well-being of all community members.

In another example, the Little Red Spirit Aboriginal Head Start Program teaching staff reported that since the children had started the Little Red Spirit program, 93% had demonstrated more awareness of their culture, and 75% spoke words in either Ojibway

"...It is great that there is a program that teaches these children where their ancestry is from. They are learning cultural things that other pre-kindergarten programs do not share or teach. We love how open the school is to parents, grandparents, Elders and family members."

AHSUNC Parent

or Cree more often. There were also other positive signs of increased engagement with culture, as parents remarked that their children regularly enjoyed activities such as drumming, smudging, and singing Indigenous songs at home. On average, according to a recent (2015) AHSUNC parent survey, 62% of families are doing more Indigenous and traditional activities and 44% are using their Indigenous language more often as a result of the program.

Interviewees for this evaluation spoke at length about the impact of culture and language on their children and echoed much of the literature noted above. Specifically, they mentioned that the AHSUNC program may be the first place where both children and their families learn about and are excited about their culture, which in turn allows them to bring back what they have learned into their homes and develop a deeper understanding and appreciation of their cultural identity. They indicated that this has provided families with a sense of empowerment that may not have existed in the past due to the history of Indigenous peoples in Canada.

In some cases, interviewees noted that sites faced a limited pool of Indigenous educators. To counter this, some communities leveraged their own resources, such as Elders and local experts, to provide language and cultural instruction. Finally, given the importance of culture and language in achieving positive outcomes in Indigenous communities, the value of incorporating Indigenous cultures, languages, and teachings into the design of ECD curricula and assessment tools was emphasized. Teaching Indigenous knowledge across ECD programs was also seen as potentially beneficial to non-Indigenous children by exposing them to diverse world views.

Intermediate outcome #2: To what extent have parents/caregivers been engaged and supported as children's primary teachers and caregivers?

Most AHSUNC sites meaningfully engage and support parents/caregivers, allowing them to actively participate in their child's development and realize their own positive outcomes. Since the outset of the program, parents have been encouraged to become integrated at the site by, for example, volunteering in classroom activities, participating in site programming, and attending community events. This is particularly valuable in the context of vulnerable populations, though some remote/isolated sites continue to have difficulties reaching parents.

Research clearly indicates that parents play an important role in the success of early childhood development programming for their children.⁸² The 1996 *Royal Commission on Aboriginal Peoples* further states that: *"Since any intervention at this critical age for cultural transmission will have a profound, long-term impact on the child's life, it is imperative that early childhood strategies be fully under the control of parents, who can make strategic choices about shaping their child's future."*

The AHSUNC program is particularly well positioned to address family involvement. The 1998 AHSUNC Principles and Guidelines outline the expectation that parents will be encouraged and empowered to participate in and/or contribute to classroom activities, allowed to share and develop their abilities, and grow as role models. Through their involvement in programming, it is expected that caregivers and families can become increasingly confident and gain an even deeper understanding of their children.

Sites describe parental and family involvement as volunteering in classroom activities, participating in site programming, and attending community events. In some stories shared by sites, parents/caregivers volunteer in the classroom so that they can support their child with special needs and better learn how to provide their child with the assistance they need. Engaging in these activities also provides opportunities for families to spend time with each other, and engage in learning together.

“The family seems to be the most effective and economical system for fostering and sustaining the child’s development.

Without family involvement, intervention is likely to be unsuccessful, and what few effects are achieved are likely to disappear once the intervention is discontinued.”

Urie Bronfenbrenner,
Developmental
Psychologist

According to a 2015 parent survey, most parents (67%) attended at least one AHSUNC parental activity during the year while 30% attended 5 activities or more. Sixty-eight percent (68%) of parents report that their parenting skills have improved as a result of their participation in the program, exceeding the program target of 65%. Moreover, 76% of parents report knowing more about how to keep their child healthy, which slightly exceeds the program target of 75%. Finally, the data suggests that parents believe the program offers ways for them to be involved and help, with 95% agreeing with this statement.

Evidence also suggests that parent/caregivers are involved with program planning, implementation and evaluation, particularly through involvement in Parental Advisory Committees (PAC) or Boards which serve as mechanisms for parental engagement. PAC meetings provide the time and space for parents to come

together and provide direct input and guidance for AHSUNC programming and events such as graduation ceremonies. A number of parents are also encouraged and supported by AHSUNC staff to attain training/education needed to gain meaningful employment opportunities and in some cases, even gain employment with the AHSUNC program itself.

Qualitative data demonstrates that parents/caregivers receive social support from AHSUNC sites mainly in the form of emotional, tangible, and informational support on a regular basis and in times of adversity (which includes times of stress, financial hardships, mental health and addictions issues). Numerous stories detail how invaluable this support has been in helping parents heal and become better caregivers as a result of the program and its dedicated staff. Parents also support each other, mainly by sharing their ideas, advice and experiences on parenting with one another. Narratives show how these informal relationships have led to reduced isolation, increased socialization and feeling connected to other parents and program staff, all factors related to good mental health.

AHSUNC qualitative data and interviews further indicate that participation has had a positive impact on parents/caregivers by way of increased self-esteem and confidence, increased awareness of themselves and their role in their child's life, and an increased understanding of parenting than when they began the program. This is largely due to knowledge development and exchange activities, parent groups, social supports, and skill-based sessions offered through most AHSUNC sites. It additionally reveals that parents learn of and increase their access to services at the community level, have improved emotional well-being, are provided with some of the basic needs of their families (i.e., food and clothing), and have increased cultural knowledge/skills, education and employment to further support their families.

“Life and its daily struggles are overwhelming and this program saved me. So many times whether it's the family outings, the PAC meetings or just one on one conversation, the (...) [local] AHS has helped me and my children stand together at home and in our community.”

AHSUNC Parent

Some interviewees stated that family involvement is one of the ways AHSUNC is unique compared to other ECD programming. More often than not, parents are encouraged to become highly integrated into the programming, which is not the case in all ECD programming and is particularly valuable in the context of vulnerable populations.⁸³ Data also show that many parents continue to return to their community AHSUNC site after their child has left the program to ask for assistance from staff because they have created a positive relationship and feel safe doing so.

In some instances, however, sites have had trouble getting families involved with the program. Documentary evidence and key informant interviews suggest that this is especially true in more remote or isolated communities. Some of the reasons given for this includes parents feeling overwhelmed by other issues, such as food insecurity, lack of respite services, separation and/or reintegration situations, domestic/family violence, lack of transportation, mental health issues, and substance abuse and/or addiction

issues. While many sites work to directly address these issues by, for example, providing snacks, transportation, parent-specific programming, and both formal and informal supports, some sites also feel overwhelmed, particularly by staff turnover and/or the feeling that they do not have the necessary training to take on the complex needs of the families they serve.

