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Message from the Ministers of Children and Family Development, Education and Health

We are pleased to release British Columbia’s Early Years Annual Report 2013 to 2015: Activities and Expenditures on Early Childhood Development, Early Learning and Child Care.

The B.C. government is committed to making life easier for families, while supporting children to reach their full potential.

We are focused on our youngest learners because we know that a child’s first years have a profound impact on their personality, brain development and future prospects. This is not a theory – it is a fact based on decades of research that shows quality early-learning experiences significantly impacts brain development. During those first years, “windows of opportunity” open wide and investments into children are maximized. It is a period when a child builds cognitive skills — the foundation for learning — as well as character skills, social-emotional growth, gross-motor skills and everything from impulse control to problem solving.

Here in B.C., we believe that every child deserves an equal chance at healthy brain development. That’s why we invest over a billion dollars annually on services and supports for parents and children during the early years and why we created our long-term Early Years Strategy and the Provincial Office for the Early Years.

Together we are working closely with key educational and health partners to make sure valuable programs and services are in place – programs like full-day kindergarten, StrongStart BC, a network of BC Early Years Centres, online and in-person parenting and pregnancy supports, infant and toddler health screening services, access to quality child care, assistance for children with special needs, and services for children and youth experiencing mental health challenges.

By working together with community partners, we are improving program co-ordination, avoiding duplication, and leveraging our existing resources to provide parents with access to high-quality, accessible supports and services for their children, from birth onwards.

They say it takes a village to raise a child. Thanks to the dedication and shared commitment from parents, community partners, service providers and ministry staff, we are helping to make sure every child in B.C. has the foundation they need to succeed throughout their school years and beyond.

Please accept our heartfelt thanks to all of you. The work you do every day is making a difference in the lives of B.C. children and is paving the way for a bright future.

The Honourable Stephanie Cadieux
Minister of Children and Family Development

Hon. Peter Fassbender,
Minister of Education

Hon. Terry Lake,
Minister of Health
Introduction

The government of British Columbia (B.C.) continues its commitment to supporting young children and families to achieve their full potential by investing in the early years through the B.C. Early Years Strategy. The Strategy outlines a cross-ministry framework backed by a strong funding commitment, to support families and ensure young British Columbians have the best possible start in life. The Strategy builds on existing programs and services and takes a flexible and responsive approach to the changing needs of families with the overarching goals of increasing access, affordability and quality of early years programs and services.

2013/14 saw the establishment of the Provincial Office for the Early Years (EYO), which has been tasked with the overall goal of ensuring the success of the Strategy, by providing guidance and leadership to inter-ministry partnerships; coordinating cross-ministry service improvements; and engaging with parents, providers and the service sector. A number of initiatives have been accomplished over the past two years, including:

- the establishment of the BC Early Childhood Tax Benefit, which will see families with children under six years old receive a monthly payment of up to $55, for an annual total of up to $660,
- the creation of a provincial network of 26 Early Years Centres
- the creation of over 1,000 new licensed child care spaces, and
- the Early Childhood Educator (ECE) Provincial Guiding Documents Project, which will update and enhance the post-secondary education of individuals working to become certified ECEs across the province.

Initiatives to improve services and supports to and for families and early years service providers will continue to roll out over the coming years.

There is an abundance of evidence that confirms how early experiences and environments shape early brain development and are a critical foundation for all future learning, behaviour, and health; we also know that secure and stable social relationships with caring adults are critical to development. Helping children not only helps support individuals that can fully contribute to society and the economy throughout their lifetime, but also saves the cost of later, inevitably more expensive interventions. By supporting and investing in the early years, British Columbia is contributing to the development of resilient, literate and socially engaged citizens and in turn, a prosperous, vibrant province.
EARLY YEARS Major Activities and Accomplishments: 2013 to 2015

Federal/Provincial/Territorial Funding Agreements

EARLY CHILDHOOD DEVELOPMENT INITIATIVE (2000)

In 2000, the federal government committed to providing ongoing funding under the Early Childhood Development Initiative and this commitment has been renewed a number of times in the years since then. Under this Agreement, provinces and territories receive funding to expand and improve early childhood development programs and services across four priority areas:

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

B.C. received approximately $66 million in federal funding to support a wide range of community-based early years programs and services for young children and their families across the province in both 2013/14 and 2014/15.


Under the 2003 Early Learning and Child Care (ELCC) Multilateral Framework, B.C. allocated $45.7 million from the federal Canada Social Transfer to support early learning and child care services for children from birth to age six in 2013/2014.

As part of Budget 2007, the federal government introduced a new $250 million annual federal investment to provinces and territories to support the creation of new child care spaces. As part of this commitment, B.C. allocated $35.1 million to support the creation of child care spaces in communities across the province between 2013 and 2015.

This progress report highlights the Province’s major activities and accomplishments in early childhood development, early learning and child care during the 2013/14 and 2014/15 fiscal years, and demonstrates B.C.’s continued commitment to the health and well-being of children and families across the province.

The report also demonstrates B.C.’s ongoing commitment to fulfill the public reporting requirements under the 2000 Early Childhood Development Agreement. To ensure transparency and accountability, all eligible related expenditures are summarized and provided in Appendix B: 2013/14 & 2014/15 Program Expenditure Summary.
In 2013, the government released the BC Early Years Strategy, government’s long-term plan to ensure that young British Columbians have the best possible start in life.

This plan builds on government’s $1-billion annual investment in the early years, and outlines a flexible and responsive approach to the changing needs of families in B.C. It is grounded in the following goals:

1. Improving ACCESS: Helping to ensure that early years programs and services, including child care, are available to children who need them.

2. Improving QUALITY: Ensuring that programs and services are high-quality and evidence-based.

3. Improving AFFORDABILITY: Enabling parent choice through strategic and sustainable financial supports.

4. Improving COORDINATION: Ensuring that government and community programs and policies are integrated to meet the needs of children and families.

Recognizing that improving outcomes in the early years requires the involvement of multiple partners and ministries, government established the Provincial Office for the Early Years (EYO) in early 2014. While hosted by the Ministry of Children and Family Development, the EYO’s role is to oversee the successful implementation of the Strategy and ensure multiple partners coordinate to achieve the “one-government” vision for the early years.

The Early Years Office mandate is to ensure that:

- Investments and efforts made under the BC Early Years Strategy result in maximum benefit for children and families in B.C;
- Partners across the early years sector collaborate and leverage policies and investments in order to ensure that an integrated system of programs and services are available to families of young children;
- Continued expansion and implementation of the BC Early Years Centre network across the province; and
- The public understands early years priorities, roles and opportunities.
KEY ACTION AREA: 
Promote Healthy Pregnancy, Birth and Infancy

Healthy Start

The Healthy Start Initiative, a pillar of the Healthy Families BC Strategy encompasses a continuum of perinatal, child and family public health services that includes both universally delivered services for all families, as well as select enhanced services to meet the needs of families that may experience a greater degree of vulnerability. The focus of the initiative is on providing pregnancy and parenting support to families during the prenatal period up to two years of age of the child. The intent is to reduce inequities and ensure that every family in B.C. has similar access to public health support services they need to promote optimal health.

To support the implementation of the Healthy Start prenatal service standards, the Ministry of Health in partnership with Perinatal Services BC and regional health authorities released the Population and Public Health Prenatal Care Pathway in March 2014 (available at http://www.perinatalservicesbc.ca/NR/rdonlyres/E829EE42-30AE-4634-9A99-7A1A1C63B0B8/0/PSBC_PrenatalCarePathway.pdf). This evidence-informed practice support tool identifies key aspects of prenatal support that can be provided by public health nurses and other providers to promote the health of pregnant women and their families.

Nurse-Family Partnership and the BC Healthy Connections Project

Nurse-Family Partnership is an intensive public health nurse-led home visitation program that supports young, socioeconomically disadvantaged first-time mothers and their children – by reducing child maltreatment, improving child health and development, and improving maternal life course. NFP, developed over 30 years ago, has been evaluated in 3 USA trials and has been found to have robust and enduring effects[1]. BC was granted a license from the University of Colorado Denver Prevention Research Centre to implement and evaluate NFP within the Canadian context.

The Nurse-Family Partnership program is a home-visiting program designed to help young, first-time mothers vulnerable to socioeconomic disadvantage and their children until they reach their 2nd birthday. Women gain valuable knowledge and support throughout their pregnancy, continuing until children reach two years of age. A range of 50 to 64 home visits are provided in which mothers and public health nurses work together on topics such as healthy pregnancy, preparation for childbirth, nutrition, physical activity, parenting, healthy relationships, child development, future life planning and accessing community resources. Nurses develop strong, therapeutic and trusting relationships with each mother participating in the program. This intensive level of support helps women manage the emotional, social and physical challenges they face to gain the confidence to create a better life for their children and themselves. Program goals are to improve children’s mental health and early development, while also improving mothers’ life situations.

Nurse-Family Partnership is being evaluated through the BC Healthy Connections Project (BCHCP) with researchers from Simon Fraser University, McMaster, UVIC, and UBC. B.C. is the first province in Canada to fully evaluate Nurse-Family Partnership and whether any adaptations are required to achieve equivalent outcomes as the United States and elsewhere.

**Childhood Immunization**

Since being introduced more than 100 years ago, immunization has prevented more disease, disability and death than any other public health intervention.\(^2\) Immunization coverage rates from 2007-2014 show that approximately 7 out of 10 children are completely up-to-date for all routine infant and toddler immunizations by the time they turn two years of age.\(^3\) 68 percent of seven year olds are up-to-date for their routine immunizations.\(^4\)

For healthy families and communities, it is important that children and those around them are fully immunized. Health care providers, parents, and care providers are striving to ensure that children in B.C. are up-to-date with their immunizations. A key strategy to achieve this has been to increase public access to information about immunization. In 2014/2015, \(IBoostImmunity.ca\) was launched to build a BC-based online community of like-minded individuals called “Boosters” to engage in a positive dialogue to correct misinformation, half-truths and myths about immunization. Additional enhancements to the Immunize BC website included more interactive features to assist families in locating information on immunization schedules, vaccine information and immunization services nearest to their home. For more information on the provincial immunization program and childhood immunizations, visit [www.ImmunizeBC.ca](http://www.immunizebc.ca) or call HealthLink BC at 811.

**Midwifery**

In B.C., midwifery is integrated into the full spectrum of obstetrics, providing care in community, home-based and hospital settings for healthy pregnant women and their babies. The College of Midwives of B.C. oversees the profession, with mandatory registration, standards of practice, and guidelines for physician consultation and transfer of care. As of October 4, 2013, there were 223 midwives providing services in B.C.\(^5\)

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Women’s Health Improvements – Perinatal Depression

PERINATAL DEPRESSION

To advance the implementation of the perinatal depression service standard and the provincial implementation of Addressing Perinatal Depression: A Framework for BC’s Health Authorities, a Provincial Perinatal Depression and Anxiety Public Health Practice Support Tool is being developed by the Ministry of Health in collaboration with BC Reproductive Mental Health Program, PHSA, BC Council for Families and other key stakeholders. Perinatal depression (PND) is a serious health concern that affects as many as one in five BC women during the perinatal period. This tool is intended to improve early identification and responsive follow up by public health nurses and other providers working with women and families experiencing perinatal depression and anxiety.

TOBACCO USE

Tobacco use is the single most preventable cause of morbidity and mortality in B.C. While B.C. continues to have the lowest rate of smoking in Canada at 15.3 percent, there are over 604, 000 smokers. The rates of children exposed to second-hand smoke vary. Approximately 5.5 percent of children aged 12-19 years were exposed to second-hand smoke in the home in the last month, while approximately 25.5 percent were exposed to second-hand smoke in vehicles and/or public places in the last month.

Cessation Resources

QuitNow, delivered through the BC Lung Association, can help people quit smoking and stay smoke-free. All services are completely free to use and available twenty-four hours a day – for more information, go to www.quitnow.ca.

Medication can also help when stopping smoking. With the B.C. Government’s Smoking Cessation Program, tobacco users can either get a free 12 week/calendar year supply of nicotine gum/patches or those on Fair Pharmacare can get a prescription for Zyban or Champix (subject to deductibles).

For more information, go to http://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/what-we-cover/drug-coverage/bc-smoking-cessation-program

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6 Canadian Community Health Survey, 2013/2014
7 Canadian Community Health Survey, 2013/2014
**Shaken Baby Syndrome**

Shaken Baby Syndrome (SBS) is a leading but preventable cause of physical and mental disability among infants and young children. The most common trigger for shaking a baby is inconsolable crying, with most shaking and physical abuse of infants occurring in the first six months of life.

Each year in BC, an average of between five and ten children suffer traumatic brain injury from shaking and require hospitalization. About one-third of hospitalized cases result in death and of those who survive, approximately 80 percent will have permanent disabilities.

**Period of PURPLE Crying® Program**

The *Period of PURPLE Crying* program is a shaken baby prevention program that educates new parents and caregivers about normal infant crying and reinforces the message that it is never okay to shake or harm an infant to get them to stop crying. Launched in 2008, the program goal is to bring about a cultural change in understanding infant crying and reduce the number of cases of abusive brain injury by 50 percent. All parents of newborns in BC receive the program materials, which consists of a 10-minute *Period of PURPLE Crying* film, a supplementary 17-minute film on ways for parents/caregivers to soothe babies, and a 10-page booklet, “Did you know your baby would cry like this?”

Since its full implementation in January 2009, the Period of PURPLE Crying program has helped reduce the number of cases of abusive head trauma (due to shaken baby syndrome) in BC infants, ages 0-2 year olds by approximately 35%. It has reduced the number of “crying” cases presenting to the Emergency Room by 29%.

