



Ontario First Nations
Early Learning Asset Mapping Project:

Addendum to Final Report

April 21, 2015

Table of Contents

I. Introduction, Scope and Limitations	3
II. Demographic Profile: Ontario First Nations	
Number and Size of Communities, Population Growth	4
Population Age	5
Family Composition, Income, Employment, Food Security	6
Community Conditions, Health	7
Education	8
Language and Culture	9
Child Care	10
Summary	10
III. Federal/Provincial Early Learning and Development Programs	11
First Nations Perspective, Federal/Provincial Responsibilities	11
Overview of Early Learning Programs	12
Health Canada: Overview	13
Aboriginal Head Start on Reserve	14
Canada Prenatal Nutrition Program	16
Fetal Alcohol Spectrum Disorder-First Nations & Inuit	17
Maternal Child Health	18
Children’s Oral Health Initiative	19
Aboriginal Affairs and Northern Development: Overview	20
Child Day Care	20
Junior and Senior Kindergarten (K4/K5)	23
Special Education	24
National Child Benefit Reinvestment Fund	25
Employment and Social Development Canada	26
First Nations and Inuit Child Care	26
Ontario: Overview	28
Aboriginal Healthy Babies Healthy Children	28
Aboriginal FASD and Child Nutrition	30
IV. Summary and Analysis	31
Early Learning Program Funding	31
Program Availability and Reach	32
Program Gaps	32
Program Benefits	34
Federal and Provincial Government Directions	35
The Need for Targeted Investments	36
V. Recommendations	38
References	41

I. Introduction

The following information is an addendum to the report, “Our Children Are Our Future: Early Learning Asset Mapping Final Report” produced by the Chiefs of Ontario Education Coordination Unit in August 2014 with funding from the Ontario Ministry of Education.

This addendum provides supplemental information pertaining to First Nations communities and early learning in Ontario, including descriptions of the various early learning programs provided by the federal and provincial governments. It is formatted as a report beginning with a demographic profile of First Nations communities and population statistics. This is followed by a series of text and charts that depict federal and provincial early learning program objectives and funding levels, concluding with a summary analysis pertaining to early learning programs and issues impacting First Nations and a series of recommendations.

It is hoped that this information will assist and inform First Nations leadership, technicians, service providers and government policy makers in considering early learning models that support optimal First Nations early childhood education and development in Ontario.

Scope and Limitations

The following information was compiled between January and March 2015, through a process of research and information requests to federal and provincial representations involved in early learning programs. Some discrepancies in the data were noted.

The data shared in this supplementary report is in aggregate form, to honour and respect the confidentiality of First Nations and the First Nations principles of OCAP (ownership, control, access and possession of data)¹.

II. Demographic Profile: Ontario First Nations Communities and Children

Number and Size of First Nations Communities

There are 133 First Nations in Ontario². The First Nations communities are quite diverse in terms of size; cultural and linguistic affiliation; geographical location and proximity to urban centres; and community infrastructure and development.

Five of the twenty largest First Nations in Canada are located in Ontario. Almost a third of the Registered Indians in Ontario are members of one of the following First Nations:

- Six Nations of the Grand River, the largest First Nation in Canada with a total population of 25,231;
- Mohawks of Akwesasne, third largest band in Canada with a total population of 11,679;
- Mohawks of the Bay of Quinte, 10th largest in Canada with a total population of 8,934;
- Wikwemikong Unceded, 13th largest with 7,736 registered members; and
- Oneida Nation, 20th largest with 5,816 registered members³.

As noted below, a significant number of First Nations members live away from their territories. The majority of First Nation communities in Ontario have fewer than 500 residents⁴.

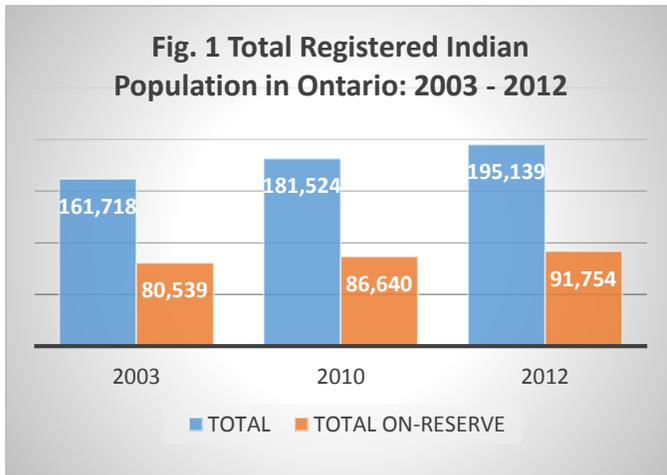
In terms of location, one in four Ontario First Nations is a small, remote community, accessible only by air year round, or by ice road in the winter. Ontario has more remote First Nations than any other region in Canada⁵.

Population Growth

Current census data⁶ show that 23.6% of the total First Nations population in Canada resides in Ontario – more than any other province or territory.

Census statistics also reveal unparalleled growth in Ontario First Nations. The Ontario First Nations population, enumerated at 158,395 in 2006, grew roughly 20% in the five year period from 2001 to 2006. This was three times faster than the overall Ontario population growth rate of 6.6 percent for 2001-06⁷. More recently, the 2011 National Household Survey (NHS) showed this growth trend to be accelerating, with the Ontario First Nations population having grown by almost 29% to 201,100⁸.

Aboriginal Affairs and Northern Development Canada maintains the official record of Registered Indians. As of 2003 AANDC had reported 161,718 Registered Indians in Ontario; about half (80,539) were living on-reserve⁹.

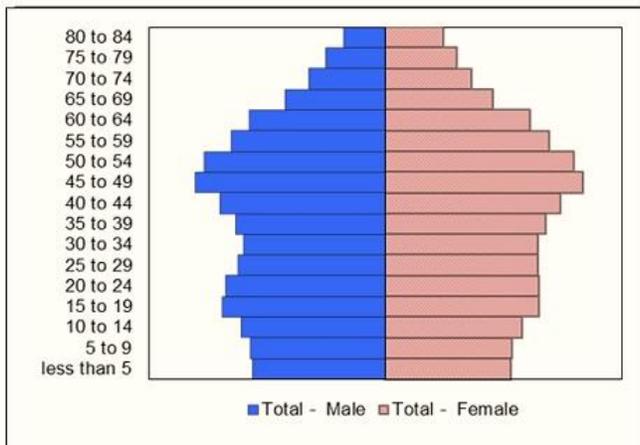


By December 2010 the total Ontario Registered Indian population had grown to 181,524, with 86,640 living on-reserve¹⁰, and by December 2012 these numbers had grown to 195,139 and 91,754 respectively (see Figure 1).

Population Age

The 2011 NHS found that almost 29% of Ontario First Nations people are under age 15¹¹, compared to only 17.2% of Ontarians¹².

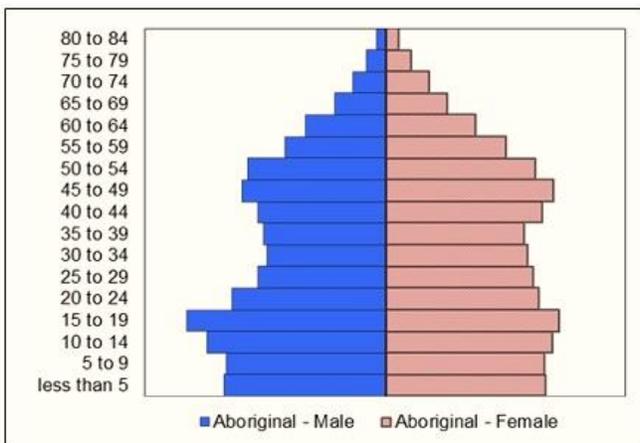
Fig. 2 Age Pyramid, General Population, Ontario 2011



A comparison of age pyramids for Ontario illustrates that the Aboriginal population in Ontario is much younger than the general population¹³.

In Figure 2, the largest age cohorts for the Ontario population are the 45-49 and 50-54 age groups. As seen in Figure 3 below for Ontario Aboriginal peoples (First Nations, Métis and Inuit) the largest age cohorts are age 15-19 and age 10-14.

Fig. 3 Age Pyramid, Ontario Aboriginal Population, 2011



The 2011 NHS identified 17,575 Ontario First Nations children age 0-4. The 2012 AANDC Register identified a total of 10,110 Ontario First Nations children age 0-4 including 6,364 on-reserve and 3,746 off-reserve¹⁴. The number of Ontario First Nations children age 5 to 9 is reported as follows: 17,425 (NHS), compared to 13,879 (AANDC registry: 8,158 on-reserve and 5,721 off-reserve)¹⁵.

As of December 2014 AANDC reports a total of 7,580 children age 0-6 living in Ontario First Nations communities¹⁶.

Family Composition

The following data from the First Nations Regional Health Survey (RHS), Ontario Region Phase 2 report for 2008-10 highlight community health issues that impact the growth and development of young children. For example, only about half of the 770 Ontario First Nations children age 0-11 in the survey (51.7%) live with both biological parents¹⁷. About 42% live with their biological mother only (no other adults), and 3.5% live with only their biological father¹⁸. In comparison, the 2011 Census found that 16.7% of Ontario families were lone-parent families¹⁹.

At the national level, the Phase 2 Regional Health Survey found that children who did not live with both biological parents were significantly more likely to have emotional or behavioural problems (15.5%) than those who did (9.0%)²⁰.

Income and Employment

The Ontario RHS Phase 2 data for 2008-10 noted high poverty levels among Ontario First Nations adults; for 70%, total personal income was less than \$29,000/year. In terms of total annual household income, 28% of adults were receiving less than \$20,000/year²¹.