According to program data, two-thirds of AHSUNC sites reported in 2015-16 that they conducted outreach activities to provide parents with information about their program. These activities included, for example, conducting open houses and information sessions. A smaller proportion (40%) of sites reported conducting outreach activities for individuals such as hard-to-reach participants, signaling efforts to reach those the most in need. Some suggestions on how sites can help involve parents include having more social supports for parents (including an early intervention worker), having incentives to get parents involved, and/or having a more gradual approach to recruiting parents to volunteer which can help them gain confidence over time.

4.4.3 **To what extent has the longer term outcome been achieved?**

To what extent have First Nations, Inuit and Métis children experienced improved health and well-being in order to develop successfully as Indigenous young people?

Though it is difficult to empirically demonstrate the extent to which the AHSUNC program impacts the health and well-being of its students, evidence suggests that the program is linked to successful long term outcomes for many graduates, their families and their communities.

There are many factors that impact an individual's health and well-being, such as the socio-economic determinants of health outlined by the Agency.^{v,84} Though the AHSUNC program seeks to address (at least in part) many of these determinants, outcomes are often not realized until far into the future, when numerous other factors can affect the health risks, behaviors and long term outcomes for children and youth. That being said, there is anecdotal evidence that suggests the AHSUNC program has led to positive outcomes for graduates, their families and their communities.

^v Socio-economic determinants of health include: income and social status; social support networks; education; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; gender; and culture.

“I can honestly say that this program changed my life and I would not be where I am today without it.”

AHSUNC graduate at the 20th Anniversary Celebration

For example, in 2015, the Aboriginal Head Start Association of British Columbia (AHSABC) received funding from Canadian Heritage and PHAC for a three-day gathering to celebrate the 20th anniversary of the AHSUNC program. They brought together over 50 AHSUNC graduates from across the country and encouraged them to share their experiences beginning with their participation in an AHSUNC program to their present lives. Some of the program highlights and impacts according to these graduates include: learning to be sociable citizens in a respectful way, based on cultural and social norms; completing high school or post-secondary level programs and entering into a profession; feeling like a unique individual; being provided a solid foundation in their social development; becoming positive parents; as well as being provided with a safe and supportive environment that included parents, family members, Elders, and the community as a whole.

Other program data discuss how these same graduates are now assuming leadership roles in their communities, such as returning to the program as staff members and contributing to the development of the next generation of leaders. Staff often keep track of former students and note some have gone on to become police officers, nurses, social workers and great parents, and/or have returned to AHSUNC for long and short-term employment, student practicums, and volunteering (including those with special needs).

As for impacts on families and the larger community, sites often take a leadership role in planning and implementing family and community events, which can improve community wellness by reducing isolation and emphasizing family and social cohesion among community members.⁸⁵ The AHSUNC Principles and Guidelines also set the expectation that sites provide an opportunity for Elders and traditional healers to participate in and inform programming. Data show that typical involvement of Elders and Healers has been to offer social support for staff and caregivers, run staff team building workshops/visit sites, provide input for knowledge development and exchange tools and attend workshops. Elders are seen as a critical element to the success of this program according to a number of documents and interviews, as their presence is considered to have positive impacts on the well-being of children, families and communities,⁸⁶ including improved mental health through the increased cultural identity and cultural pride.⁸⁷

Ultimately, the AHSUNC stories reviewed for this evaluation show that the program aims to increase, promote and maintain Indigenous community resilience by focusing

on strengthening social capital, networks and support; building a sense of community; promoting/revitalizing language, culture and spirituality; as well as supporting families and parents to ensure healthy child development and family connectedness.

4.5 Performance: Issue #5 – Demonstration of Economy and Efficiency

Overall, evidence suggests that the program is administered efficiently and that current resources have been maximized, but that resource limitations have an impact on the program's reach and could affect the quality of programming.

The Treasury Board of Canada's guidance document, *Assessing Program Resource Utilization When Evaluating Federal Programs* (2013) and *Policy on Results* (2016), define the demonstration of economy and efficiency as an assessment of resource utilization in relation to the production of outputs and progress toward expected outcomes. This assessment is based on the assumption that departments have standardized performance measurement systems and that financial systems link information about program costs to specific inputs, activities, outputs and expected results.

The data structure of the detailed financial information provided for the program did not facilitate the assessment of whether program outputs were produced efficiently, or whether expected outcomes were produced economically. Specifically, the lack of output/outcome-specific costing data limited the ability to use cost-comparative approaches. The availability of detailed cost information is largely beyond the control of the program as it is tied to the Agency's planning and financial reporting systems. The development of standard benchmarks for assessing efficiency is also made difficult by the program's flexible local delivery approach and varied contexts for implementation. For these reasons, no benchmark could reasonably be applied to the measurement of program efficiency. Considering these issues, the evaluation provided observations on economy and efficiency based on findings from the literature review, key informant interviews and relevant financial data. In addition, the findings below provide observations on the adequacy and use of performance measurement information to support economical and efficient program delivery and evaluation.

When looking at the program activities totals, there were slight variances between planned spending and actual expenditures during the period evaluated. As illustrated in Table 7 below, the variances over the last five years were not significant and ranged between minus 0.4% and plus 1.9%. Overall, the program consistently spent between \$34M and \$35M dollars for a total of \$174.1M over 5 years. The only notable variance

observed was in 2012-13, when changes in the terms of the financial planning process lead to salary being underspent. Overall, the program spent its allocated budgets.

**Table 7: Variance Between Planned Spending vs. Expenditures
 2011-2012 and 2015-2016 (\$M)^a**

Fiscal Year	Planned Spending (\$)				Actual Spending (\$)				Variance	% of Planned Budget Spent
	G&C	O&M	Salary	Total	G&C	O&M	Salary	Total		
2011-12	32.2	0.6	1.9	34.7	31.8	1.2	2.4	35.3	0.6	102%
2012-13	31.5	0.4	0.6	32.5	31.5	0.5	2.4	34.3	1.9	106%
2013-14	32.7	0.3	1.7	34.7	32.7	0.2	1.5	34.4	-0.3	99%
2014-15	33.0	0.3	1.7	35.0	33.0	0.2	1.5	34.7	-0.3	99%
2015-16	33.8	0.2	1.8	35.9	33.7	0.1	1.6	35.4	-0.4	99%
TOTAL	163.3	1.8	7.7	172.8	162.7	2.2	9.4	174.1	1.5	101%

^a Financial data provided by Office of Chief Financial Officer

Observations on Economy

There are economic benefits to investing in ECD programming.

Although the estimated rate of return on investment varies depending on the source of the calculation, it is clear from the literature that there are significant economic benefits to investing in ECD programming, and that Canada lags behind other developed countries in spending for this sector.