As of March 31, 2015, program updates included:

- 18 BC foster parent associations continued to provide PURPLE program training to foster parents through in-services and compact discs;
- 1,677 foster parents completed PURPLE program training via online modules
- 955 MCFD staff completed training via online modules and compact disc;
- 7 adoption, 103 child care resource and referral, 40 early childhood, 19 family resources, 135 infant development, 129 pregnancy outreach, 273 HealthLink and 14 Red Cross personnel completed program training;
- 919 nursing, midwifery and community support students from 13 post-secondary institutions completed training online as part of their required assignments;
- 130 First Nations communities received program resources; and,
- A total of 4,160 maternity and public health nurses have completed PURPLE program training.

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8 Based on 2004 review of BC Children’s hospital Child Protective Services statistics.
Fetal Alcohol Spectrum Disorder (FASD) is a term that describes the range of harms that can occur in a person whose mother consumed alcohol during pregnancy. FASD poses lifelong challenges for individuals and communities across the province. There is no safe time, no safe type, and no safe amount of alcohol during pregnancy. Daily drinking and binge drinking (four or more drinks at any one time) are the most risky. Since the safe level of alcohol use in pregnancy is not known, it is recommended that women do not drink alcohol at all during pregnancy. British Columbia is committed to reducing the incidence and impact of FASD through investments in provincial and community-based initiatives that support women, individuals, families and communities. This work is outlined through a 10 year cross-ministry provincial plan on FASD that promotes an integrated service delivery approach.

A copy of the plan is available at: www.mcf.gov.bc.ca/fasd/pdf/FASD_TenYearPlan_WEB.pdf

The B.C. government has implemented a multi-faceted approach to address issues related to FASD – from prevention activities through awareness building, supporting professional practice, improving services for vulnerable families and supporting communities to play a meaningful role in prevention.

Broad based FASD prevention resources to promote awareness of the risks of alcohol use during pregnancy have been developed by the BC Liquor Distribution Branch in collaboration with the Ministry of Children and Family Development, the Ministry of Health, BC Women’s Hospital and Health Centre, and the Public Health Agency of Canada. These resources are available for download or order from the BC Liquor Distribution Branch’s (BCLDB) website at www.bcliquorstores.com/alcohol-pregnancy.

Alcohol and pregnancy information for the public and health care providers is also available on the Healthy Families BC website and in Baby’s Best Chance: Parents’ Handbook of Pregnancy and Baby Care (available at https://www.healthyfamiliesbc.ca/parenting).

New national Canadian low-risk drinking guidelines and supporting resources have been developed by the National Alcohol Strategy Working Group in collaboration with the Centre for Addictions Research of BC. These guidelines are intended to reduce the health risks of alcohol consumption and promote responsible use of alcohol. For more information, see: http://www.ccsa.ca/Eng/topics/alcohol/drinking-guidelines/Pages/default.aspx

Awareness and prevention efforts have also been focused on post-secondary campuses, and at the community level. In 2014, Healthy Minds, Healthy Campuses, a province-wide community of practice to promote mental wellness and reduce problematic substance use on BC campuses was launched. A component of the project is called Changing the Culture of Substance Use. The Ministry of Health is collaborating with the Centre for Addictions Research of BC and the Canadian Mental Health Association to develop situational assessments, promising practices for residences, and guides for safer alcohol and substance use. This project assists in preventing FASD by supporting safer alcohol use by young women of reproductive age.

In 2014, the BC Ministry of Health in collaboration with the BC Centre of Excellence for Women’s Health, supported motivational interview practice-based educational sessions for health and social service providers in all BC Health Authorities. These sessions were attended by 548 service providers across BC who engage with girls and women of reproductive age on alcohol use and related issues. Resources have also been developed to support providers to engage in meaningful and informed discussions about alcohol use with girls and women, including the cognitive, physical, behavioural and developmental delays that may result from prenatal exposure to alcohol (available at www.coalescing-vc.org/virtualLearning/section6/default.htm)
The Ministry of Health also continues to partner with local governments to reduce injuries, violence, vandalism, and other health and social costs associated with hazardous consumption of alcohol. Since 2012, Government, in partnership with BC Healthy Communities, has been supporting the development of Municipal Alcohol Policies. These protocols are supported by a municipal by-law to manage the sale and service of alcohol at events in designated municipally owned or managed settings, and promote lower-risk consumption. Local governments and First Nations communities across the province are in the process of developing Municipal Alcohol Policies.

In addition, in 2014 Government released an information kit to support municipalities wishing to enact alcohol warning sign bylaws in retail outlets. To guide the development of positive, non-stigmatizing signage, the information kit includes examples of effective FASD prevention messaging and images that promote community responsibility and involvement, as opposed to messaging that blames or shames women. Currently, there are several communities across the province with FASD signage bylaws in place, including Prince George, Maple Ridge and Powell River.

The Ministry of Children and Family Development is committed to supporting families with children and youth with FASD and similar neurodevelopmental conditions. The ministry’s Key Worker and Parent Support program assists families in understanding FASD by providing education and information specific to the needs of the child and family. The program assists parents, family members, adoptive parents, caregivers and service providers in recognizing a child’s individual strengths and adapting the environment in response to the child’s needs. Parent support approaches vary but may include local parent and grandparent FASD training and parent support groups. Parents and community service providers continue to report the program plays a key role in helping them better understand how best to support children and youth with FASD.

CANADA NORTHWEST FASD PARTNERSHIP AND THE FASD RESEARCH NETWORK

B.C. is a member of the Canada Northwest FASD Partnership—an alliance of the four western provinces and three territories that shares expertise and resources in FASD prevention, diagnosis and support, and the advancement of research. A major initiative of the Partnership is sponsorship of the Canada FASD Research Network (CanFASD). During 2011/2012, CanFASD moved towards becoming a national non-profit agency to further the opportunities for collaboration and knowledge sharing among FASD researchers, clinicians, and policy makers working in the fields of prevention, diagnosis, support and intervention.
In 2012/2013, CanFASD leveraged $4.2 million for new FASD research projects. Research in FASD prevention is examining how to best support at-risk women. Multi-site studies in FASD diagnosis and assessment are designed to better understand what challenges are most often faced by children and youth with FASD and research is also underway to identify ways to potentially enhance the cognitive functioning of children. More information on CanFASD and its research activities is available at: www.Canfasd.ca

Infant Development Program

Infant Development Programs (IDPs) provide a range of integrated, family-centered prevention and early intervention services and supports for families of young children from birth to age three, who have – or are at risk of having – a developmental delay.

Infant development consultants help families ensure that opportunities for physical, social, emotional, behavioural, communication and intellectual development are optimized for their child. Over 90 Aboriginal and non-Aboriginal contracted agencies across B.C. and served approximately 12,000 children and their families in each of 2013/14, and 2014/15.

BC is the first jurisdiction in Canada to set standards for assessment by para-professionals. Building on the work completed in 2012/13 on standards for developmental screening and assessment, in 2013/14, MCFD supported the exploration of a number of instruments. Based on clinical experience, the Developmental Assessment of Young Children, 2nd edition, (DAYC2) was selected for use by IDP and other related programs. Over 2014/15, DAYC2 kits and orientation sessions were delivered throughout the province as programs began to utilise this tool in their practice.

Aboriginal Infant Development Program

Aboriginal Infant Development Programs (AIDP) offer support to families of children who are at risk or have been diagnosed with developmental delays. Programs are voluntary, family-centred, and primarily focus on Aboriginal children from birth to age three (or up to school entry in some communities.) Approximately 1200 families receive support from AIDP each year, including early intervention, prevention and parenting supports through home visits, activity planning, and developmental and family needs assessments. Working with community partners and traditional supports such as Elders, AIDP consultants strive to promote healthy infant development and increase parents’ skills and confidence within the context of traditional culture, beliefs, and parenting practices.

The delivery of AIDP is supported by the office of the AIDP Provincial Advisor, and the 49 AIDP are further supported at the local level by 5 regional AIDP advisors who provide training and mentorship. For more information regarding AIDP please go to their website at www.aidp.bc.ca.
KEY ACTION AREA: Improve Parenting and Family Supports

Resources for Parents

The B.C. government develops and produces resources that provide parents and caregivers with evidence-based information to support healthy pregnancy, childbirth, early parenting and child development. In 2014/2015, the following publications were available in hard copy, free of charge, through health authorities and physicians’ and midwives’ offices. They are also available electronically on the Healthy Families BC website (https://www.healthyfamiliesbc.ca/).

Healthy Families BC: Pregnancy and Parenting

In 2013, the Ministry of Health launched a new Pregnancy and Parenting section on Healthy Families BC (www.healthyfamiliesbc.ca/parenting) to replace the Best Chance Website in response to the public’s need for accurate, up-to-date, evidence-based information regarding women’s health, preconception through postpartum health, and infant and child health in a more responsive web format. It features practical information, engaging articles, videos and interactive tools, including a breastfeeding online app. Links to further reading and resources are included.

Baby’s Best Chance: Parents’ Handbook of Pregnancy and Baby Care (fifth revision, sixth edition)

Baby’s Best Chance (BBC) is a parent resource that has been published by the Government of British Columbia since 1979. BBC is an easy to read guide that is based on best practices and evidence. It provides information about having a healthy pregnancy, infant care and parenting a baby up to six months of age. It is used by expectant and new parents, families, health care providers and providers of prenatal education province-wide. BBC also fosters consistent practice and messaging among health care providers.

- In 2013, BBC was translated into French for the first time. The French translation of this document was supported by the Canada-British Columbia Cooperation Agreement on Official Languages through the Francophone Affairs Program of the Intergovernmental Relations Secretariat.
- In 2015, BBC underwent a light revision. New content on oral health during pregnancy was added, content was expanded to provide more support for breastfeeding, and information was added on how to safely choose, prepare and store formula. BBC is available online at https://www.healthyfamiliesbc.ca/about-us/additional-resources#BBC

Breastfeeding Buddy Online App

Breastfeeding Buddy is an evidence-informed, online app developed to support breastfeeding families by providing helpful information, tools, videos and links to public health support and other community resources.

Toddler’s First Steps: A Best Chance Guide to Parenting Your 6-to-36-Month Old Child (fourth revision, second edition). Toddler’s First Steps (TFS) is a follow-up handbook to Baby’s Best Chance and provides information about caring for children ages six months to three years. Endorsed by professional organizations, TFS provides parents and caregivers with accurate, practical information on child development, nutrition, health and wellness, safety, and parenting.

- In 2015, TFS underwent a light revision, with updated information on daily beverage quantities, solid foods and vitamin D supplements. TFS is available online at https://www.healthyfamiliesbc.ca/about-us/additional-resources#TFS
CHILD HEALTH PASSPORT

- The Child Health Passport is a passport-sized booklet available in English and French for parents to record important health information about their child, including height and weight, illnesses, injuries, allergies, hospitalizations, and immunizations. Space is provided to record findings of hearing, dental and vision checks. Safety tips are also included. The Passport is reprinted and distributed annually to parents of newborns in B.C.

- The Child Health Passport (both English and French) was revised in 2014 to update the basic schedule for immunizations.

WOMEN’S HEALTH PREGNANCY PASSPORT

- The Women’s Health Pregnancy Passport provides information about pregnancy, birth and early postpartum care, including a record of check-ups and tests and a list of resources for further information. It is available through public health offices, physicians or midwives, or online at http://healthyfamiliesbc.ca/home/articles/getting-your-pregnancy-passport

ABORIGINAL PREGNANCY PASSPORT

- Our Sacred Journey: Aboriginal Pregnancy Passport is a culturally appropriate health promotion resource empowering women and families through their sacred journey of pregnancy. The resource incorporates First Nations/Aboriginal traditional beliefs and values as well as clinical best practices. It is available online at http://www.perinatalservicesbc.ca/health-professionals/professional-resources/health-promo/pregnancy-passport

Building Blocks

Building Blocks is an initiative that provides a range of community-based services designed to increase the ability of parents to support the healthy development of children up to six years of age. Building Blocks programs focus on enhanced parent/child relationships, lay home visiting, early literacy and language development and healthy growth. Some programs and support provided under the Building Blocks initiative include Parent-Child Mother Goose, prenatal support, parent/child drop-ins and pregnancy outreach.

The Building Blocks initiative serves children and families province-wide, with communities determining the supports that best meet their needs. Building Blocks is supported through regional funding from the Ministry of Children and Family Development.
Family Resource Programs

Family Resource Programs (FRPs) offer a comprehensive system of services that include prevention, early intervention, and family supports. The FRP model is incorporated and delivered in a variety of family service organizations such as Neighbourhood Houses, Friendship Centres, Military Family Resource Centres and Boys and Girls Clubs. Stand-alone drop-in centres, commonly known as Family Places, are also FRPs. While universally accessible to all families, they make special efforts to serve vulnerable families. Annually, across BC, thousands of families in BC participate in their programs and services which focus on:

1. **Family Support**: formal and informal supports offered to parents, which foster and enhance their existing support systems, which may include neighbours, friends, and other parents. Formal supports include the array of traditional supports offered by programs.

2. **Early learning opportunities (ages 0 – 5)**: parent-child drop-in programming is based on best practices in Early Childhood Education and Care and includes a component of parent involvement.

3. **Parent Education**

4. **Information & Referrals**

**FAMILY RESOURCE PROGRAM PRINCIPLES:**

- Family Resource Programs promote consistent positive parenting practices and healthy, secure parent/child relationships.
- Family Resource Programs are grounded in strength-based practices.
- Family Resource Programs promote developmentally appropriate play-based learning.
- Family Resource Programs are open to all families and welcome diversity.
- Family Resource Programs strengthen the ability of families to raise healthy children by working in partnership with families and communities.
- Family Resource Programs are committed to reflective best practices.

Like Building Blocks, Family Resource Programs serve children and families province-wide and is supported through regional funding from the Ministry of Children and Family Development.
**Aboriginal Family Resource Programs**

Aboriginal children and families have access to culturally appropriate family support services and resources through Aboriginal FRPs that are regionally funded by the Ministry of Children and Family Development. In 2013/2014 and 2014/2015, 21 Aboriginal FRPs supported activities such as parent-child drop-ins, community kitchens, literacy initiatives and cultural activities for children and families, both on and off-reserve.