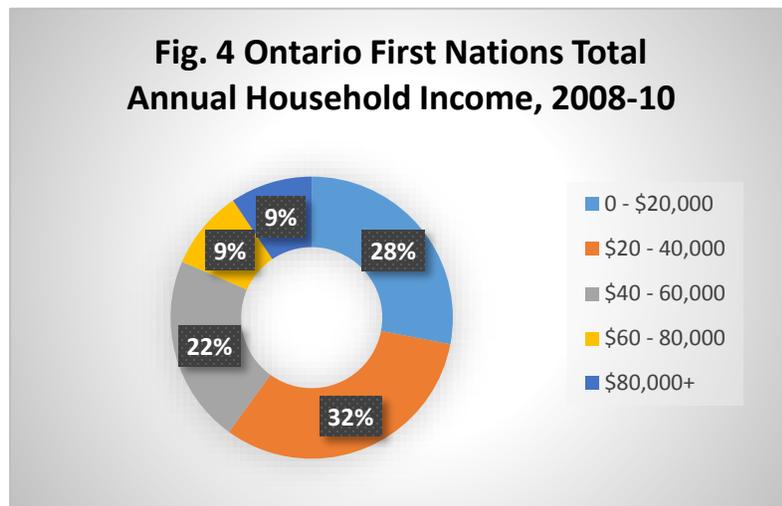


Figure 4 shows total annual household income from all sources for 2008-10 as reported by Ontario First Nations adults. For 28% of adults, total household income was less than \$20,000/year²².

2002-03 RHS data for Ontario found that 42% of First Nations adults were unemployed²³. This had improved in 2008-10 (Phase 2 RHS) where 56% of adults were

employed, 27% were seeking employment (unemployed) and 18% were not looking for work (mainly due to poor health, disability or retirement)²⁴. In contrast to the 27% First Nations unemployment rate, Ontario's unemployment rate declined from 9.0% in 2009 to 8.7% in 2010²⁵. Other research found that 40% of Ontario First Nations children are living in poverty²⁶.

Food Security

Food insecurity was also flagged in the 2008-10 survey as a major issue for Ontario First Nations families, with one in ten families running out of food each month and not eating balanced meals, and over one in five families relying on low cost food to keep their children fed²⁷. By international definitions, one in three First Nations families in Ontario were moderately food

insecure (33%), and another 15% were severely food insecure²⁸. In comparison, a 2012 study of food insecurity in Canada found that food insecurity affected 11.7% of Ontario households²⁹. Additional reports indicate that although one in three Ontario First Nations households experiences moderate food insecurity, in the northern communities the figure is as high as 52% percent due to the high cost of food³⁰.

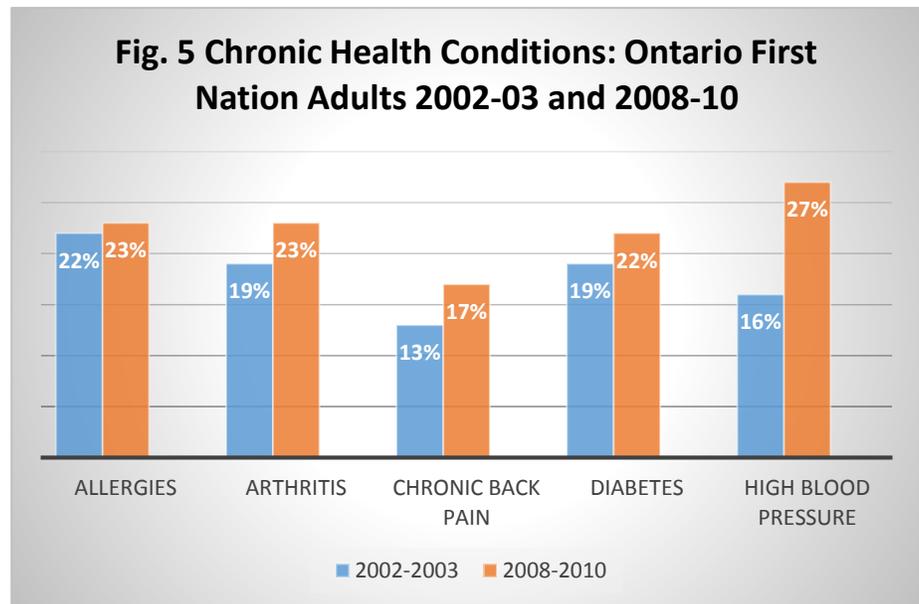
Community Conditions

About two thirds of Ontario First Nations adults in the 2008-10 survey said their home was in need of repair, and almost half of these were major repairs. Overcrowding was also a significant issue. Almost a third of adults (30.9%) said their main water supply in their home is not safe for drinking year-round. Half of adults (49.6%) reported mold and mildew in their homes³¹.

Health

Since 2002-03 chronic health conditions have increased among Ontario First Nations people in most categories.

Fig. 5 lists the top five chronic health conditions reported by Ontario First Nations adults in the 2002-03 and 2008-10 RHS surveys.



In looking at the health of children age 0-11, the RHS data for 2008-10

showed increases in asthma, allergies, speech and language difficulties, learning disabilities, ADD/ADHD and anxiety or depression compared to 2002-03³².

Figure 6 below shows the types of baby bottle contents reported by caregivers in the 2008-10 RHS survey. Baby bottle tooth decay was reported in 9.8% of infants age 0 to 2 years, 26.3% of 3 to 5 year olds and 24.4% of 6 to 8 year olds³³.

Almost two-thirds of caregivers (64.5%) in 2008-10 reported that their child had been breastfed.

The survey found that as the education level of the mothers increased, the percentage of children who had been breastfed also increased³⁴.

In relation to children’s height and weight measurements and

corresponding BMI (body mass index) categories, the 2008-10 RHS survey found that 39.3% of Ontario First Nations children age 0-11 were normal or underweight, 23.0% were overweight, and 37.8% were obese. The percentage of obese children increased more than six times since 2002-03. These percentages are extremely high in comparison to the Canadian Health Measures Survey which found that for 2009-11 the prevalence of obesity in Canadian children age 5-17 was 12.7%³⁵.

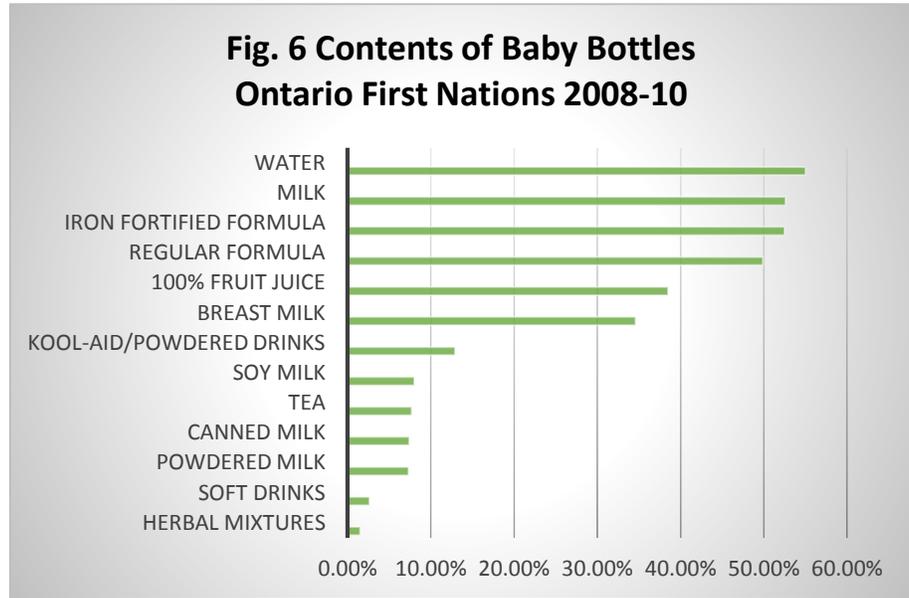
Obesity in Ontario First Nations children was highest among 3 to 5 year olds (50.7%) and 6 to 8 year olds (42.2%)³⁶. Studies link childhood obesity to the consumption of sugary beverages and increased screen time³⁷. Obese children are prone to a wide range of health problems and are likely to remain obese as adults³⁸.

In terms of physical activity, there has been a significant decline in most activities among Ontario First Nations adults, youth and children. Almost two thirds of adults (64.8%) reported being physically inactive.

The RHS 2008-10 survey also found that 36.5% of mothers of children age 0-11 reported smoking during their pregnancy. This percentage decreased among mothers with higher levels of education³⁹.

Education

In 2008-10 over half of Ontario First Nations children (58%) age 0-5 were not attending school. This was an increase of 27% since 2002-03⁴⁰. Reasons for this increase were not identified, however they could be due to a number of factors such as increased birth rates in the 0-5 age cohort, lack of availability of Kindergarten spaces or parents’ preference to keep children home until Grade One.

