

# **BC Healthy Child Development Alliance Forum 2007**



## **Moving Forward Together: How Do We Make It Happen?**

**November 20<sup>th</sup> and 21<sup>st</sup>, 2007  
Forum Summary – Final Draft**

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# ***BC Healthy Child Development Alliance Forum***

***Moving Forward Together: How Do We Make It Happen?***

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## Executive Summary

The British Columbia Healthy Child Development Alliance Forum, held this year in Vancouver, B.C., saw representation from a diverse array of professionals who came from local, pan-Canadian, and international venues. A unifying interest in healthy early child development created an environment for discussion and knowledge exchange regarding the need for an evidence-based collective and defined approach towards creating a framework that will set the stage for promoting the positive evolution of healthy child development in B.C.

This year's Forum was a continuation of the work that began at the inaugural event held in 2004. When looking back over what has occurred since then, it was discovered that there is still much work that needs to be done. Efforts need to be carried out in a coordinated and collaborative way in order that the needs of British Columbian children in early childhood are fully addressed. It must however, not go without notice that B.C. has made some inroads in the area of ECD. Actions such as engaging physicians, having a solid system for developmental screening and the beginning of funding for community hubs all are contributing to moving the ECD agenda forward in the right direction.

Out of the presentations and discussions that took place at this year's Forum, the following key themes came to light:

- The need for change in British Columbia
- The benefit of learning from others both nationally and internationally
- Examination of the barriers that are holding us back from change
- Taking Action: focusing on healthy ECD

There is much to be learned about policy and program best practices regarding healthy child development that are found in other parts of Canada, for example Manitoba, and the world, for example Sweden and New Zealand. Given the diverse mosaic that makes up the population of B.C. and the rest of Canada, it is imperative that our healthy child development agenda be sensitive to the cultural and ethnic richness found here. It is essential that consideration be given to the unique culture and needs of Aboriginal and Immigrant children and families.

The creation of a viable healthy ECD agenda and framework for B.C. is no easy task and it became evident over the course of the Forum that its success is in large part contingent upon the commitment and capacity of governmental ministries such as Children and Family Development, Health, and Education to work collaboratively towards this common goal. Critical to the encouragement of such an effort is the voice of the public. Significant community support is needed to send the message promoting the vital necessity of a healthy child development agenda. To this end, greater efforts are required to educate the public with

regards to the link between the current inadequate level of support for healthy child development and the resulting increased poverty and gender inequality that occurs.

It is important that evidence-based practices be integrated into existing decision making and services. B.C. is a wealthy province that needs to make an investment in support of one of its critical resources - its children and families. The children of today are the leaders of tomorrow. Participants in the Forum know this all too well. Now is the time for the residents of B.C. and its government to understand how critical healthy child development is to the success of this province over the long term. Our future depends on it.

## Forum 2007 Overview

The 2007 B.C. Healthy Child Development Alliance Forum was held on November 20<sup>th</sup> and 21<sup>st</sup> in Vancouver, B.C. This forum represents a continuation of the work that began at the inaugural forum which was held in November 2004. The goal of this group of practitioners, researchers, decision and policy makers is to provide a forum for advancing a healthy child development agenda in B.C.

The four objectives of the forum were specifically:

1. To determine concrete mechanisms for a collective approach for moving forward priority areas which support healthy child development in B.C.
2. To learn how successful provincial, national and international ECD policy strategies could be applied in B.C.
3. To report on the progress that B.C. has made in relation to healthy child development since the 2004 Forum, as determined from the key policies recommended at the 2004 Forum (see next page for 2004 Recommendations).
4. To engage and inspire a cross-sectoral group from across the province.

The two day Forum brought together approximately 170 individuals from a diverse array of backgrounds who shared a common interest in ECD. Knowledge exchange that occurred over the two days included presentations from practitioners, researchers, decision and policy makers that spoke to the current state of ECD and the directions that must be considered in order to meet the diverse needs of B.C.'s young children. The forum allowed for rich discussions to occur amongst participants as they reflected upon the presentations, their past experiences and their current thoughts on the actions required to make children a priority in B.C. What emerged at the end of the two days was a collective voice that expressed the need to move forward and overcome the historical barriers that have been encountered in B.C. in an effort to create a comprehensive and coordinated ECD system that is supported by all levels of government and society.

