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BUILDING LEADERS

Early Childhood Development in Indigenous Communities

Research Paper
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ABBREVIATIONS

AANDC	Aboriginal Affairs and Northern Development Canada
ACF	Administration on Children and Families (U.S.)
AFN	Assembly of First Nations
AHSOR	Aboriginal Head Start on Reserve
AHSUNC	Aboriginal Head Start in Urban and Northern Communities
CAP	Canada Assistance Plan
CAPC	Community Action Program for Children
CCDBG	Child Care and Development Block Grant (U.S.)
CCDF	Child Care and Development Fund (U.S.)
CCTB	Canada Child Tax Benefit
CHIP	Child Help Initiative Program (Nova Scotia)
COAG	Coalition of Australian Governments
COHI	Children’s Oral Health Initiative
CHST	Canada Health and Social Transfer
CPNP	Canada Prenatal Nutrition Program
CST	Canada Social Transfer
ECD	Early Childhood Development
ECEC	Early Childhood Education and Care
ECDC	Early Childhood Development Centres (New Brunswick)
ESDC	Economic and Social Development Canada
FASD	Fetal Alcohol Spectrum Disorder
FNICCI	First Nations and Inuit Child Care Initiative
HCM	Healthy Child Manitoba
HDI	Human Development Index
ITK	Inuit Tapiriit Kanatami
MFA	Multilateral Framework Agreement
MIECHV	Maternal, Infant, and Early Childhood Home Visiting (U.S.)
MTO	Métis Nation of Ontario
NCB	National Child Benefit
NWAC	Native Women’s Association of Canada
OECD	Organization for Economic Cooperation and Development
PHAC	Public Health Agency of Canada
TELI	Tribal Early Learning Initiative
UCCB	Universal Child Care Benefit
WIC	Nutrition Program for Women, Infants, and Children (U.S.)



INTRODUCTION

What is this project?

In the summer of 2014, Canada's Public Policy Forum launched a national initiative to advance early childhood development in First Nations, Inuit and Métis communities. *Building Leaders - Indigenous Early Childhood Development* seeks to promote a national dialogue on Indigenous early childhood development and identify opportunities to expand the impact of existing and potential programs, strategies and partnerships. Through a combination of research and dialogue among thought leaders, the Forum will identify the strengths and challenges in early childhood development (ECD) programming, and determine strategies to drive enhanced outcomes, in First Nations, Inuit and Métis communities.

What is early childhood development?

Early childhood development describes the development of the whole child, and includes physical, socio-emotional and cognitive/language development. From an Indigenous perspective, it also includes cultural identity, pride in oneself, and traditional ways of knowing.¹ Many factors contribute to healthy child development, including the child's biology, family, neighbourhood, and the broader socio-political context.²

The brain is a highly integrated organ, and its multiple functions operate in a richly coordinated fashion. Emotional well-being and social competence provide a strong foundation for emerging cognitive abilities, and together they are the bricks and mortar that make up the foundation of human development. The emotional and physical health, social skills and cognitive-linguistic capabilities that emerge in the early years are all important prerequisites for success in school and, later, in the workplace and community.

-Jack P. Shonkoff, M.D.

A wide range of policies and programs can contribute to healthy child development, such as those directed toward early care and education, (which extends beyond custodial care); the promotion of good health, nutrition and access to primary health care; the development of parenting skills and support for adult mental health; family economic supports; and supports that increase the amount of time parents can spend with their children. Programs and services supporting early childhood development should be inclusive and accessible to children with special needs.

Why is early childhood development important?

The first few months and years of a child's life are extremely important in human development, and providing safe and positive environments for children to grow helps to maximize their potential. On the other hand, obstacles to healthy development, such as poverty, abuse or negative environments may lead to physical, social and/or cognitive challenges later in life.³

Neuroscientists have established that 85 percent of a child's intellect, personality and skills are cultivated in their first five years of life,⁴ and there are well established social, cognitive and health benefits associated with quality ECD programming.⁵

Behavior, learning and health outcomes are interconnected. For example, research shows that lower levels of literacy are linked to an increased risk of health problems,⁶ just as socialization is linked to an improved capacity for learning.⁷ Further underscoring the complexity of neurological development, research shows that the stress level and emotional well-being of pregnant mothers can affect neurological and biological development at birth and beyond.⁸

A large body of research links positive early childhood experiences with enhanced education outcomes, including a reduced likelihood of dropping-out, healthier lifestyle choices such as reduced rates of smoking, alcohol and drug-use, and lower poverty rates in adulthood.⁹

There are societal benefits as well. Countries with strong ECD supports and programming enjoy increased equality and social mobility, as greater numbers of mothers are able to enter the workforce through parental supports and affordable child care options.¹⁰ In turn, the ability of mothers to enter the workforce yields positive economic effects — in a recent analysis of Quebec's low-fee child care program, for example, researchers concluded that federal and Quebec governments' return from the program significantly exceeds its cost.¹¹

Why is early childhood development important to First Nations, Inuit and Métis communities?

Indigenous peoples in Canada represent a very diverse population, with a shared trait of being very young. In 2011, nearly a third (28 percent) of the total Indigenous population in Canada was under the age of 14, compared to 16.5 percent for the non-Indigenous population.¹² The Indigenous population is also growing at a rate nearly four times that of the non-Indigenous population.¹³ These trends suggest that the outcomes of First Nations, Inuit and Métis children will be crucial to the future prosperity and well-being of these populations.

A characteristic of many Indigenous cultures is the centrality of children within their societies.¹⁴ Because of this centrality, communities may already approach the responsibility of childrearing in ways that informally incorporate many of the features of quality ECD programming, such as community involvement and support for families and parents.¹⁵

Youthfulness and a culture of respect for children are reasons for optimism and inspiration, but the effects of colonialism and the legacy of residential schools cannot be overlooked. These contribute to social and economic problems in many communities, impeding the ability of children to reach their potential as tomorrow's leaders and decision makers. Statistics on virtually every measure of well-being such as family income, education, crowding and homelessness, poor water quality, and health outcomes — reveal the serious disadvantages Indigenous children face compared to non-Indigenous children in Canada.

Beyond the well-known behavioural, health and cognitive benefits of quality ECD supports, improving developmental conditions for children in Indigenous communities promotes the reconstruction of cultural identity¹⁶ and enhanced community capacity.¹⁷

What will this paper accomplish?

Based on a review of literature and research from academics, national Aboriginal organizations, community leaders and community-based organizations, this paper provides a summary of ECD policies and programs in Canada both historically and currently, followed by an overview of ECD programs in First Nations, Inuit and Métis communities. This includes a discussion of some of the ECD initiatives in Indigenous communities, and identifies common themes or objectives that could help guide or assist future initiatives. The paper then turns to Indigenous communities internationally to identify concerns and challenges that may be shared by Indigenous peoples in Canada, with a focus on the innovative ways that different communities are responding.

This paper seeks to facilitate a national dialogue on how to enhance ECD programming in Canada and in First Nations, Inuit and Métis communities. Given that limited research on early childhood development from an Indigenous perspective is available, the information presented in this paper will be enhanced by the perspective of individuals who have community-based experience promoting early childhood development in First Nations, Inuit and Métis communities.

A note on terminology

When discussing First Nations, Inuit or Métis people collectively, this paper uses the term 'Indigenous,' specifying the national or international context when it is not obvious. Where possible and relevant, effort will be made to reference specific cultures, nations or communities.

THE EVOLUTION OF EARLY CHILDHOOD DEVELOPMENT POLICY IN CANADA

The importance of supporting early childhood development is well-understood, and Canada has made significant progress in this area. Prenatal and postnatal care are universally provided to mothers and infants, and maternity and parental leave are available in every province. Family centres are found in communities throughout the country, and both federal and provincial governments offer tax benefits and income transfers to help parents with the costs of raising children.

There is, however, no national program or strategy for early childhood development. As the late Clyde Hertzman described, “What we have done so far is a good start, but it is only a start.”¹⁸ Policies and programs to support early childhood development have been established incrementally for different

Right now, we put a lot of obstacles in the way of effective parenting. That's not good long-term thinking. If we don't put the resources in now for kids and families, it's going to come back to bite us in 30, 40, 50 years from now.

-Dr. Gregory Miller,
Northwestern University

reasons and in different ways across the 10 provinces and three territories. Parents and young children are supported through a variety of programs and services that are administered by multiple departments, with varying availability, a range of user costs and different regulatory requirements related to program delivery and quality.¹⁹

In particular, proponents often argue that there is a gap in support between the end of parental leave and the beginning of formal schooling in which “supports break down and public policy is confused about what to do.”²⁰ In a 2006 report on early childhood education and care in Canada, the Organisation for Economic Co-operation and Development (OECD) describes the situation as “a patchwork of uneconomic, fragmented services, within which a small ‘child care’ sector is seen as a labour market support, often without a focused child development and

education role.”²¹

Over time, the motivation for establishing programs and supports for early childhood development has shifted from promoting the participation of mothers in the labour force, towards recognizing the importance of the early years in the healthy development of children. Yet the historic emphasis on the labour market continues to affect the approach, funding and delivery of early childhood development supports. Understanding the context in which Canada’s ECD programs have evolved is therefore important to understanding the current situation.

History of ECD programs in Canada

While Canadians may take for granted a certain level of government involvement in providing services, programs and infrastructure to support the healthy development of children today, this was not always the case. Prior to Confederation, children were considered to be primarily the responsibility of the family, and of mothers in particular.²²

Programs supporting some aspects of early childhood development in Canada can be traced back to the mid-19th to mid-20th century, when educational, philanthropic or religious organizations began offering child care-like programs. These typically arose as responses to changing social conditions and industrialization, and the need for some mothers to work outside of the home.²³

Beginning with Montreal in 1829, infant schools began operating in urban centres, offering care and education for the poor. The influx of immigration in the 1840s and '50s drove the growth of cities in eastern Canada, and with this growth came the need for orphanages, foundling homes, and nurseries. While initially philanthropic, not all programs were established in the same way at the same time. Some were created as a response to the problem of overcrowding in main school buildings, while others housed orphans. In some cases, private infant schools were developed for the wealthy.

The history of kindergarten and childcare is two separate stories – and the division persists in policy, administration, and programming to this day.

-Friendly and Prentice, 2009

“The exigencies of factory life are inconsistent with the position of the good mother, a good wife or the maker of a home. Save in extreme circumstances, no increase of the family wage can balance those hours, whose values stand on a higher qualitative level.”

-1901 Census bulletin, reflecting unease with the entry of women to the workforce.

However, the prevailing thinking was that the early years of development were best left solely to mothers, along with a belief that too much stimulation could have a negative effect on a young child's mind.²⁴ As a result, few infant schools remained operational by the 1870s, with no public role in the promotion of early childhood development.

In the face of industrialization and social change, social reformers grew concerned about the moral foundation of their communities.²⁵ While families had previously been involved mainly in production (farming), they were now increasingly living in cities, participating in the wage economy and working outside of the home. In addition, a small but rising number of women were entering the workforce at the turn of the 20th century.

It was in this context that the educational ideas of Friedrich Fröbel inspired the opening of kindergarten programs in towns and cities across Canada. These were initially private services for the middle and upper classes, and reflected the prevailing

thought that although mothers were best suited for early child rearing, formal early education could be of assistance to them and would be beneficial to the child's development.

Free kindergartens emerged as a vehicle for social reform and mission work, extending early childhood education to lower-class families. In contrast to the philanthropic rationale for the earlier infant schools, kindergartens were intended as a means of instilling moral values, and of assimilating immigrant children.²⁶ Beyond social and religious motivations, the actual education of children was typically a second or third priority, as kindergartens were often a response to the problem of overcrowding in schoolhouses. As was also the case for infant schools, kindergartens took in the children of wage-earning mothers, who were "occupied away from home in earning money, and who well neglect their children," according to an inspector for the Toronto Board of Education in 1895.²⁷

In 1887, Ontario became the first province to incorporate kindergarten programs into the public school system, providing grants for schools to establish programming for children aged three to seven.²⁸ By the end of the century, kindergartens had been incorporated into the school systems of urban centres such as Halifax, Montreal and Regina.

The emphasis on social reform is a defining factor in the development of kindergarten programs as a publicly supported *education* service, as opposed to philanthropic or private *care* services. The separate purposes and beginnings of kindergarten and child care programs help to explain the division in the way education and early childhood programs are legislated, administered and delivered today.²⁹

ECD initiatives in the modern era

Both the First and Second World Wars saw a greatly expanded federal role in providing funding for a range of social programs, with significant consequences for ECD policy and programming. The high number of widowed mothers following the First World War prompted provincial governments to provide them allowances, which were then adopted by the federal government with the passing of the *Mother's Allowance Act* in 1920, providing funds that were in reality not large enough to keep many women out of the labour force.

World War II brought about the passing of the Dominion-Provincial Wartime Day Nurseries Agreement, which offered 50/50 cost-sharing with participating provinces for child care services. The impetus for the Agreement was the mass entry of women and mothers into war-production industries, which provided start-up and operating costs for child care programs that were primarily operated by municipalities. Again, the emphasis was on supporting the labour force participation of mothers, as opposed to the actual education or development of young children. Funding for the Day Nurseries Agreement ended in 1945 with the end of the War.

This ended Ottawa's funding of child care programs until 1966, when the Canada Assistance Plan (CAP) was passed, through which the federal government agreed to match provincial or territorial funding for poverty prevention and reduction initiatives. Through this framework, provincial/territorial funding of child care for low-income households would be matched by federal funds, providing that the services met specific standards and were not-for-profit.

Friendly and Prentice argue that the effect of this arrangement was twofold: “First, the federal funding, albeit narrowly defined, stimulated the growth of childcare in every part of Canada for the first time. Second, the inclusion in the national welfare program clearly marked childcare as a targeted, residual welfare program for the poor rather than as education or a public entitlement.”³⁰ In their view, this distinction has hindered the development of publicly-funded, nationally-available programs or services for the promotion of child development, while provincial jurisdiction over education (and child care) has largely limited the federal role to the transfer of funds to the provinces and territories for early childhood programs and services.

Despite this limited role, at several times in recent decades, the federal and provincial/territorial governments have explored ways to improve early childhood development and education. In the 1980s and 1990s, both Liberal and Progressive Conservative governments explored the possibility of introducing national child care policies, but were unsuccessful in moving plans forward.³¹

In the late 1990s, the federal commitment to CAP ended. In its place, the Canada Health and Social Transfer (CHST) was introduced to support provincial/territorial investments in health care, post-secondary education and social services. In 2000, Canada’s First Ministers concluded a multi-lateral agreement on early childhood development, through which \$500 million was provided annually via the CHST to the provinces and territories for initiatives to promote early childhood development. This could include programs to promote infant and maternal health, the strengthening of parental and community supports, and/or the provision of quality early learning and child care services. While the multilateral initiative on early childhood development was important in that it recognized the range of factors that contribute to positive childhood development, there were no specific requirements on how the provincial/territorial governments were expected to allocate federal funds, with only implicit expectations that some would go towards early childhood education and care programs. As a result, provinces and territories largely focused on providing information and improving parenting resources, with little funding going towards early childhood education.³²

To clarify that early childhood education and child care programs were to be supported by the federal CHST transfers, the 2003 Multilateral Framework Agreement (MFA) on Early Learning and Child Care earmarked funds specifically for child care. Under this agreement, \$1.05 billion over five years would be provided to help provincial and territorial governments improve access to affordable, provincially and territorially regulated early learning and child care programs and services.³³ The MFA on Early Learning and Child Care provided federal funding to the provinces that specifically targeted child care programs for the first time since WWII.

In 2005, the federal government increased this investment, pledging \$5 billion over five years to support a series of bilateral agreements with the provincial/territorial governments to establish a national system for early learning and child care programs. Prime Minister Paul Martin explained, “This is the first time a national government has said we want to bring in a national system. We want to work with the provinces, but we will fund it and we would like to see it grow over time.”³⁴ Bilateral agreements-in-principle were reached with nine provinces for the establishment of federally-supported child care programs.

However, in 2006, the newly elected Conservative Government gave one year’s notice of the cancellation of the bilateral agreements, instead adopting an approach that provided direct financial support to families via the Universal Child Care Benefit and tax subsidies to encourage the creation of new child care spaces. The UCCB supports working parents by providing a \$1200 per year allowance for each child under six to help families choose the child care option that best suits their needs. A 25 per cent investment tax credit is available to businesses that create new child care spaces in the workplace. At the same time, the CHST was increased by \$250 million annually to support the development of child care spaces in provinces and territories. In the late 2000s, the CHST was split into distinct transfers for health and social programs. On the social side, the Canada Social Transfer provides equal per capita funding to provincial/territorial governments for social programs, with no conditions on how they allocate funds across social programs, including post-secondary education, social services, child care and other ECD supports.³⁵

Further support for Canadian families can be found in the legal provisions and benefits supporting maternity and parental leave. Jurisdiction for maternity and parental leave and benefits are shared by the federal and provincial governments. Each province has labour legislation that defines eligibility based on a minimum period of employment, mandates the length of time that leave can be taken, and specifies the terms by which employment will be held for the parent. The details of such legislation vary by province.

The *Unemployment Insurance Act* was introduced in 1940, but it wasn’t until 1971 that the Act was amended to include maternity benefits. With the amendments, mothers who had accumulated at least 20 weeks of insurable earnings could claim up to 15 weeks of benefits through unemployment insurance. An additional 10 weeks of parental leave benefits were added in 1990, which could be used by either parent or split between them, and eligibility requirements were lowered. Parental benefits were significantly extended in 2000 from 10 weeks to 35, allowing working mothers – or fathers – to stay home for up to a year while collecting a partial ongoing income. As of 2011, 83 percent of mothers outside of Québec who had worked before giving birth reported having taken paid leave for an average of 44 weeks.³⁶ Parents in Québec receive maternity and parental benefits under the Québec Parental Insurance Plan.

Figure 1: Key Government of Canada ECD Initiatives

Federal Program or Transfer	Total 2013-2014 Expenditure (billions)
Universal Child Care Benefit (UCCB) ³⁷	\$2.6
Canada Social Transfer (CST) ³⁸ (funds notionally allocated as “support for children”)	\$1.3
Maternity/Parental Benefits ³⁹ (excluding Québec)	\$3.2 (2012-13)

Financial support is offered to parents through the Canada Child Tax Benefit, which provides direct tax-free income support to the majority of Canadian families with children.⁴⁰ The federal government was projected to contribute \$10.75 billion in 2013-14⁴¹ through the CCTB, and through a supplement to the federal-provincial-territorial National Child Benefit (NCB) initiative. Parents are also entitled to the Child Care Expense Deduction, which is a tax deduction for receipted child care expenses, with a federal expenditure of \$935 million in 2012.⁴²

In addition to the range of transfers to provincial and territorial governments, tax subsidies and income benefits for families with children, the Canadian government has also invested in ECD supports for targeted sub-populations, in particular, First Nations, Inuit and Métis families with children. These investments are discussed in the section *The State of ECD Programs in First Nations, Inuit & Métis Communities*.

Fragmentation of ECD policies

ECD policies fall under the responsibility of multiple departments at different levels of government, and the distinct jurisdictional responsibilities of the federal and provincial/territorial governments create a tendency towards fragmentation. It has been argued that a lack of early childhood development policy coherence in Canada contributes to “isolated and overlapping program fragments.”⁴³ Where national and intergovernmental programs and strategies on early childhood care and education exist, they tend to maintain provincial independence rather than reduce it, contributing to further fragmentation.⁴⁴

Lacking a national strategy or coordinating body, Canada’s policies and programs that support children and families tend to be responses to specific issues. “Historically, many children’s services were developed in response to specific problems or to deal with crisis situations when family members were no longer able to manage on their own, or with help from their families. Health..., child care and education services, for example, have generally operated as separate services... This categorical or single strategy approach has often led to a fragmentation of services...”⁴⁵

The lack of coordination between related policies is a tendency noted by Beach and Bertrand: “Throughout the 1970s and 80s, toy lending libraries and parent-child drop-in centres developed as programs separate from nursery schools, day care centres and kindergarten programs. Some were aimed at high-risk families and focused on enhancing parenting skills; others were aimed at providing informal child care providers with opportunities for peer interaction, training, and group play activities for their charges; still others were aimed at more advantaged at-home parents. Thus, over a century or more, Canadian early childhood programs evolved as three silos: child care, early childhood education and supports to parenting.”⁴⁶

Integrated provincial/territorial approaches

While fragmentation and a lack of coordination may be challenges at the national level, a number of provinces are adopting integrated approaches to promoting early childhood development, enabling families to access a variety of services for themselves and their children.