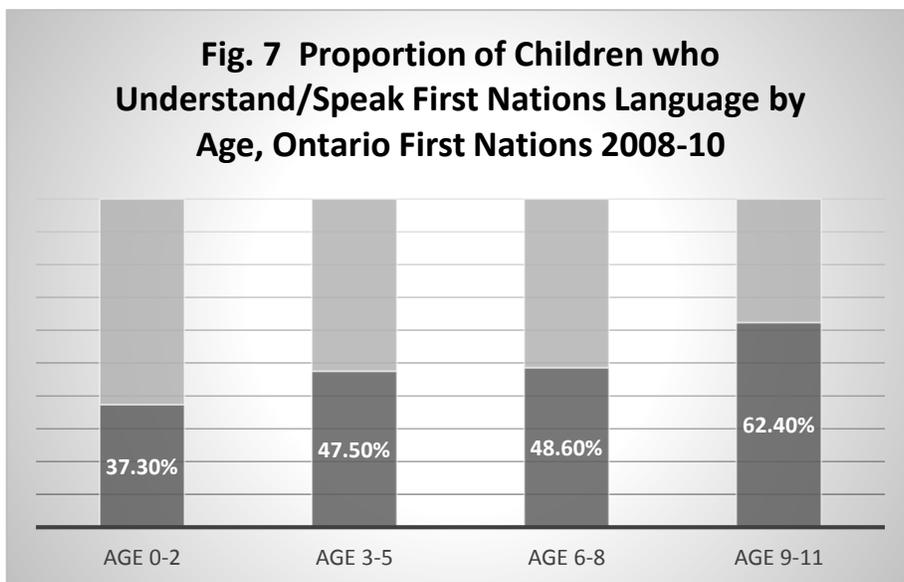


The RHS Phase 2 data also indicated that 12% of Ontario First Nations children age 6-11 had repeated a grade, and 31% of children age 12 to 15 had repeated a grade (this was a decrease of 8% since 2002-03)⁴¹.

For youth age 12-15, the most common learning difficulties from 2008-10 were: problems with math 53%; too many distractions – 42%; reading – 38%; writing – 34%; difficulty understanding the teacher – 32%; and short attention span – 30%⁴².

In terms of early learning as noted in the 2008-10 survey, 45.1% of First Nations children who attended Aboriginal Head Start on Reserve program (AHSOR) read or were read to daily, compared to 34.3% of those who did not attend AHSOR⁴³.

Language and Culture



The 2008-10 RHS survey found that about half (50.5%) of First Nations children age 0-11 could speak or understand a First Nations language, although for almost nine out of ten children (89.5%) this was only a basic understanding or a few words. Only 10.5% of children were considered to have an intermediate or fluent understanding. As shown in Figure 7, the

percentage of children who could speak or understand a First Nations language increased from 37.3% for age 0-2 to 62.4% by age 9-11.

The 2008-10 survey found that children who attended an Aboriginal Head Start program were more likely to understand or speak a First Nation language than children who did not (63.9% versus 45.8% respectively)⁴⁴. Most caregivers indicated it was very important (69.4%) or somewhat important (23.2%) for their children to learn a First Nations language⁴⁵.

Family members play an important role in helping children learn about First Nations culture. Parents, grandparents, aunts and uncles have a stronger influence than school teachers, community elders or members in providing cultural education⁴⁶.

Child Care

The 2008-10 survey identified that over one third of Ontario First Nations pre-school children were in child care, mainly on a part-time basis. Only one in ten children in child care were there more than 40 hours per week. Daycare centres were the most popular child care arrangement, followed by care in someone else's home by a family member, care in the child's home by a relative other than a brother or sister, or care in the child's home by a sibling⁴⁷.

SUMMARY: Demographic Profile of First Nations Communities and Children

- Most First Nation communities in Ontario are fairly *small*; many are *remote*
- They are very *diverse* in terms of culture and language, geographical location, size and infrastructure
- Community housing is generally in need of *repairs, overcrowded, with mold and mildew present and lacking safe, potable water*
- First Nation communities are generally experiencing much *higher population growth* than other communities in Ontario
- They have a much *larger ratio of young people* from age 10-20, compared to other communities in Ontario which tend to have a larger proportion of adults in their mid-40s to mid-50s
- Children in Ontario First Nation communities are almost three times as likely to be living in *lone-parent families* as other children in Ontario – a factor linked to emotional and behavioural problems
- Children are likely to be living in *poverty* given low family income levels and high unemployment
- *Poor nutrition* is likely to be affecting many children and *up to half of 3 to 5 year olds are obese*
- Health conditions such as *asthma, allergies and baby bottle tooth decay* affect many young children
- If they are not attending Aboriginal Head Start, children are not as likely to have someone *reading* to them at home
- Children often speak a few words or have a basic understanding of a First Nations language, but *only one in ten speak the language* at an intermediate or fluent level
- Pre-school children in child care are more likely to be there *part-time* than full-time

III. Federal/Provincial Early Learning Programs in Ontario

This section of the report describes current federally and provincially-funded early learning and development programs in Ontario in terms of background, funding level and focus. These are considered within the context of First Nations early learning and the backdrop of federal and provincial/territorial roles and responsibilities. Following the program description section is an analysis based on First Nations perspectives and needs, and a series of recommendations for the further development of early learning programming to support optimal early learning and development in Ontario First Nation communities.

First Nations Perspective on Early Learning

First Nations people generally view early learning as a developmental process that helps a young child to learn who she is in relation to the world around her, within the nurturing environment of her family, community, nation and cultural teachings⁴⁸.

Many First Nations leaders view education as a tool for building a strong cultural identity, as reflected in the comment below⁴⁹:

Education is key to building nations of self-confident citizens with strong cultural identities that can take up their responsibilities in their communities.

Ontario Regional Chief Stan Beardy, March 2015

Federal/Provincial Responsibilities for Early Learning Programs and First Nations

First Nations have a continued right to self-governance which is upheld through Treaties and Inherent rights. By virtue of the Crown-First Nations relationship, the provincial and federal governments have a duty to support First Nations rights and responsibilities related to education, health and social programming. This includes child care and Early Learning Programs.

Overview of Early Learning Programs

The federal and provincial early learning and early development programs accessed by Ontario First Nations are listed in the following chart. They are listed under the federal or provincial office responsible for each program. Below the chart are program summaries describing each program including background, program goals or objectives, activities and funding levels.

Ontario First Nations Early Learning Programs
<p>Health Canada</p> <ul style="list-style-type: none"> • Aboriginal Head Start on Reserve – AHSOR (under Healthy Child Development) • Canada Prenatal Nutrition Program, First Nations & Inuit Component – CPNP-FNIC • Fetal Alcohol Spectrum Disorder – FASD-FNIC (under Healthy Child Development) • Maternal Child Health – MCH (under Healthy Child Development) • Children’s Oral Health Initiative - COHI <p><i>Note: Brighter Futures is no longer included under Early Childhood Development/Early Learning*</i></p>
<p>Aboriginal Affairs and Northern Development Canada</p> <ul style="list-style-type: none"> • Child Day Care (cost-shared with and regulated by Ontario) • K4/K5 • Special Education • National Child Benefit Reinvestment Fund - NCBR
<p>Employment and Social Development Canada/Service Canada</p> <ul style="list-style-type: none"> • First Nations and Inuit Child Care Initiative - FNICCI
<p>Ontario Ministry of Community and Social Services</p> <ul style="list-style-type: none"> • Aboriginal Healthy Babies Healthy Children - AHBHC (under Aboriginal Healing and Wellness Strategy)
<p>Ontario Ministry of Children and Youth Services</p> <ul style="list-style-type: none"> • Aboriginal Fetal Alcohol Spectrum Disorder and Child Nutrition Program – AFASDCN

** Since 1993 Brighter Futures has supported community-based activities that foster the well-being of First Nations children, families and communities through mental health, child development, parenting skills, healthy babies, injury prevention and solvent abuse treatment programming. In Ontario Region, BF funds are rolled out universally to all First Nations who determine how these funds will be utilized to address program-related needs. With the roll-out of additional Health Canada programs targeting child development and maternal health, BF community program funds distributed in Ontario Region should not be referred to as early learning resources.*

Early Learning and Development Programs: Health Canada

Healthy Child Development Program

The First Nations and Inuit Health Branch-Ontario Region, Health Canada supports a number of early childhood development and early learning programs. Three of these – AHSOR, FASD-FNIC and MCH – fall within the overarching Healthy Child Development Program cluster as outlined by FNIHB-Ontario Region. The national Terms and Conditions for the Healthy Child Development Program for 2014-15 also include CPNP-FNIC⁵⁰.

FNIHB at the national level originally grouped AHSOR, CPNP-FNIC, FASD and MCH within a “Children and Youth” cluster in its 2005 renewal of program authorities. The Children and Youth cluster was created to streamline and coordinate children’s programming and develop a strategic approach to planning for and reporting on results. It was noted that although AHSOR, CPNP-FNIC, FASD and MCH were created at different times to meet specific health needs, they provide complementary services and supports to a common target group and share common expected outcomes of improved maternal and child health⁵¹.

Targeted areas in the delivery of the Healthy Child Development Program include: prenatal health, nutrition, early literacy and learning, and physical and children's oral health. The overall objective of the Healthy Child Development Program is to address the greater risks and lower health outcomes associated with First Nations and Inuit infants, children, and families⁵².

Nationally, approximately \$123.1M was budgeted for Healthy Child Development in 2013-14. Actual program expenditures were \$107.5M⁵³.

FNIHB-Ontario Region describes the funding mechanism it now employs for these HCD programs as follows: All First Nations in Ontario are able to access funding for AHSOR, FASD and MCH under the Healthy Child Development Program. The cluster-based approach allows them to pool these funds and integrate with other services for children age 0-6 to tailor their programming to their own community’s needs. To access the HCD funding, communities design a Healthy Child Development work plan detailing all planned HCD activities and expenditures⁵⁴.

The following information provides summaries of the individual service programs within HCD and other FNIHB early childhood development programs.

1. Aboriginal Head Start on Reserve - AHSOR

Background and National Funding Level⁵⁵

The Government of Canada established Aboriginal Head Start in Urban and Northern Communities in 1994-95 to help enhance child development and school readiness of First Nations, Métis and Inuit children living in urban centres and large northern communities. In 1998 the program was expanded to include First Nations communities on reserve as a result of commitments made in Gathering Strength: Canada's Aboriginal Action Plan and the September 1997 Speech from the Throne. Funding for the program was set at \$100M over four years beginning in 1998-1999, and \$25M per year on-going.