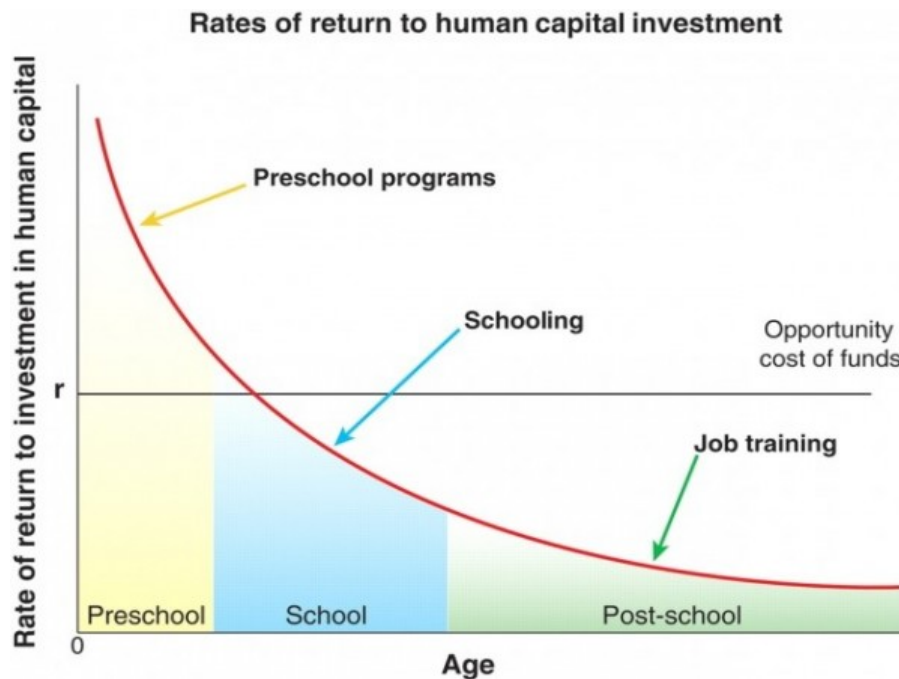
According to a special report from TD Economics, for every dollar invested in early childhood education programs, the monetized return in terms of economic, social and health outcomes ranges from approximately 1.5 to 3 dollars, with the benefit ratio for disadvantaged children being much higher.⁸⁸ While factors such as the focus, duration of exposure, and quality of programs being implemented affect the rate of return on investments to ECD interventions, some estimate have shown them to have benefit-cost ratios as high as 17:1.⁸⁹

One of the most cited studies on return on investment in this field is the High/Scope Perry Preschool Program, a 50 year longitudinal study on the effect of early childhood programming on children from low-income families in Michigan.⁹⁰ The study demonstrates the major impact participation in ECD programming can have on both educational and life outcomes. In comparison to a control group, participants at 27

years of age completed an average of almost a full year more of schooling, spent an average of 1.3 fewer years in special education services, had a 44 percent higher high school graduation rate and women were 50 percent less likely on average to have a teen pregnancy. At 40 years of age, participants were 46 percent less likely to have served time in jail, had a 33 percent lower arrest rate for violent crimes, a 42 percent higher median monthly income and were 26 percent less likely to have received government assistance in the past 10 years compared to the control group.

Additionally, economist and Nobel Prize winner James Heckman's research shows that every dollar spent on early childhood programs pays the same dividends as spending three dollars on school-aged programs or eight dollars on education for young adults.⁹¹ Heckman is known for his extensive body of work in the field, including what is known as the 'Heckman's Curve,' which illustrates how the rate of return to human capital investment is highest during the preschool years. According to Heckman, "*early learning confers value on acquired skills, which leads to (a) self-reinforcing motivation to learn more and (b) early mastery of a range of cognitive, social and emotional competencies making learning at later ages more efficient, and therefore easier and more likely to continue.*"⁹² He also remarks that advantages gained through early interventions are most likely to produce higher returns on investment when they are followed by continued high quality learning experiences. A number of AHSUNC sites noted that they build relationships with the local school in order to ensure a smooth transition for children once they enter the school system.

Figure 2: 'Heckman's Curve'



In Canada, although funding for early childhood education has been on the rise in most provinces and territories, economists observe that spending on the early childhood education sector is lagging behind other advanced economies.⁹³ Canada is classified as a rich nation by international measures (i.e., per capita Gross Domestic Product [GDP]), yet the OECD and the UNICEF relate Canada's comparatively high level of child poverty (17% on average and 40% for Indigenous children)⁹⁴ to the low overall investment of the Gross Domestic Product (0.3%) into our nation's child care and early childhood education infrastructure.⁹⁵ This is in spite of the fact that according to Statistics Canada, the GDP multiplier^{vi} for child care outside the home is among the highest of all industries at 0.90, behind only financial services, education, retail trade and non-profit institutions/industries.⁹⁶ In fact, Canada's public spending on early childhood programs is the lowest among 14 OECD countries, far below what some less wealthy countries spend in this sector (up to 2% of GDP).⁹⁷ UNICEF recommends that the benchmark for spending in this sector be 1% of GDP.

^{vi} A GDP multiplier measures the change in overall output in Canada from a change in output of a given industry.

Observations on Efficiency

No clear consensus was found on what the responsibilities of PHAC centres of responsibility (CGC, Program, Regions) entail with regards to recent changes in the management and administration of the program. The evaluation also found that collaboration efforts could be strengthened.

During the period covered by this evaluation, there were significant changes to the way PHAC manages its grants and contributions programs, including AHSUNC, as well as changes to the roles and responsibilities of the Regional Offices. In 2013, the CGC assumed responsibility for the financial administration of Gs&Cs at PHAC, including many duties that had previously rested with Agency staff in the regions under the decentralized model. At that time, joint responsibility was given to both regions and the CGC with respect to communications with the recipients. Specifically, the CGC became the primary contact for all financial matters while staff in the regions remained the key contact for matters related to project activities and program content, taking on specific roles related to intelligence gathering, P/T liaison, health workforce development, knowledge development and exchange, and partnerships with P/Ts, other government departments, academia, and NGOs.⁹⁸

At PHAC, the G&C Transformation Initiative resulted in a number of key deliverables, including the implementation of a new G&C data collection system (GCIMS), standardized tools and processes, a reduction in the number of projects, program consolidation, in addition to the streamlining of G&C administration using a centralized model, as noted above. These changes, combined, are intended to create significant efficiencies for the Agency.

At the program level, a majority of interviewees raised concerns about the transition period for this initiative, as well as during recent changes to the funding renewal process. Specifically, interviewees described communication issues such as receiving unclear or inconsistent messaging between different stakeholders and not getting important communications enough in advance. The evaluation found that there was not a clear consensus on what the responsibilities of each centre of responsibility (CGC, Program, Regions) entailed with regards to these changes in the management and administration of the program. The evaluation also found that collaborative efforts in implementing these changes could be strengthened. Having clearly defined roles for all PHAC centres of responsibility would enhance the support provided to communities.