**BC Association of Family Resource Programs**

For more than 25 years, the BC Association of Family Resource Programs (FRP-BC), a not-for-profit provincial organization, has promoted and supported Family Resource Programs by providing leadership and mentoring; networking among programs; provincial program standards; resources and information; and professional development opportunities to program staff and the agencies that operate these ECD parent-child programs. Currently there are more than 250 Family Resource Programs (FRP) operating throughout BC.

**BC Council for Families**

The BC Council for Families (BCCF) is a provincial non-profit organization supporting families and family-serving professionals across B.C. since 1977. BCCF provides leadership, training and resources to sustain a range of community-based preventative programs and initiatives such as Parent-Child Mother Goose, the Father Involvement Network, Home Visitor Training, Nobody’s Perfect and the BC Alliance for Young Parents. The work of BCCF strengthens families, promotes prevention and early intervention, and builds family-community connection.

In 2013/2014 and 2014/2015, the Ministry of Children and Family Development provided financial support to assist BCCF in the provincial coordination and delivery of the Home Visitor Training Initiative, the Alliance of Professionals Serving Young Parents network and the Parent-Child Mother Goose program.
Highlights included:

- **Home Visitor Initiative:**
  - 13 new or currently practicing Home Visitors received trained to deliver the Growing Great Kids curriculum in their communities, including eight from Aboriginal agencies/programs in 2013/2014; 14 were trained in 2014/2015, including eight from Aboriginal agencies.
  - Over 247 family-serving workers are part of the BC Council for Families’ Home Visiting community of practice, and receive and share information, research updates, and promising practices about home visiting in BC; 34% represent Aboriginal agencies/programs.
  - Home Visitors that were trained to deliver the Great Kids model of home visitor support served approximately 400 additional children and families this year. Approximately 215 of these children and families were served through Aboriginal agencies/programs.

- **Alliance of Professionals Serving Young Parents network and Young Parent Programs:**
  - 36 designated young parent program coordinators received regular online communication and participated in a series of regional meetings in 2013/2014; this number increased to 42 in 2014/2015.
  - More than 460 young parent program professionals received information, resources and support from the Alliance of Professionals Serving Young Parents;
  - The annual Alliance of Professionals Serving Young Parents conference saw 30 people from across B.C. attend in October 2013, and 97 attend in October 2014.
  - Over 321 pregnant and parenting youth were enrolled in BC Young Parent Programs in the 2013/2014 school year.
  - Over 330 children of young parents had access to high-quality early childhood care and learning through an YPP centre in the 2013/2014 school year.
  - Over 109 young parents graduated from high school with the support and encouragement of YPPs in the 2013/2014 school year.

- **Parent Child Mother Goose Program:**
  - More than 1,000 members received information, resources and support from the BCCF Parent-Child Mother Goose community of practice;
  - Approximately 136 individuals received teacher training in the Parent-Child Mother Goose program in 2013; and

In 2013/2014, an estimated 2341 children from 2092 families participated in Parent-Child Mother Goose programs; 1,682 children and 1,443 adults throughout the province attended PCMGPs in 2014/2015.

Between August 2014 and March 2015, 26 community organizations throughout the province were selected to host new B.C. Early Years Centres to help support families with children aged 0–6.

These new centres are located in schools, Child Development Centres, Recreation Centers, storefronts, local not-for-profit service provider locations, and as mobile ‘sites.’ The centres build on current work in their communities, leveraging existing partnerships and programs.

The B.C. Early Years Centres represent progress on our commitment to implement a network throughout the province that will provide families with one-stop, convenient access to a range of services and supports, information and referrals. For further information, please visit: http://www.mcf.gov.bc.ca/early_years/centres.htm.
KEY ACTION AREA: Strengthen Early Childhood Development, Learning and Care

Infant and Early Childhood Mental Health Services

The infant and early childhood mental health (IECMH) services of the Ministry of Children and Family Development, is a specialized mental health service for infants and young children (birth to preschool) who are experiencing social, emotional, and/or behavioural problems, and their families. The social-emotional development of infants and young children, integral to their overall development, unfolds within the parent/caregiver relationships, the children’s biology and their early life experiences. Subsequently, supporting these young children and their families with support and interventions early in life promotes child development, strengthens the child-parent/caregiver relationships, and promotes future mental and physical health and wellness and potentially, academic and career success.

The Ministry of Children and Family Development works collaboratively with ministry and community partners to develop and implement IECMH services. This includes participating in the British Columbia Healthy Child Development Alliance (BCHDA), a cross-sectoral coalition sharing a common interest in supporting the social determinants of early healthy development of all children in BC.

Many of the child and youth mental health clinicians who provide IECMH services participated in one or more infant mental health training events in past years. The trainings helped to build the capacity of these clinicians to conduct assessments of infants and toddlers, offer interventions to children and their parents/caregivers, and provide education and consultation to service providers and community partners.

Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) is a complex neurological condition that impacts normal brain development and affects a person’s social relationships, communication, interests, and behaviour. ASD is usually apparent by the age of two or three and as a “spectrum disorder,” its symptoms and characteristics present differently in each child. Studies suggest that ASD affects one in every 69 children and is four to five times more common in boys than in girls.

AUTISM SPECTRUM DISORDER DIAGNOSTIC ASSESSMENTS

The British Columbia Autism Assessment Network (BCAAN), funded by the Ministry of Health, provides diagnostic assessments for children throughout the province. In 2013/2014, BCAAN specialists and health care professionals completed diagnostic assessments for 1,719 children and a further 1,849 assessments in 2014/2015. The 2014/15 provincial median wait time for children under the age of six was 27.7 weeks.
AUTISM EARLY INTERVENTION SERVICES

The Ministry of Children and Family Development works in collaboration with the Ministries of Health, Education, and Social Development and Social Innovation to provide an integrated and accessible continuum of quality services including assessment, diagnosis, intervention, education and support services to meet the needs of children and youth with ASD and their families.

British Columbia’s Autism Funding programs provide choice and flexibility for families. All families of children with a diagnosis of ASD are eligible and once a diagnosis of ASD is provided, there are no wait times to access the Autism Funding programs. The Ministry of Children and Family Development continued to provide two autism programs: Autism Funding: Under Age 6, where eligible families receive funding of up to $22,000 per year to assist with the cost of autism intervention based on best practices; and Autism Funding: Ages 6-18, where eligible families receive funding of up to $6,000 per year to assist with the cost of out-of-school autism intervention for their child or youth. This funding builds on the educational program and support services already provided by school districts.

Autism funding is intended to allow families the flexibility to purchase interventions that promote their child’s individual communication, social-emotional, pre-academic and functional life skills development. In 2013/2014, these programs served approximately 9,800 children and youth diagnosed with ASD and their families: roughly 1,500 children under age 6 and 8,300 children and youth aged six through 18 years. In 2014/2015, these programs grew to serve over 10,800 children and youth: approximately 1,600 under age 6 and 9,200 from ages 6 to 18.

Children and youth diagnosed with ASD and their families are also eligible for a variety of other services and supports through MCFD including Respite, Family Supports, Infant Development and Supported Child Development.

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Early Intervention Services – Early Intervention Therapy

Early intervention therapies provide community-based physiotherapy, occupational therapy, speech-language pathology and family support worker services for children between birth and school entry who have, or are at risk for, a developmental delay and/or disability. Services include screening, referral, assessment, family education and support, service planning, direct therapeutic intervention, consultation, monitoring, transition planning and community training.

In the 2013/2014 and 2014/15 fiscal years, MCFD regions contracted with close to 40 community agencies, 5 health authorities and 7 school districts for the provision of Early Intervention Therapy (EIT) program services.

In 2013/14, the program supported on an average monthly basis approximately: 4,200 children through occupational therapy services, 4,100 through physical therapy services, and 8,600 through the speech-language pathology services. The year 2014/15 saw slight increases, supporting on an average monthly basis approximately: 4,150 children through occupational therapy services; 4,062 through physical therapy services; and 8,621 through the speech-language pathology services under the Early Intervention Therapy Program.
In 2013, a cross-sector therapy mapping project (Ministries of Education, Health and MCFD) was conducted to geographically map early childhood and school-aged therapy services with the intent to identify opportunities for greater administrative efficiencies within MCFD and across the sectors of health, education and social services. Four maps that geographically locate early childhood and school-age therapy service providers, following sector specific boundaries, were produced – along with a listing of providers by community, school district and First Nations reserve communities. Results from the mapping project were shared with survey participants and stakeholder groups, and included a consultative process involving close to 90 program administrators and clinicians. Input from this consultative process will be used to inform the development of a strategy to enhance the administration and integration of therapy programs serving children from birth to adulthood.

**Complex Developmental Behavioural Conditions**

The Complex Developmental Behavioural Conditions Network (CDBC) is a partnership among the five regional health authorities and the Provincial Health Services Authority. Initiated in 2005, the CDBC network is designed to provide standardized assessments for children with possible FASD and other complex developmental behavioural conditions. To be accepted for assessment, children must be experiencing significant delays or challenges in multiple areas of development.

In 2013/2014, the CDBC provided 1,140 assessments for children across B.C. In 2014/15, that number increased to 1,236 assessments.

**Early Childhood Screening Initiatives**

The Province provides vision, dental and hearing screening services for children under the age of six through its integrated, cross-ministry early childhood screening initiative led by the Ministry of Health. Other partners in the initiative include the Ministry of Children and Family Development, the Ministry of Social Development and Social Innovation, the Ministry of Education, the First Nations Health Authority and regional health authorities.

Early childhood screening is a key action item in the Transformative Change Accord: First Nations Health Plan. The Ministry of Health is working collaboratively with Aboriginal representatives to ensure that early childhood dental, hearing and vision screening programs reach Aboriginal children.
VISION SCREENING

The Vision Screening initiative ensures that parents and kindergarten teachers have important information on children’s eye health and vision. The initiative also supports children with vision concerns to receive early intervention and treatment, optimizing their capacity to adapt and learn throughout childhood.

Health authority public health staff provide annual universal kindergarten vision screening. On average, 40,000 kindergarten children have their eyes screened by public health staff each year. Approximately 15 percent of the children who were screened were referred to an eye doctor for a diagnostic eye exam.10

DENTAL HEALTH AND SCREENING

The Early Childhood Dental Health initiative ensures that B.C.’s infants and children have the best opportunity for improved dental health and well-being. B.C.’s public health dental programs include several prevention components to address the issue of early childhood caries (dental decay), in particular identifying and supporting families with children at risk of developing dental disease.

The most recent provincial kindergarten dental survey was conducted during the 2012/2013 school year. Data indicates that 40,323 kindergarten children in BC had their teeth surveyed by public health staff (91.8 percent of those enrolled).11 This survey is conducted every three years and the results are used to monitor trends between regions and within communities as well as for evaluating the effectiveness of multiple prevention strategies in an effort to decrease the rate of dental caries in young children.

The Ministry of Health is working with the First Nations Health Authority, Health Canada, and the regional health authorities to improve early childhood dental health for Aboriginal children living on and off reserve. In October 2013, MOH, First Nations Health Authority and federal partners finalized ‘Healthy Smiles for Life; a First Nations and Aboriginal Oral Health Strategy’ to reduce dental decay rates for Aboriginal children. The goal of the Strategy is to improve oral health and reduce dental decay rates for Aboriginal children.


The Ministry of Social Development and Social Innovation’s BC Healthy Kids Program supports access to family dental care for low income families. Information on the program is available by calling the BC Healthy Kids Program information phone line at 1-866-866-0800 or by accessing the Ministry’s web site at: www.hsd.gov.bc.ca/publicat/bcea/HealthyKids.htm.

EARLY HEARING SCREENING

The BC Early Hearing Program (BCEHP) provides hearing screening to all babies born in B.C. Universal newborn hearing screening is a non-invasive test administered shortly after birth, allowing for early identification and appropriate language and communication supports starting in the first few months of life. With the implementation of the BCEHP, all newborns in B.C. receive screening for congenital hearing loss; ongoing monitoring for later-onset loss; medical and audiological assessment for confirmation of hearing status and early intervention supports, including centralized province-wide intake and support, parent to parent support, speech-language therapy, sign language instruction and hearing aid(s). Permanent congenital hearing loss affects at least one to six babies in every 1,000 births.12 Earlier detection of hearing loss and initiation of interventions maximizes opportunities for language development, school readiness and social skills.

Preliminary program data for 2013/14 indicates that 97 percent of the 43,429 babies eligible completed screening, with 1.5 percent (658/42,223) having a positive screen. For the babies with a positive screen, 90% received their follow-up hearing assessment and 89 infants were confirmed with a permanent hearing loss. Of these babies, 47 are enrolled with one or more intervention agencies for in-person services and 42 are monitored for speech and language development by BCEHP.13 BCEHP is working in partnership with the First Nations Health Authority to develop resources supporting First Nations families who experience newborn hearing screening and early communication and support services. These resources were launched in Spring 2013.

NEWBORN SCREENING

Screening is offered to all babies born in B.C. for early diagnosis of 22 treatable disorders including metabolic disorders, endocrine disorders, hemoglobinopathies, and Cystic Fibrosis. Without screening, affected infants may not otherwise be diagnosed soon enough to prevent serious health conditions, including developmental delay, blindness, liver problems or even death. The Newborn Screening program is expected to identify approximately 40 children each year with a treatable disorder.14

World Health Organization (WHO) Growth Standards

To promote consistent practices in monitoring and assessing growth patterns in infants, children and adolescents, the Ministry of Health developed provincial training materials for public health staff and primary care physicians. The training materials support the implementation of the WHO Growth Standards and include: guidelines on how to use, plot, and interpret results on the new growth charts; how to provide appropriate guidance to parents; and when to refer children with growth concerns for further follow up.