*A true measure of a Nation's standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies into which they are born.*

*UNICEF, Innocenti Research Center,  
Report Card 7, 2007*

## Forum 2004 Recommendations

The following recommendations arose from the 2004 Forum and were reviewed at the 2007 Forum:

### 1. B.C. Framework for Early Childhood Development

Through a process of consultation with all interested parties and stakeholders, put in place a mandated policy framework that includes several elements: a fully funded/resourced long term strategic implementation plan; a flexible governance model that encompasses service coalitions and community or area-based coalitions; a mechanism to enable inter-ministerial and cross-jurisdictional collaboration and coordination; and an oversight body such as a Children and Families Secretariat or a separate Ministry.

### 2. Integration and Coordination

Although progress has been made in certain areas of the province, ECD services and programs, in general, operate in a fragmented way and lack integration and coordination. Action to create a coherent system should be initiated concurrently to establish:

- Consistent policies and practices across ministries and programs.
- Coordinated inter-ministerial planning of allocation of ECD resources.
- Coordinated, integrated information management system that includes all programs regardless of funding sources.
- Mechanisms such as “pathfinders” to help families and caregivers learn about and gain access to resources.

### 3. A System of Child Care

Put in place a child care system that supports universally accessible child care that is:

- Clearly and directly connected the school system and child development centres.
- Provides a range of direct care and early learning activities, programs and services that are, as per the F/P/T Early Childhood Development Agreement.
- Geared towards the needs of parents who work.

### 4. Accountability

Accountability mechanisms must be embedded in a provincial ECD framework in order to assist in the achievement of the integration and coordination of services, to enable clear and transparent financial reporting and to support quality assessment practices that operate across sectors and agencies.

### 5. An Aboriginal ECD Policy

Develop an Aboriginal ECD Policy that is complementary to the overall provincial ECD Framework but which acknowledges the unique situation of Aboriginal people both with respect to needs, rights and entitlements.

## **What Was Heard - November 20 & 21<sup>st</sup> 2007 Forum Report**

The Forum consisted of two days of intense dialogue, presentations and calls to action by a committed group of diverse individuals who continue to strive towards achieving an integrated and coherent system of support for healthy development for British Columbian children in the early years. Following an update of the progress made on the goals borne out of the 2004 Forum, it became very evident that much work still needs to be done in this area. At the end of the two days, a very clear message emerged regarding the desire to move to action as quickly as possible. Out of the wealth of knowledge and expertise that was shared, a light was cast upon a clear path that needs to be followed in order to make B.C. a better place for our children. The following is a synthesis of key issues and themes that emerged over the course of the two days.

### ***The need for change***

For the fourth year in a row, B.C. has the highest child poverty rate in Canada. Although one of the wealthiest countries in the world, Canada is ranked last among OECD developed countries for spending on early learning and child care (0.5% of the GDP). In examining the results of the EDI (Early Development Instrument) for B.C.'s kindergarten children, Dr. Clyde Hertzman found that in 2007, there were more children who were entering kindergarten who are not ready to learn than were evidenced in 1997. Further to this, when the data for B.C.'s 9,600 children in care were recently analyzed by the Representative for Children and Youth, it was discovered that 50% of children in care enter kindergarten not ready to learn. Our children need more help in the early years in order to have a greater chance at success over the long term.

How is it that we find ourselves in such a circumstance? Part of the root cause of the current situation is the lack of affordable child care/early learning, which provides growth opportunities for children and subsequently parents. Linked to this is the circumstance that it is impossible for some women to enter the strong labor market due to the lack of available child care. Stranded with limited resources, parenting becomes an even greater challenge as these same families do not experience some of the advantages that come with being able to access extra support for their children. As Dr. Bremberg advised, in order for B.C. to achieve the goal of better child health, two criteria must be addressed. The first, is addressing our high poverty rates and the second is providing access to quality childcare and early learning. These two issues are inextricably linked and serve

as a key area of focus in order to improve lives of children and families. This however is not the only piece of the puzzle. The developmental needs of children also have to be addressed through a system that provides support in a wide variety of ways (e.g., mental health, early screening, and infant development programs) that are responsive to children and families.