In 2000 Canada's First Ministers recognized Early Childhood Development (ECD) as a national social priority. The federal government committed to transfer \$2.2 billion over five years to provinces/territories to improve and expand their early childhood development programs, and in 2002 allocated \$320M over five years to improve and expand ECD programs and services for First Nations/other Aboriginal children. Aboriginal Head Start on Reserve, AHSOR (sometimes referred to as First Nations Head Start) received \$21.5M of these funds.

The federal ECD strategy, supported by Health Canada, Employment and Social Development Canada (then HRSDC) and Aboriginal Affairs and Northern Development Canada (then INAC), also included a commitment to develop a “single window” approach to ensure better integration and coordination, and the introduction of new research initiatives to monitor the well-being of Aboriginal children.

Annual funding for AHSOR increased steadily from 2001-02 on⁵⁶. By 2010-11 the national annual budget for AHSOR was \$59M. Of this total, \$46.5M went directly to support 354 sites in 383 First Nations communities that provided a variety of home-based and centre-based services and outreach to 9,100 children⁵⁷ – 22% of children age 0-6 living in First Nation communities across Canada.

In 2013-14 the national budget for AHSOR remained at \$59M, including \$25M in historical funding, \$21.5M in enhanced funding under the Early Childhood Development (ECD) Federal Strategy, \$7.5 M in Early Learning and Child Care (ELCC) funds and \$5M under Upstream Investments (FMM)⁵⁸. The first \$46.5M in AHSOR funding is A base funding and the \$7.5M in ELCC is described as ongoing; however the \$5M from Upstream Investments was designated as time-limited⁵⁹. In 2014 Ontario First Nations were highly concerned that the five-year cycle of Upstream Investments funding would be coming to an end as of March 31, 2015⁶⁰.

In terms of actual spending, some components of the national AHSOR budget have been underspent. For 2008-09 total planned spending was \$59.02M, whereas actual spending was \$50.58M⁶¹. For 2013-14 only \$17.5M out of \$21.5M was spent on enhanced ECD, and only \$6.2M out of \$7.5M was spent on ELCC funding⁶².

AHSOR Funding in Ontario⁶³

A total of 15 AHSOR projects were established in Ontario First Nation communities between 1998 and 2003, offering 386 program spaces, at a funding level of \$4.72M as of 2002-03.

By 2011-12 the AHSOR funding for Ontario First Nations had increased to \$7.9M. The funding mechanism had shifted to its current system in which Ontario First Nations are funded on a per capita allocation through a universal First Nations funding system, rather than project-specific.

This funding level has remained about the same for 2014-15. As of 2014-15 AHSOR programs are available in 114 Ontario First Nations communities and total funding is \$7.84M⁶⁴.

AHSOR Program Focus

The AHSOR program supports First Nations communities in providing services and activities that nurture the healthy growth and development of children age 0-6.

Program objectives include *culture and language*, supporting parents/caregivers as the main teachers and caregivers of children; *education* to support a desire for lifelong learning; *health and well-being*; *nutrition*; *social support*; and *parental and family involvement*.

AHSOR project activity is intended to meet local needs as identified through asset mapping or other local program planning processes. Program activity can and often does partner with or supplement existing community children’s programs such as an existing daycare centre, but is also seen in some communities as a stand-alone program.

SUMMARY

Aboriginal Head Start On Reserve: Ontario First Nations Funding

2002-03	2014-15
\$4.72M – 15 First Nations	\$7.84M – 114 First Nations

2. Canada Prenatal Nutrition Program, First Nations and Inuit Component – CPNP-FNIC

Background and National Funding Level

The Canada Prenatal Nutrition Program was announced in 1994 and funding began in 1995. The program is aimed at improving the nutrition of vulnerable pregnant women, new mothers and infants across Canada.

CPNP is delivered via two funding streams: the Public Health Agency of Canada (PHAC) delivers the pan-Canadian CPNP to vulnerable populations in urban and northern communities (including off-reserve), and the First Nations and Inuit Health Branch, Health Canada delivers the First Nations and Inuit community Component (CPNP-FNIC)⁶⁵.

Total CPNP-FNIC funding across Canada was \$14.12M/year between 2000 and 2003, of which \$10.7M/year was flowed directly to First Nations and Inuit communities⁶⁶. For 2008-09 the national CPNP-FNIC budget was \$14.15M, whereas actual expenditures were \$11.2M⁶⁷.

CPNP-FNIC Funding in Ontario

In 2002-03 the CPNP-FNIC program served a total of 1,137 women in 90 Ontario First Nations communities. Total funding to these communities was \$973,334. As of 2014-15 the program has grown to serve 104 Ontario First Nations communities with total funding of \$1.8M⁶⁸.

CPNP-FNIC Program Focus

The goal of the CPNP-First Nations and Inuit Component (FNIC) is to improve maternal and infant nutritional health. The program is targeted to pregnant First Nations women, mothers of infants, and infants up to one year of age who live in First Nations communities. The program aims to ensure that babies are healthy at birth, are breastfed and start to eat healthy solid foods by 6 months of age. Communities plan program activities around the core elements of nutrition screening and education, maternal nourishment and breastfeeding support.

SUMMARY

Canada Prenatal Nutrition: Ontario First Nations Funding

2002-03	2014-15
\$973,334 – 90 First Nations	\$1.8M – 104 First Nations

3. Fetal Alcohol Spectrum Disorder – FASD-FNIC (Federal)

Background and National Funding Level⁶⁹

The federal government created the National Fetal Alcohol Spectrum Disorder (FASD) Program through the expansion of the Canada Prenatal Nutrition Program (CPNP) in 1999. The First Nations and Inuit component of the FAS/FAE Initiative was initially funded at \$1.7M/year nationally, focusing on training for front-line workers and development of education tools.

In October 2002 a five-year, \$320M Federal Strategy on Early Childhood Development for First Nations and other Aboriginal Children was announced. Under this strategy the First Nations and Inuit FAS/FAE expanded into the FASD-FNIC⁷⁰. An additional \$10M in 2002-03 and \$15M/year ongoing was committed to support the development of prevention and early intervention measures in First Nation communities, enhance training for service providers, develop practical screening tools and improve parent/caregiver supports for affected families.

FASD-FNIC in Ontario

Funding under FASD-FNIC began flowing in 2003-04. As of 2014-15 a total of 124 Ontario First Nation communities accessed just over \$1.7M for FASD⁷¹.

FASD-FNIC Program Focus

The Fetal Alcohol Spectrum Disorder (FASD) Program focuses on prenatal and early child development by addressing health problems that are associated with alcohol use by mothers during pregnancy. The main purpose of the program is twofold: 1) prevent FASD in babies, and 2) support children who are diagnosed with FASD and their families to improve their quality of life. Program clients include First Nations people on-reserve, children from age 0 - 6, and women of child bearing age⁷².

In Ontario, FASD-FNIC supports mothers during pregnancy, mothers and babies for the first three years after birth, and children affected by FASD. Program activities include building community awareness of FASD, coordination of family resources, training for front-line workers and health professionals, interventions for at-risk women and children, and earlier diagnosis for children. *NOTE: This initiative is separate from the Ontario Aboriginal FASD/Child Nutrition.*

SUMMARY

Fetal Alcohol Spectrum Disorder-FNIC: Ontario First Nations Funding

2002-03	2014-15
0	\$1.7M – 124 First Nations

4. Maternal Child Health - MCH

Background and National Funding Level

The Maternal Child Health program was announced in 2005-06. Budget 2010 allocated \$110M over five years to develop maternal child health services for First Nations living on reserve⁷³. National funding grew from \$3M in 2005-06 to \$25M in 2007-08.

MCH in Ontario

The program was established in First Nations communities in 2005, however, service delivery did not begin in Ontario region until 2007-08⁷⁴. As of 2014-15 a total of 126 Ontario First Nations communities now receive Maternal Child Health program services, 118 through direct funding and 8 through First Nations tribal council health services or health authorities. Total funding for Ontario First Nations communities in 2014-15 is just under \$3.8M⁷⁵.

MCH Program Focus

The goal of the Maternal and Child Health (MCH) program is to support women of child-rearing age, pregnant women and families with infants and young children on reserve to reach their fullest developmental and lifetime potential. The program emphasizes health promotion and improved understanding of reproductive health, early identification of developmental risk factors and early intervention. The MCH program coordinates with other community programs and initiatives, and integrates cultural values, customs and beliefs into program activity. Home visits, case management and parenting sessions are typical activities under MCH.

SUMMARY

Maternal Child Health: Ontario First Nations Funding

2002-03	2014-15
0	\$3.8M – 126 First Nations* * 118 – direct funding; 8 – Tribal Councils/FN health authorities

5. Children’s Oral Health Initiative - COHI

Background and National Funding Level⁷⁶

The Children's Oral Health Initiative (COHI) was developed as a means to address the disparity between the oral health of First Nations and Inuit and the general Canadian population.

COHI was launched on a test basis in the fall of 2004 with funding of \$600,000. By 2007-08 it had increased to \$4.8M and served 175 First Nations communities across Canada⁷⁷.

COHI in Ontario

In Ontario region 63 communities (including 3,000 eligible children aged 0-7) are served by COHI. The funding is project-based rather than universal. Total program funding for Ontario in 2014-15 is approximately \$871,000 which covers 28 Registered Dental Hygienists (RDH) and 30 community-based COHI Aides through a variety of funding arrangements and service models including partnerships/agreements with provincial public health units, a First Nations Health Access Centre or through direct hiring of RDHs by First Nations communities⁷⁸.

Program Focus

COHI focuses on the prevention of dental disease and promotion of good oral health practices. The goal of COHI is to shift the emphasis from a primarily treatment based approach to a more balanced prevention and treatment focus, targeting pregnant women and primary caregivers, pre-school children age 0-4 and school children age 5-7.