Quebec has developed the most comprehensive ECD system in Canada. As part of its family policy, which included an improved maternity and parental insurance program, the provincial government in 1997 introduced a subsidized child care program, through which parents currently pay \$7/day for child care – by far the lowest fees for such services in Canada. These services are politically popular, and have been shown to improve school readiness, increase overall birthrates and lower poverty levels.⁴⁷ Further, the associated increase in the labour force participation of mothers supports greater gender equity,⁴⁸ increases provincial tax revenue and reduces tax/transfer and welfare payments.⁴⁹

Under Quebec's program, child care providers are required to include educational programming to foster children's emotional, social, moral, cognitive, language, physical and motor development.⁵⁰ The program is not without deficiencies - including a shortage of spaces and significant waiting-lists. However, on the whole, assessments of affordability, enrollment rates, and the creation of child care spaces favour Quebec's system.⁵¹

Elsewhere, New Brunswick's integrated Early Childhood Development Centres (ECDC) model combines regulated child care, education, family and community health services into a single, accessible program designed to meet the needs of children and their families from the prenatal period through to the transition to elementary school.

In Toronto, a program called Toronto First Duty was established in 2001 as a partnership between the City of Toronto, the Toronto District School Board and community agencies supported by the Atkinson Charitable Foundation. The program combines regulated child care, kindergarten and family support services into a single, accessible program, located in schools and coordinated with early intervention and family health services.⁵²

Building on the Toronto First Duty program, Early Years Centres have been established in regions throughout the province of Ontario, which offer free programs and activities for parents, caregivers and their children up to the age of six. With programs on learning and literacy, as well as pregnancy and parenting, Early Years Centres seek to promote all aspects of early childhood development and act as a community resource hub.

“Creating the conditions for healthy child development will require a profound degree of inter-sectoral collaboration... The programs, services, and environmental influences on children's development involve federal, provincial, and municipal governments as well as philanthropies, businesses, neighbourhoods, and families... Decisions made in one sector can have a profound influence on the effectiveness of other sectors in assisting in child development.”

-Clyde Hertzman, 2004

Further west, Healthy Child Manitoba (HCM) offers a network of programs and supports for young children, parents and communities. With a focus from the prenatal period to adulthood, HCM's Early Child Development Initiative provides schools with funding for services to increase school readiness in children. The program is designed to allow school divisions to establish priorities based on the needs of their communities, and, beginning in the 2014-2015, will be available to fund child care programs with the approval of the Deputy Minister of Education.

StrongStart BC programs provide rich learning environments designed for early learning development – language, physical, cognitive, social and emotional. Separate from child care services, these programs are available for a few hours each day, and are intended to help prepare children for kindergarten. Accompanied by a parent or caregiver, children are led by qualified early childhood educators in learning activities, finding opportunities to make friends and interact with similarly aged children.

Best practices for supporting early childhood development

Identifying specific best practices that cover the range of factors that positively contribute to early childhood development is beyond the scope of this paper. However, below are some of the themes or qualities that define successful programs, projects or strategies for promoting early childhood development.

Ensuring that pregnant mothers are healthy, informed and well cared for increases the likelihood that they will give birth to a healthy baby, with his or her potential for development maximized. Pre- and postnatal care programs are an important component of a comprehensive ECD strategy.

Ensuring that babies are screened at birth can help to identify any developmental issues that could require medical treatment or strategies for overcoming challenges. Home visiting programs are an effective and convenient way to help new parents and caregivers access supports and resources.

Early intervention programming helps children and families who may be dealing with difficulties such as developmental, social-emotional or behavioural problems. Providing resources such as counselling services or parenting skill development can have a significant and positive impact on early childhood outcomes. Programs may be home-based or in group settings, and should be voluntary and family-centred.

The use of screening tools and assessments help early intervention programs to identify the specific challenges and strengths of an infant or child, a family, a community or a region. Beyond screening at birth, children should be assessed at different stages of development to identify any issues that may emerge, and ensure an appropriate response. Screenings and assessments also contribute to the continuous improvement of ECD strategies, as the information helps to illuminate what is and is not effective.

Promoting awareness and educating families and communities about ECD issues, services, and programs is important. Raising public awareness about the importance of the early years of childhood development, encouraging healthy family and lifestyle choices and good nutrition promotes positive childhood development.

Affordable, high quality early childhood education and care is essential to ensuring that all children are provided with access to the tools they need to maximize their developmental potential. The programs should be voluntary, family-centred, staffed by qualified early-educators, and guided by curriculum.⁵³

The key benefits of quality early childhood education and care have been articulated by Child Care Canada as follows:⁵⁴

1. Communities experience enhanced social solidarity across class, ethnic and racial boundaries.
2. Intellectual and social stimulation promotes cognitive development and social competence.
3. Child care allows greater numbers of women to participate in the paid labour force, thereby increasing tax revenue for governments and reducing family poverty. It also provides opportunities for parental involvement, networking, and parent support resources.
4. Greater equity is developed for children with disabilities where children with special needs are welcomed into inclusive programs alongside children with or without disabilities. Also, full access to early child education and care services enhances equality for women.

Child care programs may be part-time or half-day programs (sometimes referred to as nursery schools or preschools). These should be strategically located to ensure that they are accessible to as many people as possible. Establishing early child care and education programs within existing schools is often recommended.⁵⁵ Also, where early childhood education is recognized as being connected to the public education system (as opposed to being a component of labour or welfare strategies), teachers and early childhood educators can work together, and the transition into kindergarten is eased.⁵⁶ The OECD reports that concentrating centre-based services into a single location has the potential to greatly reduce costs,⁵⁷ while improving quality and supporting working parents.⁵⁸



THE STATE OF ECD PROGRAMS IN FIRST NATIONS, INUIT AND MÉTIS COMMUNITIES

Children in First Nations, Inuit and Métis communities

Among First Nations, Inuit and Métis communities, responsibility for child rearing rests with the whole community, and has always been considered a sacred duty.⁵⁹ This was acknowledged in the 1996 Report of the Royal Commission on Aboriginal Peoples:

Traditional Aboriginal life provided the conditions for a solid childhood foundation. Babies and toddlers spent their first years within the extended family, where parents, grandparents, aunts and uncles, brothers and sisters all shared responsibility for protecting and nurturing them. Traditional Aboriginal child-rearing practices permitted children to exert their will with little interference from adults. In this environment, children were encouraged to develop as thinking, autonomous beings. At the same time, they acquired language and were integrated into the rhythms of daily life in the family and community.⁶⁰

Grandparents and elders have a central role in raising children, as the knowledge and experience they have accumulated authorizes them to take on this responsibility. Valued cultural information is often transmitted through the oral tradition, with an emphasis on storytelling.⁶¹ Through storytelling, wisdom, history and culture can be shared and renewed through generations.

Mothers are also highly respected and valued for their role as life-givers, and many Indigenous societies in North America are matrilineal and continue to respect women's roles in leadership and decision-making.⁶²

The arrival of Europeans brought profound change for Indigenous communities. Initially, relations between Indigenous peoples and the newcomers were often cooperative (particularly with newcomers from France). Outnumbered and unfamiliar with the land, European entry to North America would not have been possible without the willingness of First Nations to trade and form alliances.⁶³

Over time, an increasing number of settlers, the devastating impact of European diseases on Indigenous populations, the decline of the fur-trade and the end of hostilities between France, England and the United States meant that Euro-Canadian dependence on the Indigenous population gradually declined. By the 1830s, the approach of the colonial government had effectively moved towards the subordination, and later the assimilation, of Indigenous peoples into the dominant socio-political structure. This approach was formalized with the passage of *the Indian Act* in 1876.⁶⁴

Through the Indian Act, administration and control over land and resources were legitimized in the eyes of the non-Indigenous policymakers, and efforts were undertaken to 'civilize' the Indigenous

populations of Canada. This process did not occur uniformly across the country, but gradually over the following decades, even western and northern First Nations and Inuit came under the influence of the colonialist regime.⁶⁵

For over two centuries, churches had established boarding schools to attempt to “Christianize” the communities they encountered, but in the 19th century, such efforts began receiving state support, as such schools offered a way to “civilize” Indigenous peoples, whom authorities regarded as culturally primitive and inferior.⁶⁶

...it is to the young that we must look for a complete change of condition.

J.A. Macrae, writing to the Indian Commissioner, Regina, December 1886.

Predicated on racist assumptions about this perceived inferiority of Indigenous cultures, children were removed, often by force, from their families and communities, and placed in the institutionalized residential school system with the explicit goal of assimilating them into Euro-Canadian and Christian society. Between the 1880s and the 1980s, about 150,000 First Nations, Inuit and Métis children between the ages of four and 16 attended these institutions.

The 1996 Royal Commission on Aboriginal Peoples describes the thinking behind residential school policies: “The common wisdom of the day that animated the educational plans of church and state was that Aboriginal children had to be rescued from their ‘evil surroundings’, isolated from parents, family and community, and ‘kept constantly within the circle of civilized condition’.”⁶⁷

Accomplishing this meant that children were routinely forbidden from speaking their own languages, and brothers and sisters were separated and given little opportunity for contact.



Image: All Saints Indian Residential School, Cree students at their desks with their teacher in a classroom, Lac La Ronge, SK, March 1945.

Until the 1950’s, residential schools operated on a half-day system, in which students spent half the day in the classroom and the other at work.⁶⁸ In his recommendation to establish these schools, Nicholas Flood Davin wrote “The Indian problem exists owing to the fact that the Indian is untrained to take his place in the world. Once teach him to do this, and the solution is had.”⁶⁹

Teachings and work focused mainly on practical skills:

Girls were primed for domestic service and taught to do laundry, sew, cook, and clean. Boys were taught carpentry, tinsmithing, and farming. Many students attended class part time and worked for the school the rest of the time: girls did the housekeeping; boys, general maintenance and agriculture. This work, which was involuntary and unpaid, was presented as practical training for the students, but many of the residential schools could not run without it. With so little time spent in class, most students had only reached grade five by the time they were 18. At this point, students were sent away. Many were discouraged from pursuing further education.⁷⁰

When children are removed from their families, how can they learn to parent, when they themselves have not been parented in residential schools?

-Hare & Anderson, (2010)

Physical, emotional and psychological abuse was commonplace, and in many cases, there was also sexual abuse. The actual education children received was typically underfunded, inadequate, and rooted in paternal and racist assumptions about the inferiority of Indigenous cultures.⁷¹ The underfunding and poor conditions of the schools contributed to mortality rates reported to be as high as 60 percent at some schools.⁷²

Government-legislated child removal practices during the “Sixties-Scoop” period further contributed to the breakdown of families, as thousands of Indigenous children were removed from their communities through provincial child-welfare systems, and were routinely placed with non-Indigenous families.⁷³

If and when children were allowed to return home from residential schools or from their adoptive families, many found they had lost their cultural connection to their communities.⁷⁴ Some had been away from their families for most of their childhood, having spent nearly their entire lives in residential school. “When they were released from residential school, they had become dependent upon the regimentation and could not function on their own — they had become ‘institutionalized’.”⁷⁵

Without experiencing a nurturing family life, many children grew up without the knowledge and skills to raise their own families, contributing to a breakdown of family structures, and to related social issues that have become widespread in many communities.⁷⁶ The Native Women’s Association of Canada (NWAC) summarizes, “There is still an unrecognized and unaddressed fact that our youngest suffer from the problems of family formation and care stemming back to the total assault on our language, culture and families.”⁷⁷

The state of ECD programs in First Nations, Inuit and Métis communities today

The large child population in Indigenous communities underscores the need for programs and services that promote and support early childhood development. As discussed earlier in this paper, the physical, social and cognitive benefits associated with quality ECD programs are well established, and ECD

First Nations leaders have linked improvement of developmental conditions for children to the reconstruction of their cultural identity, revitalization of intergenerational transmission of culture and traditional language, and reproduction of culturally distinctive values and practices in programs for children and youth.

Jessica Ball, (2005)

programs and services support the promotion and/or reconstruction of cultural identity and the strengthening of communities.⁷⁸ Children who are provided with resources that support their overall development are more likely to develop self-confidence, mental health, and social skills, including an enhanced ability to sustain relationships and resolve conflict in nonviolent ways. They are also less prone to becoming involved in criminal activities, and are more likely to graduate from high-school, have higher incomes, and to develop successful parenting skills.⁷⁹

Federal programs to support the development of Indigenous children are administered through four departments: Health Canada, the Public Health Agency of Canada (PHAC), Aboriginal Affairs and Northern

Development Canada (AANDC), and Human Resources and Skills Development Canada, (now called Employment and Social Development Canada - ESDC). These departments transfer funds to communities for a range of ECD supports, including infant and maternal health, parent support, and early learning and care programs. However, program administration is siloed and overlapping, based on the historical mandates of departments. For example, there are three separate approaches to early learning and child care. Health Canada delivers Head Start programs on-reserve, PHAC delivers Head Start in urban and northern communities, ESDC administers the First Nations and Inuit Child Care Initiative, and AANDC provides subsidies to bands for child care services in the provinces of Alberta and Ontario (respectively) to reimburse the bulk of provincial costs for on-reserve early childhood programming.⁸⁰

Program Expenditures

Figure 2 provides data on the range of federal departments that fund and administer programs and services to support early childhood development for Indigenous children and families. A comprehensive analysis of relative ECD funding levels in non-Indigenous communities compared to First Nations, Inuit and Métis communities, requires a detailed analysis of federal and provincial/territorial funding sources, and is beyond the scope of this paper. However, anecdotal evidence suggests that there are significant disparities in the per capita funding levels for similar programs that target different population groups. As an example, per capita funding for child care services administered by provincial and territorial governments has increased in recent years,⁸¹ while funding for Aboriginal Head Start On-Reserve has flatlined.⁸²

Although federal programs or services are designated for specific populations, it cannot be assumed that all communities within the designated populations can secure access to them. In reality, there is great variability in the capacity of eligible communities to apply for and successfully implement programs. This paper does not attempt to determine the extent to which programs are accessed by eligible populations.

Figure 2: Federal ECD programming for First Nations, Inuit and Métis children, 2014-2015

Program	Department	Target Population	Type of Intervention	Planned spending (millions)
<i>First Nations and Inuit Child Care Initiative (FNICCI)</i>	Employment & Social Development Canada	On-reserve First Nations and Inuit	Child care & early learning	\$55.0
<i>Aboriginal Head Start On-Reserve (AHSOR)</i>	Health Canada	On-reserve First Nations	Child care & early learning, Parent & Family Support	\$49.0**
<i>Brighter Futures</i>	Health Canada	On-reserve First Nations and Inuit	Infant & Maternal Health, Parent & Family Support, Mental Health	\$45.7**
<i>Canada Prenatal Nutrition Program (CPNP) -First Nations and Inuit Component</i>	Health Canada	On-reserve First Nations and Inuit	Infant & maternal health	\$12.7**
<i>Children's Oral Health Initiative (COHI)</i>	Health Canada	On-reserve First Nations and Inuit	Infant & Maternal Health	\$5.4**
<i>Fetal Alcohol Spectrum Disorder Initiative -First Nations and Inuit Component</i>	Health Canada	On-reserve First Nations and Inuit	Infant & Maternal Health	\$14.2**
<i>Maternal and Child Health</i>	Health Canada	On-reserve First Nations	Infant & Maternal Health	\$23.8**
<i>Aboriginal Head Start in Urban and Northern Communities (AHSUNC)</i>	Public Health Agency of Canada	Off-reserve First Nations, Métis and Inuit	Child care & early learning, Parent & Family Support, Infant & Maternal Health	\$32.1
<i>Day care on reserve in Ontario and Alberta</i>	Aboriginal Affairs and Northern Development Canada	On-reserve First Nations (ON) Status First Nations and Métis ordinarily on-reserve (AB)	Child care & early learning, Parent & Family support	\$14.8 (Ontario)*** \$2.6 (Alberta)***
<i>Community Action Program for Children (CAPC)</i>	Public Health Agency of Canada	Off-reserve First Nations, Métis, and Inuit and Immigrant/Newcomers, Isolated, Low Income	Parent & Family Support	\$53.4****
<i>Canada Prenatal Nutrition Program (CPNP)</i>	Public Health Agency of Canada	Off-reserve First Nations, Métis, and Inuit and Immigrant/Newcomers, Isolated, Low Income	Parent & Family Support, Infant & maternal health	\$27.2****
<i>Fetal Alcohol Spectrum Disorder Initiative</i>	Public Health Agency of Canada	Pan-Canadian, including off-reserve First Nations, Métis, and Inuit	Parent & Family Support, Infant & maternal health	\$3.3****

*All figures supplied through Departmental Performance Reports, Reports on Plans and Priorities, or through correspondence with department officials.

** Note: Since October 2013, Health Canada's funding allocations have been reduced relative to prior years to reflect the funding transferred to the First Nations Health Authority for delivery of federal health programming in British Columbia under the BC Tripartite Framework Agreement

***Through the 1991 Arrangement for the Funding and Administration of Social Services, AANDC reimburses the Province of Alberta for social services (including daycare) delivered to First Nations ordinarily resident on-reserve. In Ontario, the province is reimbursed for on-reserve child care and welfare services through the 1965 Memorandum of Agreement Respecting Welfare for Indians.

****Expenditures for these PHAC programs include, but are not specifically targeted for First Nations, Métis or Inuit communities. Total spending includes projects or initiatives that serve non-Indigenous populations.

Evolution of ECD programs and services for First Nations, Métis and Inuit children

After hosting the 1990 World Summit for Children, the Government of Canada in 1992 initiated a five-year national plan of action to invest in the well-being of children entitled *Brighter Futures: Canada's Action Plan for Children*. The initiative included two components that support First Nations, Inuit and Métis community-based activities that contribute to the well-being of children, individuals and families: *Brighter Futures* and the *Community Action Program for Children* (CAPC).

Administered by Health Canada's First Nations and Inuit Health Branch, *Brighter Futures* provides funding for projects that promote mental health, child development activities, healthy babies, parenting, and injury prevention. Activities include establishing resource centres, developmental counselling with parents and children, providing nutritional education, emphasizing the need for regular medical examinations during pregnancy, and promoting culturally appropriate parenting skills through training programs. Utilized by the majority of on-reserve First Nations and Inuit communities,⁸³ *Brighter Futures* supports communities with funding for activities that are part of an existing community program, as well as projects or activities that are run separately.

With the proportion of First Nations people living off-reserve in Canada rising (with the large majority residing in major urban centres), increasing demands for programs and services are being placed on provincial and local governments. This includes the need for programs and services for Aboriginal children and their families.

-Health Canada, (2012)

The Community Action Program for Children (CAPC) is the second component established as part of the national plan of action. Administered through PHAC, CAPC provides funding for community-designed and delivered programs that promote the health and developmental needs of young children (0-6), targeting First Nations off-reserve children, Métis children, Inuit children, children in low-income families, children in remote and isolated communities, and children of recent immigrants and refugees.⁸⁴

An evaluation of the program describes its central tenet:

The health and development of the most vulnerable children can be protected from conditions of risk by investing in early intervention that addresses the needs of the whole family, thereby producing greater family stability, and improving the child's context of development.