### ***Learning from others***

B.C. has much to learn from others. We were fortunate enough during these two days to hear from Dr. Bremberg about the approach used in Sweden; Dr. Goelman regarding activities in New Zealand; and Ms. Sanderson about initiatives in Manitoba. All three presentations were examples of integrated and collaborative approaches aimed at meeting the needs of young children and their families.

Sweden has a long history of supporting children and families and spends 2% of its GDP on early education and childcare. These services are governed at the municipal level in order that they meet the needs of the children and families living in the area<sup>1</sup>. Regular public reporting of child outcomes is done so that the different municipalities can ensure that adequate services for children and families are in place. By having an open reporting system, learning amongst the municipalities can occur. As a result of this focus on child and family health, Sweden is not only ranked as one of the most child-friendly countries in the world but also as the first in gender equality.

Access to childcare is considered a right for all families regardless of employment status. There are two aims of the Swedish Child Care system: the first is to support parents in balancing their roles as wage earner and parent; and the second is to support children's healthy development and learning. The Swedish child care system began with these two goals in the 1970s. Along with access to childcare, parents have access to a system of parental insurance and benefits (transfers).

Increasingly childcare has been taking on an educational focus and is seen as part of a lifelong learning framework; in that vein, responsibility for the child care system was transferred to The Ministry of Education, Research and Culture in 1996. Public childcare is extended to all children ages 1-12 years. Official schooling begins at age seven, however, prior to that families can choose between preschools and family daycares. Preschools are open all year round and have flexible hours to accommodate parents who are working or studying. Parents pay no more than 17% of the cost. This amount can be even lower due to the fact that some municipalities also provide funding which further assists to reduce fees in some areas. Fees for childcare, preschools and out of school care are capped for the first child and decrease for the second and third child. There

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<sup>1</sup> Note that Sweden has a large immigrant population and as a result recognizes that there needs to be services tailored to meet the varying needs of this group.

is no charge for a fourth child. In total, child care fees may not exceed more than 1-3% of the family's income (if a family has three children, it would be closer to 3%). At age six, most children attend what we know as "Kindergarten".

As of 2003, all children in Sweden, ages four and five, have access to "preschool" for at least three hours a day. The majority of parents take advantage of this service. However, families can opt to keep their children only in childcare or send them to preschool for part of the time and childcare for the other part of the time. The Minister of Finance has been a key player in having high quality preschool (that employs educators with extensive education) accessible to all children as a way to improve child health and ultimately better outcomes for the Swedish population.

New Zealand established a ten year vision and strategy in 2002 for improving early education and childcare services. Its vision is comprised of having a fully qualified workforce, affordable and universal access to early education and care, and the engagement of parents. Currently, New Zealand offers incentives to providers to improve quality, for example by employing more highly qualified staff. Close attention has also been paid to meeting the needs of Aboriginal children by offering Maori language immersion preschools. The aim is that by 2012, 100% of the early year programs will be staffed by graduates from a three year post-secondary training program.

All child care programs at the preschool level are administered centrally through the Federal Ministry of Education and are seen as equal to elementary and secondary programs (Goelman, 2004). As such, teachers in preschool programs for three and four year olds (known as Kindergarten in New Zealand) are currently paid at the same rate as elementary school teachers.

Manitoba has established the Healthy Child Manitoba Strategy. The overall goal for 2007/2008 and for the next five years is to "bridge the gap between what we know and what we do to build what we need" (Sanderson, 2007) with the end result, amongst other initiatives, being to have a comprehensive early childhood development system. A great deal of effort has been spent gathering evidence that clearly shows that investing in the early years is a sound economic investment for the province. In developing child-centred policies that rest upon the foundation of social justice (community-based family supports) and economic justice (financial supports), Manitoba is quickly moving ahead in its work to improve the lives of children. Supporting this movement is the establishment of the Healthy Child Committee Cabinet (1999) and the Healthy Child Manitoba Office which has 33 staff members.