Resourcing for this program has not kept pace with cost increases for sites over time, reportedly leading to reduced outputs and loss of effectiveness due to staff turnover.

As previously mentioned, cost data available for this program did not allow for a quantified analysis of the extent to which the resources invested in this program are sufficient and whether they are maximized in terms of outputs and outcomes. Multiple sources (i.e., interview respondents, program documents, external research) however converge to indicate that the program's ability to maximize its benefits for Indigenous children and their families is hampered by key resource limitations. While the magnitude of these limitations and their resulting impacts on the programs' effectiveness cannot be quantified, available evidence is sufficiently compelling to warrant mention in this evaluation report.

Overall perceived reduction of resources available to sites

Several sources, both internal and external to the program, perceive that the resources available for early childhood development programming have diminished relative to increases in the cost of food, gas and salaries over the past 20 years. Most AHSUNC site representatives, both from the North and the South mentioned having insufficient resources for key expenditures such as staff salaries, needed infrastructure repairs, acquisition of permanent space, purchase of food to offer nutritious meals to participating children, and purchase of learning materials.

Recruitment and retention of qualified staff

Low levels of remuneration make hiring and retention of qualified and trained staff challenging. Recruitment challenges are compounded by the need for AHSUNC sites to recruit staff who are both ECD-trained and knowledgeable about Indigenous cultures and languages. For remote communities, the availability of qualified staff is even more limited. In turn, high turnover and staff burnout can affect the quality and continuity of programming.

In 2013-2014, 28.3% of sites reported that staff turnover was a concern. This proportion increased to 36.8% in 2015-16.⁹⁹ The more frequently cited reasons for staff departures in 2015-16 were:

- pursued other career opportunities (57% - up from 43% in 2013-14),
- left for personal/family reasons - unspecified (52% - up from 43% in 2013-14), and
- left for a position with a higher salary (50% - up from 23% in 2013-14).¹⁰⁰

Similarly, ECD practitioners, policymakers, academics, and community leaders consulted in 2014 as part of the Public Policy Forum's study on ECD in Indigenous Communities unanimously stressed the need for increased funding levels, noting that underfunding and low levels of remuneration for ECD program providers have made the recruitment and retention of qualified staff an ongoing challenge.¹⁰¹

These challenges are not unique to the AHSUNC program. When consulted on ECD programming issues in 2015, INAC and Health Canada regional offices representatives highlighted the same concerns.¹⁰² Several research studies have also highlighted low levels of remuneration as a key factor affecting recruitment and retention of qualified staff across the ECD sector.¹⁰³ Among the various factors deemed to contribute to the shortage of qualified Indigenous early education teachers, researchers have identified stringent licensing requirements, large geographical distances between postsecondary institutions and Indigenous communities, and specialized entry requirements necessary for students pursuing postsecondary education in the field.¹⁰⁴

[...] although many potential Aboriginal educators have vast experience and knowledge directly applicable to the care of young children, unfortunately, many of these potential Aboriginal educators do not have the formal academic requirements necessary for acceptance into postsecondary institutions."¹⁰⁵

Program sites also report lacking funds for screening and identifying children's special needs, and to hire trained ECEs to work with special needs children. This finding was also echoed by INAC representatives.¹⁰⁶

These staff shortages have the potential of impacting the quality of programming provided to participating children and their families.¹⁰⁷

Strategies to mitigate resource limitations

To mitigate the above-mentioned challenges and limitations, program sites report having implemented a number of strategies such as cutting positions to allow for wage increases and rotating outstanding responsibilities (e.g., bus driver, cook, outreach) among the remaining staff and, in some cases, reducing the range of services offered (e.g., training for parents, meals for children, and transportation).

As previously mentioned, there is also extensive evidence of increasing leveraging of external resources to complement program resources. More than half of AHSUNC sites are leveraging both in-kind and financial resources from external partners, generating

more than \$15M in 2015-16.^{vii} Some interviewees further noted that the AHSUNC strategic fund has allowed them to offer extra services, such as training, teachers, and outreach programs. Still, these mitigation strategies have not been experienced at all sites, and in some cases the opportunities to implement these strategies are limited.

National Aboriginal Head Start Council (NAHSC) roles and responsibilities were modified since the last evaluation to better align the Council's role with that of an External Advisory Body. NAHSC members expressed a need for further clarification from the program as to the type of input being expected from them and how it will be used.

When AHSUNC was created in 1995, an advisory body called NAHSC was established to advise the then Department of Health on the Aboriginal Head Start initiative as it pertains to Indigenous children, their parents and early childhood development. The 2012 AHSUNC evaluation concluded that the NAHSC was not working effectively as an advisory body to the Agency. In particular, it found some lack of clarity and consensus around the role of the NAHSC and raised concerns about potential conflicts of interest for Council members since they are also direct recipients of project funds.

In response to the evaluation's findings, PHAC senior management commissioned the identification of alternative options in terms of committee organizational structure, membership provisions and roles, and conflict of interest provisions, based on examples of other Indigenous advisory organizations. An initial decision was made by PHAC senior management to transform the NAHSC into a National Aboriginal Head Start Knowledge Development and Exchange Network with broader representation from a wider range of Indigenous experts than the current group of AHSUNC site representatives. Upon consultation with Indigenous representatives, however, the proposed model was put into question because expanding the membership would diminish the value of community-led input, which is one of the key principles of the program.

According to new Terms of Reference finalized in April 2016, PHAC's Centre for Health Promotion holds full accountability and responsibility for the AHSUNC program, including program development, performance measurement, oversight and management, in keeping with Treasury Board policies and authorities. The role of NAHSC members is to provide an important interface between Indigenous community expertise and the Agency in order to benefit the AHSUNC program. They are mandated to identify and represent the interests and needs of off-reserve urban and northern

^{vii} The actual leveraged amount is presumably higher since a few sites south of 60 as well as all the Northern sites are excluded from this calculation.

Indigenous communities across the country and bring forward advice from their provinces and territories. The advice of NAHSC members may be sought by PHAC on topics such as: AHSUNC program policy development, implementation and program performance measurement; emerging operational issues with projects/sites; priorities for research in the area of Indigenous Early Childhood Development; and priorities for staff training.¹⁰⁸

In keeping with the 2012 evaluation recommendations and PHAC's Policy on External Advisory Bodies (2011), the new NAHSC mandate no longer includes, for instance, "to provide leadership and direction" and "to promote and advocate for program enhancement and expansion." The emphasis is now on the provision of advice to the Agency. Also, the Council's original membership was largely maintained (as opposed to expanding it to include external experts), in recognition of the direct and valuable program delivery experience current members bring as site-level coordinators or Directors and to preserve the community-led aspect of the program.