Furthermore, the underlying philosophy of CAPC is that local agencies are in the best position to identify effective interventions as they are respected, and well-placed within their communities to know the unique conditions of their children and families.⁸⁵

Through the First Nations and Inuit Health Branch, Health Canada also funds the *Maternal Child Health Program*, which supports pregnant on-reserve First Nations women, as well as families with infants and young children. In the North, the program provides support to disease prevention and health promotion programming provided to First Nations and Inuit communities by provincial and territorial governments. The program was established in 2004 to address issues concerning Indigenous women and maternity

care, and to help provide their infants with the best possible start.⁸⁶ A key component of the program is home-visiting, in which nurses or trained members of the community visit the homes of pregnant women and families with infants and young children. They also provide support and information on the services that are available, and identify families in the community who may require additional supports. Maternal and child health programs have been linked to improved physical and mental-health outcomes, and “enhance the physical, psychological, cognitive, and social development of all family members.”⁸⁷

The *Children’s Oral Health Initiative (COHI)* is an early childhood tooth decay prevention program to improve the oral health of First Nations and Inuit children aged 0-7. Dental health can affect the functional, psychological and social dimensions of a child’s well-being, as oral pain can have devastating effects on children, including lost sleep, poor growth, behavioural problems and poor learning.⁸⁸ Inuit Tapiriit Kanatami (ITK) reports that rates of dental decay are significantly higher in Inuit communities than in the rest of Canada, and their action plan calls for the inclusion of the Oral Health Initiative in activities such as home and community care assessments, healthy-baby clinics, preschool health checks, and activities under the Canada Prenatal Nutrition Program.⁸⁹ In some communities, collaboration is achieved through a ‘COHI Aide’, who is a community member selected and hired by the community to act as a link between the dental professional and the community. Typically, informal networking and collaboration takes place between COHI providers and Aides, and pre-school and Aboriginal Head Start workers, nurses, nutritionists and other individuals supporting childhood development in First Nations and Inuit communities.⁹⁰

Further supporting the healthy development of babies, PHAC funds *The Fetal Alcohol Spectrum Disorder Initiative*, which promotes awareness and education, the early identification of symptoms and diagnosis of Fetal Alcohol Spectrum Disorder (FASD). It is estimated that although the rate of occurrence of the condition is about one per 1,000 children in Canada,⁹¹ FASD is more prevalent among Canadian Indigenous children, though a lack of data and methodological challenges prevent researchers from assessing the actual rates of occurrence within First Nations, Inuit or Métis populations.⁹²

Health Canada’s FASD program supports First Nations and Inuit communities to undertake activities that raise awareness about the impacts of FASD, stop or reduce the use of alcohol by pregnant women, facilitate earlier diagnosis and build capacity in front-line staff and families to develop successful prevention and intervention programs and services. The program also highlights the important role of fathers in raising children and in supporting women at risk of drinking while pregnant.⁹³

The *Canada Prenatal Nutrition Program* is a PHAC program designed to improve the nutrition and health of pregnant women and mothers and to promote the healthy growth of infants and children. In addition to serving the non-Indigenous population, the program seeks to provide culturally sensitive pre/postnatal support for off-reserve First Nations, Inuit and Métis women living in urban and rural communities. Health Canada administers a separate stream of the program that serves on-reserve First Nations and women living in Inuit communities.

Federally-funded ECD services for Indigenous children were enhanced significantly in 1995 with the implementation of the *First Nations and Inuit Child Care Initiative (FNICCI)* and the *Aboriginal Head Start* program for Indigenous children living off-reserve.

With underlying principles that support a holistic, community-centred approach,⁹⁴ FNICCI provides access to culturally-sensitive, affordable, quality child care services to on-reserve First Nations and Inuit children.⁹⁵ Approximately 8,500 child care spaces in over 400 communities are designed and delivered by Indigenous community organizations, with funding and support from Employment and Social Development Canada (ESDC)⁹⁶ for new and existing spaces, construction or renovations/upgrades of facilities, licensing and staff accreditation.

FNICCI provides essential funding for child care services in many communities. ITK reports that throughout Inuit Nunangat (the four Inuit regions of Canada), FNICCI funding has been vital to the establishment of child care programming, and every region relies on the Initiative for their annual budgets.⁹⁷ Some communities link their FNICCI programs with Aboriginal Head Start programs to provide a continuum of support for children.⁹⁸

Aboriginal Head Start was established to help enhance child development and school readiness of First Nations, Inuit and Métis children living off-reserve in urban and northern communities. A separate program was later established to support on-reserve children, leading to a distinction between Aboriginal Head Start in Urban and Northern Communities (AHSUNC) and Aboriginal Head Start On-Reserve (AHSOR).

AHSUNC projects are funded and supported by the Public Health Agency of Canada (PHAC), and the program aims to support the development of off-reserve First Nations, Inuit and Métis children while fostering pride in their cultural heritage. As with FNICCI, program sites are locally managed and designed, allowing communities to establish programs according to their unique needs and priorities, with contribution funding from PHAC to project recipients, which are typically Aboriginal organizations.

Taking a holistic approach, AHSUNC programs are designed to support several areas of childhood development: physical health and wellbeing; social competence; emotional maturity; language and cognitive development; communication skills; and general knowledge.

There are over 4,600 children in AHSUNC programs in 133 sites across Canada, with proven results. A 2010/2011 PHAC study found that AHSUNC participants improved significantly in all four skill areas assessed: language, social, motor and academic skills.⁹⁹ As a result, demand for the program is reflected in the long wait lists for participation, with an annual average of 1,300 children waiting for a spot in AHSUNC projects.¹⁰⁰



AHSUNC projects are typically centre-based preschool programs for three to four year-old children, operating three to four days per week between September and June. Centre-based projects are usually licensed by their province or territory, and ECD activities are locally-developed in accordance with the six components of the program: health promotion; nutrition; education; Aboriginal culture; parental involvement and; social support. Other models offer a home-visiting component, where project staff

Aboriginal Head Start programs should be expanded and made available to more First Nations children living in First Nations communities... The need for greater early childhood learning supports is evident in the finding that almost one in five First Nations children aged 9 to 11 years living on-reserve or in northern communities had repeated a grade.

-First Nations Information Governance Centre (2012)

visit the homes of families, supporting parents and providing educational activities for children.¹⁰¹

In some cases, centre-based project sites are located in or next to public schools, and are integrated to varying degrees with before and after-school child care programs. Elsewhere, AHSUNC projects are co-located with other programs, as part of an “ECD activity hub” where children and families can access several kinds of supports. An additional model places AHSUNC projects and funding wholly within a broader provincial early childhood development program, as with Les Centres de la Petite Enfance in Quebec.¹⁰²

In spite of such variations of the AHSUNC model, coordination of AHSUNC projects with other ECD programs and services remains limited. A recent evaluation of the program found that AHSUNC did a reasonably good job of coordinating informally with other PHAC programs for children, but found no evidence of systematic coordination with other federal departments, nor with other provincial and territorial government programs.¹⁰³ However, researchers observed consistent partnering at the local level with service providers, health authorities and other stakeholders.¹⁰⁴

As an expansion of AHSUNC, AHSOR was established in 1998, and is funded and administered through the First Nations and Inuit Health Branch of Health Canada. AHSOR provides funding for on-reserve First Nations communities to develop and control strategies for promoting early childhood development, supporting 11,300 children in 356 communities.¹⁰⁵ As with AHSUNC, AHSOR sites promote a holistic approach in supporting early childhood development, and emphasize community control and participation.

Projects that receive funding through AHSUNC or AHSOR must support one or more of six components: education; health promotion; culture and language; nutrition; social support; and parental/family involvement.¹⁰⁶ In practice, approximately a third of AHSOR projects use home visiting as a way of increasing the number of children they are able to serve, and in some circumstances, home visiting is the sole means of delivering services to children. In the 2008/10 First Nations Regional Health Survey, researchers reported that “more First Nations children who had attended an Aboriginal Head Start program were able to speak or understand a First Nations language than those who did not attend an

Aboriginal Head Start program,”¹⁰⁷ and had approximately an eight percent increase in reading experience daily and weekly.¹⁰⁸

The AHSOR website describes the program as part of the federal network of programs that directly address early learning and healthy development for First Nations children living on-reserve, such as FNICCI and federal-provincial agreements to fund on-reserve daycares in Alberta and Ontario.¹⁰⁹ However, improved coordination between these departments has been identified as an area for improvement.¹¹⁰

Despite these various federal initiatives in support of early learning and child care, lack of access to such services remains a challenge in many communities. In a 2012 First Nations Regional Health Study, researchers found that less than a third of children living in First Nations communities receive child care (defined as care from someone other than a parent or guardian). Of those who do, only 39 percent receive child care in a formal setting, such as a daycare centre or a private home daycare,¹¹¹ and 78 percent do not have access to licensed regulated child care services.¹¹²

A real and pressing need for holistic, culturally-inclusive and community-directed programs has been identified by researchers,¹¹³ who argue that although federal programs for Indigenous children may satisfy program objectives, there is usually room for improvement.¹¹⁴

For example, the criteria for selecting children to attend a Head Start program varies from one community to another,¹¹⁵ and depending on the level of funding, staff qualifications and facilities, not all programs are available for children with special needs.¹¹⁶ In many communities, selecting an appropriate facility is an obstacle to establishing a Head Start program, as building renovations or the construction of new buildings may be required to meet minimum facility requirements.¹¹⁷

In rural or remote communities, it is also a challenge to attract and retain well-trained and qualified early childhood educators and care providers. With high tuition costs and a lack of community-based training, program staff in such communities may not have comparable skills and knowledge to staff in facilities in more centrally located or urban areas.¹¹⁸ In northern communities, inadequate funding and a high cost of living exacerbate the problem of attracting and retaining qualified staff.¹¹⁹

The degree to which a community has influence or control over programs/services is also an important factor. Established ECD program practices may not match the aspirations or cultural needs of Indigenous communities. Mainstream programs and services may reflect a philosophy or set of values that are not consistent with those of the diverse First Nations, Inuit and Métis cultures,¹²⁰ and the unique interests, concerns and priorities of particular communities may be overlooked in conventional early learning and care settings.¹²¹ Such settings also tend to adopt a structured approach to learning and care that separates children from their family and community, while undervaluing culture and language. Given the legacy of residential schools in Canada, many families and communities may be reluctant to participate in such programs,¹²² as “the pain of residential schools has left a legacy of suspicion of group programs for children, particularly those influenced by non-Aboriginals.”¹²³

Even where programs embrace concepts of holism and community-control, in many cases, they are required to meet standards and regulations set by provincial or federal authorities that may not necessarily reflect the beliefs, values, protocols and traditions of the communities the programs serve. As Greenwood has argued, “Many of these provincial standards and regulations are in discord with First Nations beliefs and values, protocols and traditions, two examples being the prohibition of serving traditional foods and adherence to specific age groupings of children. These mechanisms are deeply rooted in colonial paradigms and subsequent policies which continue to take form in contemporary guises and continue to influence the lives of (Indigenous) children.”¹²⁴ In some communities, the process for applying to receive funding for programs can act as an additional barrier, as “obtaining funding is an arduous, bureaucratic process.”¹²⁵ Finally, actual program funding levels may not be adequate to meet regulatory requirements.¹²⁶

The need for local control over the design and administration of programs that support Indigenous children, as well as the need for parental involvement and choice in early childhood education options was addressed in the recommendations of the Royal Commission on Aboriginal Peoples:¹²⁷

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.

Research suggests that the inclusion of local language and culture in early childhood education programming is linked to enhanced self-esteem and mental health later in life,¹²⁸ leads to improved educational outcomes,¹²⁹ and is in fact connected with the increased well-being of entire communities.¹³⁰ Culturally-rooted child care programs are not available everywhere, however. Survey data from 2006 suggests that of those enrolled in child care programs, 56 percent of Inuit children are in programs that promote traditional and cultural values and customs, a percentage that falls to 24 percent for First Nations children and 14 percent for Métis children.¹³¹

The need for improved coordination of ECD programs and services for Indigenous children and families

Similar to the state of ECD programming in Canada generally, the lack of coordination between the myriad of Indigenous ECD programs is cited as an obstacle to making programs and services accessible and effective for all potential users: “Each ministry or department may fund a number of distinct programs, and each program has distinct requirements for eligibility and reporting and therefore, Aboriginal child care services differ in quantity, quality, and accessibility across provincial/territorial jurisdictions.”¹³² Others argue more directly that “Funding formulas and agreements between First Nations communities and four federal government departments and their provincial counterparts have created a jurisdictional quagmire that impedes service development and provision.”¹³³

Adopting a more coordinated approach is argued to be an important step towards improving access to ECD services in Indigenous communities and resolving “the gaps in services and the increasingly confusing patchwork of services funded through different departments of the federal government or through provincial ministries, the many different eligibility categories for accessing services (First Nations on-reserve, First Nations off-reserve, Registered Indian, Métis, Aboriginal, for example) and different programs’ varied reporting requirements.”¹³⁴

In support of holistic and integrated approaches to early childhood development, the 1996 Royal Commission on Aboriginal Peoples recommended that federal funding “encourage programs that foster the physical, social, intellectual and spiritual development of children, reducing distinctions between child care, prevention and education.”¹³⁵ A need for integrated Aboriginal health services was also identified in the 2002 Commission on the Future of Health Care in Canada (commonly referred to as the Romanow Report),¹³⁶ and the lack of coherent policies across Canada in support of early childhood education and care (for all Canadians) was noted by the OECD in a 2004 report on Canada.¹³⁷

Jessica Ball outlines some of the benefits of a coordinated approach to early childhood development in Indigenous communities:¹³⁸

- Less duplication of services (and reduced expenditures);
- Fewer programming gaps and greater focus on community needs;
- More effective use of resources (multiple services in one building);
- Development of ‘service memory’ among staff, knowledge of needs, goals and history of children and families is retained and passed along a community-based family support team;
- Greater opportunity for cultural learning for visiting specialists; and
- Enhanced capacity for community-control.

The federal government has expressed an interest in examining the existing framework of ECD programs and services supporting Indigenous children and families to identify efficiencies, gaps and challenges, in an effort to better integrate and align federal ECD programs.

Between 2000 and 2005, the government announced a series of initiatives aimed at improving existing early childhood development (ECD) programs/services, which included an ECD Aboriginal Strategy to support First Nations and other Aboriginal children. The Strategy pledged \$320 million over five years to enhance existing early childhood development programs in Indigenous communities.

A key component of the Strategy was the commitment of the implicated departments (ESDC, AANDC, Health Canada and PHAC) to explore a “single-window” approach to funding ECD programs for First Nations, Inuit and Métis children and their families. This was intended to improve program coordination and alignment within communities and streamline reporting and accountability. Feedback was sought from Indigenous organizations and individuals on the desirability of a “single-window” approach.

The Native Women’s Association of Canada expressed concern that such an approach might exclude Métis families or off-reserve First Nations families, and argued that “consolidation of programming within a ‘single window’ can also make it easier in times of ‘budget review’ exercises to cut-back and even eliminate Aboriginal specific programming.”¹³⁹

The Assembly of First Nations (AFN) offered support for a more coordinated approach to ECD programs and services, providing that the objective of efforts to better coordinate programs and services would not be to reduce government spending or responsibility. The AFN, as with NWAC, expressed concern about the inclusiveness of a single-window approach, calling for it to be fully inclusive of First Nations children with special needs, and with support programs for parents and caregivers.¹⁴⁰

For Inuit, the jurisdictional quagmire of programs and services is even more pronounced. “Inuit are faced with jurisdictional realities in which early childhood education falls within the regulatory supervision of provincial and territorial governments. Each government has their own early childhood regulations and funding priorities. This creates huge differences in quality and accessibility and results in big disparities.”¹⁴¹

According to ITK, a challenge for regions outside of Nunavik (the semi-autonomous homeland of Quebec-Inuit) has been:

“The piecemeal nature of project-based requests for funding and the fragmentation of funding sources. Provincial/territorial, federal, the Public Health Agency of Canada for Aboriginal Head Start, Human Resources for FNICCI, FASD dollars for FASD activities, language dollars for language activities etc. Each of these requires papers and proposal and reports and conversations and lots of time... things are further complicated in the territories where health dollars for FASD, and the ECD transfer funds go through the territorial government and have been impossible for the regional Inuit organizations and community child care services to access.”¹⁴²

As the national organization representing Inuit, ITK proposes a coordinated national program which merges FNICCI and Aboriginal Head Start programs. Early childhood education and care programs would then be administered through ITK, reducing the bureaucratic layers described above.¹⁴³

For the over 450,000 Métis people who represent 32.3 percent of the total Indigenous population in Canada,¹⁴⁴ support for Métis-specific early childhood development programs does not exist at the federal level. The Métis National Council is developing a Métis Nation education strategy, and gaining support for ECD resources will be a component. “Métis have not shared equitably in the allocation of early childhood development resources that the federal government has transferred to the provinces through the Canada Social Transfer.”¹⁴⁵

In 2005, representatives of the Assembly of First Nations, ITK, the Métis National Council, NWAC and the Congress of Aboriginal Peoples met with members of the Cabinet Committee on Aboriginal Affairs, and signed a political accord with the federal government to consolidate federal early childhood development programs.¹⁴⁶ The federal government announced that it would merge and enhance existing Indigenous ECD programs into a ‘single-window’ approach. This approach would be built upon a framework similar to the national child care plan the Liberal government planned to establish, but would be adapted to reflect the cultural values and needs of Indigenous communities.

With the 2006 change of government, however, the push for a single-window approach diminished. After the flurry of programs and services were established between 1995 and 2005, there have been few developments at the federal level over the past decade (see Figure 3).

Figure 3: Timeline showing Establishment of Federal Indigenous ECD Initiatives



Recent developments in ECD programs for First Nations, Inuit and Métis children

Although there have been no new federal initiatives in recent years, community-based programs and initiatives continue to evolve. In cities, on reserves and in northern communities across Canada, a range of initiatives are strengthening communities, restoring languages, and drawing upon the inherent strengths of communities to support the next generation of parents and community leaders. There is also an increasing recognition of the value in networking and knowledge sharing amongst Indigenous early childhood educators and ECD program leaders.