The program provides clinical oral health services such as oral health screening, fluoride applications and other services that contribute to better oral health.

SUMMARY

Children’s Oral Health Initiative: Ontario First Nations Funding

2002-03	2014-15
0	\$871,000 – 63 First Nations

Aboriginal Affairs and Northern Development Canada

Overview: Social Development and Education

The provision of child day care in Ontario First Nations communities is supported within First Nations Child and Family Services, one of five sub-programs funded under the Social Development program of Aboriginal Affairs and Northern Development Canada. The First Nations Child and Family Services (FNCFS) sub-program provides funding to assist in ensuring the safety and well-being of First Nations children living on reserve by supporting culturally appropriate prevention and protection services for First Nations children and families. AANDC contributes to the funding of day care services for First Nations families in Ontario and Alberta, to support the provision of child day care in accordance with provincial legislation and regulations⁷⁹.

Since the 2002 federal expansion of ECD programs for First Nations and other Aboriginal children, the role of AANDC included coordinating horizontal work with ECD partners across government and funding research and capacity building. The Department's ECD funding was reduced through Budget 2012, thereby ending the coordination role of AANDC. Federal ECD partners continue to collaborate as needed to support policy and program development⁸⁰.

Through its Elementary/Secondary Education Program, Aboriginal Affairs and Northern Development Canada (AANDC) supports eligible students living in First Nations communities with education programs comparable to those that are required in provincial schools by provincial legislation, regulations or policies. This includes junior and senior kindergarten.

6. Child Day Care

Background

Licensed child day care centres and private home day care programs were established in some Ontario First Nation communities beginning in the late 1960s⁸¹. Two of the earliest First Nations day care centres in Canada are located in Ontario at Bkejwanong Territory⁸² (Walpole Island First Nation) and Curve Lake First Nation⁸³.

Licensed day care programs including those on-reserve are licensed and regulated under the provincial *Day Nurseries Act*. Through the 1965 Indian Welfare Agreement between Canada and Ontario, the province extends child care (and some other social services) to First Nations people on-reserve, and AANDC reimburses Ontario for most of the program costs. First Nations deliver community day care programs through service contracts with the Ministry of Education.

The intention of the 1965 Indian Welfare Agreement is for the province to provide additional early childhood development and learning, and to ensure that First Nations children on-reserve receive comparable services to those offered by the provincial government to non-Aboriginal people⁸⁴. In 2011 the Auditor General for Canada noted that to provide true comparability in First Nations programs on-reserve, not only would comparability need to be defined on a program-by-program basis with roles and responsibilities delineated, but programs would need to be adequately funded⁸⁵.

The province of Ontario is responsible for the program management, monitoring and licensing of the day care programs as set out in the *Day Nurseries Act*. AANDC reimburses the provincial government for approximately 93% of the cost of the on-reserve day care programs. The Ontario Day Care program is targeted to children under the age of six; however, after school spaces for children up to age 12 are also eligible.

Day care subsidies are available to low-income parents, where child care would help them access employment and educational opportunities.

Child Day Care in Ontario

In 2003 AANDC identified 52 day care programs in Ontario First Nations communities and total cost-shared funding of \$15.2M. By 2011, there were still 52 First Nations in Ontario receiving funding for day care services from AANDC and the Ministry of Education. AANDC funded a total of 2,846 day care spaces at that time, at an average cost of \$5,500 per space.

There are some discrepancies between federal and provincial reports regarding the number of licensed First Nations day care spaces in Ontario and total funding. In March 2012 the province reported that about 1.1% of the total licensed day care spaces in Ontario – 3,143 spaces – were located on-reserve⁸⁶. As of 2014-15, AANDC indicates there are 52 First Nations in Ontario receiving funding for daycare programs; total licensed capacity (spaces) is now 3,033⁸⁷. The province's website lists over 70 licensed day care programs in Ontario First Nations communities.

Also in terms of funding, AANDC data (March 2015) indicate that total AANDC funding for Ontario First Nations child day care in 2014-15 is \$3,323,332, and that this represents 20% of the total cost-shared amount, which would therefore be \$16.6M⁸⁸. The Early Learning Division of the Ministry of Education indicated that the 2011-12 Ontario First Nation daycare allocation was \$17.4M; this represented only the fee subsidy component which is cost-shared.

These figures require further review and input from federal and provincial representatives to clarify actual total spaces and annual expenditures for First Nations day care programming.

Child Day Care Focus

The purpose of day care programming is multi-faceted but not clearly defined in current legislation. According to the *Day Nurseries Act*, day care provides temporary care and/or guidance for children, incorporating group and individual activities designed to promote gross and fine motor skills, language and cognitive, social and emotional development⁸⁹. The *Act* does not elaborate further regarding the purpose of day care. Through upcoming legislative reform (the *Child Care Modernization Act*) safety and quality of child care in Ontario will be enhanced and presumably this will include clearer benchmarks for achieving and measuring high quality early child development programming.⁹⁰

Reports link the need for child care to the rising employment rate among women in Canada, and the demand for quality child care that offers such benefits as peer socialization, school readiness, and language and numeracy skills⁹¹.

SUMMARY

Child Day Care: Ontario First Nations Funding

2002-03	2014-15
\$15.2M – 52 First Nations	\$16.6M – 52 First Nations* <i>* Subject to verification by Ontario/Canada</i>

7. Junior and Senior Kindergarten - K4/K5

Background

Under the *Indian Act*, responsibility for the education of First Nation students rests with AANDC and is provided through the establishment, operations and maintenance of schools in First Nation communities, as well as through agreements with provincial/territorial governments.

The provincial *Education Act* sets out the duties and responsibilities of Ontario's Minister of Education, school boards, supervisory officers, principals, teachers, parents and students⁹². It is not compulsory for students in Ontario to attend kindergarten, however most four and five-year olds do attend Junior and Senior Kindergarten respectively⁹³.

In terms of First Nations students, AANDC maintains data on the number of students in Junior and Senior Kindergarten (JK and SK, or K4 and K5) in the nominal roll.

K4/K5 in Ontario

Funding levels specifically for K4/K5 cannot be determined as they are incorporated within overall school budgets. Instructional Services dollars allocated through the Band Operated Funding Formula are not available on a per grade basis.

In 2002-03, a total of 72 Ontario First Nations communities offered K4/K5 programs (most were combined K4/K5). The AANDC nominal roll listed a total of 1,981 kindergarten students; 936 in K4 and 1,045 in K5. Half of the students in K4 (49.9%) and most of those in K5 (87.3%) attended kindergarten in their communities.

As of 2013-14, AANDC data for Ontario region showed a total of 2,215 kindergarten students. Of this total, 1,724 students attended kindergarten in one of 84 elementary schools operated by First Nations Councils. Three out of four K4 students (671) and 80.4% (1,053.5) of K5 students attended schools in their communities (the remainder were in provincial or privately-operated schools). K4 was offered in 64 and K5 was offered in 74 First Nations schools.

Full Day Kindergarten

In Ontario, kindergarten has historically been offered to all four and five year olds in both English and French language school boards. In English language boards, kindergarten has been available on a part-time basis (e.g., half-day every day; full-day every other day); in French language school boards, full-day kindergarten has been available for over ten years⁹⁴.

The Ontario government began implementing full-day kindergarten in 2010 as a key component of its Early Learning Initiative, following the 2009 release of the report, *With Our Best Future in Mind: Implementing Early Learning in Ontario* by Dr. Charles Pascal⁹⁵.

The new Full-Day Kindergarten program is play-based learning with two components: a core day offered during the regular school day and delivered by a certified teacher and registered early childhood educator, with an optional before- and after-school program delivered by a registered early childhood educator and supported by parent fees. The Ontario government has provided a total of more than \$1.45 billion in capital funding since 2010 to support the full-day kindergarten program, creating almost 3,500 new kindergarten classrooms through school additions and major retrofits⁹⁶.

AANDC data show that by September 2015, full-day kindergarten will be offered in 65 K4 programs and 83 out of the 84 K5 programs in Ontario First Nations. Future additions to programs delivered by First Nation schools will be subject to the regular increased program delivery requirement of AANDC such as providing at least a year's notice of this intent⁹⁷.

No funding is available to First Nations for retrofitting to support full-day kindergarten.

8. Special Education

In Ontario region, low-cost special education services are included in the Band Operated Funding Formula to all First Nations-operated schools. This applies to minor modifications in the classroom environment such as use of computers, visual aids or assistive technologies. Funding for High-cost special education services for students whose needs cannot be met through regular elementary and secondary program funding (such as students with moderate to severe behavioural disorders, autism or severe learning disabilities) is provided directly to recipients via a formula developed by a joint First Nations/AANDC working group and approved by a Chiefs-in-Assembly Resolution. There is a set regional budget of approximately \$25M to be distributed. This budget is static and is not indexed to increase based on population increases or inflation. Recent analysis conducted by the joint working group indicates the shortfall may be upwards of \$6M for the Ontario region.

No information is available regarding how much of this funding goes to K4/K5 students.

9. National Child Benefit Reinvestment Fund - NCBR

Background and National Funding Level

The National Child Benefit (NCB)⁹⁸ is a federal/provincial/territorial partnership child poverty reduction initiative. The lead federal department for the pan-Canadian initiative is Employment and Social Development Canada. This initiative has two components: 1) a financial benefits component that goes directly to individuals (such as the Canada Child Tax Benefit), and 2) the National Child Benefit Reinvestment⁹⁹ (NCBR) component, specific to First Nations on-reserve.

The NCBR on-reserve component provides community-based supports and services for children age 0-17 in low-income families living in First Nations communities. AANDC is the lead department for the on-reserve NCBR component that communities access via application. There are five activity areas for the NCBR on-reserve: childcare; child nutrition; support for parents; home-to-work transition; and cultural enrichment. The expected outcomes include a reduction in the effects of child poverty and decreased barriers for parents/guardians to become or remain attached to the workforce¹⁰⁰.