Infant Safe Sleep Guidelines

The Ministry of Health provides provincial guidelines for health care and other providers to promote safe sleep environments for infants up to one year of age. A companion resource, Every Sleep Counts!, provides parents and caregivers up-to-date information about infant safe sleep for nap time, night time, home, or away. The resource helps parents reduce the risk of Sudden Infant Death Syndrome (SIDS) and prevent accidental death due to entrapment or suffocation. The resource is available on the Healthy Families BC website in English as well as six other languages http://healthyfamiliesbc.ca/about-us/additional-resources#BBC.

As well, in July 2013, the Honouring Our Babies Safe Sleep Cards and Facilitator’s Guide was released. The new resource helps service providers discuss safe infant sleep practices with First Nations and Aboriginal families and help reduce the risk of SIDS. The tools include a deck of 21 discussion cards and seven illustrated cards that can be used to prompt and guide discussions with families about safe infant sleep as well as a facilitator’s guide with more information on each card’s topic, research, resources, and graphics. Honouring Our Babies: Safe Sleep Cards & Guide is interactive, evidence-informed, and incorporates cultural beliefs, practices, and issues specific to First Nations and Aboriginal communities.


BC Healthy Kids Program

The BC Healthy Kids Program, delivered by the Ministry of Social Development and Social Innovation, provides basic dental and optical services for children in low and moderate income families who are in receipt of any level of premium assistance through Ministry of Health’s Medical Services Plan (MSP). Families who have been approved for MSP premium assistance will automatically be signed up with the Healthy Kids Program. No additional application form is needed to register and coverage begins at the start of the next month. The coverage provides prescription eyeglasses once every year, up to $1,400 in basic dental services every two years and access to additional emergency dental coverage to meet urgent treatment needs should the basic limit be reached.
The Healthy Kids program assists B.C. families in meeting their children’s vision and dental care needs. The program also works as a bridge for those families moving from income assistance to employment by allowing families to retain some benefits previously associated with income assistance. As such, the Healthy Kids Program removes one of the barriers for families moving from income assistance back to employment.

### NUMBER OF CHILDREN AGED 0-18 IN BRITISH COLUMBIA ELIGIBLE FOR DENTAL AND OPTICAL ASSISTANCE THROUGH THE HEALTHY KIDS PROGRAM

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<tr>
<td>No. of children in BC eligible for the Healthy Kids Program†</td>
<td>158,787</td>
<td>151,871</td>
<td>145,136</td>
<td>139,956</td>
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The Ministry of Social Development and Social Innovation continues to promote the program’s availability and benefits online and through posters and brochures. These materials are on hand at Employment and Assistance Offices across the province. Additionally, in both 2014 and 2015, information on the BC Healthy Kids Program was included in the July Canada Child Tax Benefit payment sent to families in British Columbia on behalf of the province by the Canada Revenue Agency.

The general public may also obtain additional information on the Healthy Kids program by calling 1-866-866-0800 or by accessing the Ministry’s web site at: [www.hsd.gov.bc.ca/publicat/bcea/HealthyKids.htm](http://www.hsd.gov.bc.ca/publicat/bcea/HealthyKids.htm).

### StrongStart BC Early Learning Programs

StrongStart BC early learning programs support the physical, cognitive, language and social-emotional development of children by providing free programming for children age 0-5, accompanied by a parent or caregiver.

Located in school facilities throughout the province, StrongStart BC centres are open five days per week for three to four hours per day. Qualified early childhood educators facilitate play-based learning activities. Parents and caregivers are encouraged to increase their own knowledge and skills by observing and practicing effective strategies to support their child’s early learning, both in the centre and at home.

Also available are StrongStart BC outreach programs in communities where a StrongStart BC early learning centre would not be a viable model. Outreach programs often operate on a reduced schedule to accommodate the many remote locations they serve. Similar to centres, the outreach programs are facilitated by qualified early childhood educators.

The StrongStart BC program offers a family-friendly environment where parents and caregivers can make connections with other families in their community, as well as with service providers from local health authorities, community agencies and other social services, such as early screening, child care resource and referral services, family resource programs, special needs supports and libraries.
Since 2006, 326 StrongStart BC programs have opened across the province. In 2012/2013 there were over 669,000 visits to StrongStart BC early learning programs province wide, and over 34,200 children attended a StrongStart BC program during the school year.

In May 2014, as part of the BC Early Years Strategy, the Province encouraged child care providers to apply for major capital funding to create new licensed child-care spaces. Priority was given to applicants who plan to create child care spaces in underserved areas of B.C. – such as Surrey, Fort St. John and Langford – and on school grounds, as well as co-located with other family support program... where children can smoothly transition from early years programs, to the classroom and to after-school care.

Some spaces have even been co-located in B.C. Early Years Centres, thus creating a comprehensive one-stop shop for parents looking to access early years services and supports.

British Columbia Early Learning Framework

The British Columbia Early Learning Framework describes the vision, pedagogical principles, and key areas of learning for children from birth to five years. A companion document, Understanding the British Columbia Early Learning Framework: From Theory to Practice, provides ideas and suggestions to guide early learning practitioners in implementing the Framework into their practice. It includes tools for reflecting on the vision, principles and learning goals set out in the Framework. Both publications are available in English on the Ministry of Education website at: www.bced.gov.bc.ca/early_learning.

The French version of Understanding the British Columbia Early Learning Framework: From Theory to Practice is also available on the Ministry of Education website at: www.bced.gov.bc.ca/early_learning/understanding_elf.htm

To support professional development on the British Columbia Early Learning Framework, self-directed training modules are available online for Early Childhood Educators (ECE’s). The training provides licensed ECEs who complete all modules with hours towards their professional development certification requirement. An online discussion forum is available to network with other ECEs to discuss how the framework can be implemented in their practice. This online format ensures that the training is accessible around the province.

The online framework modules are available on the Open School BC website at: http://ocr.openschool.bc.ca/course/view.php?id=46.
Ready, Set, Learn

Ready, Set, Learn (RSL) is an early learning initiative led by the Ministry of Education. Since 2004, it has provided an opportunity for elementary schools to influence the early development of three-year-olds, in partnership with participating community-based early childhood service providers and other community agencies. Schools that participate in Ready, Set, Learn receive funding from the Ministry of Education to host school-based community events. For 2015-16 the program will expand to support a wider age range of three- through five-year-olds.


In 2014/15, 29,711 preschoolers and 28,858 parents attended Ready, Set, Learn events at 1073 public schools and in 101 independent schools.

Full Day Kindergarten

Before 2010, B.C. schools offered half school day kindergarten and some boards of education also offered full day programs for specific groups of children (Aboriginal, English language learners, and students with special needs). In 2009, a decision was made to expand kindergarten to full school day programming, phased in over two years.

Government committed $365 million over three years to implement full day kindergarten for all five-year-olds.

In September 2011, full day kindergarten was available across the province. In 2014/15 approximately 38,865 children participated in full day kindergarten in B.C.’s public schools and 6,670 children participated in independent schools across B.C.

The Ministry of Education worked closely with school districts to address the capital needs of full day kindergarten. In June 2010, government committed more than $144 million and a six-step action plan to support the capital implementation of full day kindergarten. This plan included the construction of innovative modular classrooms for many locations. Details about this initiative are available on the Ministry of Education web site at: www.bced.gov.bc.ca/early_learning/fdk/.
Roots of Empathy

Roots of Empathy is an evidence-based classroom program that has shown significant effect in reducing levels of aggression including bullying among school children while raising social/emotional competence and increasing empathy. The program reaches elementary schoolchildren from Kindergarten to Grade 7. Roots of Empathy’s mission is to build caring, peaceful, and civil societies through the development of empathy in children and adults.

The focus of Roots of Empathy in the long term is to build capacity of the next generation for responsible citizenship and responsive parenting. In the short term, Roots of Empathy focuses on raising levels of empathy, resulting in more respectful and caring relationships and reduced levels of bullying and aggression.

All new Instructors receive four days of intensive training (three days in fall and one day mid-year) from certified trainers and completed a written test. Once certified, all new Instructors have Mentors who guide and coach them in best practice strategies; certified Instructors have access to the Virtual Training Institute and a Senior Mentor. The Roots of Empathy program is laid out over 27 classroom visits during the school year. Nine themes are covered and each theme is addressed over the course of three visits (Pre-Family Visit, Family Visit and Post Family Visit).

At the heart of the program are nine classroom visits by an infant and parent. Through guided observations of this loving relationship, children learn to identify and reflect on their own thoughts and feelings and those of others.

In 2013/2014, Roots of Empathy delivered 419 programs; while in 2014/2015, 344 programs were delivered; thus reaching a total program reach to 128,600 children since it was first introduced in 2000/2001.

All Roots of Empathy newly trained Instructors are delivering in kindergarten classrooms and the programs were offered a total of 34 school districts throughout B.C.

The Roots of Empathy program has undergone a number of independent evaluations in the past fourteen years and has consistently shown positive results. For a full summary of program research studies completed from 2000 to present, please visit [www.rootsofempathy.org/Research](http://www.rootsofempathy.org/Research)

Seeds of Empathy

Seeds of Empathy is the “younger sibling” of the Roots of Empathy program, aimed at developing social and emotional literacy in children ages three-to-five-years of age. Seeds of Empathy fosters social and emotional competence and early literacy skills and attitudes in children three to five years of age while providing professional development for their educators.

The Seeds of Empathy program has two elements for the children participating in the program: Family Visits and Literacy Circles. Family Visits bring a parent and baby from the community into the early childhood setting. Led by a Family Guide, the children are encouraged to observe the baby’s development, label the baby’s feelings and talk about their own feelings and those of others. Literacy Circles are designed around a set of children’s literature, with Literacy Coaches reading to the children and using stories to help them explore their own feelings as well as the perspective of others.
Prior to the baby’s last visit, the children are asked what they would like to wish for the baby when he or she reaches their age (three to five years). The Family Guide writes each child’s wish on a “Wishing Heart” which is given to the baby’s family to take home after the baby’s last visit with the children.

In 2013/2014, funding from the Ministry of Children and Family Development supported 41 Seeds of Empathy programs in 31 early childhood centres; in 2014/2015, the total number of programs was 51, these numbers represent 39% of Seeds of Empathy programs being in Aboriginal early childhood settings across B.C. providing Aboriginal specific curriculum and materials.

Support to Child Care Programs

B.C. continues to support a range of sustainable, affordable, safe, and quality child care options for families, including:

- Licensed family child care;
- Licensed group child care, including Under 36 months, 30 months to school age, and school age care;
- Licensed preschool; and
- Licence-not-required (LNR) and Registered LNR child care.

The Province recognizes that there are significant social benefits to quality early learning and child care programs, and that these programs are important for a prosperous economy. Research consistently shows that quality early childhood education and care plays an important role in promoting young children’s development across all domains. Children who experience nurturing and stimulating environments arrive at school with a greater capacity for learning and a greater opportunity to maximize their potential.

B.C. has programs and services that support families and child care providers in a variety of child care settings.

CHILD CARE SUBSIDY PROGRAM

The Child Care Subsidy Program supports low-income families in communities across B.C. with the cost of child care. The amount of subsidy depends on family income and size; ages and number of children; and the type of child care setting. Full or partial subsidies may be available.

Subsidies allow parents to choose the kind of child care that best meets their needs. A parent may receive subsidy for child care provided in any licensed or LNR arrangement, as well as for child care in the child’s home.

To be eligible for subsidy, parents must have a reason for needing child care (working, looking for work or participating in an employment-related program, attending school, referred by a ministry or Delegated Aboriginal Agency social worker, have a medical condition that interferes with their ability to care for their child, or have a child attending a licensed preschool program).

In 2013/14, an average of 24,397 children aged 0-12 were supported each month through child care subsidies, and an average of 21,172 in 2014/15 (almost 45,500 distinct children in 2013/14 and almost 42,000 in 2014/15).
CHILD CARE OPERATING FUNDING PROGRAM

The Child Care Operating Funding (CCOF) Program provides operating funding to assist eligible licensed group and family child care providers with the costs of providing child care. Funding is available for all licensed care types, with the exception of Occasional Child Care, Child Minding and Residential Care, and funding amounts are based on enrolment, age of the child, number of hours per day and type of child care setting. The CCOF Program supports child care providers across the province to deliver quality, responsive services that meet the needs of children and their families.

The average monthly number of active licensed child care spaces funded through CCOF was 98,432 in 2013/14 and 100,004 in 2014/15. In total, the Province supported over 5,000 licensed group and family child care providers and funded more than 111,200 child care spaces through the CCOF Program in 2014/15.

CHILD CARE CAPITAL FUNDING PROGRAM

Major Capital Funding Program

The Province’s Child Care Major Capital Funding Program supports child care providers to purchase equipment, build, renovate or expand existing child care facilities to create new licensed child care spaces. The Province opened the first application intake period for the Child Care Major Capital Funding Program in May 2014. A total of $7 million was approved for 32 organizations to support the creation of 1,006 new, licensed child care spaces across the province.

A second application intake for the Child Care Major Capital Funding Program opened on January 23, 2015 and closed on March 20, 2015. The goal for this second intake is to support the creation of an additional 1,000 spaces by March 2016.

Minor Capital Funding Program

The Minor Capital Funding Program helps licensed group child care providers maintain quality services. Under this program, child care providers may receive up to $2,000 per facility (not per licence) for:

- Emergency upgrades or repairs to existing facilities;
- Emergency replacement of furnishings and equipment necessary to comply with the Ministry of Health Child Care Licensing Regulation; or
- Relocation costs when a child care facility is moving to another location.
217 projects in 2013/14 and 201 projects in 2014/15 received Minor Capital Funding for emergency repair, replacement and relocation, for an expenditure of over $390,000 and $365,000 respectively; these amounts included expenditures in the 0 to 6 year age group.