Countering the common challenge of ensuring that staff at early childhood care facilities in remote communities are properly trained and qualified, the University of Victoria has developed **collaborative partnerships** with a number of communities to establish programs that enable students 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. The University works with community leaders and elders to develop a regionally reflective curriculum, which is then taught in the community by qualified members of the community in partnership with academics. The University of Victoria's First Nations Partnership Program boasts the highest level of program completion by Aboriginal students in Canada, and 95 percent of students who complete one or more years of the program remain in their communities afterwards.¹⁴⁷

For parents who do not wish to enroll their children into formalized daycare or early learning centres, **Aboriginal HIPPY** provides culturally relevant teaching and learning resources to First Nations and Métis children and families through evidence-based home instruction. Trained home visitors provide books and 30 weeks of curriculum activities to parents, who then spend 15-20 minutes each day as educators to their three, four or five-year-old children. The home-visitors act as peers to mothers who may otherwise be socially isolated, and unaware of programs and services available to them. The community-driven program is designed to empower families, caregivers and parents to embrace their role as teachers of their own children.¹⁴⁸

The **Winnipeg Boldness Project** is another example of a community-driven initiative. The project is currently in the process of developing a six-year strategy for supporting the well-being and school readiness of newborn children in the Winnipeg community of Point Douglas.¹⁴⁹ In this urban community with a strong First Nations and Métis presence, residents face high rates of poverty and unemployment, and it has been suggested that children born in the community experience "arguably the direst circumstances facing a newborn child anywhere in Canada."¹⁵⁰ Project director Dianne Roussin explains, "We're a strong community that is seen as weak. We feel we have solutions for our kids, right here in Point Douglas. For me, Boldness is a huge opportunity to disrupt the status quo."¹⁵¹ Recognizing that some communities are not seeing the benefits of existing programs and services, the Government of Winnipeg agreed to match a \$500,000 investment from the J.W. McConnell Family Foundation.¹⁵² "The premise of The Winnipeg Boldness Project is that despite myriad programs and a generation of heavy

and continuing public and philanthropic spending on the city's children, the situation is getting worse, not better, for far too many kids.”¹⁵³

Also supporting vulnerable families in the north-end of Winnipeg is the **Manidoo Lord Selkirk Park Childcare Centre**. Offering the first and only Abecedarian program in Canada (which promotes language development and enhanced early education from birth), this program is offered to families living in the Lord Selkirk Park housing project, where rates of poverty are high and the majority of residents are Indigenous. Funded through Healthy Child Manitoba in collaboration with Red River College, the program seeks to enhance learning outcomes for disadvantaged children.¹⁵⁴

In Saskatchewan, **KidsFirst** is an inter-ministerial initiative overseen by the Ministry of Education. Launched in 2002 as a home-visiting program that provides a range of services and support to vulnerable families with young children in nine targeted sites in Saskatchewan,¹⁵⁵ every baby born in the province is screened to assess potential challenges faced by their family and to determine eligibility for KidsFirst. The goal of the program is to promote healthy growth and development in vulnerable children, by bridging gaps in service delivery and removing barriers that prevent families from accessing the services that they need. The program is structured for flexibility, allowing each KidsFirst site to adapt programming and funding to meet the needs of its community, which evaluators cite as a very-important feature in its success.¹⁵⁶

For communities not included in the nine KidsFirst sites, **Regional KidsFirst** Early Childhood Community Developers work alongside stakeholders and partners including Tribal Councils, First Nations service agencies and Métis Friendship Centres to develop strategies that support vulnerable families and to better coordinate services. A component of the regional KidsFirst program includes a mobile resources van, which travels between communities providing games, activities, and educational materials to families.¹⁵⁷

A recent overview of programs and services in Saskatchewan discusses coordination at the provincial level: “Head Starts are partnering and networking with other services and agencies. These include daycares, community health nurses, public health, dental hygienists, early childhood services that health boards provide, Kids First and the Early Intervention Program. This level of collaboration helps families connect with services needed.”¹⁵⁸

The Native Council of Nova Scotia has developed a program known as the **Child Help Initiative Program (CHIP)**, in which CHIP Facilitators work with off-reserve Aboriginal families to promote the development of Aboriginal Parent Groups. Facilitators then work with the parent groups to strengthen the physical, cultural, emotional and spiritual security of Aboriginal families. They also help parents to access services supporting prenatal care, nutrition, parenting skills and other programs. Parent groups also organize and participate in group events and activities, building support networks between Aboriginal families. Similar to the KidsFirst mobile resources van, CHIP operates a Resource Bus that travels to various locations across the province to provide information, library services, toy lending, video viewing, craft supplies and games to families.¹⁵⁹

Elsewhere, an initiative of the Métis Nation of Ontario (MNO) connects new and expectant parents with members of the community who have parenting experience and who are trained to work with families to develop parenting skills, promote ECD programs or services and access community resources.¹⁶⁰ The MNO's **Healthy Babies, Healthy Children** program is available to Métis and First Nations families in communities across Ontario, and provides holistic, culturally-appropriate assistance through home visits, service coordination and referrals.¹⁶¹

Inspired by Māori language-revitalization initiatives in New Zealand, a number of “**language nests**” have been established in Inuit communities across northern Canada. Recognizing the linkage between language revitalization and improved educational outcomes,¹⁶² these are immersion-based programs in which older speakers of a language spend time participating in an early childhood program, facilitating “intergenerational language transference.” Over twenty such Language Nests operate in the NWT alone.¹⁶³

In Iqaluit, **Tumikuluit Inuktitut Daycare** offers early childhood education programming entirely in Inuktitut. It is currently the only child care centre in the territory with an Inuktitut-only policy, and children who attend the program are reportedly more successful in kindergarten: “The teachers described their writing skills as superior. The Tumikuluit children were very ready to do independent work, whereas other children needed more one-on-one time.”¹⁶⁴

Elsewhere in the territory, a **Canada Prenatal Nutrition Program** in Baker Lake (Qamanittuag) has been developed to support pregnant women by providing them with nutritious recipes based on locally available ingredients. The program is offered in both Inuktitut and English, and beyond providing sustenance, it offers an opportunity for elders to share their wisdom and experiences with expecting mothers. This also provides an opportunity for mothers to access information about other programs and services that are available to them.¹⁶⁵

Such projects and initiatives represent only a few examples of innovation and of the progress being made to overcome challenges and promote early childhood development in Indigenous communities across Canada. Beyond specific programs, there is also an increasing recognition of the value in networking and knowledge sharing amongst Indigenous early childhood educators. For example, at the 2014 Native Early Childhood Educators Conference in the Mohawk (Kanien'kehá:ka) territory of Akwesasne, collaboration, networking and resource sharing were recognized as priorities amongst participants.¹⁶⁶

The thrust of organizations, communities and individuals who are involved in promoting Indigenous early childhood development is described succinctly by Jessica Ball: “Through the synergy of advocacy on the part of national Indigenous organizations, long-term federal investments, grassroots vision and commitment, and parent demand, tremendous momentum for Indigenous ECEC capacity has been built across Canada’s First Nations, Inuit and Métis communities over the past 15 years. Continued momentum to support expansion and Indigenization of community-driven ECEC programs will support

the burgeoning population of young Indigenous children and help to equalize their readiness for formal schooling.”¹⁶⁷

Are there ‘best practices’ for Indigenous early childhood development?

The inherent danger in attempting to identify ‘best practices’ in ECD programs and services in Indigenous communities is the generalization of practices across diverse First Nations, Inuit and Métis cultures and communities. One would not, for example, expect a First Nations community in southern Alberta and an Inuit community in Nunavik to have identical needs.

The purpose of *Building Leaders* is not to prescribe criteria for programs and policies, but rather to provide context for a discussion of how policymakers, ECD program providers, parents and communities might improve the current framework for promoting and supporting the development of First Nations, Inuit and Métis children.

The following over-arching principles could be considered when discussing strategies for promoting early childhood development in Indigenous communities:

Culturally focused programs and services

Research shows that early childhood development is best supported by programs and services that are culturally relevant to the community in which they operate: “The influence of culture on the rearing of Indigenous children should be a fundamental basis for any early childhood intervention in Indigenous communities.”¹⁶⁸ Beyond early childhood programs and services, experts maintain that “culture and language should permeate all aspects of Aboriginal-specific programs and services.” It is commonly accepted that language is the core of a culture, and an essential component of self-determination. This was identified as a priority by Professor and author Taiaiake Alfred: “Native languages embody indigenous peoples’ identity and are the most important element in their culture. They must be revived and protected as both symbols and sources of nationhood... communities must make teaching the Native language, to both adults and children, a top priority.”¹⁶⁹

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.

UN Declaration on the Rights of Indigenous Peoples, Article 23

Programs and services are community directed and engaged

Any program or service for young Indigenous children should be guided by the community in which the children belong. This is consistently called for in reports, evaluations and research on ECD programs for Indigenous children, and is recognized in the UN Declaration on the Rights of Indigenous Peoples.

“The continued existence of Indigenous peoples and their communities is closely related to their ability to influence their own fate and preserve and develop their rights, their traditional culture, and their social institutions.”¹⁷⁰

ECD programs and services should actively encourage the participation of elders and community leaders. “The unique orientations, concerns, predispositions and cultural richness reflected within each Aboriginal community can only be adequately addressed by empowering local community members to actualize their local potentials.”¹⁷¹ The BC Aboriginal Child Care Society emphasizes the integral role of elders in early childhood programs and services, arguing that these should reflect Elder input, and promote the interaction between young and old members of the community.¹⁷²

Coordination and networking

As we have seen in our overview of existing ECD programs and services supporting Indigenous children and families in communities across Canada, a lack of coordination acts as a barrier to providing families and children with access to the range of supports that may be available to them. In a non-integrated approach to services for families and children, “people receiving services are conceived as individual cases with an array of separate needs, subject to servicing by an array of separate professional service providers.”¹⁷³ There is a substantial body of research supporting intersectoral and integrated service delivery in the promotion of maternal and child health, growth and development, with ‘service memory’ being a key benefit of a coordinated approach: “when service providers work as a team rather than alone, and in an integrated rather than fragmented way, then the knowledge of the needs, goals and service history of children and families is retained and passed along within a community-based family support team - leading to continuous and better coordinated services.” The motivation for integrating services should be to enhance and not diminish the role of existing programs.¹⁷⁴

Holistic Approach

Research overwhelmingly supports a holistic approach to early childhood development. This means that programs and services promote the emotional, cognitive, spiritual and physical development of children and families. “Services appropriate to Aboriginal people should be based on the idea of child and family wellness as holistic and embedded within specific community development and health needs, goals, and cultural knowledge.”¹⁷⁵

“In many Indigenous communities, best practice involves gaining an understanding of identity-formation and the transmission of cultural history. This is more than history: it is the transmission of knowledge from one generation to another through, for example, storytelling, performing arts, visual arts, and daily activities of life.”¹⁷⁶



INTERNATIONAL EARLY CHILDHOOD DEVELOPMENT IN INDIGENOUS COMMUNITIES

Indigenous peoples represent over 5,000 languages and cultures in over 70 countries.¹⁷⁷ The diversity of First Nations, Inuit and Métis cultures and communities in Canada is reflective of the even broader diversity of Indigenous peoples internationally. The UN recognizes the defining features of Indigenous peoples as a significant historical attachment to territory, an explicit commitment to cultural distinctiveness, and a resolve to preserve both territory and culture as a means of achieving community.¹⁷⁸

Specifically, this section focusses on systems, projects or initiatives in Australia, New Zealand, the United States and Norway that are supporting early childhood development in Indigenous communities. In each of these countries, Indigenous cultures have persevered in spite of policies that were intended to assimilate them. Similar to Canada, these countries rank among the top ten nations for 'Very High Human Development,' according to the UN.¹⁷⁹ All are western, liberal democracies, and with the exception of Norway, all have the shared historical trait of being European colonies.

In each of these countries, Indigenous peoples consistently rank lower than the majority population on the Human Development Index (HDI),¹⁸⁰ and have survived state-efforts to assimilate or eradicate them through the use of forced child-removal policies. "Numerous accounts across nations now attest to the critical role played by schools in assimilating colonized peoples, and in the systematic, frequently brutal, forms of denial of indigenous languages, knowledges and cultures."¹⁸¹

Today, Indigenous populations living in Canada, Australia, New Zealand and the United States are growing, and in recent decades have reasserted their rights, including their right to determine where and how their children are being educated. In his comparison of assimilation policies in Australia, Canada and New Zealand, Armitage argues that "Aboriginal peoples resisted the attempt to extinguish aboriginal land rights, and this led to their rejection of the child welfare (removal) policies that had been imposed on them in the names of both assimilation and integration. Recovery from the effects of these imposed policies entails three main tasks: 1) rebuilding roots and identity, 2) modifying mainstream child welfare policies, and 3) establishing alternative aboriginal policies."

There are many examples of initiatives that work towards these objectives through the promotion of healthy early childhood development. By exploring the ways by which Indigenous children and families are being supported in other countries, we gain insight into strategies and ideas that may also be useful in Canada.

The state of Indigenous ECD programs and services in Australia

Aboriginal Peoples and Torres Strait Islander peoples make up the two distinct Indigenous groups of Australia. As in Canada, these terms encompass a wide range of diverse populations, with over 400 Aboriginal peoples having been identified across the Australian continent.¹⁸²

As in Canada, the arrival of Europeans brought many profound consequences for Indigenous peoples, beginning with a wave of epidemic diseases that decimated the Indigenous population. In Sydney, for example, more than half of the Aboriginal people living in the Sydney basin were killed by smallpox within a year of the arrival of European settlers.¹⁸³ A second profound consequence of the arrival of settlers was the appropriation of land and water resources, justified in the eyes of the settlers through the concept of *terra nullius*.¹⁸⁴

The relationship between the Indigenous peoples of mainland Australia and the European colonizers was repeatedly marked by violence,¹⁸⁵ with an estimated 20,000 Aboriginal people killed through conflict with settlers.¹⁸⁶ Throughout the violent battles over resources in the nineteenth century, children were often kidnapped or exploited for their labour.¹⁸⁷

The *Aboriginal Protection Act 1869* was the first colonial law to establish a formal, comprehensive system of control over the lives of Aboriginal people in Australia. Later, the *Aboriginal Protection Act 1886* commenced a series of policies that saw Aboriginal children removed from their families through either mandatory attendance in government-run institutions or through the adoption and fostering of Indigenous children into white families.¹⁸⁸

Early in the 20th century, government representatives agreed that the solution to the 'Aboriginal problem' was assimilation: "This conference believes that the destiny of the natives of Aboriginal origin... lies in their ultimate absorption by the people of the Commonwealth, and it therefore recommends that all efforts be directed to that end."¹⁸⁹ Through such thinking, removal policies in the 1950s and '60s saw increasing numbers of children placed in schools far away from their communities, and encouraged their adoption into non-Indigenous foster families.

Gradually, the formation and activism of Indigenous organizations challenged such policies, and forced a reappraisal of the government's approach towards Aboriginal and Torres Strait Islander peoples.¹⁹⁰ By 1997, the Australian government had released the *Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from the Families*, which was entitled *Bringing Them Home*. The report concluded that "indigenous families and communities have endured gross violations of their human rights. These violations continue to affect indigenous people's daily lives. They were an act of genocide, aimed at wiping out indigenous families, communities, and cultures, vital to the precious and inalienable heritage of Australia."¹⁹¹

The far-reaching consequences of child-removal policies continue to impact Indigenous peoples of Australia in the form of social, economic and health gaps in comparison to non-Indigenous peoples. For example, Aboriginal and Torres Strait Islander peoples will live an average 10-17 years less than other Australians.¹⁹²

The significant health issues and high rates of poverty affecting Indigenous Australians were reported in a 2005 report by the Aboriginal and Torres Strait Islander Social Justice Commissioner. This report prompted the National Indigenous Health Equality Campaign, using the term “Close the Gap” to raise public awareness of the socio-economic gaps facing Indigenous peoples. In late 2007, the Council of Australian Governments (COAG) formally committed to ‘closing the gap’ in life expectancy between Indigenous and non-Indigenous Australians.¹⁹³ Along with health-related objectives, the Closing the Gap initiative committed to improving educational outcomes, and providing access to early childhood education for all Indigenous four-year-olds in remote communities within five years.¹⁹⁴

In 2009, the COAG entered into the National Partnership Agreement on Indigenous Early Childhood Development, which committed to the funding of programs that would provide access for Aboriginal and Torres Strait Islander families to culturally inclusive early childhood and family support services. The agreement also called for the integration of early childhood services through the establishment of Aboriginal and Torres Strait Islander Children and Family Centres.¹⁹⁵

At present, 38 Children and Family Centres have been built, which are run by the State and Territory governments, sharing a few key elements:¹⁹⁶

- a) The centres are to provide services to Aboriginal and Torres Strait Islander families;
- b) The centres provide an integrated delivery of services, including prenatal services, child and maternal health services, parenting and family support services, and early learning and child care;
- c) The centres are responsive to the needs of the community; and
- d) Community engagement with the Children and Family Centres is integral to their successful implementation.

Maningrida is a remote Northern Territory community with a population of just over 2000, where an IEO has been employed to help facilitate relations between government and the community. Maningrida is also among the communities that have recently built a Child and Family Centre with government support. To help ensure that members of the community are engaged in and benefitting from the Centre and other programs and services, the Australian government employs Ben ‘Baru’ Pascoe, who explains, “Based on my experiences in working in education, community, safety and health, I knew that being an Indigenous Engagement Officer would allow me to help my countrymen to close the gap, get kids to school and help people get real jobs.”

Government of Australia. (2014).

As part of his election platform, current Australian Prime Minister Tony Abbott pledged to be, in his words, “a prime minister for Aboriginal affairs.” To enhance the profile and give priority to Indigenous affairs, Abbott’s Coalition government moved the Indigenous Affairs portfolio from the Department of Families, Housing, Community and Indigenous Services into the Department of Prime Minister and

Cabinet.¹⁹⁷ The Coalition also established the Prime Minister’s Indigenous Advisory Council, made up of Indigenous and non-Indigenous Australians, to inform policy decisions.

Acting on a report of the Australian Commission of Audit, in May of 2014 the government announced that beginning in July of that year, over 150 Indigenous programs would be consolidated into five streams:¹⁹⁸

- Jobs, Land and Economy;
- Children and Schooling;
- Safety and Wellbeing;
- Culture and Capability; and
- Remote Australia Strategies.

Funds for these streams are administered by a regional manager, who can direct funding for programs and services based on the needs of specific communities. Much of the emphasis of recent policy changes focusses on school attendance, as in South Australia, where the school attendance of Indigenous children has been set as a pre-condition for the receipt of welfare payments.¹⁹⁹

Future generations will look back at this period and not understand how governments could have failed to prevent such long-term human capital cost for Australia’s most vulnerable citizens yet continued to spend billions in support after they became victims.

-The Forrest Review, 2014

In August of 2014, mining billionaire Andrew Forrest unveiled his review into Indigenous training and employment, which contained numerous recommendations to improve opportunities for Indigenous employment in Australia. In the review, Forrest stressed the importance of early childhood development in influencing rates of poverty and employment later in life. Notably, the review highlighted the need for a preventative approach to improving results for Indigenous peoples, explaining that “Research shows that the most effective services to support lifelong learners begin at birth, involve families, target the poorest children, are sufficiently intensive and long-lasting, and are holistic – they include health, nutrition, and parenting. Services need to support both the parent and the child.”²⁰⁰ Forrest found Australia’s current system to be “complex” with a “patchy and disjointed” provision of services, and called for improved coordination between levels of government.

Examples of ECD programs/services for Indigenous Australians

Core of Life National Indigenous Program

The Core of Life National Indigenous Program is an educational parenting program for young people in rural and remote Indigenous communities. Created by midwives, the program is designed to empower male and female Indigenous adolescents with culturally-connected information on pregnancy, birth and parenting.²⁰¹ In remote communities, 82 percent of program participants reported that they would think more carefully about the responsibilities associated with parenting, and 85-95 percent had a better understanding of the risks of using drugs or alcohol during pregnancy.²⁰² The Core of Life National Indigenous Program is designed so that individuals in a community who work with youth and/or families are able to deliver the program themselves to those that need it.

Indigenous Engagement Officers

Indigenous Engagement Officers (IEO) are hired by the Australian government, working in remote Australian communities to act as a bridge between the community and government. They help to ensure that government staff understand the circumstances and complexities of the local community; help to explain government policies, services and programs to the community; ensure that community members understand what is being asked of them; and encourage and support local people to plan for their future.²⁰³

Hey Dad! For Indigenous Dads, Uncles and Pops.

Hey Dad! For Indigenous Dads, Uncles and Pops began in 1995 as an outreach and education program for Indigenous fathers. After observing that fathers were not participating in a parenting program as evenly as mothers, psychologists at a parenting centre in New South Wales decided to establish a program specifically designed to help them improve their parenting skills and become more involved with their children. The program is intended to be delivered by Indigenous men in their own communities, and can be delivered as a two-day workshop, a series of shorter workshops, or as a weekly program. Participants discuss and learn about child development, communication, discipline, conflict resolution, and they are encouraged to reflect upon their own experiences of parenting and being parented. Beyond educational value, such programs also act as a conduit to other family relationship services for Indigenous fathers, such as counselling and other programs and services.²⁰⁴

The state of Indigenous ECD programs and services in Aotearoa/New Zealand

The Māori are the indigenous Polynesian people of New Zealand. With a population of approximately 600,000 people, the Māori make up roughly 15 percent of the total population of New Zealand.²⁰⁵ In traditional Māori society, natural parents were not the sole caregivers of children, as responsibility for child-raising was also shared between grandparents, uncles, aunts, great-uncles and great-aunts. Children were recognized as representing the future heritage of their tribes.²⁰⁶

Like Indigenous peoples elsewhere, colonization has had profound consequences for Māori children and families. In the late 18th century, an increasing number of European traders, whalers and others began arriving in New Zealand, and with them came diseases which spread rapidly amongst Māori tribes, in some cases decimating entire villages.²⁰⁷

The activities of Christian missionaries, a growing number of European settlers, the behaviour of runaway convicts, sailors, traders, whalers and sealers, and inter-tribal warfare were contributing to a sense of lawlessness in early-19th century New Zealand. The British response was to sign a treaty with Māori representatives to establish British sovereignty.