In 1999-2000 the national funding for NCBR was \$48.2M. As of 2014-15 the national forecast spending for NCBR was \$53.3M¹⁰¹.

NCBR in Ontario

In 1999-2000 Ontario First Nations funding was \$1.7M. This rose to \$7,344,000 in 2003-04¹⁰². As of 2008-09 total funding for NCBR in Ontario region was \$9.98M¹⁰³. No funding data was available for Ontario NCBR beyond 2008-09. In May 2014 an Ontario First Nations Chief stated online¹⁰⁴ that AANDC had imposed a \$6M reduction to the NCBR effective 2014-15 and that this amounted to over 50% of the total Ontario First Nations funding (\$10,771,250 for 2014-15, ELAMP). Based on this information, the revised NCBR funding for 2014-15 will be \$4.7M.

A 2013-14 departmental performance report cited the program's successes: school-based child nutrition projects helped improve school attendance and grades; Home-to-Work transition projects provided skills-based training and transportation to training or work; and Childcare projects have given children a safe place to be while parents attended training or work. For better performance measurement, baseline targets will be set in 2015-16 using 2014-15 data¹⁰⁵.

SUMMARY

National Child Benefit Reinvestment Fund: Ontario First Nations Funding

2002-03	2014-15
\$7.3M (# of First Nations unknown)	~\$4.7M (# of First Nations unknown)

Employment and Social Development Canada

10. First Nations and Inuit Child Care Initiative – FNICCI

Background and National Funding Level

In 1995 the federal government announced its commitment to addressing First Nations and Inuit child care needs through the First Nations and Inuit Child Care Initiative. An initial \$72M nationally was set aside for a three-year developmental period with \$36M ongoing thereafter. The initial goal of FNICCI was to make 6,000 quality day care spaces available to First Nations and Inuit children within three years by creating new spaces and enhancing existing ones.

After its initial development, FNICCI became a component of the Aboriginal Human Resources Development Strategy and its successor, the Aboriginal Skills and Employment Training Strategy (ASETS) through Employment and Social Development Canada¹⁰⁶. FNICCI is described as a labour market support program that provides access to quality child care services for First Nations and Inuit children whose parents are starting a new job or participating in a training program¹⁰⁷.

Nationally, FNICCI is delivered through 56 regional First Nation/Inuit organizations (“Agreement holders”) that entered into Aboriginal Skills and Employment Training Agreements with Employment and Social Development Canada.

By 2010 the total national funding level of \$50M supported over 8,500 child care spaces in 486 First Nations and Inuit communities across Canada¹⁰⁸, administered by the Aboriginal agreement holders who create programs to meet clients’ needs. In most cases, this has meant pre-school spaces; some Aboriginal agreement holders also have after-school programs.

FNICCI in Ontario

In Ontario FNICCI funds are flowed through 13 ASETS agreements with PTOs/IFNs, Tribal Councils and First Nations/Aboriginal associations. Eligible costs for FNICCI funding include: core operating costs for new and existing child care spaces; capital costs up to \$1M per child care facility to construct/renovate facilities and for operating equipment; training costs for worker accreditation and professional development; start-up costs such as the establishment of First Nations designed/controlled early childhood training programs; costs of healthy meals and snacks; and program support and developmental costs up to 12.5% of the total contribution for child care activities to support the creation of uniquely First Nations services through culture

and language enrichment, special needs, service linkages; or First Nations regional technical and licensing support mechanisms, standards or accreditation approaches¹⁰⁹.

In 2002-03, the total FNICCI allocation for Ontario was \$4.4M. Of this total, \$720,000 was designated for operations and maintenance, and \$3.7M was for enhancement and enrichment. This funding supported a total of 2,428 child care spaces.

As of 2014-15, the total FNICCI ELCC allocation for Ontario First Nations communities is just over \$6.3M, for a total of 2,930.5 spaces. The bulk of this allocation (\$4.7M) is for enhancement and enrichment; \$942,000 is for O & M; and about \$678,000 is for the Early Learning and Child Care component¹¹⁰.

FNICCI Program Focus

The objective of FNICCI is to provide affordable quality childcare to First Nations and Inuit children to enable their parents to work or attend school¹¹¹. FNICCI aims to improve the availability of quality child care services in First Nations and Inuit communities to a level comparable to that of the general population. FNICCI spaces are targeted to children up to the age of 12, with the majority being zero to six (0-6) years of age.

FNICCI is intended to complement other federal and provincial programs, recognizing that child care is only one component of a holistic approach to healthy child development in First Nations and Inuit communities.

A 2009 evaluation of the Aboriginal Human Resource Development Agreements, including FNICCI,¹¹² cited the positive impact the FNICCI program has on the overall development and self-confidence of children, access to good meals, and effective transition to school, language, and cultural and social development. Daycare centres financed through FNICCI were reported to have made an important contribution not only to the development of healthy, active children, but also to the economy of the region, enabling hundreds of parents to pursue employment and training.

Key informants also flagged funding availability as a core challenge that limited the number of children the centres could accommodate.

SUMMARY

First Nations & Inuit Child Care Initiative: Ontario First Nations Funding

2002-03	2014-15
\$4.4M – 54 First Nations	\$7.84M – 114 First Nations

ONTARIO

Overview – Early Learning

The Government of Ontario released a report on early learning in 1999¹¹³ which affirmed the lifelong impact of early childhood experiences on learning, behaviour and health. In 2004, Ontario announced Best Start, a comprehensive new strategy to increase the quality and stability of the current system for young children, and minimize organizational, professional, technical, and jurisdictional barriers. Through Best Start the existing system of services, programs and resources for children was reshaped to be more integrated¹¹⁴.

Provincial programs that were launched at that time included the Aboriginal Healthy Babies Healthy Children Program and the Aboriginal Fetal Alcohol Spectrum Disorder and Child Nutrition Program.

Ministry of Community and Social Services

11. Aboriginal Healthy Babies Healthy Children - AHBHC

Background and Funding

Aboriginal Healthy Babies Healthy Children is a provincially-funded program. The Ministry of Children and Youth Services has the lead for the generic Healthy Babies Healthy Children program. However, the Ministry of Community and Social Services is the lead ministry for the Aboriginal Healthy Babies Healthy Children component, since responsibility for managing this component (on and off-reserve) was transferred to the Aboriginal Healing and Wellness Strategy in April 2000¹¹⁵.

The Healthy Babies Healthy Children program was first introduced in 1997. Total provincial commitment for Healthy Babies Healthy Children overall grew from \$10M to \$50M by 2000-01. It was projected to be \$89.6M for 2014-15¹¹⁶.

In terms of the Aboriginal-specific component, as of 2002-03, about \$3.72M was allocated for AHBHC. These funds were delivered through PTOs to First Nations participating in AHWS. In 2010-11 the Ontario government allocated a total of \$8.5M for the AHBHC program including \$4.6M for programs on reserve.

As of 2013-14 total funding was \$8.8M¹¹⁷. AHBHC funding continues to flow through AHWS to PTOs and First Nations. A total of 120 First Nations receive funds for AHBHC¹¹⁸.

AHBHC Program Focus

The AHBHC Program is funded under the Aboriginal Healing and Wellness Strategy (AHWS).

AHBHC was created as a way to support families in celebrating and honouring new and young life in the Aboriginal community. The AHBHC Program is a prevention and early intervention strategy of services for families with children from prenatal to 6 years of age. The overall program goal is to assist all Aboriginal families to provide the best opportunities for healthy development, through family home visiting (family support and service identification), service coordination, and referrals. An equally important objective is to ensure that the program addresses the needs of children at risk, to ensure that they have access to services and support that will address their needs.

The AHBHC community workers are a valuable asset to families and communities. They are aware of how children grow and develop, they know the resources available in the community, and they know how to connect families to those resources or services that will address their needs.

The heart of AHBHC programming is preparation for parenting (preconception component), getting ready for the birth of the baby, (prenatal care), and taking care of the baby (postnatal care). The AHBHC Program is delivered through home visits, early identification and screening, family support plans, service coordination and referrals¹¹⁹.

SUMMARY

Aboriginal Healthy Babies Healthy Children: Ontario First Nations Funding

2002-03	2014-15
\$3.7M	\$8.8M – 120 First Nations

Ministry of Children and Youth

12. Aboriginal FASD and Child Nutrition Program – AFASD-CN

Background and Funding

The Aboriginal Fetal Alcohol Spectrum Disorder and Child Nutrition Program is a program offered by Aboriginal organizations across the province for families with children and youth who may have been affected by alcohol before birth. In 2001, Ontario announced new funding of \$20M over five years for Aboriginal fetal alcohol syndrome/effects and child nutrition initiatives, as part of the federal/provincial early childhood development initiative.

As of 2002-03 the province provided a total of \$4.4M annually to 22 projects delivered by First Nations PTOs, Independent First Nations, Aboriginal Health Access Centres and other Aboriginal health service providers. This annual funding amount, \$4.4M was unchanged as of 2013¹²⁰. A scan of the ministry’s website listing service providers shows that the program continues to be delivered by First Nations PTOs, Independent First Nations and AHACs/other service providers, thus reaching all 133 Ontario First Nations.

Program Focus

The program provides information, family support and activities related to Fetal Alcohol Spectrum Disorder, offers educational opportunities to the broader community about the dangers of alcohol use during pregnancy, and organizes activities that focus on healthy nutrition. Services are culturally relevant and holistic.