**CHILD CARE RESOURCE AND REFERRAL PROGRAM**

The Child Care Resource and Referral (CCRR) Program provides support, resources and referral services to child care providers and parents across the province. CCRR programs help parents with information about child care services, referrals to local child care providers, educational opportunities and information on child care subsidy, including assistance with applications. CCRR programs also support child care providers by offering business consultations, workshops, networking opportunities, referrals, registration for licence-not-required child care providers, and access to child care resources.

Thirty-eight local contracted agencies, including one contracted province-wide aboriginal agency – the BC Aboriginal Child Care Society (BCACCS)—provide CCRR services in 41 locations to more than 400 communities across B.C.

BCACCS supports the Child Care Resource and Referral programs with culturally focused training, resources and programs for parents and child care providers across the province.

**EARLY CHILDHOOD EDUCATOR REGISTRY**

The Early Childhood Educator (ECE) Registry, legislated under the *Community Care and Assisted Living Act* and the Child Care Licensing Regulation, is the provincial body responsible for the certification of Early Childhood Educators (ECEs), Infant Toddler Educators, Special Needs Educators, and ECE Assistants. The Registry is also responsible for the investigation of practice concerns, making decisions on an individual’s right to practice which may result in the cancellation or placement of terms and conditions on an individual’s certificate.

The ECE Registry also maintains the list of recognized post-secondary ECE educational programs, and works with these programs to approve the educational curriculum and programs offered to students.

As of March 31, 2015, there were 15,402 licensed ECEs and 6,029 licensed ECE Assistants, and 33 recognized educational programs.

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*In May 2014, as an initiative of the B.C. Early Years Strategy, government partnered with the Early Childhood Educators of BC (ECEBC) and invested $513,000 to help increase the number of ECEs throughout the province. Bursaries are targeted to Aboriginal students; students attending early childhood educational programs with an Aboriginal focus; and, students working to achieve an infant/toddler educator designation.

In the first round of funding, a total of 330 applications, including 43 applicants identifying as Aboriginal, 13 applicants enrolled in a program with an Aboriginal focus, and 136 applicants working to achieve an infant/toddler designation received funding from the ECE Bursary.*
SUPPORTED CHILD DEVELOPMENT PROGRAM

The Supported Child Development (SCD) program is a family centred, community-based program that assists families and child care providers to fully include children with extra support needs in typical child care settings. The program serves children from birth to 12, with services for youth 13 to 19 years available in some communities.

Services include individualized planning, training, information and resources, referrals to other specialized services and when required, staffing supports. In 2013/2014, approximately 10,300 children and youth received support from over 90 Aboriginal and non-Aboriginal contracted agencies delivering the SCD program. In 2014/15, it is estimated that approximately 9,700 children were served by mainstream SCD while over 1,000 more children received services from ASCD.

In many communities, SCD consultants deliver “Partnerships” training to child care staff, parents and other professionals to promote understanding, awareness and inclusion of children with extra support needs. For more information, refer to www.partnershipsproject.bc.ca.

ABORIGINAL SUPPORTED CHILD DEVELOPMENT

Through the context of Aboriginal cultural values, beliefs and traditions, Aboriginal Supported Child Development (ASCD) Consultants assist families and child care providers in planning for children to ensure their inclusion in day to day activities. Developed and run by local Aboriginal service providers, programs are voluntary, family-centred and culturally responsive to family and community needs. Services are provided for children birth – 12 years of age (in some programs up to 19 years of age) who have a developmental delay or disability. MCFD now funds 45 ASCD programs throughout the province, serving approximately 1030 children annually. Aboriginal SCD programs are unique in that many are in the early stages of capacity development and work closely with non-Aboriginal SCD programs to ensure clients are referred to programs where they can get the extra supports required. Currently 22 programs are providing the full service or direct one on one supports required to ensure inclusion in child care setting.

For more information on ASCD, please go to their website www.ascd.bc.ca.

CHILD CARE LEGACY AWARD

Child care programs play an important role in the early development of children and the support of families. The Child Care Legacy Award recognizes licensed child care facilities in British Columbia that have provided services to children and families in their communities for more than 40 years. In May 2014, 43 facilities were recognized; in May 2015, 22 facilities received the award.
KEY ACTION AREA:
Strengthen Community Supports

Aboriginal Early Childhood Development Regional Initiative

The Aboriginal Early Childhood Development (AECD) regional initiative supports Aboriginal communities in the delivery of culturally appropriate early childhood development services, both on and off reserve, through 43 Aboriginal contracts across B.C. The goal of the initiative is to increase the overall health and well-being of Aboriginal children and to increase awareness, outreach and access to a wide range of culturally appropriate programs and services.

Community-based programs funded through the initiative include home visiting, pregnancy outreach, support to at-risk parents/teens, teaching circles for parents and children, speech-language development, family literacy, Fetal Alcohol Spectrum Disorder prevention, toy lending libraries, and community kitchens. The AECD initiative is supported through regional funding from the Ministry of Children and Family Development.

Aboriginal Service Innovations – Early Years

In 2013/14, funding previously allocated by the First Nations, Métis and Urban Aboriginal Early Childhood Development Steering Committee was re-directed to address waitlists through existing MCFD Service Delivery contracts to enhance community-based Aboriginal Early Childhood Development (ECD) contracts. Three Million dollars in one-time only funding was allocated to existing Aboriginal Infant Development, Aboriginal Supported Child Development, Early Intervention and Aboriginal ECD contracts.

In April 2014, MCFD posted a Call for Applications called the Aboriginal Service Innovations – Early Years (ASI-EY) for funding to be distributed in the 2014/15 and 2015/16 fiscal years.

Six million dollars were allocated through the ASI-EY initiative and 36 programs through 31 agencies have been funded and are currently offering culturally relevant Early Years services to Aboriginal children, families and communities throughout British Columbia.

Since September 2014, over 11,200 children have received direct services through the ASI-EY funding initiative. The number of children served through these programs has risen 57% from September 2014 to July 2015. As of July 2015, 69,300 direct service hours have been provided through the ASI-EY funded programs and the number of direct service hours has risen 63% from the first to the third quarter of service.
Aboriginal ECD Regional Innovation Chair

Over the 2013/2014 and 2014/2015 period, the BC Regional Innovation Chair for Aboriginal Early Childhood Development Chair (AECD Chair) achieved many of the objectives articulated as part of the original proposal to the Leading Edge Endowment Fund (LEEF). Some of these highlights include (but are not limited to):

- Meetings with the Vancouver Island University (VIU) BCRIC for AECD Advisory Committee. The Committee works with the AECD Chair to ensure it continues to reflect the Aboriginal community, as well as the importance of collaboration among the membership to increase information sharing and project development. The committee is actively discussing strategies to improve sharing organizational data in the early childhood field, and the importance of ongoing funding to continue the good work of programs and daycares.

- Presentation in Prince George to the Urban Aboriginal Knowledge Network (UAKN) on two projects funded by UAKN: “The Transition to Kindergarten: A Community Approach to Integrating a Child’s Fragmented World” (2013) and “Kindergarten Transitions II: A Scan of Existing Supportive Programs for Aboriginal Children and Families in British Columbia”.

- Continued work with Tillicum Lelum and other community partners supporting the delivery of a transition program for young children and their families, including the implementation of new curriculum collaboratively developed in 2012/13. A research plan for culturally relevant program evaluation and child development assessment tools has been developed, and will be implemented in 2015.

- Teaching in the Early Childhood Education and Care (ECEC) program at VIU, which provides an excellent opportunity for the Chair to work closely with other ECEC faculty and current students to increase Aboriginal content and strengthen the teaching methodologies to reflect the learning styles of Aboriginal students in the program.

- Continued work with the Faculty of Health and Human Services to plan and organize a new VIU endeavour, “Seasons of Health and Healing” at the Snuneymux’w (Nanaimo First Nation) Long House, resulting in increased awareness about First Nations and Aboriginal values and teachings among the nursing, dental, child and youth care, early childhood programs (among others) and has assisted professional programs to enhance professional practice with First Nations and Aboriginal clients.

- Mentoring a graduate student through the first year of the Faculty of Education Masters in Leadership program, as the student supported AECD relevant research and development including a co-authored literature review for the Nanaimo Aboriginal Centre, “The Holistic Urban Aboriginal Educational Community (2014)”.

- Mentoring four undergraduate students who worked closely with the Chair supporting relevant research and developments including a literature scan for Tillicum Lelum Native Friendship Centre in Nanaimo that supported the current research project (see bullets below).

- Support of capacity building of VIU faculty working in Aboriginal communities through the VIU and First Nation community partnership and participation in a variety of Health and Human Service meetings and special activities at VIU.
Receipt of grant funding from the Vancouver Island University Research Fund (VIURAC) and the Urban Aboriginal Knowledge Network (UAKN) Western Research Centre to undertake the project, “Creating Effective, High Quality Transition Experiences for Young Aboriginal Children & Their Families,” in collaboration with Tillicum Lelum Aboriginal Friendship Centre (TLAFC) and School District 68.

» VIU’s role in the project is to develop culturally relevant and responsive evaluation and child development assessment tools. An evaluation of the project began in early 2015; the Chair’s priority is to follow the lead of Tillicum Lelum and work collaboratively to support their program development. Data collection began in July, 2015.

» The Chair will also undertake an evaluation of Tillicum’s developing transition program for young children and their families who are moving from early childhood settings to School District kindergartens.

Supporting capacity building of VIU faculty working in Aboriginal communities through VIU and First Nation community partnerships and participation in a variety of Health and Human Service meetings and special activities at VIU. The AECD Chair strengthens understandings about aboriginal ways of knowing by discussing cultural competency with the VIU Elders in Residence at the Nanaimo and Cowichan campuses. Also, the AECD Chair sits on the REB Ethics Review Board.

Participation on the Resilient Places, Resilient Peoples Elders Voices Summit and the Centre for Early Childhood Research & Policy advisory boards with UVIC. The chair’s contribution has been informing approaches to build capacity in Aboriginal communities. This includes supporting the planning and development of the Resilient Places, Resilient Peoples Elders Voices Summit. Also, UVIC’s Centre for Early Childhood Research & Policy (CECRP) has invited the AECD Chair to be a part of a review panel this October.

Continued work with other organizations to strengthen networks across Aboriginal and non-Aboriginal ECD professionals and organizations. Activities include professional development and scholarly activities at a variety of ECD and AECD conferences and forums, local/regional/provincial/international ECD meetings, and ECD working groups in the Central Island and Cowichan region. Examples of these activities include:

» an ECEC faculty trip to Reggio Emilia and University of Bologna (Italy) to learn more about the Reggio Emilia philosophy and its implications to early childhood development and professional practice;

» ECD working groups in the Central Island and Cowichan region;

» The UVIC Resilience conference (September, 2015);

» BC Aboriginal Child Care Society’s, “Footsteps toward a Brighter Future; Encouraging Healthy Living Practices 18th Annual Provincial Training Conference” (November, 2015); and


Continued development of the BCRIC AECD website www.viu.ca/chairaecd.

The AECD Chair supports the Ministry’s goals of helping to build healthy families through early childhood development. It also reflects the Ministry’s goals of supporting an Aboriginal approach that is more inclusive and reflective of Aboriginal cultures.

The total chair endowment is $2.5 million, with $1.25 million provided by the Province through the Leading Edge Endowment Fund. The position is funded through the interest on this endowment. In addition, the AECD Chair has applied for various small funding grants to undertake work with community organizations.
Offices of the Provincial Advisor for Aboriginal Infant and Supported Child Development

In each of 2013/14 and 2014/2015, MCFD provided $320,000 to fund the Provincial Office of Aboriginal Infant Development Program (AIDP) and Aboriginal Supported Childhood Development (ASCD). These two provincial positions provide direct support to a combined total of 94 programs across the province, located both on and off reserve, which provide direct services to Aboriginal children who are at risk or have been diagnosed with a developmental delay and require additional supports. Both offices play a key and unique leadership role in supporting capacity in AIDP and ASCD programs and ensuring trained professionals provide culturally appropriate services able to Aboriginal children and families who require additional supports. The Provincial Office works closely with regional MCFD leads to ensure direct service delivery support.

The Provincial Advisor for AIDP has been in place since 2002 and plays a key role in the training and coordination of AIDP professionals across the province. Regional AIDP advisors also support the Provincial Office and regional AIDP/IDP programs.

The Provincial Advisor for ASCD, in place since 2010, continues to build capacity in Aboriginal communities to provide accessible and inclusive child care options. The coordinator is supported by ASCD regional advisors who work together to create a provincial network of ASCD consultants with strong linkages to SCD.

The BC Association of Aboriginal Friendship Centres continues to provide support as the host agency for the contract. For further information, please see the website for the Provincial Office for AIDP at www.aidp.bc.ca or the Provincial Office for ASCD at www.ascdp.bc.ca.

Further information on the AIDP and ASCD programs can be found in different locations in this report.
Children First

Children First is a community development initiative that promotes the healthy development of children up to six years of age, by facilitating cross-sectoral partnerships and building early years capacity within communities. Originally referred to as “learning sites”, Children First was piloted in three communities in 2000. There are now an estimated 45 initiatives throughout the province. Through an inclusive, community-driven approach, the initiatives identify and plan for the unique needs and priorities of their communities.

The objectives of Children First are to increase community capacity in the early years; engage hard to reach families; increase opportunities for early identification and screening; and improve overall outcomes for children and families. To achieve these objectives, the initiatives focus on the following core areas of community development: partnership building and facilitation; public education and awareness; community research; community planning; and evaluation.

Children First initiatives collaborate with other early years community development partners such as Success by 6® and the Human Early Learning Partnership (HELP) to strengthen early years services across BC. Children First is supported through regional funding from the Ministry of Children and Family Development.