The Treaty of Waitangi was signed in 1840, which allowed British settlers to live on Māori lands in exchange for Māori rights to self-determination, with implied rights to control the fate of children. Very quickly, however, commitments laid out in the treaty were disregarded by the settlers: “The disregard for *te reo Māori* (the Māori language) and for the rights of *tamariki* Māori (Māori children) to educational achievement are only two aspects of the multitudinous breach of faith demonstrated by the British Crown toward Māori after their assumption of sovereignty.”²⁰⁸

The arrival of missionaries in the early 19th century were “the major influence in changing the traditional pattern of Māori childhood.”²⁰⁹ Promoting Christianity, these mission schools taught literacy, mainly in the Māori language, while also introducing physical punishment as a form of discipline.²¹⁰ The mission schools were largely abandoned during periods of conflict, however, as British and colonial forces fought to open up land for settlement. In their place, a new system of Māori schools were set up by the state in 1867, which ran in parallel with New Zealand’s public school system. English was the language of operation in these schools. Unlike the experience of Indigenous children in Canada and Australia, however, these schools were secular and were offered to communities that requested them. Many parents encouraged the education of their children, and often, Māori contributed to the school curriculum, methods of discipline and teaching.²¹¹

These schools became less significant in the lives of Māori children as they were primarily located in rural communities, and high rates of poverty during the depression and after the Second World War saw a large scale migration of Māori families from rural locations to urban centres.²¹² This brought with it a number of challenges for parents and children, who often found themselves living in unfamiliar locations, far from relatives and support, and struggling to adapt to social changes. This contributed to a number of health and social challenges for Māori children and families.²¹³

In addition, the state education system’s emphasis on the assimilation of Māori children had eroded the status of *te reo Māori* (Māori language) to such an extent that by 1979 it was believed that the language

would soon be gone.²¹⁴ Responding to this, *Te Kohanga Reo* was established as a totally immersive Māori language programme (language nest) for children from birth to age 6. The first such program opened in 1982, with 100 programs in operation by the end of that year. Administration and responsibility for these schools were moved to the Ministry of Education in 1990, and today there are over 460 Te Kōhanga Reo established across the country.²¹⁵ “Māori *whanau* (family) aspirations for their children to grow up knowing their own language are enduring despite the negation of these aspirations over many generations of state school policies and practices.”²¹⁶

New Zealand represents a successful model of integrating responsibility for child care services, having shifted responsibility to the Ministry of Education in 1986.²¹⁷ Prior to this, child care was a responsibility of the Department of Social Welfare. In support of this integration, the government developed a new curriculum and ten-year strategic plan through consultation with families, parents, communities and Māori stakeholders. “The New Zealand model works to achieve better co-operation and collaboration among early years services, parent support and development programs and education in order to encourage parents to be involved in their children’s early learning.”²¹⁸

New Zealand developed one of the first national early childhood education curricula in the world, and the integration of both child care and Te Kohanga Reo into the Ministry of Education influenced both the style and scope of that curriculum.²¹⁹ In 1996, *Te Whāriki* was officially introduced as a national, bicultural early childhood education curriculum, on the principle that “Children’s learning and development are fostered if the well-being of their family and community is supported; if their family, culture, knowledge and community are respected; and if there is a strong connection and consistency among all the aspects of the child’s world.”²²⁰ The curriculum weaves together five strands – wellbeing, belonging, contribution, communication and exploration. The title *Te Whāriki* translates to “a woven mat for all to stand on.”²²¹ The approach has been replicated in a number of other countries to support Indigenous languages.

In spite of these efforts at integration, the co-location of health services in ECE settings in New Zealand is minimal. The B4 School Check is currently the exception, as it provides assessments of four-year-old children in child care settings (with parental consent) to identify and address any health, behavioural, social or developmental concerns. The B4 School Check is one of a series of services provided under the Well Child/Tamariki Ora Programme.²²²

The Well Child/Tamariki Ora Programme provides universal health services to all New Zealand families for children from birth to five years of age. These checks are free, and aim to give New Zealand children the best start in life. The primary objective is to “support families, whanau (extended family) and caregivers to maximize their child’s developmental potential and health status from birth to five years, establishing a strong foundation for ongoing healthy development.”²²³ Program objectives include providing support and education to parents; collaborating with other relevant services based on family needs; and providing culturally competent services to all children and their families.

Not-for-profit organization Plunket is the largest provider of the Well Child/Tamariki Ora Programme in New Zealand, providing support services to more than 90 percent of newborns in New Zealand, including 80 percent of Māori babies.²²⁴ Support services include free home and clinic visits, mobile clinics, a free telephone advice service available in the Māori language, a car seat rental service, toy libraries, playgroups, family centres, coffee groups, PEPE (Parenting Education Programme) parenting groups, education courses in schools, antenatal classes, and volunteer groups.

While integration of early childhood health and education services has not been accomplished on a national, comprehensive basis, thirteen 'hubs' have been established in regions where welfare, education and health indicators reveal significant gaps between outcomes for children aged 6 and under compared to children of the same age in other parts of New Zealand. These hubs provide a range of services to support families and children in the early years, drawing on the strengths and leaders that are available in each community.²²⁵ While these hubs are available to both Māori and non-Māori children and families, the socio-economic conditions affecting many Māori communities compel many hubs to offer services that target Māori children and families.

ECD programs and services for Indigenous peoples of the United States

The diversity of Indigenous peoples of the United States is comparable to Canada, where numerous distinct bands, nations and cultures have survived colonization and assimilatory policies. Over 3.7 million Americans identify as *American Indian* or *Alaskan Native* (terms commonly used to describe Indigenous people in the US), constituting 1.2 percent of the national population.²²⁶

As in Canada, Australia and New Zealand, European colonization had a significant impact on the health and well-being of Indigenous children and families in what became the United States. The colonization of American Indians and Alaskan Natives nearly obliterated Indigenous populations and cultures through violence, the importation of European diseases, displacement, enslavement, and assimilatory policies.²²⁷

Early in the 19th century, a formal reservation system had been established, and over several decades, as many as 100,000 Indigenous peoples were relocated - typically by force or coercion - from the eastern colonies to westward reservations. Federal policy confined specific tribes to specific plots of land, which often lacked resources and contributed to a number of ongoing social and economic problems.²²⁸

Around the turn of the century, the federal approach shifted towards emphasizing the need of assimilating Indigenous people into the now-dominant American culture. Schools were constructed on and off reservations, funded with the proceeds of remaining land that the government sold to settlers and railroad companies. The attendance of Indigenous children was mandatory, and in many cases, children were removed from their communities by force. Based on the same principles that inspired the residential school systems of Australia and Canada, policy makers believed that children needed to be immersed into the dominant society while simultaneously kept away from the influences of their own culture.²²⁹ "In addition to disregarding tribal languages and religions, schools often forced the pupils to dress like eastern Americans. They were given shorter haircuts. Even the core of individual identity – one's name – was changed to 'Americanize' the children."²³⁰

At its peak in the 1970s, an estimated 60,000 Indigenous children were enrolled at boarding schools. However, pressure stemming from the rise of Indigenous activism in the 1960s and an emerging 'pan-Indian' identity, as well as prominent studies, such as the Kennedy Report and the National Study of American Indian Education, prompted the closure of most boarding schools and the passage of the Indian Self-Determination and Education Assistance Act of 1975. The Act began the process of granting federally-recognized tribes greater control over the programs and services that affected their communities, particularly in such areas as health and education.²³¹

Despite enhanced control, significant disparities persist between Indigenous and non-Indigenous peoples in the United States. In Arizona, for example, the average age of death for Indigenous people is 54.7 years, compared to 77.2 years for all populations – a difference of more than twenty years.²³² Indigenous people in the United States also have the lowest per-capita income and the lowest educational attainment of any demographic group in the country.²³³

Today, there is no coordinated policy framework to promote early childhood development in the United States at either the level of Indigenous communities or nationally.²³⁴ There are, however, multiple

programs that promote different components of early childhood development and have a positive impact on Indigenous communities.

Of such programs, among the most well-known is Head Start. Established in 1965, Head Start (and later Early Head Start) targets low-income families to improve outcomes for families, babies and children. They do this by providing comprehensive child development services for children between birth and age 5, pregnant women, and their families. The Head Start Bureau in the US Administration on Children and Families (ACF) provides funding through grants to recipient schools, agencies and organizations, including Indian Tribes. Through these funds, services are provided in the areas of early childhood care and education; medical, dental, and mental health support; nutrition; and parental involvement.

Although these programs are not specifically targeted at Indigenous communities, 3 percent of the total Early Head Start services are earmarked for Indigenous communities,²³⁵ and programs are intended to be culturally-connected to the communities they serve.²³⁶ Indigenous communities have received funding for Head Start Programs since 1965, when the Office of Head Start funded 43 Indigenous programs in 14 states. Today there are 150 Head Start Tribal programs, including 58 Early Head Start programs across 26 states. These serve over 22,000 children and families, providing comprehensive health, education, nutrition, socialization and other developmental services. Total American Indian/Alaska Native Tribal program funding for 2014 is over \$123 million.²³⁷

Additionally, the primary source of federal funding for child care services targeting low-income families is the Child Care and Development Block Grant (CCDBG), also known as the Child Care and Development Fund (CCDF). Through the ACF (within the U.S. Department of Health and Human Services or HHS), \$5.2 billion was made available to states, territories and tribes in 2012.²³⁸ These funds support programs that improve the quality of child care, provide subsidies for low-income working families, and fund initiatives to promote coordination among early childhood development and afterschool programs.²³⁹

Although, like Head Start and Early Head Start, the program does not exclusively target Indigenous peoples, partnerships between regional ACF offices and representative Tribal Lead Agencies ensure that qualified Tribes are able to access funds for the programs and services they require. Applying through the regional ACF office, a Tribal Lead Agency determines how funds will be used, having identified the specific needs of children and families in their communities through community consultations - a required part of the application process for Tribal communities. Barbara Fabre, Chairwoman of the National Indian Child Care Association recently described, "The flexibility of CCDBG (CCDF) funding, allows Tribal child care programs to uniquely braid and immerse, culture and Native language teachings throughout their programming and classrooms... If you were to visit Tribal child care classrooms around the country, you would see parent engagement, language immersion, regalia making, dance and drum."²⁴⁰ Nationally, \$102,451,162 was allocated to Tribal agencies in 2013 to support culturally appropriate programs and services through the CCDF.²⁴¹

In addition to the Head Start/Early Head Start and CCDF programs, the Tribal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) is administered by ACF in collaboration with the Health Resources and Services Administration, providing voluntary, culturally relevant home visiting services

that address maternal and child health, child development and early learning, and family support.²⁴² At the start of 2014, 25 grants worth \$32.5 million had been awarded to support the program in different communities.²⁴³

ACF has also partnered with four tribes on the Tribal Early Learning Initiative (TELI). Implicitly recognizing the existence of separate but overlapping federal programs, the initiative is intended to support tribes that seek to improve coordination among ACF's Head Start/Early Head Start programs, Tribal Child Care and Development Fund, and Tribal MIECHV programs. Participating communities concentrate their TELI activities on improving collaboration across these programs to increase efficiency and raise the quality of services provided to children and families.²⁴⁴ A guide for CCDF administrators recognizes the need for collaboration: "Partnerships are important to the success of tribal child care programs and can facilitate ways to best meet the program goals for children and families."²⁴⁵

The United States Department of Agriculture provides programming for Indigenous mothers and children, through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The Department of Agriculture provides Federal grants to States and Tribes for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.²⁴⁶ In Indigenous communities, the program is modified to provide culturally appropriate services specific to the concerns and needs of the community, and may be coordinated with other existing programs to provide a continuum of care.²⁴⁷

In addition to the federal programs discussed here, initiatives to promote early childhood development are also funded to varying degree at the state level. The different federal departments and state governments provide separate but often overlapping programs and services, underscoring the need for coordination, both in Indigenous communities and elsewhere.²⁴⁸ In 2009, the issue prompted the ACF to create the Office of the Deputy Assistant Secretary and Inter-Departmental Liaison for Early Childhood Development, with a mandate "to provide an integrated, comprehensive, and focused approach to improving early childhood education and development."²⁴⁹

Beyond the programs and services administered through federal programs, there are many initiatives at the community level that support Indigenous children and families. The following are but two examples:

Ciuliqagtekaput – promoting school readiness in remote Alaskan villages

The Yup'ik people live primarily in the south western, western and south central regions of Alaska, numbering approximately 34,000.²⁵⁰ In the Yup'ik languages, Ciuliqagtekaput translates to "Our Future Leaders," and is the name of an organization active in several remote Alaskan villages, dedicated to cultivating intergenerational early learning, developing literacy skills through traditional dance, storytelling and song, with a focus on reclaiming traditions and promoting traditional values.²⁵¹ Federally funded through Alaska Native Education grants, some programs provided through Ciuliqagtekaput include home visiting, family-oriented events, and the development of resources such as books and DVDs promoting and teaching traditional language and activities.²⁵²

Family and Child Education (FACE) – holistic family and child development

Funded through the Bureau of Indian Affairs, FACE provides both a home-based component and a centre-based component for promoting family literacy. Home-based FACE provides home-visiting for young families from the prenatal stage into the early years. These visits offer resources and strategies for maximizing children’s developmental potential, and include a screening component to identify any developmental concerns and direct parents to resources. Participating home-based families are also invited to attend monthly FACE Family Circles, where families learn about parenting and network with other families, developing support networks. These Family Circles ease transitions to Centre-based FACE services. Adult education is offered in the same centre as child care and education services, allowing parents and children to eat and play together, encouraging parental participation. Early childhood education programs promote Indigenous languages, and are culturally-rooted.²⁵³ The program is active in 46 schools in regions across the country.²⁵⁴

ECD programs and services for Indigenous peoples of Norway

In Norway, Sami people live primarily in the northern regions and in the City of Oslo, constituting approximately 1.8 percent of the total Norwegian population.²⁵⁵ As Indigenous people, the Sami have historically suffered through various forms of discrimination, particularly for their religious and linguistic traditions.²⁵⁶ Lutheran missionaries arrived in Sapmi (the Sami homeland which stretches over Norway, Sweden, Finland and Russia) in the 17th century and began encouraging the Sami peoples to abandon their cultural beliefs, establishing Christian schools to support this.

These schools later came under the control of the emerging nation states of Norway, Sweden and Finland, and boarding schools became an essential component of the process of assimilation.²⁵⁷

Boarding schools were established for children early in the 19th century and lasted until the 1960s – and for the latter part of this period, children were forced to stop speaking their language, and were pressured to adopt Christian cultural practices.²⁵⁸

Until World War II, the official Norwegian policy emphasized the assimilation of Sami people into Norwegian culture and identity.²⁵⁹ This led to a decline in the number of people self-identifying as Sami, “as well as extensive impoverishment, political powerlessness and a lack of knowledge about Sami history and culture. Many Sami parents, for example, did not teach their children the Sami language.”²⁶⁰

Since the late 1960s, significant changes have occurred for Sami children in the school system: “In the 1980s, many educational acts were passed that allowed Sami to be taught as a language of instruction. Since 1977, the Sami Education Council has opened several schools that focus on Sami content within the curriculum and conduct lessons in the Sami language.”²⁶¹

Like a number of other countries, the Norwegian majority appears to be in the process of questioning its past, sometimes oppressive treatment of (Indigenous) people and seeking to develop a new, more equal relationship based on recognition of and respect for their identity and culture.

-The Organization for Economic Cooperation & Development, 1999

Strengthening Sami decision-making capacity, a Sami Assembly was established in 1989, elected by the Sami people and acting as a consultative body for any issues relating to the Sami population.

Today, the situation of Sami people diverges significantly from those of comparative Indigenous cultures, in that the disparities between the Sami and the non-Indigenous population of Norway are not nearly as pronounced as they are for Indigenous peoples elsewhere. Compared to circumpolar Indigenous peoples in Alaska or the Canadian territories, for example, the Sami do not suffer higher rates of diabetes, cardiovascular diseases, infectious diseases, or lung cancer.²⁶² “Although Canadian Aboriginal people have a shortened life-expectancy, this does not seem to be the fact among the Sami people today.”²⁶³

Explanations for the lack of statistically significant differences between Sami and non-Sami people in Norway include the supposed ‘success’ of assimilation,²⁶⁴ a stronger and more effective healthcare system,²⁶⁵ as well as the longer - and therefore less culturally-disruptive - period of Christianization, as compared to cultures who faced similar forces over only one or two generations.²⁶⁶

Another comparative factor distinguishing Norway from Canada, Australia, New Zealand and the United States is that it has a relatively straightforward system of administering early childhood education and care. The main service for children from birth to six years of age is the *barnehage*, or kindergarten. First legislated as a single system in 1975 through *the Barnehager Act*, *barnehage* combines a middle-class, educationally-focused program dating back to the late 19th century and a child care program established in 1837 as a social welfare program for poor working-class families.²⁶⁷

Today, *the Barnehager Act* states that centres “for Sami children in Sami districts shall be based on Sami language and culture’. Likewise, the national curriculum has a chapter on Sami Language and Culture which recognizes that the ‘Sami language and culture are a part of our shared heritage which Norway and the Nordic countries have a special responsibility for defending.”²⁶⁸

Sami children receive maximum funding for all-day child care services, and funding is available to Sami parents to establish their own centres. The national *barnehage* curriculum allows parents to decide whether they want to place their children in a Sami or Norwegian child care program. As we have seen in other Indigenous child care programs, Sami *barnehage* programs promote the use of Sami language, and offer culturally-based education. These centres also adopt a holistic approach, with a framework that promotes health, local community and society, communication and language, as well as nature, environment and technology.

Lessons from Australia, New Zealand, the US, and Norway

A strikingly common feature of Indigenous peoples in each of the countries discussed is the strength and resilience they have shown in the face of overwhelming adversity. In Indigenous communities of Australia, New Zealand, the US and Norway, communities are actively strengthening their communities, restoring their languages, and working to promote the healthy development of future generations.

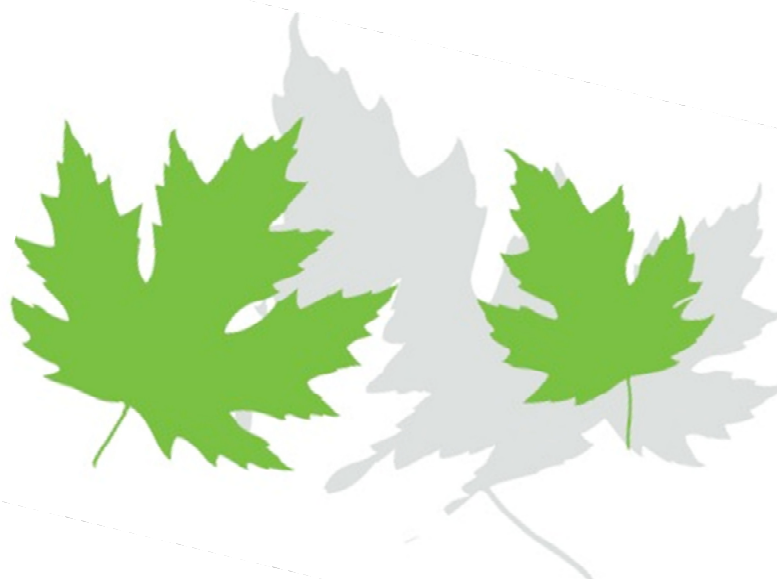
While significant challenges remain, it is increasingly understood that Indigenous people are best positioned and have the right to make decisions affecting their own well-being. However, the

development of national frameworks to support community-driven initiatives has been difficult in some countries. The coordination and integration of the range of programs and services that support early childhood development seems to be particularly challenging.

As in Canada, there is limited coordination between ECD programs and services for Indigenous people in the United States, with multiple departments providing a range of supports to Indigenous children and families. While Australia is also a geographically large country with a very diverse Indigenous population, it has in recent years made significant progress in integrating early childhood and parenting services, and may offer lessons for policymakers elsewhere.

New Zealand's framework for promoting early childhood development brought early child care and education into the national education system nearly thirty years ago, and programs and services to support Māori children have influenced approaches elsewhere ('language nests,' for example). Although other programs to support children and families belong to separate departments, the establishment of Early Years Service Hubs suggests that integration of services is taking place. Norway has also adopted a straight-forward, integrated system, which offers Sami language and cultural programming in Sami-districts.