SUMMARY

Aboriginal FASD and Child Nutrition: Ontario First Nations Funding

2002-03	2013-14
\$4.4M – 133 First Nations	\$4.4M – 133 First Nations

IV. Summary and Analysis

In summary, the federal and provincial early learning programs available to Ontario First Nations have increased in terms of number of programs available and overall funding levels. The table below is a summary of total funding levels for each program from 2002-03 and 2014-15 for comparative purposes.

Early Learning Program Funding

EARLY LEARNING PROGRAM FUNDING: Ontario First Nations 2002-03 and 2014-15		
PROGRAMS	2002-03	2014-15
Day Care	\$15.2M	\$16.6M
AHSOR	\$4.7M	\$7.8M
FNICCI	\$4.4M	\$7.8M
NCBR	\$7.3M**	~\$4.7M
AHBHC	\$3.7M	\$8.8M^
AFASD-CN*	\$4.4M	\$4.4M
MCH	0	\$3.8M
CPNP	\$1M	\$1.8M
FASD-FNIC	0	\$1.7M
COHI	0	\$0.9M
Totals	\$40.7M	\$58.3M

Note: Figures have been rounded to the nearest thousand.
** AFASD-CN funding flows to First Nations and to Aboriginal Health Access Centres, some of which are off-reserve.*
***\$7.3M was for FY2003-04. ~\$4.7M is calculated based on First Nations information regarding 2014-15 funding cuts.*
^\$8.8M was for FY2013-14.

Based on available information as of March 2015, total funding for Ontario First Nations early learning and early child development is \$58.3M, an increase of \$17.6M since 2002-03. This total is slightly higher than the total of \$55.1M reported in the 2014 ELAMP Report.

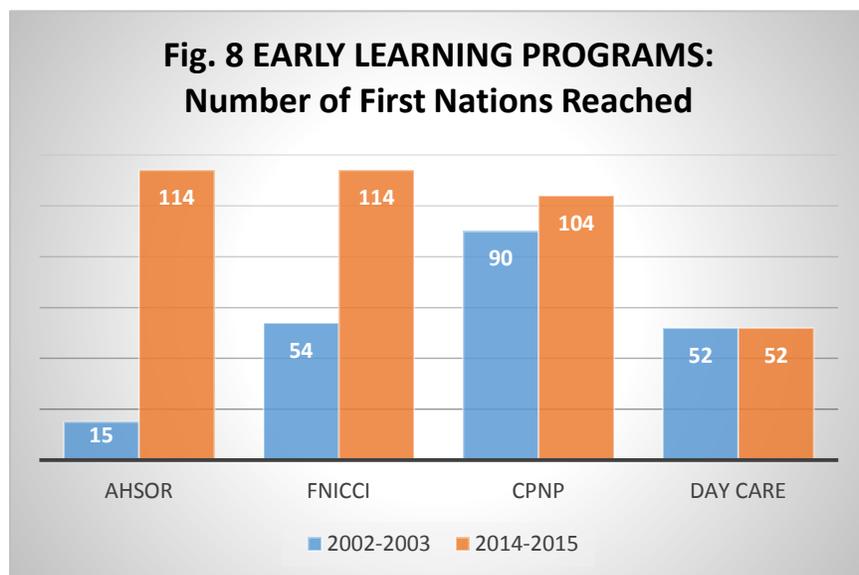
In comparing the totals above for 2002-03 and 2014-15 it is interesting to note that most funding levels have increased significantly and one (AFASD-CN) has continued at the same level.

For the Day Care program, the increase has been 9.2% in 12 years, less than 1% per year.

With the funding reduction to NCBR in 2014-15, there has been an overall decrease of about 36% in the NCBR funding since 2002-03.

Program Availability and Reach

Figure 8 below shows the number of Ontario First Nations communities that accessed the AHSOR, FNICCI, CPNP and Day Care programs in 2014-15 compared to 2002-03.



AHSOR showed the greatest increase in the number of First Nations communities reached, followed by FNICCI. Figure 8 does not show AHBHC or AFASD-CN (which have been available to most Ontario First Nations since 2002-03), K4/K5 or Special Education. MCH, COHI and FASD-FNIC are not shown as they were not available in 2002-03, and there is no comparable NCBR data.

Program Gaps

Gap: Early Learning Infrastructure

The data show that less than half of Ontario First Nations communities (52 out of 133) have day care, although some communities have more than one program¹²¹. Yet in a 2011 survey, two thirds of First Nations across Canada reported having licensed day care programs¹²².

As of March, 2015 there are 18 Ontario First Nations communities with over 40 children age 0-6 that do not have day care funding. All of these communities are located north of Lake Superior.

The lack of child care centres negatively impacts Ontario First Nations citizens' participation in training, post-secondary education, and employment opportunities whether seasonal/part-time or full-time.

The AHSOR program has been filling the gap in many of the communities in need, however this funding covers program costs, not capital costs. For those First Nations communities wishing to build a day care centre or undertake needed renovations to existing facilities, there are few funding avenues available. Lack of capital funding for construction or renovation is a long-standing issue that remains unresolved¹²³.

Early learning in First Nations communities requires adequate space. Given that many communities lack facilities or have aging day care centres in need of repairs or schools with cramped classroom space, funding for construction of new facilities and renovations to older centres is a critical element that is not currently available.

Gap: Human Resources and Program Supports

In addition to the lack of capital, First Nations in Ontario note other challenges to implementing early learning. In terms of human resource issues, salaries for day care and Head Start staff are inadequate and there are many challenges related to finding and retaining qualified teaching staff. Trained, qualified early childhood educators (ECEs) are often lost to other sectors such as child welfare and schools which offer higher salaries. Better working hours and conditions and opportunities for advancement are required to ensure the availability of qualified ECEs.

Funding gaps exist in providing professional development for ECEs as well as school teachers. Where professional development is provided for K4/K5 teachers, it also needs to include strategies for implementing what they have been taught; for example, how to adapt the play centre approach into small cramped First Nations classrooms.

More collaboration between teacher training programs and ECE training programs is required to ensure alignment of early learning curriculum and smoother transitions from day care/early learning programs into the primary level.

Many teachers in First Nations communities are earning their qualifications through distance education while on the job. This can interfere with their time in the classroom and requires substitute teachers to step in who may not be qualified. This is an issue that post-secondary education institutions should look at and consider offering teacher training programs after work hours or in summer.

Other areas of program support that require funding include specialized support services for children, parent engagement activities, and costs associated with merging existing community programs to create an Early Learning program and to train staff on integrated programming.

There is also the need for funding to offset the rising costs of operations and maintenance.

Funding that is available to early childhood education through Best Start is not available to First Nations.

Gap: Literacy/Numeracy Support

In many First Nations community schools there is a lack of understanding around the value of play in early learning as a key to promoting all future learning. There is also a high rate of

turnover in school principals and teachers; thus information and training on early learning and literacy need to be ongoing.

First Nations have flagged the need for faculties of education to incorporate more innovative techniques for promoting early literacy and numeracy in the classroom and raising awareness in families.

Online resource tools focused on literacy and numeracy would be valuable reference material for teachers.

Language immersion programs are a priority in many First Nations communities; however more support is needed to ensure that literacy programs focused on English language comprehension and reading are in place.

Through its Literacy and Numeracy Secretariat, Ontario should share educational expertise and provide access to professional and curriculum development for First Nations education personnel.

Gap: Specialized Services

While some of the programs listed above have a universal reach, this does not mean that existing services meet all needs. For example, in 2013 a parent from a Nishnawbe-Aski Nation community went on a hunger strike to bring attention to the need for more FASD diagnostic services for children and more awareness among health providers¹²⁴.

Benefits of Early Learning Programs

Early childhood development is recognized as an important determinant of health. Research has shown that many of the health inequities that exist for First Nations people (such as high levels of diabetes and chronic disease) are tied to socio-economic disparities such as housing, employment and education levels. These disparities can challenge First Nations efforts to raise healthy children and develop strong families and communities¹²⁵.

A national First Nations health survey¹²⁶ found that in 2002-03, 11.6% of those children who had attended Aboriginal Head Start repeated a grade in school, compared to 18.7% of those who did not attend Aboriginal Head Start. Program success such as this should be acknowledged and all Ontario First Nations communities should be able to access such programs.

Other aspects of AHSOR and other Health Canada early learning programs are that they are integrated and flexible through a cluster approach that allows communities to apply them to suit their needs and link with other available services.

Some of the early learning programs listed above are funded on an ongoing basis. Ongoing funding initiatives allow communities the opportunity to plan programming with a sense of stability and to identify shorter and longer-term milestones and outcomes. Ongoing funding of early learning programs demonstrates a commitment to support early learning and early child development as a health priority.

Federal Government Direction in First Nations Early Learning

As can be seen from the review of federal early learning programs above, the range of available federal initiatives and funding levels has grown substantially within the realm of healthy child development and in relation to labour market support, but much less so in relation to day care.

Aboriginal Affairs and Northern Development Canada (AANDC) recently made a commitment to First Nations to develop a five-year Early Learning plan, however regional officials clarified that this plan was simply to ensure the region's budget included funding for any increases in instructional service dollars due to new full time kindergarten program delivery (these increases are made available to First Nations schools with single year agreements in place who give one year's notice of their intent to offer full-day kindergarten). AANDC has indicated that other than these increases, there is no new money available for early learning programs.

AANDC funding formulas do not support implementation of the province's full-day kindergarten model which covers the costs of retrofitting spaces to make them appropriate for the full-day program and associated program costs for full-day learning and early literacy. Further funding reductions in areas such as the National Child Benefit Reinvestment Fund compound the need for funding support.

While AANDC strives to ensure education programming on-reserve is comparable with that of the province, the requirement of comparability is focused only on the hiring of provincially certified teachers, ignoring other elements of the provincial education system that are lacking in First Nations education systems.