Success by 6®

Success by 6® (SB6) is an internationally branded United Way initiative dedicated to ensuring that children up to six years of age have access to resources and programs that support their healthy growth and development. In B.C., SB6 is led by the Early Childhood Development Provincial Partnership (ECDPP), a unique collaboration of the United Ways, Credit Unions of BC, Aboriginal Leadership and the Province, represented by the Ministry of Children and Family Development. More specific information about Success By 6 provincially can be found at http://www.successby6bc.ca/.

Launched in 2003, the ECDPP has facilitated the development of 21 regional SB6 initiatives that reach an estimated 550 communities province-wide. The initiatives are supported by 12 United Ways, 42 Credit Unions and a growing number of community partners committed to improving future outcomes for young children in their communities. The initiatives work collectively with approximately 120 cross-sectoral planning tables, including 21 Council of Partners responsible for establishing policy, strategic direction, allocation of funding and accountability for the regional initiatives.

SB6, through its regional initiatives, builds and enhances community by engaging community members in early childhood development, and funding programs that strengthen services for young children and their families.

As of March 31, 2015, Government’s investment in SB6 since 2003/2004 totaled $41.6 million. In addition, financial and in-kind contributions from other SB6 funding partners totaled just under $52 million.
KEY DEVELOPMENTS in 2013/2014 and 2014/2015:

- SB6 funding supported an estimated 350 programs and projects focused on the early years; of these, approximately one third were Aboriginal-specific projects.
  - More than 27,000 children accessed these services in 2014-2015.
- There are approximately 550 funding and collaborative partners helping to support children’s healthy development in BC.
- Success By 6 is active in 60 School Districts across BC.
- Over 47,000 early childhood specific resources were distributed in 2014-2015.
- Over 2,000 community volunteers participated in ECD planning tables and events in 2015.

In February of each year, the ECD and Aboriginal ECD cross sectoral tables participate in the Community Capacity Building evaluation. In each of 2013/2014 and 2014/2015 years, 120 of the ECD and Aboriginal ECD cross sectoral tables participated in the evaluation survey.

**Highlights of the 2014 evaluation include:**

- Stakeholders reported an increase in the diversity of representation at the ECD tables which continue to include core groups of child and family serving partners.
- 96 percent of tables have an ECD strategic plan in place or are in the process of developing a plan.
- Top successes in the area of Community Planning, from the perspective of stakeholders, include:
  - An improved ability to identify and/or address community needs.
  - An increased level of collaboration amongst community partners.
  - More effective coordination.
  - An increase in Aboriginal representation in community planning.
- ECD tables continue to promote a variety of messages through public education and awareness activities. Topmost among these are messages related to the range of programs and services that families can access and awareness of the research on the importance of ECD.
- Over 2,000 community volunteers participated in ECD planning tables and events in 2014.
- Approximately 84 percent of coordinators reported on a variety of activities undertaken to address access barriers to services for children and families. There was an increase in activity related to addressing barriers for Aboriginal families, immigrant and refugee families over the previous year.

**Highlights of the 2015 evaluation include:**

- The 2015 ECD Community Capacity Evaluation – a measurement of community development planning benchmarks – has gathered over 120 responses from Early Years Community Development Coordinators across BC, and over 650 Early Years Table community stakeholder responses:
  - Through a partnership with the Human Early Learning Partnership (HELP), this data will help researchers and Success By 6 understand the characteristics of ECD coalitions that are most important in influencing the community-level developmental health of children, as measured by the Early Development Instrument (EDI).
Stakeholders reported an increase in the diversity of representation at the ECD tables which continue to include core groups of child and family serving partners.

98 percent of tables have an ECD strategic plan in place or are in the process of developing a plan.

Top successes in the area of Community Planning, from the perspective of stakeholders, include:

» An improved ability to identify and/or address community needs.
» An increased level of collaboration amongst community partners.
» More effective coordination.
» An increase in Aboriginal representation in community planning.

ECD tables continue to promote a variety of messages through public education and awareness activities. Topmost among these are messages related to the range of programs and services that families can access and awareness of the research on the importance of ECD.

Approximately 93 percent of coordinators reported on a variety of collaborative activities undertaken to address access barriers to services for children and families. There was an increase in activity related to addressing barriers for Aboriginal families, immigrant and refugee families over the previous year.

The Parent Survey Project – a questionnaire about parents’ experiences of Early Years programs and services – has received over 1300 responses from parents and caregivers, over an 18 month period between Spring 2014 and Fall 2015. All Success By 6 funded projects participate in the Parent Survey Project as one of their main deliverables.

**Success by 6 ® Aboriginal Engagement**

SB6 continues to implement the Aboriginal Engagement Strategy of 2006 that is designed to guide local initiatives in working with Aboriginal communities in a way that respects the diversity of distinct nations and communities, as well as protocols. The strategy includes four priorities:

» Increase Aboriginal representation in SB6 initiatives;
» Support Aboriginal community capacity building;
» Increase cultural awareness among SB6 partners within the context of Aboriginal ECD; and
» Promote awareness about the importance of Aboriginal ECD.

Implementation of the strategy was guided by the principles of self-determination through Aboriginal-identified priorities and engagement in dialogue that included the relevancy of SB6 for Aboriginal communities.
In June 2012, Success By 6® (SB6) through the Early Childhood Development Provincial Partnership (ECDPP), established the following strategic priority to build on and enhance the 2006 Aboriginal Engagement strategy: ensure Aboriginal-identified priorities are an integral part of SB6. This strategic priority aims to:

- Create an understanding across all stakeholders of meaningful Aboriginal engagement.
- Clearly set out the expectations for Aboriginal inclusion in SB6 activities.
- Enhance cultural competencies; uphold the Aboriginal worldview, and demonstrate cultural competencies.
- Ensure the Aboriginal worldview shines through all SB6 work.
- Identify and reduce barriers to participation.
- Recruit allies and champions.
- Establish and sustain Aboriginal participation at all levels of the initiative.

2013 to 2015 highlights include:

- 26 Aboriginal SB6 coordinators continued to work to improve future outcomes for Aboriginal children and families.
- SB6 funding supported an estimated 196 Aboriginal-specific projects that reflected community-identified early years priorities.
- Work continued on giving communities access to resources, such as the Granny and Grampa Connections Box.
- Success by 6 Provincial Office continued to provide workshops to support the use of Planning for the Seasons – Aboriginal ECD strategic planning resource.
- 79 percent of EY Community Planning Tables have consistent Aboriginal representation.

**British Columbia Healthy Child Development Alliance**

The British Columbia Healthy Child Development Alliance (the Alliance) is a cross-sectoral coalition of health, social, education, research and community organizations that shares a common interest in supporting healthy development of all children in B.C. The Alliance grew out of the 2004 Healthy Child BC Forum. With a membership of over 40 organizations, the Alliance provides leadership in, and is a resource to, the development and implementation of policies, strategies and preferred practices that support healthy child development.

*In 2013/14 and 2014/15, the Alliance continued their work in the following areas:*

**INFANT MENTAL HEALTH:**

- In 2013/14, the Alliance incorporated the evidence-based social and emotional health messages into a new resource – Growing Together Toolkit. This resource assists community providers in supporting the mental health of young children, mothers and their families. In 2014/15, a provider training toolkit and supporting materials focusing on healthy social-emotional development of infants and toddlers was developed, and have been incorporated into provincial resources and programs such as Growing Together Toolkit, Healthy Families BC, GP Practice Support Program Child & Youth Mental Health Module, and Family Resource Programs.
PUBLIC AWARENESS STRATEGY:

- The Alliance has engaged with a communications firm to develop a creative strategy, and the membership determined that the strategy would focus on the key message of “a child’s development is everyone’s business.” The next step is the production of a short video to support the key message.

EARLY YEARS PHYSICAL ACTIVITY AND HEALTHY EATING RESOURCE:

- The Alliance membership provides provincial leadership in the development of a comprehensive, coordinated approach to healthy eating and physical activity in early years settings.

PROFESSIONAL DEVELOPMENT AND TRAINING:

- Members of the Alliance are participating in an environmental scan of the various professional development and training opportunities available for early years providers. The information will be used to determine better ways for government and non-government organizations to collaborate on education and training. A web portal or online platform will be established to communicate to early years providers across the province.

The Alliance members meet every 2 months to determine ways to collaborate to support healthy child development.

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**Early Childhood Development Evaluation Project**

The Early Childhood Development (ECD) Evaluation Project focuses on creating an integrated evaluation and reporting system for early childhood development in B.C. to support four long-term outcomes: 1) Mothers are healthy and give birth to infants who remain healthy; 2) Children experience healthy early child development, including optimal early learning and care; 3) Parents are empowered and supported to nurture and care for their children; and 4) Communities support the development of all children and families.

Initiated in 2005, the project is led by the ECD Funders Network, which includes the United Way of the Lower Mainland (Success By 6®), the Ministry of Children and Family Development (MCFD), the Public Health Agency of Canada, the Human Early Learning Partnership, among others, and funded through support from the Max Bell Foundation and MCFD.
Between 2013 and 2015, the ECD Evaluation Project continued to focus on two areas:

5. Rolling out the community capacity building evaluation across B.C.; and
6. Encouraging programs to utilize the online Parent Survey.

**Community Capacity Building Evaluation:** Each February, ECD and Aboriginal ECD cross sectoral tables participate in the Community Capacity Building evaluation. Please see the Success By 6® section of this report for further detail on the outcomes of the evaluation.

**Parent Support and Education Program Evaluation:** Between 2013 and 2015, the ECD Evaluation Project continued to use the FluidSurveys platform for the ECD Evaluation Parent Survey. Approximately 100 organizations used the Parent Survey in a number of programs across the province, and have been able to use the results to evaluate and make changes to their programs.

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**Early Years Research Initiatives**

**UNIVERSITY OF VICTORIA UNIT FOR EARLY YEARS RESEARCH AND DEVELOPMENT**

The Unit for Early Years Research and Development at the University of Victoria’s (UVic’s) School of Child and Youth Care addresses issues related to quality early childhood education services, focusing on innovative field-based research and professional development across a range of early years settings.

In each of 2013/2014 and 2014/2015, the Ministry of Children and Family Development provided $70,000 to support the Unit in a third and fourth year of delivery of the Community Early Learning and Child Care Facilitators program in two BC communities, Burnaby/Coquitlam and Victoria. This program is an innovative model of supporting quality child care in British Columbia. In 2014/2015 the Ministry also provided an additional $70,500 to broaden the support of the Community Facilitators Program in Northern BC communities, within the Terrace region. The Community Early Learning and Child Care Facilitators program model, the first of its kind in Canada, draws on the foundation created by the ground-breaking Investigating Quality (IQ) Project and the BC Early Learning Framework Implementation Project, both of which were funded by the provincial government. It continues to take inspiration from internationally respected and tested models of supporting high quality child care.

The purpose of the IQ Project (2005-2011) was to identify and support good practices that already exist in the early childhood education field, to share those strengths across programs, and to introduce new pedagogical methods from various international sources. The project focused on broadening discussions on quality in early childhood education and care, and establishing and maintaining successful working relationships with, and providing professional development activities for, early childhood educators (ECEs).
The BC Early Learning Framework Implementation Project (2007-2009) was delivered through a partnership between the School of Child and Youth Care at UVic, the Early Childhood Care and Education Departments at Camosun and Selkirk Colleges, and the Human Development, Education and Care Department of Northern Lights College. The purpose of the project was to develop and deliver professional development to support the implementation of the BC Early Learning Framework within the early childhood community.

The Community Early Learning and Child Care Facilitators program, which builds on the accomplishments of the IQ and ELF implementation projects, aims to:

- enhance and sustain quality in early learning and child care settings;
- enhance children’s learning opportunities, experiences and outcomes in early learning and child care settings; and
- build and sustain professionalism within the early learning and child care sector.

The evaluation of the program to date indicates that the Community Early Learning and Child Care Facilitators Project has been successful. Educators consider the project activities to be of high quality and relevant to their practice. Educators are learning about contemporary early years topics and ideas to which they had little previous exposure, and they are acquiring skills that allow them to explore those topics and ideas in daily practice. These shifts in practice result in enhanced learning opportunities for young children, a better environment for learning, more chances to actively engage children in their own learning, and greater involvement for families.

**HUMAN EARLY LEARNING PARTNERSHIP**

The Human Early Learning Partnership (HELP) is a collaborative, interdisciplinary research network, based at the University of British Columbia. HELP’s unique partnership brings together many scientific viewpoints to address complex early child development issues. HELP connects researchers and practitioners from communities and institutions across B.C., Canada, and internationally.

In 2013/2014 and 2014/2015, the Ministries of Children and Family Development, Education and Health provided HELP with $2.56 million in funding to support early childhood development research initiatives. The foundation of this research is population level monitoring of children’s wellbeing using the Early Development Instrument (EDI) across BC. This is HELP’s twelfth year of child development monitoring using the EDI.

The EDI questionnaire is completed by kindergarten teachers. The data gathered are used to measure developmental changes or trends in populations or groups of children. The data highlight differences between neighbourhoods and report on how well communities are doing in supporting young children and families across five developmental domains: 1) physical health and well-being; 2) social competence; 3) emotional maturity; 4) language and cognitive development; and 5) communication skills and general knowledge. These kinds of data are essential to decision-making at every level.
In 2013/14, the first year of the three-year Wave 6 period of data collection was completed. This was a small EDI collection year with school districts with fewer 100 Kindergarten students invited to participate. 13 school districts participated in this round of data collection. All districts met the 80 percent benchmark of participation and most exceeded a 90 percent participation rate. A total of 1289 EDIs were completed in 80 schools across the province in the 2013/14 school year. Of those, 54 were public schools from the 13 participating school districts. The remaining schools included 25 independent schools and one First Nations school.