Without a more comprehensive, comparative analysis, definitive statements on international best practices are difficult to make. However, by providing an overview of the frameworks other countries have adopted in supporting Indigenous children and families, it is clear that different approaches are possible. As other jurisdictions develop new and innovative approaches, there may be opportunities to learn from the successes of others. Where shared challenges exist, so too do opportunities.



CONCLUSION

The goal of the Public Policy Forum's *Building Leaders - Indigenous Early Childhood Development* initiative is to foster a national discussion on opportunities and strategies for better supporting Indigenous children in Canada.

In order to accomplish this goal, this research paper reviewed the history of early childhood programs and services in Canada. It is only relatively recently that the integral role of the first few years in shaping human development has been understood. At the national level, a patchwork of programs and services have been developed based on the historical positioning of early childhood programs and services as social welfare or labour support. At the provincial level, some innovative approaches to supporting early childhood development are being implemented.

For First Nations, Inuit and Métis communities, the challenges associated with ensuring the healthy development of their children are even more pronounced. The second section of the paper described how colonization, and particularly the impact of child-removal policies, contributed to significant socio-economic disparities between Indigenous and non-Indigenous populations in Canada. However, federal programs and services to support Indigenous children, parents and families are delivered through multiple departments, and are often siloed and uncoordinated, creating a need for more integrated, coordinated approaches. At the community level, a number of unique initiatives seek to respond to the challenges of promoting healthy early childhood development, and these provide insight into the principles that should inform broader ECD programs and services for Indigenous communities.

Following these sections, the paper looked to Australia, New Zealand, the United States and Norway to see how other countries have promoted early childhood development in Indigenous communities. This revealed that the coordination of Indigenous ECD programs and services is an issue shared by other countries, but there is great diversity in the means by which they have responded to this challenge.

The research paper does not lay out a formal set of recommendations for addressing the challenges identified. Rather, the objective has instead been to provide background information to support a national discussion on how best to promote the early development of Indigenous children in Canada.

The thoughts, ideas, strategies and partnerships that emerge through this dialogue will provide insight into next steps that could be taken. It is hoped that the conversation ignited through this project and supported through this research will have a meaningful and positive impact in promoting healthy early childhood development in Indigenous communities.

Endnotes

- ¹ Hill-MacDonald, Gayadowehs L.A., Roussin, D. & Simon, M. (personal communication, October 14, 2014).
- ² Maggi, S., Irwin, L.J., Siddiqi, A. & Hertzman, C. (2010). The social determinants of early childhood development: an overview. *Journal of Pediatrics and Child Care*. 46(11), pp.627-635. DOI: 10.1111/j.1140-1754.2010.01817.x.
Government of Ontario, Ministry of children and youth services. (2007). A framework for Ontario early childhood settings: best start expert panel on early learning. Retrieved from http://www.children.gov.on.ca/htdocs/English/topics/earlychildhood/early_learning_for_every_child_today.aspx
- ³ Boivin, Michel, & Hertzman, Clyde. (Eds.). (2012). Early Childhood Development: adverse experiences and developmental health. Royal Society of Canada - Canadian Academy of Health Sciences Expert Panel (with Ronald Barr, Thomas Boyce, Alison Fleming, Harriet MacMillan, Candice Odgers, Marla Sokolowski, & Nico Trocmé). Ottawa, ON: Royal Society of Canada
- Miller, G.E., Chen, E., & Parker, K.J. (2011). Psychological stress in childhood and susceptibility to the chronic diseases of aging: moving toward a model of behavioural and biological mechanisms. *Psychological Bulletin*. 137(6), pp.959-997. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202072/>
- ⁴ Edie, David & Schmid, Deborah. (2007). Brain development and early learning: research on brain development. *Quality Matters: a Policy Brief Series on Early Care and Education*. Accessed online at: http://larrycuban.files.wordpress.com/2013/04/brain_dev_and_early_learning.pdf
- ⁵ McCain, M., Mustard, J.F., McCuaig, K. (2011). *Early Years Study 3: making decisions taking action*. Toronto: Margaret & Wallace McCain Family Foundation. Accessed online at: www.mwmccain.ca
- ⁶ Wilkinson, R. & Pickett, K. (2009). *The spirit level: why more equal societies always do better*. New York: Bloomsbury Press
- ⁷ Shonkoff, Jack P. (2009). Investment in early childhood development lays the foundation for a prosperous and sustainable society. In Tremblay, R.E., Boivin, M., Peters RDev., (eds.) *Encyclopedia on Early Childhood Development*.
- ⁸ Lupien, S., McEwen, B.S., Gunnar, M., & Heim, C. (2009). Effects on stress throughout the lifespan on the brain, behavior and cognition. *Nature Reviews Neuroscience*. 10, pp. 434-446.
- ⁹ Alexander, Craig. (2012). Early childhood has widespread and lasting benefits. *Special Report: TD Economics*. Retrieved from: http://www.td.com/document/PDF/economics/special/di1112_EarlyChildhoodEducation.pdf
- ¹⁰ Waldfogel, Jane. (2012). Tackling poverty and promoting social mobility by raising maternal employment: the potential and the challenges. *Institute for Public Policy Research*. Retrieved from: <http://www.ippr.org/juncture/tackling-poverty-and-promoting-social-mobility-by-raising-maternal-employment-the-potential-and-the-challenges>
- ¹¹ Fortin, P., Godbout, L. & St-Cerny, S. (2012). Impact of Quebec's universal low-fee child care program on female labour force participation, domestic income, and government budgets. Sherbrooke, QB: Université de Sherbrooke. Retrieved from http://www.oise.utoronto.ca/atkinson/UserFiles/File/News/Fortin-Godbout-St_Cerny_eng.pdf
- ¹² Statistics Canada, (2011). Aboriginal peoples in Canada: First Nations people, Métis and Inuit. *National Household Survey, 2011*. Retrieved from <http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-011-x/99-011-x2011001-eng.pdf>
- ¹³ Beach, J., Friendly, M., Ferns, Carol, Prabhu, N., Forer, B. (2009). Early childhood education and care in Canada, 8th ed. Toronto: Childcare Resource and Research Unit;
Preston, J.P., Cottrell, M., Pelletier, T.R. and Pearce, J.V. (2012). Aboriginal early childhood education in Canada: issues of context. *Journal of Early Childhood Research*. 10(1), pp. 3-18. doi: 10.1177/1476718X11402753
- ¹⁴ Little Bear, L. (2000). Jagged worldviews colliding. In M. Battiste (Ed.), *Reclaiming Indigenous voice and vision*. Vancouver: University of British Columbia Press.
- ¹⁵ Greenwood, Margo L. (2009). Places for the good care of children: a discussion of Indigenous cultural considerations in Canada and NZ. [Doctoral dissertation]. Retrieved from <http://circle.ubc.ca/handle/2429/14838?show=full>

-
- ¹⁶ Preston, J.P., Cottrell, M., Pelletier, T.R. & Pearce, J.V. (2012). Aboriginal early childhood education in Canada: issues of context. *Journal of Early Childhood Research*. 10(1), pp. 3-18. doi: 10.1177/1476718X11402753
- ¹⁷ Ball, J. (2005). Supporting First Nations' constructions of early childhood care and development through community-university partnerships - *Canadian Early Childhood Education: Broadening and Deepening Discussions of quality*. Canadian Child Care Federation. *Research Connections Series (13)*, pp 21-40. Retrieved from: http://web.uvic.ca/fnpp/documents/Ball_SupportingFNConstruct_RCC2005.pdf
- ¹⁸ Hertzman, Clyde. (2004). *Making early childhood development a priority: lessons from Vancouver*. Vancouver: Canadian Centre for Policy Alternatives, BC Office. Retrieved from http://www.policyalternatives.ca/sites/default/files/uploads/publications/BC_Office_Pubs/early_childhood.pdf
- ¹⁹ Mayer, Debra. (2009). Beyond Child's Play: Caring for and educating young children in Canada. *Our Schools/ Our Selves*, 18(3), #95. Canadian Centre for Policy Alternatives, Ottawa.
- ¹⁹ McCain, Norrie., Mustard, Fraser & McCuaig, Kerry. (2011). *Early Years Study 3: Making decisions taking action*. Toronto: Margaret & Wallace McCain Family Foundation. Retrieved from <http://earlyyearsstudy.ca/download-early-years-study-3/>
- ²⁰ McCain, Norrie., Mustard, Fraser & McCuaig, Kerry. (2011)
- ²¹ Organization for Economic Cooperation and Development. (2006). *Early childcare education and care policy*. Retrieved from <http://www.oecd.org/canada/33850725.pdf>
- ²² Albert, J. & Herbert, M. (2007). *Child welfare*. Retrieved from <http://www.thecanadianencyclopedia.ca/en/article/child-welfare/>
- ²³ Friendly, Martha & Prentice, Susan. (2012). Provision, policy, and politics in early child education and care in Canada. (p.72). In How, N. and Prochner, L. (eds), *Recent Perspectives on Early Childhood Education and Care in Canada*. Toronto: University of Toronto Press.
- ²⁴ Prochner, Larry. (2000). A history of early education and child care in Canada, 1820-1966. In Prochner, L. & Howe, N. (eds) *Early Childhood Care and Education in Canada*. Vancouver: UBC Press
- ²⁵ Elementary Teachers' Federation of Ontario. (2001). *Kindergarten matters: the importance of kindergarten in the development of young children*. Retrieved from <http://www.etfo.ca/Publications/PositionPapers/Documents/Kindergarten%20Matters%20-%20The%20Importance%20of%20Kindergarten%20in%20the%20Development%20of%20Young%20Children.pdf>
- ²⁶ Friendly & Prentice, p.72
- ²⁷ Prochner, Larry. (2000). A history of early education and child care in Canada, 1820-1966. In Prochner, L. & Howe, N. (eds) *Early Childhood Care and Education in Canada*. Vancouver: UBC Press
- ²⁸ Corbett, B. (1989). *A century of kindergarten education in Ontario*. Mississauga: The Froebel Foundation
- ²⁹ Friendly & Prentice p. 71.
- ³⁰ Ibid. p.74
- ³¹ Friendly, M. (2000). Childcare and Canadian federalism in the 1990s: canary in a coal mine. *Childcare Resource and Research Unit*. Retrieved from <http://childcarecanada.org/publications/occasional-paper-series/00/01/child-care-and-canadian-federalism-1990s-canary-coal-mine>
- ³² McCain et al., (2011)
- ³³ Early Learning and Child Care. (2011). *ELCC Home*. Retrieved from http://www.ecd-elcc.ca/eng/elcc/elcc_home.shtml
- ³⁴ Perkel, Colin. (October 2, 2004). Child care program coming, PM promises. *Winnipeg Free Press*. Retrieved from <http://childcarecanada.org/documents/child-care-news/04/10/child-care-program-coming-pm-promises-ca>
- ³⁵ Department of Finance Canada. (2009). *Federal Support for Child care*. Retrieved from <http://www.fin.gc.ca/fedprov/fsc-eng.asp>
- ³⁶ Statistics Canada. (2012). Leave practices of parents after the birth or adoption of young children. *Canadian Social Trends*. (11-008-X). Retrieved from <http://www5.statcan.gc.ca/olc-vel/olc.action?objid=11-008-X&objType=2&lang=en&limit=0>

-
- ³⁷ Employment and Social Development Canada. (2013). *Just the facts: child care*. Retrieved from <http://www.esdc.gc.ca/eng/about/facts.shtml>
- ³⁸ Employment and Social Development Canada. (2014). *Horizontal initiatives: 2014-15 report on plans and priorities*. Retrieved from http://www.esdc.gc.ca/eng/publications/rpp/2014_2015/rpp-1_4.shtml
- ³⁹ Employment and Social Development Canada. (2014). *EI monitoring and assessment report 2012/2013: Chpt. 2(IV) EI special benefits*. Retrieved from http://www.esdc.gc.ca/eng/jobs/ei/reports/mar2013/chapter2_4.shtml
- ⁴⁰ OECD Directorate for Education. (2004). *Early childhood education and care policy*. Retrieved from <http://www.oecd.org/canada/33850725.pdf>
- ⁴¹ Ibid.
- ⁴² Department of Finance. (2013). *Tax expenditures and evaluations 2012*. Retrieved from <http://www.fin.gc.ca/taxexp-depfisc/2012/taxexp1201-eng.asp>
- ⁴³ Beach, J. & Bertrand J. (2000). *More than a sum of the parts: an early childhood development system for Canada*. Toronto: University of Toronto. Retrieved from <http://www.childcarecanada.org/sites/default/files/op12.pdf>
- ⁴⁴ Makarenko, Jay. (2007). Child care in Canada: an introduction. *Maple Leaf Web*. Retrieved from <http://mapleleafweb.com/features/child-care-canada-introduction#issues>
- ⁴⁵ Kyle, I. & Kellerman, M. (1998). Case studies of Canadian family resource programs: Supporting families, children and communities. *Interaction*, 12(1), 28-30. Ottawa: Canadian Child Care Federation
- ⁴⁶ Beach & Bertrand, (2000). (P.14).
- ⁴⁷ McCain et al., (2011)
- ⁴⁸ Anderssen, Erin & Mackrael, Kim. (2013). Better daycare for 7\$/day: one province's solution for Canada. *The Globe and Mail*. Retrieved from <http://www.theglobeandmail.com/life/parenting/the-one-province-that-gets-daycare-right-in-canada-think-7-a-day/article14933862/?page=all>
- ⁴⁹ Fortin, P., Godbout, L. & St-Cerny, S. (2012). Impact of Québec's universal low-fee childcare program on female labour force participation, domestic income, and government budgets. Sherbrooke, QB: Université de Sherbrooke.
- ⁵⁰ Gouvernement du Québec. (2007). Meeting early childhood needs: Québec's educational program for childcare services update. *Ministère de la Famille et des Aînés*. Retrieved from http://www.mfa.gouv.qc.ca/fr/publication/Documents/programme_educatif_en.pdf
- ⁵¹ McCain et al., (2011).
Séguin, Rhéal. (2009). Look to Quebec on early childhood education, expert urges. *The Globe and Mail*. (2009, Nov 16.) Retrieved from <http://www.theglobeandmail.com/news/national/look-to-quebec-on-early-childhood-education-expert-urges/article1204791/>
- ⁵² McCain, M.N., Mustard, J.F. & Shanker, S. (2007). Early Years Study 2: putting science into action. Retrieved from http://earlyyearsstudy.ca/media/uploads/more-files/early_years_study2-en.pdf
- ⁵³ McCain et al., (2011)
- ⁵⁴ Child Care Canada. (2013). Why good child care? Retrieved from <http://www.childcarecanada.org/why-good-child-care>
- ⁵⁵ Arimura, Tomoko N. (2011). Schools as community hubs: supporting the daily lives of families with young children. Retrieved from <http://www.earlychildhoodeducatorsonline.com/wp-content/uploads/2011/04/Winter11-LINK-Schools-as-Community-Hubs.pdf>
- Pascal, Charles E. (2009). With our best future in mind: implementing early learning in Ontario. Retrieved from http://ywcacanada.ca/data/research_docs/00000001.pdf
- Eggleton, Art & Keon, Wilbert Joseph. (2009). *Early childhood education and care: next steps. Report of The Standing Senate Committee on Social Affairs, Science and Technology*. Retrieved from <http://www.parl.gc.ca/content/sen/committee/402/soci/rep/rep05apr09-e.pdf>
- ⁵⁶ Pascal, Charles E. (2009).
Eggleton, Art & Keon, Wilbert Joseph. (2009).
- ⁵⁷ Ball, Jessica. (2009). Centring community services around early childhood care and development: promising practices in Indigenous communities in Canada. *Child Health and Education*. 1(4), pp. 183-206.

-
- ⁵⁸ OECD Directorate for Education. (2004).
- ⁵⁹ Little Bear, L. (2000). Jagged worldviews colliding. In M. Battiste (Ed.), *Reclaiming Indigenous voice and vision*. Vancouver: University of British Columbia Press.
- ⁶⁰ Royal Commission on Aboriginal Peoples (1996). *People to people, nation to nation*. Ottawa: Queen's Printer. Vol. 3
- ⁶¹ Friesen, John W. (Jan 30-Feb 2, 2014). *Insights from the past: traditional Indigenous child-raising practices*. Paper presented at the Early Years 2014, Vancouver: UBC. Retrieved from <http://www.interprofessional.ubc.ca/EarlyYears2014/>
- ⁶² National Collaborating Centre for Aboriginal Health. (2012). The sacred space of womanhood: mothering across the generations. Retrieved from [http://www.nccah-cnsa.ca/docs/child%20and%20youth/The%20Sacred%20Space%20of%20Womanhood%20-%20Mothering%20Across%20the%20Generations%20\(EN%20-%20web\).pdf](http://www.nccah-cnsa.ca/docs/child%20and%20youth/The%20Sacred%20Space%20of%20Womanhood%20-%20Mothering%20Across%20the%20Generations%20(EN%20-%20web).pdf)
- ⁶³ Coates, Ken. (1991). *Best left as Indians: Native-White relations in the Yukon Territory, 1840-1973*. Montreal: McGill-Queen's University Press.
- ⁶⁴ King, Thomas. (2013). *The Inconvenient Indian: a curious account of Native people in North America*. Toronto: Anchor Canada
- ⁶⁵ Indian and Northern Affairs Canada. (1996). Report of the Royal Commission on Aboriginal Peoples. Ottawa: Queen's Printer. Retrieved from http://www.collectionscanada.gc.ca/webarchives/20071115053257/http://www.ainc-inac.gc.ca/ch/rcap/sg/sgmm_e.html
- ⁶⁶ Dion Stout, Madeleine & Kipling, Gregory. (2003). Aboriginal people, resilience and the residential school legacy. *The Aboriginal Healing Foundation Research Series*. Retrieved from <http://www.ahf.ca/downloads/resilience.pdf>
- ⁶⁷ Royal Commission on Aboriginal Peoples (1996). *People to people, nation to nation*. Ottawa: Queen's Printer.
- ⁶⁸ Hanson, Erin. (2009). *The residential school system*. Retrieved from <http://indigenousfoundations.arts.ubc.ca/home/government-policy/the-residential-school-system.html>
- ⁶⁹ Annual Report of the Department of Indian Affairs for the Year Ended 31 March, 1896, p. xxii. Quoted in the Royal Commission on Aboriginal Peoples.(1996). Retrieved from http://www.collectionscanada.gc.ca/webarchives/20071211055641/http://www.ainc-inac.gc.ca/ch/rcap/sg/sg28_e.html#100
- ⁷⁰ Hanson, Erin. (2009).
- ⁷¹ Hanson, Erin. (2009).
- ⁷² Walker, Connie. (2014). New documents may shed light on residential school deaths. *CBC News*. (2014, Jan. 8). Retrieved from <http://www.cbc.ca/news/aboriginal/new-documents-may-shed-light-on-residential-school-deaths-1.2487015>
- ⁷³ Hanson, Erin. (2009). *The sixties scoop & Aboriginal child welfare*. Retrieved from <http://indigenousfoundations.arts.ubc.ca/home/government-policy/the-residential-school-system.html>
- ⁷⁴ Magic Arrow Productions. (1992). *Sleeping children awake (part four)*. [Video file]. Retrieved from <http://www.youtube.com/watch?v=uzglQlk-Tuo>
- ⁷⁵ Partridge, Cheryle. (2010). Residential schools: the intergenerational impacts on Aboriginal peoples. *Native Social Work*. 7, pp.33-62. Retrieved from <https://zone.biblio.laurentian.ca/dspace/bitstream/10219/382/1/NSWJ-V7-art2-p33-62.PDF>
- ⁷⁶ Hanson. (2009). *The residential school system*.
- ⁷⁷ Native Women's Association of Canada. (2005). *Early learning & child care: an Aboriginal engagement strategy – an NWAC discussion paper*. <http://www.nwac.ca/files/reports/EarlyLearningandChildcare.pdf>
- ⁷⁸ Preston, J.P., Cottrell, M., Pelletier, T.R. & Pearce, J.V. (2012). Aboriginal early childhood education in Canada: issues of context. *Journal of Early Childhood Research*. 10(1), pp. 3-18. doi: 10.1177/1476718X11402753
- ⁷⁸ Ball, J. (2005). Supporting First Nations' constructions of early childhood care and development through community-university partnerships - *Canadian Early Childhood Education: Broadening and Deepening Discussions of quality*. Canadian Child Care Federation. *Research Connections Series (13)*, pp 21-40. Retrieved from: http://web.uvic.ca/fnpp/documents/Ball_SupportingFNConstruct_RCC2005.pdf