Provincial Government Direction in First Nations Early Learning

The provincial government's support for First Nations early child development, as manifested through initiatives such as AHBHC and AFASD-CN, has been ongoing. However, as seen above, First Nations have been financially hampered in their efforts to keep pace with the changes in early learning being undertaken by the province. By September 2014, four years after the Ontario government announced full-day kindergarten for four and five year olds, the province had allocated over \$1.45B in capital funding to support the creation of close to 3,500 new kindergarten classrooms through additions and major retrofits¹²⁷.

The Ontario Early Years Policy Framework (2013) committed Ontario to move forward with implementation of Best Start Child and Family Centres through a number of measures including working with First Nations partners and the federal government to build on existing programs and services on reserve. The overall intent was to create an integrated, seamless early years system to meet the needs of diverse groups including First Nations communities.

The Ministry of Children and Youth Services will be moving forward on a plan to develop a provincial cross-ministry FASD Strategy and will engage Aboriginal partners along with service providers, families, caregivers, youth and adults affected by FASD, researchers and clinicians, and key informants from the education, child protection/child welfare, and youth justice sectors.

MCYS is also leading the development of the Aboriginal Children and Youth Strategy (ACYS) that will provide a framework for Aboriginal communities in creating their own programs and services to respond to community needs, ensuring that children and youth have greater access to services they need regardless of where they live, through culturally-grounded services, and through community-based solutions and greater Aboriginal control¹²⁸.

The Need for Targeted First Nations Early Learning Investments

Studies of child care and early learning programs accessed by First Nations in Canada flag issues such as waiting lists, an inadequate number of spaces which falls far short of demand, and insufficient funding to serve all First Nations communities. Targeted investments in a range of community-led initiatives during the early years can promote healthy development in children and families, counteract stressors and conditions that can erode optimal health and development, and make a significant contribution to educational achievement, economic success and subsequent parenting in the next generation¹²⁹.

In looking at projected child care needs in Ontario First Nations, a comparison of Ontario First Nations population growth for age 0-4 shows an increase of 12.9% from 2003 to 2013. Assuming this growth rate continues for this age group living in Ontario First Nations communities, the 0-4 age group will grow to 7,130 in 2023, and 8,050 by 2033. If the current number of spaces is maintained for the next 18 years, then by 2033 the shortfall in child care spaces will reach over 5,000 spaces for the 0-4 age group alone.

First Nations would view an appropriate early learning model as one that would meet the needs of Ontario First Nations communities based on the principle of First Nations control of First Nations lifelong learning. The goal of early learning programs would be to offer improved school success while also supporting positive First Nations self-identity. Early learning programs would be based on culturally relevant curriculum that includes history and language. Program

implementation would be predicated upon connections to extended family and the community utilizing appropriate teaching methods based on First Nations learning styles¹³⁰.

This model of early learning and the programs that support it would be different in each First Nation community as it would be developed based on that community's needs.

V. Recommendations

In developing recommendations for Ontario First Nations early learning it is helpful to look at what progress has been made since the original scan of early childhood development programs in 2002-03. The following is an updated list of numbered recommendations from the 2003 Ontario First Nations ECD Community Mapping and Environmental Scan report indicating where progress has been made and where recommendations that have not been implemented, followed by a final list of recommendations based on the information gathered in this report.

2003 Ontario First Nations ECD: Implementation of Recommendations	
Brighter Futures Evaluation (#2):	
Recommended that the BF program be assessed in terms of meeting First Nations ECD needs.	<ul style="list-style-type: none"> - National evaluation occurred Nov. 2003-Dec. 2004¹³¹ - Brighter Futures/Building Healthy Communities was found to be relevant and successful in meeting goals - First Nations respondents felt the program's success was mainly due to its flexibility in allowing communities to direct resources to address their particular needs, giving them a sense of ownership in these programs
Expansion of AHS on reserve (#6, 13)	
AHS expansion should consider how to reach as many First Nations as possible Ontario First Nations should do an estimate of costs	<ul style="list-style-type: none"> - AHSOR expanded from 15 Ontario First Nations in 2003 to a universal program now being accessed by 114 out of 133 Ontario First Nation communities - 2004 ECD Asset Mapping exercise/other First Nations input may have been informative to funders re: extent and type of costs associated with expanding to full First Nations access
Equitable Formula Funding (#12)	
First Nations ECD program expansion dollars should be allocated based on equitable formula-driven approaches	<ul style="list-style-type: none"> - AHSOR, FASD and MCH are now all universally available to communities using a modified Berger funding formula that uses a base amount and factors in population including women of childbearing age and geographic remoteness - First Nations were already universally funded for CPNP - Other programs (day care, FNICCI) are not universally funded
Further Trilateral Work and Follow-Up (#19-22)	
Continue working as a regional First Nation/federal/provincial committee on expanding ECD	<ul style="list-style-type: none"> - Committee oversaw 2003-04 First Nations ECD asset mapping - First Nations communities advanced their local planning for integrated ECD programming - Committee worked ceased following asset mapping

Outstanding Recommendations from 2003 Ontario First Nations ECD	
Regional Planning, Information-Sharing and Program Assessments	
#3	As key stakeholders in the expansion of ECD programming, First Nations day care centres should be invited to provide input in region-wide discussions on ECD future directions
#4, 5	First Nations should be requested to identify any additional ECD needs that could be addressed through licensed day care programs and/or the FNICCI program
#8	Information regarding AHBHC be shared through discussions between the province, representatives of Ontario First Nations and the federal government in the context of future ECD program planning
#9	ECD overall should build in a common understanding of healthy First Nations ECD and innovative program approaches to building positive self-identity
Research and Evaluation	
#7	CPNP should be assessed regarding its effectiveness in meeting First Nations ECD needs; in the interim, First Nations should identify ECD needs that could be addressed through CPNP
#10, 15	First-Nations specific ECD research should be planned through joint discussions with research institutes and Ontario First Nations representatives regarding the focus, methodology and resourcing of such research. First Nations representatives should ensure there is a foundation for further research on First Nations definitions of ECD, culturally-based design of ECD programs, nation-building through language and spiritual components in community programs, and best practice models that encourage parent involvement in building and reinforcing cultural self-identity
Funding for Capital, Operations and Maintenance	
#14	A significant percentage of new Ontario First Nations ECD funding should be earmarked for capital. Principles should be drafted to help determine which First Nations should have priority access to capital funding, such as high infant and pre-school population, lack of community infrastructure or other funding sources. Funding should also be earmarked for operations and maintenance
Capacity Building	
#16	First Nations ECD capacity-building should be supported through continued and enriched support of First Nations-based and endorsed training and development in early childhood education and development, program development, research and systems management
Program Funding	
#17, 18	Ontario First Nations input from the ECD needs assessment should inform recommendations regarding resources for ECD program expansion. A regional First Nations ECD committee should review all principles and funding projections once First Nations input is received. In keeping with shared goals of accountability and planning, all existing First Nations ECD funding should be secured as ongoing with incremental increases
Process	
#19 - #22	Further work to be undertaken via a trilateral First Nations/federal/provincial ECD committee must be led and informed by First Nations at each step

FINAL RECOMMENDATIONS: ELAMP SUPPLEMENTARY REPORT

1. Outstanding recommendations from 2003 listed above should be vetted by First Nations technicians and leaders to determine priorities for further work.
2. NCBR funding for 2014-15 should be reinstated on an urgent basis so as not to cause duress in low-income First Nations families with children. Baseline targets must reflect actual need.
3. The implementation of full-day kindergarten in Ontario First Nations communities should occur within an equitable funding climate that ensures true comparability of early learning programming on and off-reserve. Governments should take immediate steps to work with First Nations leadership and service providers to determine outstanding costs of implementing comparable programs and identify funding sources that can be applied.
4. Governments should take immediate steps to provide funding for First Nations day care programs in Ontario region to a level that is at minimum, equivalent to other regions (for example, licensed day care in 67% of First Nations communities).
5. First Nations schools and day care centres should be supported to work together on the development of common curriculum that ensures day care will provide structured programming that fosters learning, reading readiness and an easy transition to kindergarten and school.
6. Meetings between Ontario First Nations and federal/provincial partners (AANDC, Health Canada, Employment and Social Development Canada, Ministries of Community and Social Services, Children and Youth Services, and Education) should be planned on an ongoing basis to itemize and follow up on a joint First Nations Early Learning Action Plan to maximize EL programming and coordinated approaches, and to share information that could affect funding and community needs.
7. In keeping with the principles of OCAP, First Nations data pertaining to early learning program access and funding levels should be fully accessible by First Nations.
8. The Ministry of Education should provide First Nations with early literacy expertise and support, and should encourage school boards to partner with First Nations education authorities to support First Nations early learning.
9. First Nations in partnership with federal and provincial governments and education associations should review First Nations education pilot projects that are showing positive results, and identify options for duplicating their results in other Ontario First Nations¹³².

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¹³¹ Brighter Futures and Building Healthy Communities Initiatives – Evaluation Summary. First Nations and Inuit Health, Health Canada. September, 2006. Available at http://www.hc-sc.gc.ca/fniah-spnia/pubs/promotion/_mental/2006-sum-rpt/index-eng.php

¹³² Two examples are the Oral Language project, Northern Ontario Education Leaders, available at <http://www.noelonline.ca/index.php?pid=39>, and the five-year Model Schools Project at two Ontario First Nations elementary schools at Chippewas of Kettle and Stony Point First Nation and at Bkejwanong Territory, Walpole Island First Nation under the Martin Aboriginal Education Initiative, which focused on accelerating improvement in literacy. Martin Aboriginal Education Initiative, Wiji Kakendaasoda Report. 2015. Available at <http://www.maei-ieam.ca/pdf/Model-School-Feb%2022.pdf>