In 2014/2015, HELP gathered the second year of data for Wave 6 reporting – Wave 6 will be a three-year wave using data from 2013 to 2016. Forty-eight school districts participated in data collection this year. All districts met the 80 percent benchmark of participation and most exceeded a 90 percent participation rate. A total of 22,733 EDIs were completed in 719 schools across the province in the 2014/2015 school year. Of the 719 participating schools, 695 were public, 21 were independent and three were First Nations schools.

The database of child development information that has been built using the EDI is unique worldwide. It is one of the largest population level data sets of its kind, focusing on child development, providing an important tool for evidence-informed decisions. It is also a rich research resource, allowing pressing questions about children's development and the many influences on this to be answered.

HELP is involved in a wide range of other child development research activities, all core to their mission of “creating, promoting and applying new knowledge to help children and families thrive.” HELP works closely with an Aboriginal Steering Committee to address important child development issues in an Aboriginal context.
Highlights of HELP’s research activities this year include:

- Building on over a decade of monitoring kindergarten children’s development using the EDI, HELP developed the Middle Development Instrument (MDI). This has now been used in 26 school districts (with 33,299 MDIs completed) across BC. A large-scale project is underway to implement the MDI in school districts in Manitoba, Ontario and Nova Scotia. The MDI has been used in Australia and there has been recent interest from Germany, Croatia and the US;

- HELP is continuing to lead a national initiative to effectively monitor development at 18 months, using the newly developed Toddler Development Instrument (TDI);

- A new tool, designed to gather data that helps us to understand the experiences of children before they enter school is now being piloted – the Childhood Experiences Questionnaire (CHeq). The CHeq will provide information that can provide new insight into neighbourhood and school district differences EDI data;

- Working closely with the Provincial Early Years Office and with community stakeholders, HELP is unearthing the complexity of local actions and strategies that impact positively on children’s outcomes. A particular focus of this work this year has been on understanding the value and functioning of local networks and collaborations;

- In partnership with the Dalai Lama Centre for Peace and Education, HELP is working on a new Heart Mind Index that will highlight and give emphasis to children’s social and emotional development. This is particularly important because EDI data suggest that social and emotional vulnerability in children aged five has been increasing over the past 10 years;

- HELP continues to play a lead role in Canada on child development monitoring. Their vision of a comprehensive monitoring system that integrates population data with existing administrative data sets is essential to the work of many organizations in the field.
APPENDIX A: Early Learning and Child Care Indicators

Public Reporting

In the First Ministers’ Communiqué on Early Childhood Development (2000), governments committed to report annually to Canadians on investments and progress in the area of early childhood development. Specifically, Ministers agreed to report on all early learning and child care programs and services as defined in this communiqué. Reports are to include:

- Descriptive and expenditure information on all early learning and child care programs and services;
- Indicators of availability, such as number of spaces in early learning and child care settings, broken down by age of child and type of setting;
- Indicators of affordability, such as number of children receiving subsidies, income and social eligibility for fee subsidies, and maximum subsidy by age of child; and
- Indicators of quality, such as training requirements, child/caregiver ratios and group size, where available.

Governments agreed to publicly release baseline information by the end of November 2003, with annual reports released beginning in November 2004. B.C.’s baseline report and subsequent reports can be found at the Ministry of Children and Family Development web site: [http://www.mcf.gov.bc.ca/early_childhood/publications.htm](http://www.mcf.gov.bc.ca/early_childhood/publications.htm)

Data Sources

Data for this report is drawn from a variety of sources, including the Child Care Operating Funding and Child Care Subsidy system datamarts, statutes and regulations, and other administrative databases. The indicators are divided into four categories: availability, affordability, quality and accessibility. Data sources are listed, along with relevant caveats for each measure.

Availability Indicators

Access to quality child care is important to children, parents, employers and society as a whole. Safe, enriching environments support children’s holistic development, and parents and caregivers can prepare for, seek, and retain employment knowing their children are safe and well cared for. Employers also benefit from increased staff productivity that is supported by reduced stress and absenteeism caused by unsatisfactory and unstable child care arrangements. Society as a whole benefits when its citizens are economically, socially and emotionally secure.

In B.C., quality regulated child care in a variety of child care settings is available, including licensed group and family child care settings. The 2003 Parent Child Care Needs Assessment Survey found that 46 percent of families with children under six used some form of non-parental child care.
Table 1 provides an overview of the number of children under age six in the Province.

<table>
<thead>
<tr>
<th>Age</th>
<th>2002 Baseline</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>39,767</td>
<td>43,635</td>
<td>43,604</td>
<td>43,892</td>
<td>43,457</td>
</tr>
<tr>
<td>1</td>
<td>40,821</td>
<td>44,442</td>
<td>43,779</td>
<td>43,645</td>
<td>44,237</td>
</tr>
<tr>
<td>2</td>
<td>42,054</td>
<td>45,106</td>
<td>44,620</td>
<td>43,860</td>
<td>43,956</td>
</tr>
<tr>
<td>3</td>
<td>42,922</td>
<td>45,128</td>
<td>45,317</td>
<td>44,695</td>
<td>44,187</td>
</tr>
<tr>
<td>4</td>
<td>43,702</td>
<td>44,511</td>
<td>45,370</td>
<td>45,459</td>
<td>45,034</td>
</tr>
<tr>
<td>5</td>
<td>45,714</td>
<td>43,838</td>
<td>44,848</td>
<td>45,656</td>
<td>45,720</td>
</tr>
<tr>
<td>TOTAL</td>
<td>254,980</td>
<td>266,660</td>
<td>267,538</td>
<td>267,207</td>
<td>266,591</td>
</tr>
</tbody>
</table>

Table 2 provides an overview of the number of full-time licensed spaces available to children under the age of six.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 0 – 36 months</td>
<td>2,936</td>
<td>7,299</td>
<td>7,885</td>
<td>8,674</td>
<td>9,562</td>
</tr>
<tr>
<td>Group 3 – 5 years</td>
<td>39,651</td>
<td>25,084</td>
<td>25,985</td>
<td>27,260</td>
<td>28,792</td>
</tr>
<tr>
<td>Group Preschool</td>
<td></td>
<td>21,261</td>
<td>21,014</td>
<td>21,118</td>
<td>21,552</td>
</tr>
<tr>
<td>Licensed Family Child Care</td>
<td>3,284</td>
<td>15,975</td>
<td>15,524</td>
<td>14,830</td>
<td>14,470</td>
</tr>
<tr>
<td>Group Multi-Age</td>
<td>n/a</td>
<td>2,008</td>
<td>2,253</td>
<td>2,570</td>
<td>2,935</td>
</tr>
<tr>
<td>TOTAL</td>
<td>45,871</td>
<td>71,627</td>
<td>72,661</td>
<td>74,452</td>
<td>77,311</td>
</tr>
</tbody>
</table>

**Child Care Resource and Referral Program**

The Province’s Child Care Resource and Referral (CCRR) Programs assist parents in locating child care in their communities. Table 3 shows the number of parent consultations and referrals to child care and community services.

<table>
<thead>
<tr>
<th>Number of Parent Referrals/Consultations by CCRRs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002/2003 Baseline</td>
</tr>
<tr>
<td>54,366</td>
</tr>
<tr>
<td>80,128</td>
</tr>
</tbody>
</table>
Affordability Indicators

Access to child care is recognized as a vital component in achieving government’s goal of assisting low and moderate-income parents to gain employment and achieve financial independence. The Child Care Subsidy Program helps fulfill this goal by supporting families to access child care that best meets their needs. In Table 4, data for the average number of children receiving subsidy per month is provided, as well as the subsidy levels based on family income.

### TABLE 4: Average No. of Children Receiving Subsidy per Month and Subsidization Levels

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average number of children receiving subsidy per month</strong></td>
<td>25,263</td>
<td>27,781</td>
<td>24,285*</td>
<td>24,397</td>
<td>21,172</td>
</tr>
<tr>
<td><strong>Subsidization levels (max)</strong> based on family net income:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One parent, one child, Group Care (ages 3 – school age)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Subsidy</td>
<td>$15,564</td>
<td>$30,984</td>
<td>$30,984</td>
<td>$30,984</td>
<td>$30,984</td>
</tr>
<tr>
<td>Partial Subsidy</td>
<td>$21,924</td>
<td>$44,184</td>
<td>$44,184</td>
<td>$44,184</td>
<td>$44,184</td>
</tr>
<tr>
<td>Two parents, two children, Licensed Family Child Care (ages 3 – school age)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Subsidy</td>
<td>$19,596</td>
<td>$35,016</td>
<td>$35,016</td>
<td>$35,016</td>
<td>$35,016</td>
</tr>
<tr>
<td>Partial Subsidy</td>
<td>$32,756</td>
<td>$61,416</td>
<td>$61,416</td>
<td>$61,416</td>
<td>$61,416</td>
</tr>
</tbody>
</table>

Quality Indicators

While the family environment is the single most important influence on a child’s health and well-being, one of the most important environments for young children outside the home is a quality child care setting.

Government, in partnership with parents, providers and the larger community, has an important role to play in supporting a quality child care system. The Child Care Licensing Regulation requirements provide minimum standards that protect the health, safety and well-being of children in child care, including the ratio of adults to children in a child care setting, and the training and certification requirements for staff in licensed child care facilities.

CCRR programs provide professional development workshops, courses and conferences for parents and child care providers, and provide other support and resources to both licensed and licence-not-required child care providers across the province (Table 5). Through these services, CCRRs also contribute to the support of a quality child care system.
TABLE 5: Ratio of Adults to Children and Number of New Early Childhood Educators and Early Childhood Educator Assistants

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 36 months old</td>
<td>1.4</td>
<td>1.4</td>
<td>1.4</td>
<td>1.4</td>
<td>1.4</td>
</tr>
<tr>
<td>3 – 5 years</td>
<td>1.8</td>
<td>1.8</td>
<td>1.8</td>
<td>1.8</td>
<td>1.8</td>
</tr>
<tr>
<td>Preschool</td>
<td>1.15</td>
<td>1.10</td>
<td>1.10</td>
<td>1.10</td>
<td>1.10</td>
</tr>
<tr>
<td>Out of School (K – Grade 1)</td>
<td>1.10</td>
<td>1.12</td>
<td>1.12</td>
<td>1.12</td>
<td>1.12</td>
</tr>
<tr>
<td>Out of School (Grade 2+)</td>
<td>1.15</td>
<td>1.15</td>
<td>1.15</td>
<td>1.15</td>
<td>1.15</td>
</tr>
<tr>
<td>Family</td>
<td>1.7</td>
<td>1.7</td>
<td>1.7</td>
<td>1.7</td>
<td>1.7</td>
</tr>
<tr>
<td>Multi-Age</td>
<td>0</td>
<td>1.8</td>
<td>1.8</td>
<td>1.8</td>
<td>1.8</td>
</tr>
</tbody>
</table>

| Number of new Early Childhood Educators certified (1 Year and 5 Year) | 622 | 1,248 | 2,099 | 1,877 | 2,234 |
| Number of new Infant/Toddler certified early childhood educators | 189 | 408 | 708 | 636 | 808 |
| Number of new Special Needs Educator certified early childhood educators | 126 | 259 | | | |
| Number of new Early Childhood Educator Assistants certified | N/A | 1,672 | 1,638 | 1,355 | 1,789 |
| Workshops/courses offered by CCRRs | | | | | |
| Number of courses/workshops | 1,095 | 1,515 | 1,001 | 964 | 940 |
| Number of participants | 14,332 | 29,781 | 17,285 | 15,296 | 12,924 |

**Accessibility**

B.C. is committed to inclusive and accessible child care for all children including those with special needs. The Supported Child Development Program provides training and resources to child care facilities (Table 6) so that children with special needs can participate in child care settings alongside their peers. Parents and children have varying needs and thus child care services must be responsive to a range of family and employment circumstances, including extended hours and weekend care. Supported Child Development provides flexible, family-centric supports to the child care provider of the parent’s choice in order to meet the needs of the family and child.

**TABLE 6: No. of children assisted through the Supported Child Development Program**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children assisted through the Supported Child Development Program</td>
<td>3,061</td>
<td>10,200</td>
<td>10,000</td>
<td>10,600</td>
<td>10,300</td>
</tr>
</tbody>
</table>

To improve the quality and accessibility of child care spaces for Aboriginal children, government provides funding to the British Columbia Aboriginal Child Care Society (BCACCS) to provide child care resource and referral services to Aboriginal early childhood programs and families throughout the Province.