Given that these changes to the mandate are relatively new, NAHSC members expressed a need for further clarification from the program as to the type of input being expected from them and how it will be used to inform decision-making.

Observations on the Adequacy and Use of Performance Measurement Data

AHSUNC performance data is collected through two separate tools: the CPPMT for sites located in the provinces and the North Report Tool for sites located in the territories. The CPPMT is a comprehensive biennial questionnaire that collects performance data on all of CHP children's programming, including AHSUNC, CAPC and CPNP programs. In 2015-16, 113 of 114 AHSUNC sites answered the CPPMT survey, compared to 106 in 2013-14, the first year of the CPPMT's implementation. Prior to the introduction of the CPPMT the program used the National Administrative and Process Survey, which was designed and administered only with AHSUNC program sites.

The North Report Tool (or Northern Outcome Reporting Template for Health) was adopted in 2011-12 for all northern recipients of Health Canada and PHAC funding as part of the Northern Wellness Approach. Recognizing the unique context of northern projects, this approach aims to streamline and harmonize administrative processes and "ensure community-based programming efforts are not duplicated by federal, territorial and community partners."¹⁰⁹ It is administered with the 20 AHSUNC sites located in the territories.

Together the CPPMT and the North Report cover the majority of program results. In addition, the program administered a survey with participating parents in 2015 to document their perception of how well the program is contributing to the improved health and well-being of their children and their family. The survey includes questions on what participants have learned from the program and if the program is helpful. Finally, the program collated data on the AHSUNC-funded knowledge development and exchange activities early childhood education practitioners have attended over the past five years.

While extensive, this range of data nevertheless does not provide full coverage of the program's performance indicators as included in the AHSUNC Performance Measurement Strategy dated June 17, 2016. For instance current data from the North Report Tool do not allow reporting on the number of staff who are Indigenous, or on the sites' leveraging of external funding or in-kind resources. Also, the parents' survey did not receive responses from any of the 20 sites located in the North, thereby introducing an information gap.

The evaluation however recognizes that the program invests significant resources in collecting performance information and that the North Tool is an intentionally streamlined instrument agreed to as part of the Northern Wellness Agreement. It also acknowledges that alternative approaches to collecting data from program sites and parents, such as in-person interviews and focus groups, can be very costly and time consuming, especially in remote and isolated communities. Nevertheless, in order to adequately support program strategic decision-making, the program could revisit its performance indicators in order to ensure that they are measurable and that it is able to comprehensively report on its intended results.

Given the government-wide and portfolio-wide efforts on performance measurement, observations related to the current performance measurement contained in this evaluation should be considered in the context of this work.

5.0 Conclusions

The evaluation concludes that there is a clear and continued need for culturally appropriate and holistic early childhood education programming for Indigenous children living off reserve in urban and Northern communities. Some of the key reasons for this include changing demographics of Indigenous people in Canada, the importance of early childhood development on future education success and as protection against poor socio-economic outcomes, and the need for community-based programming that meets the specific needs of Indigenous children. AHSUNC is able to address all of these areas, as it is a community-based program that targets pre-school aged Indigenous children living off reserve, where there has been an increase in the Indigenous population, all the while focusing on ECD programming that reflects the population it serves.

Over the past 20 years, the AHSUNC program has proven to be a successful model that has positively impacted the lives of many of the people that have walked through its doors. For instance, a 2011 study on the impact of the AHSUNC program on school readiness skills demonstrated that participants with and without special needs all showed significant improvement in the areas of language, motor and academic skills. In 2015, a parent survey reported that a strong majority (93%) of parents and caregivers felt that their child was more prepared to start school as a result of their participation in AHSUNC. Additionally, evidence suggests that this program has had a positive impact on parents and caregivers through increased self-esteem and confidence, increased awareness of themselves and their role in their child's life, and an increased understanding of parenting than before they entered the program. These outcomes are achieved through the efforts made by site staff in building collaborative relationships and partnerships, leveraging funding, and providing opportunities for children, their families and community members to participate in activities that benefit them in the short term as well as the long term.

Vast amounts of literature in this field confirm that there are economic benefits to investing in ECD programming, and that the rate of return on investment can be as high as \$17 in the case of disadvantaged children. Currently, Canada spends 0.3 percent of its GDP in early childhood education, the lowest among 14 OECD countries.

The program has the potential to make an even broader contribution should there be an opportunity to expand its reach and address key resource limitations, particularly in more remote and isolated communities. Further program funding for early childhood education training, especially in the field of special needs, would contribute to the continued delivery of quality programming.

6.0 Recommendations

Recommendation 1

The Agency's centres of responsibility involved in managing and administering AHSUNC should clarify roles and responsibilities in providing support to participating communities with a view to enhancing collaborative efforts among centres.

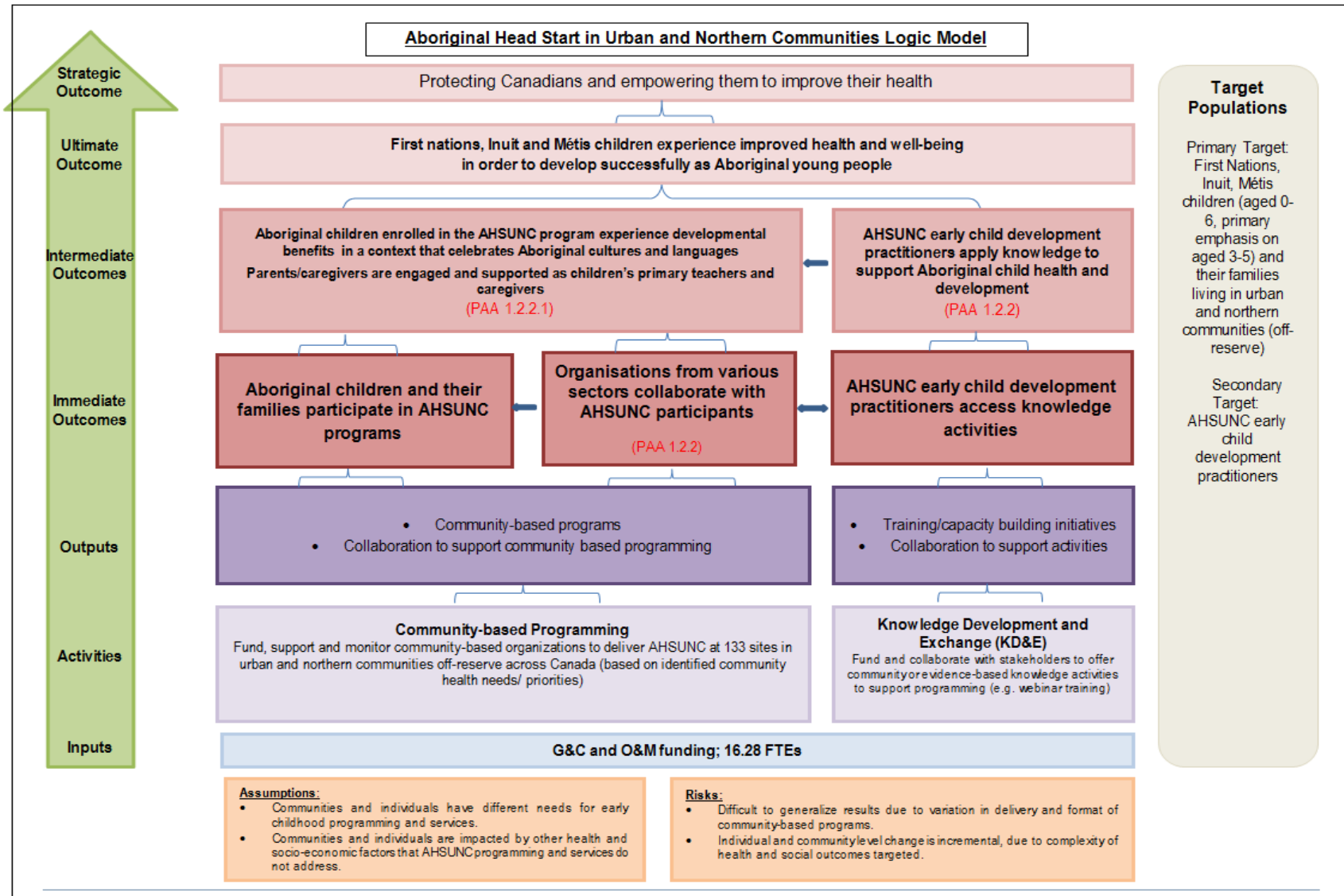
The evaluation found that there was not a clear consensus among PHAC centres of responsibility (Centre for Grants and Contributions, Program, Regions) as to their respective responsibilities following recent changes in the management and administration of the program. The evaluation also found that collaborative efforts could be strengthened. Having clearly defined roles for all PHAC centres of responsibility would enhance the support provided to communities.