Manitoba is home to a diverse population, including many Aboriginal people who make up the most rapidly growing sector of the population.

*"Manitoba can not prosper if First Nations people do not prosper."*

*-Honorable Oscar Lathlin, Minister for  
Aboriginal and Northern Affairs*

To this regard, Manitoba has opted for a community-based model that allows communities to plan in ways that reflect their unique cultures and priorities. In total, there are 26 parent-child coalitions throughout the province that are actively making decisions and carrying on initiatives with government guidance and financial support.

***What is holding us back?***

For B.C., several barriers to progress were highlighted during the 2007 Forum. First, there is a perceived lack of political will (in B.C. and Canada) to address the need for a comprehensive and coherent ECD framework that supports healthy development. We need to convince government that children and families must be a priority in the province in which they live and that by investing in the early years, an investment into Canada and its people is actually being made for not only today but also the future. This rationale can be viewed as a cost-benefit argument.

*The real question is how to use the available funds wisely. The best evidence supports the policy prescription: Invest in the very young.*

*- James J. Heckman, PhD  
2000 Nobel Laureate in Economic Sciences*

Second, we do not have a structure in federal or provincial government that works in an inter-ministerial fashion but rather we have many “silos.” This approach causes multiple challenges when attempting to develop programs and services that address the whole child. Currently, we *have* many programs but they are fragmented in nature and do not specifically target the needs of the *whole* child. The services for children and families are the responsibility of different ministries. There is evidenced-based research that clearly indicates that education, physical health and mental health influence each other and can not be seen as separate entities. In order to effectively serve the needs of children and families, there must be an integrated and coherent system for healthy childhood development.

Third, in order to improve the lives of children in the early years, we need to have a long-term plan with committed sustainable funding and this funding can not be contingent upon the government in power. This funding must support a plan that is integrated and coherent in nature so that we use the funds wisely and in a way that addresses the needs at the community-level. B.C. is diverse and although there should be a shared vision and overarching principles, there can not be a one size fits all approach. Different communities have different dreams for their children. We must learn to appreciate the unique contributions and perspectives that everyone brings to the ECD world.

*“Children do not come in pieces.”*

-Forum participant

### ***Taking Action: What we need to do in B.C.***

#### ***Acknowledge the strengths that we bring to healthy ECD***

In B.C., there is no shortage of community experts in the field of ECD. We have organizations such as the Human Early Learning Partnership (HELP)<sup>2</sup> and the work done there by Drs. Hertzman and Goelman; Healthy Child Development Alliance; Aboriginal Head Start Association of B.C.; First Call B.C Child and Youth Advocacy Coalition; B.C. Council for Families; B.C. Association for Family Resource Programs; Early Childhood Educator of B.C.; and Aboriginal Infant Development Program of B.C. – just to name a few. In addition, we have experts in government within the Ministries of Health, Education and Children and Family Development. Most recently, Dr. Mary-Ellen Turpel-Lafond, the Representative for Children and Youth in B.C.<sup>3</sup> has made it her role to advocate for B.C.’s most vulnerable segment of the population – children and youth.

Dr. Kendall outlined the progress that we have made on developing strong databases of child outcome information in order that we can use this data for monitoring and decision-making in terms of what is not working despite investment; what is working so that we can continue positive trends; and what areas have been neglected. These databases include information from all three ministries along with academic organizations such as HELP. With a growing body of data, we can monitor our progress over the years to see if we are truly investing appropriately in our children.

There is no shortage of dedicated frontline workers who continue to do their very best, in spite of scarce resources, to help foster children’s healthy development. They range from professionals in the fields of medicine, education, and child and family support. For some of these individuals, despite the inadequate pay and recognition, they persist for the betterment of children.