Some services provided by BCACCS include: culturally specific training workshops; a lending library; rotating curriculum boxes; a travelling child care advisor; hosting an annual conference and providing communication materials, such as newsletters.
# APPENDIX B: 2013/2014 Program Expenditure Summary

<table>
<thead>
<tr>
<th>Early Childhood Development</th>
<th>Ministry</th>
<th>Baseline 2000/01 ($000s)</th>
<th>2013/14 ($000s)</th>
<th>Increase (decrease) ($000s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy, Birth and Infancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal Maternal Health – Doula Initiative</td>
<td>MOH</td>
<td>–</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td>Childhood Vaccines Purchase (product)</td>
<td>MOH</td>
<td>5,923</td>
<td>6,502</td>
<td>579</td>
</tr>
<tr>
<td>Fetal Alcohol Spectrum Disorder</td>
<td>MCFD</td>
<td>175</td>
<td>200</td>
<td>25</td>
</tr>
<tr>
<td>Infant Development Program</td>
<td>MCFD</td>
<td>6,877</td>
<td>19,757</td>
<td>12,880</td>
</tr>
<tr>
<td>Midwifery Program</td>
<td>MOH</td>
<td>3,064</td>
<td>26,290</td>
<td>23,226</td>
</tr>
<tr>
<td>Shaken Baby/Purple Crying</td>
<td>MCFD/MOH</td>
<td>183</td>
<td>183</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>16,039</strong></td>
<td><strong>52,932</strong></td>
<td><strong>36,893</strong></td>
</tr>
<tr>
<td>Parental and Family Supports</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adoption Support Services</td>
<td>MCFD</td>
<td>2,157</td>
<td>15,460</td>
<td>13,303</td>
</tr>
<tr>
<td>BC Nurseline/HealthGuide</td>
<td>MOH</td>
<td>–</td>
<td>2,600</td>
<td>2,600</td>
</tr>
<tr>
<td>Building Blocks</td>
<td>MCFD</td>
<td>2,166</td>
<td>4,921</td>
<td>2,755</td>
</tr>
<tr>
<td>Child &amp; Family Focused Supports</td>
<td>MCFD</td>
<td>30,524</td>
<td>40,541</td>
<td>10,017</td>
</tr>
<tr>
<td>Family Resource Programs</td>
<td>MCFD</td>
<td>–</td>
<td>1,329</td>
<td>1,329</td>
</tr>
<tr>
<td>Healthy Kids Dental &amp; Optical Benefits</td>
<td>MSD/SDSI</td>
<td>6,537</td>
<td>10,763</td>
<td>4,226</td>
</tr>
<tr>
<td>Nurse Family Partnership</td>
<td>MOH</td>
<td>–</td>
<td>1,303</td>
<td>1,303</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>41,384</strong></td>
<td><strong>76,917</strong></td>
<td><strong>35,533</strong></td>
</tr>
<tr>
<td>Early Childhood Development Care &amp; Learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASD – Autism Diagnosis &amp; Assessment</td>
<td>MOH</td>
<td>236</td>
<td>1,112</td>
<td>876</td>
</tr>
<tr>
<td>ASD – Early Intensive Intervention Services</td>
<td>MCFD</td>
<td>–</td>
<td>30,038</td>
<td>30,038</td>
</tr>
<tr>
<td>Consultation for Complex Condition – Child</td>
<td>MOH</td>
<td>–</td>
<td>1,588</td>
<td>1,588</td>
</tr>
<tr>
<td>Early Intervention Services</td>
<td>MCFD</td>
<td>19,161</td>
<td>30,461</td>
<td>11,300</td>
</tr>
<tr>
<td>Public Health Nursing/Speech, Audiology, Nutrition, Dental</td>
<td>MOH</td>
<td>72,169</td>
<td>76,026</td>
<td>3,857</td>
</tr>
<tr>
<td>Ready, Set, Learn</td>
<td>MED</td>
<td>–</td>
<td>2,767</td>
<td>2,767</td>
</tr>
<tr>
<td>Roots of Empathy (includes Seeds of Empathy)</td>
<td>MCFD/MED</td>
<td>–</td>
<td>880</td>
<td>880</td>
</tr>
<tr>
<td>Strong StartCentres</td>
<td>MEd</td>
<td>–</td>
<td>10,418</td>
<td>10,418</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>91,566</strong></td>
<td><strong>153,290</strong></td>
<td><strong>61,724</strong></td>
</tr>
<tr>
<td>Community Supports</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal ECD Initiatives</td>
<td>MCFD</td>
<td>–</td>
<td>8,543</td>
<td>8,543</td>
</tr>
<tr>
<td>Children First Initiatives</td>
<td>MCFD</td>
<td>1,113</td>
<td>3,893</td>
<td>2,780</td>
</tr>
<tr>
<td>ECD Community Initiatives</td>
<td>MCFD</td>
<td>–</td>
<td>2,910</td>
<td>2,910</td>
</tr>
<tr>
<td>ECD Provincial Partnership Fund (SB6)</td>
<td>MCFD</td>
<td>–</td>
<td>3,400</td>
<td>3,400</td>
</tr>
<tr>
<td>ECD Research Initiatives</td>
<td>MCFD/MOH/MED</td>
<td>–</td>
<td>2,630</td>
<td>2,630</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>1,113</strong></td>
<td><strong>21,376</strong></td>
<td><strong>20,263</strong></td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td></td>
<td><strong>150,102</strong></td>
<td><strong>304,515</strong></td>
<td><strong>154,413</strong></td>
</tr>
</tbody>
</table>
### Early Learning and Child Care

<table>
<thead>
<tr>
<th>Supported Child Development</th>
<th>Ministry</th>
<th>Baseline 2002/03 (000s)</th>
<th>2013/14 ($000s)</th>
<th>Increase (decrease) (000s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Operating Fund Program</td>
<td>MCFD</td>
<td>21,410</td>
<td>38,798</td>
<td>17,388</td>
</tr>
<tr>
<td>Child Care Capital Funding Program</td>
<td>MCFD</td>
<td>21,449</td>
<td>66,206</td>
<td>44,757</td>
</tr>
<tr>
<td>Child Care Resource and Referral Program</td>
<td>MCFD</td>
<td>1,265</td>
<td>366</td>
<td>-909</td>
</tr>
<tr>
<td>Child Care Subsidy</td>
<td>MCFD</td>
<td>7,376</td>
<td>8,279</td>
<td>903</td>
</tr>
</tbody>
</table>

### TOTAL

<table>
<thead>
<tr>
<th>Ministry</th>
<th>Baseline 2002/03 (000s)</th>
<th>2013/14 ($000s)</th>
<th>Increase (decrease) (000s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>98,053</td>
<td>209,381</td>
<td>111,328</td>
</tr>
</tbody>
</table>

1. Includes funding for At Home Program, Child and Youth Workers, Homemaker/Home Support for families including those with children with special needs, Nursing Support services, parent Support for families with children with special needs, protective family support programs, Respite, Respite services for families with children with special needs, Non-protective Family support programs and professional support for children with special needs, Community Healing project, Home visiting and outreach, Intensive child care, parent Training & Education, Aboriginal services Initiatives, Aboriginal Child and families services, Reunification/Repatriation of aboriginal Children, Financial support to Families – Non Special needs, Self-help – Mutual aid, Mentoring and Developmental Behavioral intervention – FASD.

2. Estimated expenditures for children 0-6 years.
## APPENDIX C: 2014/2015 Program Expenditure Summary

<table>
<thead>
<tr>
<th>Early Childhood Development</th>
<th>Ministry</th>
<th>Baseline 2000/01 ($000s)</th>
<th>2014/15 ($000s)</th>
<th>Increase (decrease) ($000s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy, Birth and Infancy</td>
<td>MOH</td>
<td>–</td>
<td>22,540</td>
<td>16,617</td>
</tr>
<tr>
<td>Aboriginal Maternal Health – Doula Initiative</td>
<td>MOH</td>
<td>–</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td>Childhood Vaccines Purchase (product)</td>
<td>MOH</td>
<td>5,923</td>
<td>22,540</td>
<td>16,617</td>
</tr>
<tr>
<td>Fetal Alcohol Spectrum Disorder</td>
<td>MCFD</td>
<td>175</td>
<td>200</td>
<td>25</td>
</tr>
<tr>
<td>Infant Development Spectrum Disorder</td>
<td>MCFD</td>
<td>6,877</td>
<td>18,937</td>
<td>12,060</td>
</tr>
<tr>
<td>Midwifery Program</td>
<td>MOH</td>
<td>3,064</td>
<td>28,475</td>
<td>25,411</td>
</tr>
<tr>
<td>Shaken Baby/Purple Crying</td>
<td>MCFD/MOH</td>
<td>183</td>
<td>183</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>16,039</strong></td>
<td><strong>70,335</strong></td>
<td><strong>54,296</strong></td>
</tr>
<tr>
<td>Parental and Family Supports</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adoption Support Services</td>
<td>MCFD</td>
<td>2,157</td>
<td>15,645</td>
<td>13,488</td>
</tr>
<tr>
<td>Building Blocks</td>
<td>MCFD</td>
<td>2,166</td>
<td>4,784</td>
<td>2,618</td>
</tr>
<tr>
<td>Child &amp; Family Focused Supports 1</td>
<td>MCFD</td>
<td>30,524</td>
<td>38,532</td>
<td>8,008</td>
</tr>
<tr>
<td>Family Resource Programs</td>
<td>MCFD</td>
<td>–</td>
<td>1,242</td>
<td>1,242</td>
</tr>
<tr>
<td>Healthy Kids Dental &amp; Optical Benefits</td>
<td>MSD/SDSI</td>
<td>6,537</td>
<td>9,866</td>
<td>3,329</td>
</tr>
<tr>
<td>Nurse Family Partnership</td>
<td>MOH</td>
<td>–</td>
<td>1,245</td>
<td>1,245</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>41,384</strong></td>
<td><strong>71,314</strong></td>
<td><strong>29,930</strong></td>
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<td>Early Childhood Development Care &amp; Learning</td>
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<tr>
<td>ASD – Autism Diagnosis &amp; Assessment</td>
<td>MOH</td>
<td>236</td>
<td>3,564</td>
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<tr>
<td>ASD – Early Intensive Intervention Services</td>
<td>MCFD</td>
<td>–</td>
<td>31,569</td>
<td>31,569</td>
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<tr>
<td>Consultation for Complex Condition – Child</td>
<td>MOH</td>
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<td>1,441</td>
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<td>Acute Rehab (Sunny Hill Hospital)</td>
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<td>–</td>
<td>507</td>
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<tr>
<td>Complex Development Behavioural Conditions</td>
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<td>–</td>
<td>731</td>
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<td>Neuromotor Services</td>
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<td>550</td>
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<td>Early Intervention Services</td>
<td>MCFD</td>
<td>19,161</td>
<td>29,893</td>
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<tr>
<td>Public Health Nursing/Speech, Audiology, Nutrition, Dental</td>
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<td>72,169</td>
<td>86,081</td>
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<td>BC Early Learning Framework</td>
<td>MED</td>
<td>5</td>
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<tr>
<td>Ready, Set, Learn</td>
<td>MED</td>
<td>–</td>
<td>2,767</td>
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<tr>
<td>Roots of Empathy (includes Seeds of Empathy)</td>
<td>MCFD/MED</td>
<td>–</td>
<td>800</td>
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<td>Strong StartCentres</td>
<td>MEd</td>
<td>–</td>
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<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>91,566</strong></td>
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<td><strong>74,972</strong></td>
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<td>Community Supports</td>
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<td>Aboriginal ECD Initiatives</td>
<td>MCFD</td>
<td>–</td>
<td>11,053</td>
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<tr>
<td>Children First Initiatives</td>
<td>MCFD</td>
<td>1,113</td>
<td>3,832</td>
<td>2,719</td>
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<td>ECD Community Initiatives</td>
<td>MCFD</td>
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<tr>
<td>ECD Provincial Partnership Fund (SB6)</td>
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<td>ECD Research Initiatives</td>
<td>MCFD/MOH/MED</td>
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<td><strong>TOTAL</strong></td>
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<td><strong>GRAND TOTAL</strong></td>
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<td><strong>179,456</strong></td>
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<td>Early Learning and Child Care ²</td>
<td>Ministry</td>
<td>Baseline 2002/03 ($000s)</td>
<td>2014/15 ($000s)</td>
<td>Increase (decrease) ($000s)</td>
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<tr>
<td>-------------------------------</td>
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<td>Supported Child Development</td>
<td>MCDF</td>
<td>21,410</td>
<td>37,689</td>
<td>16,279</td>
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<td>Child Care Operating Fund Program</td>
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<td>21,449</td>
<td>68,079</td>
<td>46,630</td>
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<td>MCDF</td>
<td>1,265</td>
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<td>3,473</td>
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<td>Child Care Resource and Referral Program</td>
<td>MCDF</td>
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<td>8,349</td>
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<td>Child Care Subsidy</td>
<td>MCDF</td>
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<td>88,982</td>
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<td>TOTAL</td>
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<td>207,837</td>
<td>109,784</td>
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</tbody>
</table>

1. Includes funding for At Home Program, Child and Youth Workers, Homemaker/Home Support for families including those with children with special needs, Nursing Support services, parent Support for families with children with special needs, protective family support programs, Respite, Respite services for families with children with special needs, Non-protective Family support programs and professional support for children with special needs, Community Healing project, Home visiting and outreach, Intensive child care, parent Training & Education, Aboriginal services Initiatives, Aboriginal Child and families services, Reunification/Repatriation of aboriginal Children, Financial support to Families - Non Special needs, Self-help - Mutual aid, Mentoring and Developmental Behavioral intervention - FASD.

2. Estimated expenditures for children 0-6 years.

Footnotes

1. Number of children eligible for the Healthy Kids Program is dependent on the number of children in families that qualify for MSP premium assistance – adjusted net income under $30,000.


3. The “funded licensed full-time spaces” is based on the number of spaces a facility is licensed to offer and that receives government child care operating funding for children enrolled in those spaces. Data extracted Feb 4, 2015.

4. In 2002/2003, funding programs for licensed child care included Compensation Contribution Program for group child care providers and Infant/Toddler Incentive Grant for Licensed Family Child Care Providers.

5. Licensed preschool programs are not full-day programs – a preschool facility can run more than one program a day, e.g. morning and afternoon sessions.

6. The Group Multi-Age care type was introduced in 2008/2009

7. Rounded

8. Decrease in the average number of children receiving subsidy has been largely attributed to the introduction of full-day Kindergarten and the change in subsidy age categories to accommodate it.

9. In September 2011, the Child Care Subsidy Regulation was amended to change the thresholds from children under 6 years of age, to children under school age.

10. For a description of group, family and multi-age care types, refer to the Child Care Licensing Regulation.

11. Infant/Toddler and Special Needs certificates were reported out as one number starting in 2012/13.

12. The licensure of Early Childhood Educator Assistants was introduced in November 2007 and was fully implemented by early 2008.

13. Data received from the Modelling, Analysis and Information Management Branch

14. This does not include the cost of program delivery (limited to the scientific evaluation of the program, licensing, implementation and website maintenance).

15. This does not include the cost of program delivery (limited to the scientific evaluation of the program, licensing, implementation and website maintenance).