Recommendation 2

The program should continue supporting quality programming through funding of early childhood educator training, particularly to address children's special needs, and continue funding transportation to support participation of children in the program.

Recognizing the importance and need for these supports for quality programming and reach, over the past five years the program has used strategic funds to support early childhood educator training, especially in the field of special needs, as well as unused funds to enable the purchase of transportation vehicles. Evidence indicates that there is a continued need for these supports.

Appendix 1 – Logic Model



Appendix 2 – Summary of Findings

Rating of Findings

Ratings have been provided to indicate the degree to which each evaluation issue and question have been addressed.

Relevance Rating Symbols and Significance:

A summary of Relevance ratings is presented in Table 1 below. A description of the Relevance Ratings Symbols and Significance can be found in the Legend.

Table 1: Relevance Rating Symbols and Significance

Evaluation Issue	Indicators	Overall Rating	Summary
Continued need for the program			
What is the current and projected need for AHSUNC programming in Canada? How has the environment changed?	<ul style="list-style-type: none"> • Demonstration of health and/or societal needs • Evidence of environmental changes since the last evaluation 	High	The evaluation found that there is a continued need for culturally appropriate and holistic early childhood education programming in urban and Northern communities. The AHSUNC program is needed for four key reasons, namely, the changing demographics of Indigenous people in Canada towards increasingly living off-reserve, as protection against poor socioeconomic effects, the importance of early childhood development on future education success, and the need for culturally appropriate and holistic programming that better meets the specific

Legend - Relevance Rating Symbols and Significance:

- High** There is a demonstrable need for program activities; there is a demonstrated link between program objectives and (i) federal government priorities and (ii) departmental strategic outcomes; role and responsibilities for the federal government in delivering the program are clear.
- Partial** There is a partial need for program activities; there is some direct or indirect link between program objectives and (i) federal government priorities and (ii) departmental strategic outcomes; role and responsibilities for the federal government in delivering the program are partially clear.
- Low** There is no demonstrable need for program activities; there is no clear link between program objectives and (i) federal government priorities and (ii) departmental strategic outcomes; role and responsibilities for the federal government in delivering the program have not clearly been articulated.

Evaluation Issue	Indicators	Overall Rating	Summary
			needs of Indigenous children.
Alignment with Government Priorities			
What are the federal priorities related to AHSUNC? Are current activities aligned with federal priorities?	<ul style="list-style-type: none"> Evidence that activities and objectives align with, and contribute towards, federal priorities 	High	The AHSUNC program addresses various Government of Canada commitments at the domestic and international levels. On an international level, Canada adopted the UNCRC in 1991, and will be appearing at the United Nations in 2018 to report on its progress on the UNCRC. Domestically, in the 2015 <i>Speech From the Throne</i> the federal government stated its priorities of quality education for First Nations and the implementation of the TRC's Calls to Action, which include a number that are specific to Indigenous education.
What are the Agency priorities related to AHSUNC? Are current activities aligned with Agency priorities?	<ul style="list-style-type: none"> Evidence that activities and objectives align with, and contribute towards, Agency priorities Program objectives aligned with and contribute to departmental strategic outcome 	High	The Agency, in its 2014-15 Report on Plans and Priorities, committed to supporting programs that help in the positive development of the social, emotional, and mental health of vulnerable children. It also has prioritized mental health, healthy nutrition/active lifestyles, injury prevention, and access to health services, all of which are important aspects of the AHSUNC program. The objectives of the AHSUNC program are aligned with and contribute to the departmental strategic outcome of " <i>Program participants experience improved health and well being.</i> "
Alignment with Federal Roles and Responsibilities			
What is the federal public	<ul style="list-style-type: none"> Program objectives 	High	Generally speaking, the responsibility for child

Evaluation Issue	Indicators	Overall Rating	Summary
health role related to AHSUNC and is it aligned with current activities?	align with federal jurisdiction <ul style="list-style-type: none"> • Program objectives fit with departmental mandate and roles • Evidence that roles and responsibilities are defined, implemented, and are aligned with the federal public health role 		health and early childhood development rests with the provincial and territorial governments. However, the federal government will occasionally make policy decisions to invest in an area under when certain criteria are present. The AHSUNC program meets all of these criteria by seeking to reduce disparities in well-being for Canada's Indigenous people, and by working with provincial/territorial partners to ensure that the program is in line with their specific legislation and directives. AHSUNC program activities are aligned with the mandate and role of the Agency, particularly in terms of health promotion and the prevention and control of chronic diseases and injuries.
Does the federal public health role and current activities duplicate the role of stakeholders? Are there any gaps or overlaps?	<ul style="list-style-type: none"> • Evidence of duplication/ overlap/ complementarity of roles between federal public health and stakeholders • Evidence of gaps between federal public health role and stakeholders role 	Partial	Evidence suggests that while there are complimentary programs to AHSUNC at the federal and provincial/territorial levels, no significant overlap was found. With the addition of more all-day kindergarten classes in the provinces/territories, there are concerns that because the target age for junior and all-day kindergarten overlaps that of the AHSUNC program (0-6 years of age), it could impact the length of time children can be enrolled in the program and thus limit the exposure they have to cultural programming.