-
- ⁷⁹ Preston, JP, Cottrell, M., Pelletier, T.R. & Pearce, J.V. (2012). Aboriginal early childhood in Canada: issues of context. *Journal of Early Childhood Research*. 10(3)
- Tarlov, A.R. (2008). Children develop in an environment of relationships. In: Tarlov, AR & Debbink, MP (eds), *Investing in Early Childhood Development: Evidence to Support a Movement for Educational Change*. New York: Palgrave MacMillan.
- ⁸⁰ McCain et al. (2011)
- ⁸¹ Ferns, Carolyn & Friendly, Martha. (2014). *The state of early childhood education and care in Canada 2012*. Retrieved from <http://childcarecanada.org/sites/default/files/StateofECEC2012.pdf>
- ⁸² Childcare Resource and Research Unit. (2013). *The state of early childhood education and care in Canada 2010: trends and analysis*. Retrieved from http://www.childcarecanada.org/sites/default/files/state_ecec_canada_2010_CRRU.pdf
- ⁸³ Health Canada. (2013). First Nations and Inuit Health: Brighter Futures and Building Healthy Communities. Retrieved from http://www.hc-sc.gc.ca/fniah-spnia/promotion/mental/brighter_grandir-eng.php
- ⁸⁴ Public Health Agency of Canada. (2010). *CAPC/CPNP National Projects Fund (NPF)*. Retrieved from <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/funding-financement/npf-fpn/index-eng.php>
- ⁸⁵ Ibid. (2.4, CAPC Program Theory).
- ⁸⁶ Native Women's Association of Canada. (n.d.). *Maternal child health*. Retrieved from <http://www.nwac.ca/programs/maternal-child-health>
- ⁸⁷ Assembly of First Nations. (n.d.). *Maternal child health program in First Nations communities*. Retrieved from <http://64.26.129.156/article.asp?id=2270>
- ⁸⁸ Rowan-Legg, Anne. (2013). Oral health care for children – a call for action. *Paediatric Child Health*. 18(1), pp. 37-43. Retrieved from <http://www.cps.ca/documents/position/oral-health-care-for-children>
- ⁸⁹ Inuit Tapiriit Kanatami. (2013). *Healthy teeth, healthy lives: Inuit oral health action plan 2013*. Retrieved from <https://www.itk.ca/publication/healthy-teeth-healthy-lives-inuit-oral-health-action-plan-2013>
- ⁹⁰ Ibid
- ⁹¹ Preston, Jane P. (2008). Enhancing Aboriginal child wellness: the potential of early learning programs. *First Nations Perspectives*. 1(1), pp. 98-120. Retrieved from <http://www.mfnerc.org/wp-content/uploads/2012/11/article6.pdf>
- ⁹² Pacey, Michael. (2009). Fetal alcohol syndrome & fetal alcohol spectrum disorder among Aboriginal peoples. *National Collaborating Centre for Aboriginal Health*. Retrieved from <http://www.nccah-cnsa.ca/docs/child%20and%20youth/NCCAH-paper-FASD-aboriginalprevalencereview-sept2009-webready.pdf>
- ⁹³ Gillis, Debra. (personal communication, September 29, 2014).
- ⁹⁴ Greenwood, Margo. (2009).
- ⁹⁵ Economic and Social Development Canada. (2014). *Aboriginal Skills and employment training strategy*. Retrieved from <http://www.esdc.gc.ca/eng/jobs/aboriginal/asets/index.shtml>
- ⁹⁶ Employment and Social Development Canada. (2014). *Aboriginal Skills and Employment Training Strategy*. Retrieved from <http://www.esdc.gc.ca/eng/jobs/aboriginal/asets/index.shtml>
- ⁹⁷ Inuit Tapiriit Kanatami. (2014). *Assessing the impact of the First Nations and Inuit Child Health Care Initiative (FNICCI) across Inuit Nunangat*.
- ⁹⁸ Government of Canada. (2000). *First Nations and Inuit Child Care Initiative*. Federal Activities and Expenditures for Young Children. Retrieved from http://www.faeyc-adjfe.gc.ca/tbl_prcdn-eng.jsp?CTG=2&DPRT=1&PRGD=58&AFY=1999-2000
- ⁹⁹ Public Health Agency of Canada. (2012). *The impact of the Aboriginal Head Start in Urban and Northern Communities (AHSUNC) Program on School Readiness Skills*. Retrieved from http://www.maboriginalheadstart.ca/_mndata/mbheadstart/uploaded_files/AHSUNC%20School%20Readiness%20Study.pdf
- ¹⁰⁰ Public Health Agency of Canada. (2012). *Evaluation of the Aboriginal Head Start in Urban and Northern Communities Program at the Public Health Agency of Canada*. Retrieved from http://www.phac-aspc.gc.ca/about_apropos/evaluation/evaluation-eng.php

-
- ¹⁰¹ Public Health Agency of Canada. (2012). *Evaluation of the Aboriginal Head Start in Urban and Northern Communities Program at the Public Health Agency of Canada*. Retrieved from http://www.phac-aspc.gc.ca/about_apropos/evaluation/evaluation-eng.php
- ¹⁰² Ibid.
- ¹⁰³ Ibid.
- ¹⁰⁴ Ibid.
- ¹⁰⁵ Gillis, Debra. (personal communication). September 29, 2014.
- ¹⁰⁶ Health Canada. (2011). *Aboriginal Head Start On Reserve*. Retrieved from http://www.hc-sc.gc.ca/fniah-spnia/famil/develop/ahsor-papa_intro-eng.php
- ¹⁰⁷ First Nations Information Governance Centre (FNIGC) (2012). *First Nations Regional Health Survey (RHS) 2008/10: National report on adults, youth and children living in First Nations communities*. Ottawa: FNIGC.
- ¹⁰⁸ Gillis, Debra. (personal communication). September 29, 2014.
- ¹⁰⁹ Ibid.
- ¹¹⁰ Treasury Board of Canada Secretariat. (2014). *Early childhood development and early learning and child care - strategy for First Nations and other Aboriginal Children*. Retrieved from <https://www.tbs-sct.gc.ca/hidb-bdih/plan-eng.aspx?Org=41&Hi=35&Pl=285>
- ¹¹¹ First Nations Information Governance Centre (FNIGC) (2012). *First Nations Regional Health Survey (RHS) 2008/10: National report on adults, youth and children living in First Nations communities*. Ottawa: FNIGC. Retrieved from http://fnigc.ca/sites/default/files/First_Nations_Regional_Health_Survey_2008-10_National_Report.pdf
- ¹¹² Assembly of First Nations. (2011). *AFN School Survey*. Ottawa
- ¹¹³ Nguyen, Mai. (2011). Closing the education gap: a case for Aboriginal early childhood education in Canada, a look at the Aboriginal Headstart program. *Canadian Journal of Education*. 34(3), pp. 229-248. Retrieved from http://www.afn.ca/uploads/files/education2/closing_the_gap_aboriginal_head_start_2011.pdf;
- Preston, Jane P. (2008). Enhancing Aboriginal child wellness: the potential of early learning programs. *First Nations Perspectives*. 1(1), pp. 98-120. Retrieved from <http://www.mfnerc.org/wp-content/uploads/2012/11/article6.pdf>
- Stairs, Arlene Holland & Bernhard, Judith K. (2002). Considerations for evaluating 'good care' in Canadian Aboriginal early childhood settings. *McGill Journal of Education*. 37(3), pp. 309-330. Retrieved from http://www.yorku.ca/cohesion/LARG/PDF/Bernhard_02_considerations.pdf;
- ¹¹⁴ Greenwood, Margo L. (2009). *Places for the good care of children: a discussion of Indigenous cultural considerations in Canada and NZ*. [Doctoral dissertation]. Retrieved from <http://circle.ubc.ca/handle/2429/14838?show=full>
- Mashford-Pringle, Angela. (2012). Early learning for Aboriginal children: past, present and future and an exploration of the Aboriginal Head Start Urban and Northern Communities Program in Ontario. *First Peoples Child and Family Review* 7(1), pp. 127-140.
- ¹¹⁵ Ball, Jessica. (2012). Federal investments in strengthening Indigenous capacity for culturally based early childhood education and care. In Howe, N. & Prochner, L. (eds), (2012) *Recent Perspectives on ECE and Care in Canada*. Toronto: University of Toronto Press.
- ¹¹⁶ Kraus, Shirley. (2013). *First Nations early childhood programs improving outcomes: prepared for Federation of Saskatchewan Indian Nations*. Retrieved from <http://www.fsin.com/images/stories/fsindownloads/education/2013/Early%20Childhood%20Education%20Report%20Kraus%20130219.pdf>
- ¹¹⁷ Preston, Jane P. (2008). Enhancing Aboriginal early child wellness: the potential of early learning programs. *First Nations Perspectives*. 1(1), pp.98-120. Retrieved from <http://www.mfnerc.org/wp-content/uploads/2012/11/article6.pdf>
- ¹¹⁸ BC Aboriginal Child Care Society. (2012). *Training, recruitment and retention in the First Nations ECE sector: background paper*. Retrieved from http://www.acc-society.bc.ca/files_2/documents/BackgroundPaper.pdf
- ¹¹⁹ Inuit Tapiriit Kanatami. (2014).

-
- ¹²⁰ Greenwood, Margo L. (2009). *Places for the good care of children: a discussion of Indigenous cultural considerations in Canada and New Zealand*. [Doctoral Thesis]. Retrieved from <http://www.collectionscanada.gc.ca/obj/thesescanada/vol2/BVAU/TC-BVAU-14838.pdf>
- ¹²¹ Preston, Jane P. (2008). Enhancing Aboriginal child wellness: the potential of early learning programs. *First Nations Perspectives*. 1(1), pp. 98-120. Retrieved from <http://www.mfnerc.org/wp-content/uploads/2012/11/article6.pdf>
- ¹²² Hare, Jan & Anderson, Jim. (2010). Transitions to early childhood education and care for Indigenous children and families in Canada. *Australian Journal of Early Childhood*. 35(2), pp. 19-27. Retrieved from http://portal.usask.ca/index.php?sid=390149468&id=40893&t=self_identify
- ¹²³ McCain, Norrie., Mustard, Fraser & McCuaig, Kerry. *Early Years Study 3: Making decisions taking action*. Toronto: Margaret & Wallace McCain Family Foundation. Retrieved from <http://earlyyearsstudy.ca/download-early-years-study-3/>
- ¹²⁴ Greenwood, Margo. (2009).
- ¹²⁵ Preston, Jane P. (2008). P.103
- ¹²⁶ McCuaig, Kerry. (personal conversation, October 14, 2014).
- ¹²⁷ Royal Commission on Aboriginal Peoples (1996).
- ¹²⁸ Ball, Jessica & Moselle, Ken (2013). *Contributions of culture and language in Aboriginal Head Start in Urban and Northern Communities to children's health outcomes*. Paper prepared for the Public Health Agency of Canada. Retrieved from <http://cahr.uvic.ca/nearbc/media/docs/cahr51f0ade9a51cf-phac-ashunc-language-and-culture-report.pdf>
- ¹²⁹ Greenwood, M., de Leeuw, S. & Ngaroimata Fraser, T. (2007). Aboriginal children and early childhood development and education in Canada: linking the past and the present to the future. *Canadian Journal of Native Education*. 30(1), pp.5 – 18.
- ¹³⁰ Preston, J.P., Cottrell, M., Pelletier, T.R. & Pearce, J.V. (2012). Aboriginal early childhood education in Canada: issues of context. *Journal of Early Childhood Research*. 10(1), pp. 3-18. doi: 10.1177/1476718X11402753
- ¹³¹ Statistics Canada, Aboriginal Children's Survey, 2006: Family, Community and Child Care, October 2009. Retrieved from <http://www.statcan.gc.ca/pub/89-634-x/89-634-x2008001-eng.html>
- ¹³² Preston, (2008).
- ¹³³ McCain et al, (2011).
- ¹³⁴ Jamieson, Kathleen. (2005). *Valuing the community voice: the coordination and integration of Aboriginal early childhood development programs*. Vancouver: BC Aboriginal Childcare Society.
- ¹³⁵ Indian and Northern Affairs Canada. (1996). Report of the Royal Commission on Aboriginal Peoples. Retrieved from http://www.collectionscanada.gc.ca/webarchives/20071124125216/http://www.aic-inac.gc.ca/ch/rcap/sg/sg1_e.html
- ¹³⁶ Romanow, Roy J. (2002). Building on Values: the future of health care in Canada. Retrieved from <http://publications.gc.ca/collections/Collection/CP32-85-2002E.pdf>
- ¹³⁷ Organization for Economic Cooperation and Development. (2004). *Early childcare education and care policy*. Retrieved from <http://www.oecd.org/canada/33850725.pdf>
- ¹³⁸ Ball, Jessica. (2009).
- ¹³⁹ Native Women's Association of Canada. (2005). Early learning & child care: an Aboriginal engagement strategy – an NWAC discussion paper. <http://www.nwac.ca/files/reports/EarlyLearningandChildcare.pdf>
- ¹⁴⁰ Assembly of First Nations. (2005). *First Nations early learning and child care action plan*. Retrieved from <http://64.26.129.156/cmslib/general/elcc.pdf>
- ¹⁴¹ Rowan, Mary Caroline. (2010). *Considering Inuit Early Childhood Education*. Retrieved from <https://www.itk.ca/.../Considering-Inuit-Early-Childhood-Education.doc?>
- ¹⁴² Inuit Tapiriit Kanatami. (2007). Inuit early childhood education and care: present successes – promising directions. A discussion paper for the national Inuit education summit. Retrieved from <https://www.itk.ca/publication/documentation-national-strategy-inuit-education>
- ¹⁴³ Inuit Tapiriit Kanatami. (2006). *The Inuit Early childhood development strategy and transition plan*. Ottawa: ITK.
- ¹⁴⁴ Statistics Canada. (2011). National household survey: Aboriginal identity population, Canada, 2011. Retrieved from <http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-011-x/2011001/tbl/tbl01-eng.cfm>

-
- ¹⁴⁵ Métis National Council. (2014). *Towards a Métis Nation education strategy*. Retrieved from <http://www.metisnation.ca/index.php/news/toward-a-metis-nation-education-strategy>
- ¹⁴⁶ Barnsley, Paul. (2005). Leaders reach agreements. *Windspeaker*. 23(4). Retrieved from <http://www.ammsa.com/node/28324>
- ¹⁴⁷ Ball, J. (2005). Supporting First Nations' constructions of early childhood care and development through community-university partnerships. *Canadian Early Childhood Education: Broadening and Deepening Discussions of quality*. Canadian Child Care Federation. Research Connections Series (13), pp 21-40. Retrieved from http://web.uvic.ca/fnpp/documents/Ball_SupportingFNConstruct_RCC2005.pdf
- ¹⁴⁸ Hippy Canada. (2014). *Aboriginal Hippy*. Retrieved from http://hippycanada.ca/aboriginal_hippy/aboriginal.html
- ¹⁴⁹ Roussin, D., Gill, I., & Young, R. (2014). A big, bold plan: project aims to transform downtrodden Winnipeg neighbourhood. *Winnipeg Free Press*. (2014, March 29). Retrieved from <http://www.winnipegfreepress.com/local/a-big-bold-plan-253010241.html>
- ¹⁵⁰ Ibid.
- ¹⁵¹ Young, Rick. (2014) Early investment, long-term payoff. *Winnipeg Free Press*. (2014, March 29). Retrieved from <http://www.winnipegfreepress.com/local/early-investment-long-term-payoff-253010211.html>
- ¹⁵² Government of Manitoba. (2013). *Manitoba Government, J.W. McConnell Family Foundation launch million-dollar early childhood development innovation fund*. Retrieved from <http://news.gov.mb.ca/news/index.html?item=19632>
- ¹⁵³ Roussin, D., Gill, I., & Young, R. (2014).
- ¹⁵⁴ Sanders, Carol. (2014). Program gives kids a fighting chance: enhanced early education pilot project working: data. *Winnipeg Free Press*. (2014, October 6). Retrieved from <http://www.winnipegfreepress.com/local/program-gives-kids-a-fighting-chance-278198581.html>
- ¹⁵⁵ Government of Saskatchewan. (2012). *KidsFirst*. Retrieved from <http://www.education.gov.sk.ca/kidsfirst>
- ¹⁵⁶ Saskatchewan KidsFirst program evaluation: report of the qualitative study. Retrieved from <http://www.education.gov.sk.ca/adx/asp/adxGetMedia.aspx?DocID=1285,214,136,107,81,1,Documents&MediaID=14772&Filename=5+-+Qualitative+Report+-+KidsFirst+Evaluation+2010.pdf>
- ¹⁵⁷ Kelly, Running. (2014). Regional KidsFirst enjoys a fun way to inform families. (August 15, 2014). *The Observer*. Retrieved from <http://www.carlyleobserver.com/article/20140815/CARLYLE0101/308159980/-1/carlyle/regional-kids-first-enjoys-a-fun-way-to-inform-families>
- ¹⁵⁸ Kraus, Shirley. (2013). P.30
- ¹⁵⁹ Native Council of Nova Scotia. (2014). Child Help Initiative Program. (CHIP). Retrieved from <http://ncns.ca/programs-services/child-help-initiative-program-chip/>
- ¹⁶⁰ Public Health Agency of Canada. (2008). *Aboriginal children: the healing power of cultural identity*. Ottawa: Government of Canada. Retrieved from <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/ahsunc-papacun/aboriginal-autochtones-eng.php>
- ¹⁶¹ Métis Nation of Ontario. (2014). MNO healthy babies, healthy children. Retrieved from <http://www.metisnation.org/programs/health--wellness/aboriginal-healthy-babies-children>
- ¹⁶² Greenwood, M., de Leeuw, S. & Ngaroimata Fraser, T. (2007). Aboriginal children and early childhood development and education in Canada: linking the past and the present to the future. *Canadian Journal of Native Education*. 30(1), pp.5 – 18.
- ¹⁶² Royal Commission on Aboriginal Peoples (1996). *People to people, nation to nation*. Ottawa: Queen's Printer.
- ¹⁶³ Government of Northwest Territories. (2013). *Early childhood and school services: language nests*. Retrieved from <http://www.ece.gov.nt.ca/early-childhood-and-school-services/early-childhood/language-nests>
- ¹⁶⁴ Beveridge, Navarana. (2012). Case study on the first Inuktitut daycare in Iqaluit: Tumikuluik Saipaaqivik. Retrieved from http://gordonfoundation.ca/sites/default/files/CaseStudyontheFirstInuktitutDaycare_NB.pdf
- ¹⁶⁵ Public Health Agency of Canada. (2007). *The Canada Prenatal Nutrition Program: a decade of promoting the health of mothers, babies and communities*. Retrieved from http://publications.gc.ca/collections/collection_2012/aspc-phac/HP10-11-2007-eng.pdf
- ¹⁶⁶ Higham, Stephen. (2014, July 15). Personal notes, Native Early Childhood Educators Conference, Akwesasne, NY.