Performance Rating Symbols and Significance:

A summary of Performance Ratings is presented in Table 2 below. A description of the Performance Ratings Symbols and Significance can be found in the Legend.

Table 2: Performance Rating Symbols and Significance

Issues	Indicators	Overall Rating	Summary
Achievement of Expected Outcomes (Effectiveness)			
To what extent have Aboriginal children and their families participated in AHSUNC programs?	<ul style="list-style-type: none"> • # of children enrolled in the AHSUNC program • # of sites delivering AHSUNC in the North (Yukon, NWT and Nunavut) • % of sites who do outreach to vulnerable families • Other evidence and/or views on outcome achievement 	Progress Made; Further Work Warranted	The number of children enrolled in AHSUNC activities has remained constant over the evaluation period. However, the program's ability to reach the children and families who most need AHSUNC programming is affected by demographic changes (i.e., more Indigenous children living off reserve and in areas with a critical mass of Indigenous children aged 0-6) as well as several barriers to access and delivery, including geographic location, limited capacity to serve students with special needs, and transportation.
To what extent have organizations from various sectors collaborated with AHSUNC sites to support the needs of AHSUNC participants?	<ul style="list-style-type: none"> • # and % of AHSUNC sites that leverage multi-sectoral collaborations • % of AHSUNC sites that have leveraged funds from other sources (PMF) and ratio of leveraged funding to PHAC funding • % of AHSUNC sites that 	Achieved	The extent of collaboration with other organizations varies widely across sites, with geographic location/isolation being a barrier to success. However, there is evidence that sites leverage funding and build collaborative relationships, for example with the health, education, social services and justice sectors. Eighty-eight percent (88%) of sites reported having partners in 2013-14.

Legend - Performance Rating Symbols and Significance:

Achieved	The intended outcomes or goals have been achieved or met.
Progress Made; Further Work Warranted	Considerable progress has been made to meet the intended outcomes or goals, but attention is still needed.
Little Progress; Priority for Attention	Little progress has been made to meet the intended outcomes or goals and attention is needed on a priority basis.

Issues	Indicators	Overall Rating	Summary
	<ul style="list-style-type: none"> • receive in-kind donations • Other evidence and/or views on outcome achievement 		
<p>To what extent have early child development practitioners accessed and used knowledge activities?</p>	<ul style="list-style-type: none"> • # of AHSUNC ECE staff or sites who report accessing knowledge activities • # of AHSUNC early childhood educators who attend PHAC-funded training (e.g., webinars, regional training events) • # of AHSUNC ECE staff or sites who indicate they used/applied knowledge at work • % of training participants who report using the knowledge acquired from AHSUNC training • Other evidence and/or views on outcome achievement 	<p>Progress Made; Further Work Warranted</p>	<p>Early child development practitioners in the AHSUNC program have broad access to training and information, and use what they learn since training opportunities are often tailored to the specific needs of sites. However, geographic location can be a challenge to access, and staff retention issues increase the need for training. The largest training gaps identified by sites are for special needs education and early child educator development, both of which are being addressed directly by the program. The data used for this evaluation could not address the specific indicators noted here; however, proxy data was used to determine the extent to which the program is achieving this outcome.</p>
<p>To what extent have Aboriginal children enrolled in the program experienced developmental benefits in a context that celebrates Aboriginal cultures and languages?</p>	<ul style="list-style-type: none"> • % of Aboriginal children who are better prepared to start school as a result of being enrolled in the AHSUNC program • % of primary-school teachers who report school readiness (social and emotional development, language and cognitive skills) • % of primary-school teachers 	<p>Achieved</p>	<p>The AHSUNC program has been effective in increasing school readiness and other developmental benefits for participating children, including those with special needs. There is also evidence that children and families see long term benefits from exposure to Indigenous culture and language programming offered by sites. The data used for this evaluation could not address the specific indicators noted here; however, proxy data was used to determine the extent to which</p>

Issues	Indicators	Overall Rating	Summary
	<p>who report positive school transitions in past program participants</p> <ul style="list-style-type: none"> • % of parents/caregivers who report child's increased exposure to Aboriginal culture (i.e. traditional games, dances, ceremonies, prayers or arts and crafts) as a result of their child participating in the program • % of parents/caregivers who report the program has helped improve the health and well-being of their children • Other evidence and/or views on outcome achievement 		<p>the program is achieving this outcome.</p>
<p>To what extent have parents/caregivers been engaged and supported as children's primary teachers and caregivers?</p>	<ul style="list-style-type: none"> • % of parent/caregivers who report their parenting skills have improved as a result of program participation • % of parents/caregivers who report knowing more about how to keep their child healthy as a result of program participation • Other evidence and/or views on outcome achievement 	<p>Achieved</p>	<p>Many AHSUNC sites meaningfully engage and support parents/caregivers, allowing them to actively participate in their child's development and realize their own positive outcomes. Since the outset of the program, parents have been encouraged to become integrated at the site by, for example, volunteering in classroom activities, participating in site programming, and attending community events. This is particularly valuable in the context of vulnerable populations, though some remote/isolated sites continue to have difficulties reaching parents. The data used for this evaluation could not address the specific indicators noted here; however, proxy data</p>

Issues	Indicators	Overall Rating	Summary
			was used to determine the extent to which the program is achieving this outcome.
To what extent have First Nations, Inuit and Métis children experience improved health and well-being in order to develop successfully as Aboriginal young people?	<ul style="list-style-type: none"> • Improved educational outcomes (high school average, attendance, repeating a grade, tutoring & chronic health outcomes) • Communities in which program is implemented experience improved community well-being 	Achieved	Evidence suggests that the program is linked to successful long term outcomes for many graduates, their families and their communities. Some examples include completing high school or post-secondary level education, and becoming leaders in their communities. The AHSUNC program ultimately succeeds at increasing, promoting and maintaining Indigenous community resilience by focusing on strengthening social capital, networks and support; building a sense of community; promoting/revitalizing language, culture and spirituality; as well as supporting families and parents to ensure healthy child development and family connectedness.
Demonstration of Economy and Efficiency			
Has the program undertaken its activities in the most efficient manner?	<ul style="list-style-type: none"> • Evidence of steps taken to enhance efficiency • Evidence of collaboration with relevant stakeholders • Evidence of alternative program models that would achieve outcomes at lower cost and/or provide lessons to improve efficiency/economy • Amount of leveraged resources (\$ and %) and in-kind contributions 	Progress Made; Further Work Warranted	<p>The data structure of the detailed financial information provided for the program did not facilitate the assessment of whether program outputs were produced efficiently. Therefore, the evaluation provided observations on efficiency based on findings from the literature review, key informant interviews and relevant financial data.</p> <p>Evidence suggests that the program is administered efficiently but that its ability to maximize its benefits for Indigenous children and their families is hampered by key resource</p>

Issues	Indicators	Overall Rating	Summary
			<p>limitations. While this program has not seen an increase in funding since its inception in 1995, sites have seen a reduction of resources available to them due to, for instance, increases in the cost of food, gas, salaries, and number of children in need of special education, as well as continuing difficulties with staff recruitment and retention. While there are some mitigation strategies in place, not all sites are able to implement them equally, due to issues such as distance from urban centres, small population centres with limited qualified personnel, inability to pay competitive wages, etc.</p>
<p>Has PHAC produced its outputs and achieved its outcomes in the most economical manner?</p>	<ul style="list-style-type: none"> • Variance between planned and actual expenditures, trends and implications • Evidence and/or views on whether funds are appropriately targeted 	<p>Achieved</p>	<p>Overall, the program consistently spent between \$34M and \$35M dollars annually for a total of \$174.1M over 5 years. The only variance observed was in 2012-13, when there was a reduction in planned spending that was not matched by actual spending.</p> <p>The evaluation observed that there are economic benefits to investing in ECD programming, where the rate of return on investment can be as high as \$17 in the case of disadvantaged children. Canada currently spends 0.3 percent of its GDP in early childhood education, the lowest among 14 OECD countries and far below the UNICEF benchmark of 1 percent of GDP.</p>
<p>Is there appropriate</p>	<ul style="list-style-type: none"> • Collection of performance 	<p>Progress</p>	<p>The evaluation recognizes that the program</p>

Issues	Indicators	Overall Rating	Summary
<p>performance measurement in place? If so, is the information being used to inform senior management decision-makers?</p>	<p>information (performance data available, reliable and complete)</p> <ul style="list-style-type: none"> • Use of systematically reported performance information in decision-making 	<p>Made; Further Work Warranted</p>	<p>invests significant resources in collecting performance information and that the North Tool is an intentionally streamlined instrument agreed to as part of the Northern Wellness Agreement. It also acknowledges that alternative approaches to collecting data from program sites and parents, such as in-person interviews and focus groups, can be very costly and time consuming, especially in remote and isolated communities. Nevertheless, in order to adequately support program strategic decision-making, the program could revisit its performance indicators in order to ensure that they are measurable and that it is able to comprehensively report on its intended results.</p>

Appendix 3 – Evaluation Description

Evaluation Scope

The scope of the evaluation covered the period from April 2011 to September 2016, and included all AHSUNC G&C programming over a five year period. This evaluation was designed to be narrower in scope than the previous evaluation completed in 2012, as the last evaluation was deemed to be quite comprehensive and, given its previously demonstrated success, the program was considered to be low risk for the Agency. Initial discussions with Agency management refined the scope of the evaluation further, with a focus on the regional transformation initiative; program activities and supports for children with special needs; and the Agency’s role in supporting Indigenous early childhood development in urban, northern and off-reserve contexts.

Evaluation Issues

The specific evaluation questions used in this evaluation were based on the five core issues prescribed in the Treasury Board of Canada’s *Policy on Evaluation* (2009). These are noted in the table below. Corresponding to each of the core issues, evaluation questions were tailored to the program and guided the evaluation process.

Table 1: Core Evaluation Issues and Questions

Core Issues	Evaluation Questions
Relevance	
Issue #1: Continued Need for Program	Assessment of the extent to which the program continues to address a demonstrable need and is responsive to the needs of Canadians <ul style="list-style-type: none"> • What is the current and projected need for AHSUNC programming in Canada? How has the environment changed since the last evaluation?
Issue #2: Alignment with Government Priorities	Assessment of the linkages between program objectives and (i) federal government priorities and (ii) departmental strategic outcomes <ul style="list-style-type: none"> • What are the federal priorities related to AHSUNC? Are current activities aligned with federal priorities? • What are the Agency priorities related to AHSUNC? Are current activities aligned with Agency priorities?
Issue #3: Alignment with Federal Roles and Responsibilities	Assessment of the role and responsibilities for the federal government in delivering the program <ul style="list-style-type: none"> • What is the federal public health role related to AHSUNC and is it aligned with current activities? • Does the federal public health role and current activities duplicate the role of stakeholders? Are there any gaps or overlaps?

Performance (effectiveness, economy and efficiency)	
<p>Issue #4: Achievement of Expected Outcomes (Effectiveness)</p>	<p>Assessment of progress toward expected outcomes (incl. immediate, intermediate and ultimate outcomes) with reference to performance targets and program reach, program design, including the linkage and contribution of outputs to outcomes</p> <ul style="list-style-type: none"> • To what extent have <i>Aboriginal children and their families participated in AHSUNC programs?</i> • To what extent have <i>organizations from various sectors collaborated with AHSUNC sites to support the needs of AHSUNC participants?</i> • To what extent have <i>early child development practitioners accessed knowledge activities?</i> • To what extent have <i>Aboriginal children enrolled in the program experienced developmental benefits in a context that celebrates Aboriginal cultures and languages?</i> • To what extent have <i>parents/caregivers been engaged and supported as children's primary teachers and caregivers?</i> • To what extent have <i>Early child development practitioners used knowledge products to support Aboriginal child health and development?</i> • To what extent have <i>First Nations, Inuit and Métis children experience improved health and well-being in order to develop successfully as Aboriginal young people?</i>
<p>Issue #5: Demonstration of Economy and Efficiency</p>	<p>Assessment of resource utilization in relation to the production of outputs and progress toward expected outcomes</p> <ul style="list-style-type: none"> • Has the program undertaken its activities in the most efficient manner? • Has the Agency achieved its outcomes in the most economical manner? • Is there appropriate performance measurement in place? If so, is the information being used to inform senior management decision-makers?

Data Collection and Analysis Methods

Data for the evaluation was collected using the following methods: a literature review, a document review, key informant interviews (n=32), performance data review, and a focus group.

Key informant interviews can be broken down as follows:

- Internal stakeholders: 12 PHAC staff, 15 funding recipients (Site Directors/NAHSC members).
- External stakeholders: 1 other government department, 2 academia/experts, 2 provincial/territorial representatives.

Data were analyzed by triangulating information gathered from the different sources and methods listed above. This included (to the extent possible):

- Systematic compilation, review and summarization of data to illustrate key findings.
- Statistical analysis of quantitative data from databases.
- Thematic analysis of qualitative data.
- Trend analysis of comparable data over time.

Endnotes

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