-
- ¹⁶⁷ Ball, Jessica. (2012). Federal investments in strengthening Indigenous capacity for culturally based early childhood education and care. In Howe, N. & Prochner, L. (eds), (2012) *Recent Perspectives on ECE and Care in Canada*. Toronto: University of Toronto Press.
- ¹⁶⁸ Niles et al. (2007).
- ¹⁶⁹ Alfred, Taiaiake. (1999). *Peace, power, righteousness: an Indigenous manifesto*. Toronto: Oxford University Press Canada.
- ¹⁷⁰ Henderson, James (Sa'ke'j) Youngblood. (2008). *Indigenous diplomacy and the rights of peoples: achieving UN recognition*. Saskatoon, SK: Purich Publishing Press.
- ¹⁷¹ Preston et al. (2012).
- ¹⁷² BC Aboriginal Childcare Society. (2003). *Many Voices, common cause: a report on the Aboriginal Leadership Forum on early childhood development*. Retrieved from http://www.acc-society.bc.ca/files_new/pdf_documents/PuttingChildrenFirst.pdf
- ¹⁷³ Ball, (2009).
- ¹⁷⁴ Greenwood et al. (2007).
- ¹⁷⁵ Ball, J. (2005). Early childhood care and development programs as hook and hub for community development: promising practices in First Nations. *Journal of Aboriginal Health*. (March 2005). Retrieved from http://www.naho.ca/jah/english/jah02_01/JournalVol2No1ENG6earlychildhood.pdf
- ¹⁷⁶ Niles, M., Byers, L. & Krueger, E. (2007).
- ¹⁷⁷ Henderson, James (Sa'ke'j) Youngblood. (2008). *Indigenous diplomacy and the rights of peoples: achieving UN recognition*. Saskatoon, SK: Purich Publishing Press.
- ¹⁷⁸ Ibid.
- ¹⁷⁹ United Nations Development Reports. (2014). *Human Development Reports: International Human Development Indicators*. Retrieved from <http://hdr.undp.org/en/countries>
- ¹⁸⁰ United Nations, Dpt. of Economic and Social Affairs. (2009). *State of the world's Indigenous peoples*. Retrieved from http://www.un.org/esa/socdev/unpfii/documents/SOWIP_web.pdf
- ¹⁸¹ Tuhiwai Smith, Linda. (1999). *Decolonizing methodologies: research and indigenous people*. London, UK: Zed Books
- ¹⁸² Horton, David. (2001). *The Encyclopedia of Aboriginal Australia*. Canberra, ACT, Australia: Australian Institute of Aboriginal and Torres Strait Island Studies.
- ¹⁸³ Australian Institute of Aboriginal and Torres Strait Islander Studies. (n.d.). *Timeline*. Retrieved from <http://lryb.aiatsis.gov.au/timeline.html>
- ¹⁸⁴ Museum of Australian Democracy. (n.d.) Documenting a democracy: Governor Bourke's Proclamation 1835 (UK). Retrieved from <http://www.foundingdocs.gov.au/item-did-42.html>
- ¹⁸⁵ Flood, Josephine. (2006). *The original Australians: story of the Aboriginal people*. NSW, Australia: Allen & Unwin
- ¹⁸⁶ Reynolds, Henry. (1981). *The other side of the frontier: Aboriginal resistance to the European invasion of Australia*. U. of New South Wales: UNSW Press
- ¹⁸⁷ Australian Human Rights Commission. (1997). *Bringing them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*. Retrieved from <https://www.humanrights.gov.au/publications/bringing-them-home-chapter-2>
- ¹⁸⁸ Australian Institute of Aboriginal and Torres Strait Islander Studies. (n.d.). *To Remove and Protect*. Retrieved from <http://www.aiatsis.gov.au/collections/exhibitions/remove/VIC/protrepo.html>
- ¹⁸⁹ Australian Human Rights Commission. (1997).
- ¹⁹⁰ Ibid
- ¹⁹¹ Commonwealth of Australia, (1997). *Bringing them home: report of the national inquiry into the separation of Aboriginal and Torres Strait Islander children from their families*. Retrieved from https://www.humanrights.gov.au/sites/default/files/content/pdf/social_justice/bringing_them_home_report.pdf
- ¹⁹² Oxfam Australia. (2014). *Close the gap 2014: ending health inequality in a generation*. (Video). Retrieved from <https://www.oxfam.org.au/explore/indigenous-australia/close-the-gap/>

-
- ¹⁹³ Australia Indigenous Healthinonet. (2013). *What is the history of Closing the Gap?* Retrieved from <http://www.healthinonet.ecu.edu.au/closing-the-gap/key-facts/what-is-the-history-of-closing-the-gap>
- ¹⁹⁴ Government of Australia. (2009). *Closing the gap on Indigenous disadvantage: the challenge for Australia*. Retrieved from http://www.dss.gov.au/sites/default/files/documents/05_2012/closing_the_gap.pdf
- ¹⁹⁵ Secretariat of National Aboriginal and Islander Child Care. (2012). *Caring for our children: profiling the set up of Aboriginal and Torres Strait Islander Children and Family Centres*. Retrieved from <http://www.snaicc.org.au/uploads/rsfil/02887.pdf>
- ¹⁹⁶ Ibid.
- ¹⁹⁷ Coalition Alliance of Australia. (2013). *The Coalition's policy for Indigenous Affairs*. Retrieved from <http://lpaweb-static.s3.amazonaws.com/Coalition%202013%20Election%20Policy%20%E2%80%93%20Indigenous%20-%20final.pdf>
- ¹⁹⁸ Government of Australia. (2014). *Indigenous Advancement Strategy*. Retrieved from <http://www.indigenous.gov.au/indigenous-advancement-strategy>
- ¹⁹⁹ Mercer, Phil. (2014). Canberra to Aborigines: no school? No welfare. *Voice of America*. (Aug 19, 2014). Retrieved from <http://www.voanews.com/content/no-school-no-welfare-australia-aboriginal-parents-warned/2415631.html>
- ²⁰⁰ Forrest, Andrew. (2014). *Creating parity: The Forrest Review*. Retrieved from <http://indigenousjobsandtrainingreview.dpmc.gov.au/>
- ²⁰¹ Youth & Family Education Resources. (n.d.). *COL National Indigenous Program*. Retrieved from <http://www.coreoflife.org.au/who-why-c-o-l/col-indigenous-program>
- ²⁰² Bowes, Jennifer & Grace, Rebekah. (2014). *Review of early childhood parenting, education and health intervention programs for Indigenous children and families in Australia*. Retrieved from http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our_publications/2014/ctgc-ip08.pdf
- ²⁰³ Government of Australia. (2011). *The building blocks – action to close the gap*. Retrieved from http://www.budget.gov.au/2010-11/content/ministerial_statements/indigenous/html/ms_indigenous-08.htm
- ²⁰⁴ Parker, Robyn. (2012). Program Spotlight: Hey Dad! For Indigenous Dads, Uncles and Pops. *Family Relationships Quarterly Issue*, 12. Retrieved from <http://www.aifs.gov.au/afrc/pubs/newsletter/n12pdf/n12e.pdf>
- ²⁰⁵ Statistics New Zealand. (2013). *2013 Census ethnic group profiles*. Retrieved from http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/ethnic-profiles.aspx?request_value=24705&parent_id=24704&tabname=#24705
- ²⁰⁶ Higgins, Rawina & Meredith, Paul. (2013). Ngā tamariki – Māori childhoods – traditional Māori childhoods. *The Encyclopedia of New Zealand*. Retrieved from <http://www.TeAra.gov.nz/en/nga-tamariki-maori-childhoods/page-1>
- ²⁰⁷ Tapsell, Paul. (2012). Te Arawa – European impact. *The Encyclopedia of New Zealand*. Retrieved from www.teara.govt.nz/en/te-arawa/page-4
- ²⁰⁸ Ritchie, J. (2011). Ahakoa he iti: early childhood pedagogies affirming of Māori children's rights to their culture. *Early Education and Development*. 22(5), pp.795-817. Retrieved from <http://unitec.researchbank.ac.nz/bitstream/handle/10652/1899/Ritchie%20-%20Ahakoa%20he%20iti.pdf?sequence=1>
- ²⁰⁹ Higgins, Rawina & Meredith, Paul. (2013). Ngā tamariki – Māori childhoods – European influence on Higgins, Māori childhoods. *Te Ara – the Encyclopedia of New Zealand*. Retrieved from <http://www.teara.govt.nz/en/nga-tamariki-maori-childhoods/page-3>
- ²¹⁰ Ibid.
- ²¹¹ Ibid.
- ²¹² Sorrenson, M. P. K (1997). "Modern Māori: The Young Maori Party to Mana Motuhake". In [Sinclair, Keith](#). *The Oxford Illustrated History of New Zealand* (2nd ed.). Oxford University Press.
- ²¹³ Higgins, Rawina & Meredith, Paul. (2013).

-
- ²¹⁴ Ka'ai-Mahuta, Rachael. (2011). The impact of colonization on te reo Māori: a critical review of the state education system. *Te Kaharoa*. 4(1). Retrieved from <http://tekaharoa.com/index.php/tekaharoa/article/view/97>
- ²¹⁵ Te Kōhanga Reo National Trust. (2013). Ko te whakamana I te Reo me ngā tikanga: History. Retrieved from <http://www.kohanga.ac.nz/history/>
- ²¹⁶ Rau, Chery & Ritchie, Jenny. (2011). Ahakoa he iti: early childhood pedagogies affirming of Māori children's rights to their culture. *Early Education and Development*. 22(5), pp. 795-817. Retrieved from <http://www.tandfonline.com/doi/pdf/10.1080/10409289.2011.596459>
- ²¹⁷ Schonfeld, H., Kiernan, G. & Walsh, T. (2004). *Making connections: a review of International policies, practices and research relating to quality in early childhood care and education*. Dublin, IR: Centre for Early Childhood and Education. Retrieved from http://www.cecde.ie/english/making_connections.php
- ²¹⁸ Seddon-Howell, Leanne. (2011). *Integration of early years programs and services: literature review of four international jurisdictions: BC Ministry of Children & Family Development and the BC Association of Family Resource Programs*. Retrieved from http://www.frpbc.ca/media/uploads/files/Literature_Review_Integration_of_Early_Years_Programs_and_Services_MCFD-FRP-BC.pdf
- ²¹⁹ Meade, Anne & Podmore, Valerie N. (2010).
- ²²⁰ New Zealand Ministry of Education. (2009). *Principles of learning and development in early childhood*. Retrieved from <http://www.educate.ece.govt.nz/learning/curriculumAndLearning/TeWhariki/PartC/PrinciplesOfLearningAndDevelopmentInEarlyChildhood/FamilyAndCommunity.aspx?p=2>
- ²²¹ Meade, Anne & Podmore, Valerie N. (2010).
- ²²² New Zealand Ministry of Health. (2014). B4 School Check. Retrieved from <http://www.health.govt.nz/our-work/life-stages/child-health/b4-school-check>
- ²²³ New Zealand Ministry of Health. (2013). Section 1: introduction. Well child/Tamariki ora objectives. Retrieved from <http://well-child.book.health.govt.nz/Section+1%E2%80%8B+%E2%80%8BIntroduction/Well+Child-Tamariki+Ora+objectives>
- ²²⁴ Plunket. (2014). Our relationships with Māori. Retrieved from <https://www.plunket.org.nz/what-we-do/whanau-awhina-whanau-ora/our-relationships-with-maori/>
- ²²⁵ New Zealand Ministry of Social Services. (2012). *Helping families in the early years – stories from the Hubs 2012*. Retrieved from <http://www.familyservices.govt.nz/documents/working-with-us/programmes-services/early-intervention/early-years-service-hubs.pdf>
- ²²⁶ U.S. Census Bureau. (2014). *Annual estimates of the resident population by sex, race, and Hispanic origin for the United States, States, and counties: April 1, 2010 to July 1, 2013*. Retrieved from <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkml>
- ²²⁷ Just the Beginning Foundation. (2014). Native American history. Retrieved from <http://www.jtbf.org/index.php?src=gendocs&ref=Native%20American%20History&category=Integration>
- ²²⁸ Independence Hall Association. (2014). *US History: 40d. Life on the reservations*. Retrieved from <http://www.ushistory.org/us/40d.asp>
- ²²⁹ Marr, Carolyn J. (n.d.). *Assimilation through education: Indian boarding schools in the Pacific Northwest*. University of Washington, digital collections. Retrieved from <https://content.lib.washington.edu/aipnw/marr.html#intro>
- ²³⁰ Ibid.
- ²³¹ E. Fletcher McClellan. "Implementation and Policy Reformulation of Title I of the Indian Self-Determination and Education Assistance Act of 1975-80." *Wicazo Sa Review*, Vol. 6, No. 1, (Spring, 1990)
- ²³² Warne, Donald. (2006). Research and educational approaches to reducing health disparities among American Indians and Alaska Natives. *Journal of Transcultural Nursing*. 17(3), pp.1-6. DOI: 10.1177/1043659606288381
- ²³³ Ibid.
- ²³⁴ OECD. (2000). Early childhood education and care policy in the United States of America: country note. Retrieved from <http://www.oecd.org/unitedstates/2535075.pdf>

-
- ²³⁴ Smith, Linda K. (2014). *Statement on Early Childhood Development and Education in Indian Country: building a foundation for academic success before the Committee on Indian Affairs, United States Senate*. (2014, February 26). Retrieved from <http://www.hhs.gov/asl/testify/2014/02/20130226b.html>
- ²³⁵ U.S. Department of Health & Human Services. (2014). *Frequently asked questions about Early Head Start-child care partnerships*. Retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc/grants/ehs-ccp/faqs.html>
- ²³⁶ Kuhns, Carole & Bruce-Webb, Mary. (2004). *Establishing a research agenda for American Indian and Alaska Native Head Start Programs*. Retrieved from <http://www.researchconnections.org/childcare/resources/6864/pdf>
- ²³⁷ Smith, Linda K. (2014). *Testimony on Early Childhood Development and Education in Indian Country: building a foundation for academic success*. United States Senate Committee on Indian Affairs. Retrieved from <http://www.hhs.gov/asl/testify/2014/02/20130226b.html>
- ²³⁸ U.S. Department of Health and Human Services, Office of Child Care. (2012). *Child Care and Development Fund*. Retrieved from <http://www.acf.hhs.gov/programs/occ/resource/child-care-and-development-fund>
- ²³⁹ U.S. Department of Health and Human Services, Office of Child Care. (2012). *Child Care and Development Fund*. Retrieved from <http://www.acf.hhs.gov/programs/occ/resource/child-care-and-development-fund>
- ²⁴⁰ National Indian Child Care Association. (2014). *Testimony of Barbara Fabre, Director of White Earth Nation child care/early childhood program and chairwoman of National Indian Child Care Association before the United States Senate Committee on Indian Affairs*. (2014, February 26). Retrieved from <http://www.indian.senate.gov/hearing/oversight-hearing-receive-testimony-early-childhood-development-and-education-indian-country>
- ²⁴¹ U.S. Department of Health and Human Services, Office of Child Care. (2014). FY 2013 Tribal CCDF Allocations. Retrieved from http://www.acf.hhs.gov/sites/default/files/occ/ccdf_fy13_allocation_tribal_table.pdf
- ²⁴² Smith, Linda K. (2014).
- ²⁴³ Ibid.
- ²⁴⁴ Smith, Linda. (2012). *Native American tribes receive grants to improve early childhood program coordination*. Retrieved from <http://www.acf.hhs.gov/blog/2012/12/native-american-tribes-receive-grants-to-improve-early-childhood-program>
- ²⁴⁵ U.S. Department of Health and Human Services, Administration for Children and Families. (2008). *Tribal Child Care and Development Fund: Guide for new administrators*. Retrieved from <http://www.acf.hhs.gov/sites/default/files/occ/na.pdf>
- ²⁴⁶ U.S. Department of Agriculture. (2014). Women, Infants and Children. Retrieved from <http://www.fns.usda.gov/wic/women-infants-and-children-wic>
- ²⁴⁷ Endfield, Chris. (2006). *Developing quality in American Indian/Alaskan Native Early Childhood Programs*. Retrieved from <http://web.uvic.ca/~reach/documents/5.Claude.pdf>
- ²⁴⁸ U.S. Department of Education. (2013). *White House Initiative on American Indian and Alaska Native Education: Early Learning*. Retrieved from <http://www.ed.gov/edblogs/whiaiane/educational-framework/early-learning/>
- ²⁴⁸ Sarche, Michelle C. (2011). *American Indian and Alaska Native children and mental health: development, context, prevention and treatment*. Santa Barbara, CA: ABC-CLIO
- ²⁴⁹ U.S. Department of Health and Human Services. (n.d.). Early childhood development interagency coordination. Retrieved from <http://www.acf.hhs.gov/early-childhood-development-interagency-coordination-0>
- ²⁵⁰ United States Census Bureau. (2012). *2012 Census shows nearly half of American Indians and Alaska Natives report multiple races*. Retrieved from https://www.census.gov/newsroom/releases/archives/2010_census/cb12-cn06.html
- ²⁵¹ Best Beginnings: Alaska's Early Childhood Investment. (2014). Ciuliqagtekaput. Retrieved from <http://www.bestbeginningsalaska.org/activities-resources/local-programs-events/early-childhood-programs/ciuliqagtekaput>
- ²⁵² Ibid.
- ²⁵³ FACE. (2014). *Face Resources*. Retrieved from www.faceresources.org
- ²⁵⁴ FACE. (2014). *Site Map, 2013-2014*. Retrieved from <http://faceresources.org/uploads/FACE%20Site%20Map%202013-14.pdf>

-
- ²⁵⁵ Government of Norway, Ministry of Education and Research. (2012). *Early childhood education and care policy*. Retrieved from <http://www.regjeringen.no/en/dep/kd/Selected-topics/kindergarden/early-childhood-education-and-care-polic.html?id=491283>
- ²⁵⁶ United Nations Regional Information Centre for Western Europe. (2014). *The Sami of Northern Europe – one people, four countries*. Retrieved from <http://www.unric.org/en/indigenous-people/27307-the-sami-of-northern-europe--one-people-four-countries>
- ²⁵⁷ Smith, Andrea. (2009). Indigenous peoples and boarding schools: a comparative study. *Permanent Forum on Indigenous Issues, eighth session*. New York, NY: May 18-29 2009. Retrieved from http://www.un.org/esa/socdev/unpfii/documents/E_C_19_2009_crp1.pdf
- ²⁵⁸ Ibid.
- ²⁵⁹ Jakobsen, Jonas. (2011). Education, recognition and the Sami people of Norway. In Niedrig, H. & Ydesen, C. (eds). *Writing postcolonial histories of intercultural education*. Bern, Switzerland: Peter Lang Publishing.
- ²⁶⁰ Gaski, L. (2008): Sami identity as a Discursive Formation: Essentialism and ambivalence. In Minde, H. (ed.), *Indigenous Peoples: Self-determination, Knowledge, Indigeneity*. Delft, 219-236
- ²⁶¹ Ibid.
- ²⁶² Blix, Hansen Bodil. (2013). The construction of Sami identity, health, and old age in policy documents and life stories: a discourse analysis and a narrative study. [Doctoral dissertation]. The University of Tromsø, Arctic University of Norway. Retrieved from <http://munin.uit.no/bitstream/handle/10037/5675/thesis.pdf?sequence=2>
- ²⁶³ Norum, Jan & Nieder, Carsten. (2012). Socioeconomic characteristics and health outcomes in Sami speaking municipalities and a control group in northern Norway. *International Journal of Circumpolar Health*. 71. Retrieved from <http://www.circumpolarhealthjournal.net/index.php/ijch/article/view/19127>
- ²⁶⁴ Gaski, M., Melhus, M., Deraas, T., & Førde, O. H. (2011). Use of health care in the main area of Sami habitation in Norway: Catching up with national expenditure rates. *Rural and Remote Health*, 11(2), Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/21631152>
- ²⁶⁵ Blix, Hansen Bodil. (2013).
- ²⁶⁶ Smith, Andrea. (2009)
- ²⁶⁷ OECD. (1999). *Early childhood education and care policy in Norway*. Retrieved from <http://www.oecd.org/education/school/2534885.pdf>
- ²⁶⁸ Gerlach, A., Gray Smith, M., Schneider, J. (2008). Creating pathways for the dreams of our Aboriginal early childhood development and care. *Little Drum Consulting*. Retrieved from http://www.littledrum.com/pdf/Creating_Pathways_for_the_Dreams_of_our_Children_Sept08.pdf