During the two days of the Forum, we also heard about outstanding examples of programs and services for children, such as the FRIENDS<sup>4</sup> program, which aims to prevent anxiety disorders in children. Due to the success of this program, it is offered throughout the province in elementary school settings. In order to raise awareness of infant crying patterns, positive parental coping strategies and the

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<sup>2</sup> <http://www.earlylearning.ubc.ca>

<sup>3</sup> <http://www.rcybc.ca/content/home.asp>

<sup>4</sup> [www.mcf.gov.bc.ca/mental\\_health](http://www.mcf.gov.bc.ca/mental_health)

dangers of shaking a baby, there exists the Period of PURPLE crying program<sup>5</sup>, which prior to hospital discharge provides all new mothers in B.C. with a DVD and booklet so that she and those around her can understand the natural crying patterns that are seen throughout infant development. Finally, we learned about the dynamic Lil'wat Health/Daycare Centre in Mt. Currie that brings together multiple diverse professionals to offer services and programs in this community-based setting.

It appears that within B.C., more support *is* being achieved within three ministries (MCFD, MoH, M.Ed) as the recognition that we are still not doing enough for children in the early years is increasingly recognized. Examples of such support that is moving in the right direction include:

- The Ministry for Children and Families and Development wish to finalize an ECD framework.
- The Ministry of Education transition to having the Boards of Education take responsibility in monitoring early learning and the inclusion of Strong Start Centres in schools.
- The Ministry of Health provincial early childhood screening program.

#### *Develop Political Will and Shift Public Values*

We need to focus on developing political will in order that B.C. is a place where children and families come first. How do we go about developing political will as has been done in Manitoba and in other countries that are now reaping the benefits of their investment in the early years? We need to work from the community-level upward. It is communities that make up British Columbia. We need a strong, persistent, collective voice that presents the evidence pointing to our need to turn our attention to the early years. One can argue that as a society we invest now so that children have a healthy start in life or we pay much more later in an attempt to ameliorate the consequences of unmet developmental needs. As in Manitoba's plan, child-centred policies are based within the foundation of social and economic justice. Perhaps the social perspective is not weighty enough to sway political will so it may therefore rest upon the shoulders of economics to push the agenda towards the tipping point.

At the same time, we need to not only develop political will but also we need a shift in public values. There exist two camps in relation to responsibility for children. At one end, there are those who feel that children are a collective responsibility and that as a society we need to take care of those most vulnerable. At the other end of the spectrum are those that feel that the responsibility of children lies solely with the family, i.e., if you decide to have children, then you must bear all the cost involved with the raising that child. We need to convince the public that children are a collective responsibility and an integral part of society. Part of this collective responsibility may mean having tax dollars go to areas that one might not directly benefit from, such as child care, support for families, and early learning initiatives. The base understanding of this

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<sup>5</sup> [www.dontshake.ca](http://www.dontshake.ca)

is that the health of a society is measured through the health of its children. Interestingly enough, among the developed countries that have the healthiest children who eventually grow into the adults who will run the country, the collective responsibility perspective is found.

In B.C., we need to work to convince the general public that children are our collective responsibility and since children grow up in families, that it is in everyone's best interest to help ensure that we take care of the next generation in ways that will promote healthy development and ultimately lead to economic gains for Canada.

#### *Addressing Two Key Root Causes*

A vital part of ensuring healthy child development is embedding the framework within a larger provincial/federal plan that works towards addressing the two root causes, poverty and gender inequality, which hold children and families back from experiencing adequate success. It was pointed out at the Forum that an ECD framework is not in and of itself a mechanism to make these structural shifts. Rather it is through the conduit of services and programs within the framework that an amelioration of the consequences of negative environmental factors should occur. Fortunate for us, we have examples from other countries and are able to see the benefits to those societies where gender equality exists; the result being that they experience low rates of poverty. Achieving gender equality will involve concerted strategic efforts to put in place those services and policies that foster equality while at the same eliminating those that continue to oppress women and subsequently children.

#### *Embrace Diversity*

B.C. is becoming an increasingly diverse province and with this transformation comes the need to be open and respectful to different perceptions of early child development. In addition to the Aboriginal communities, B.C. is also home to many immigrant groups. In order for there to be an effective provincial ECD framework, the rich diversity that we have in B.C. must be reflected in our approach taken with the development of this framework. The voices, the teaching and wisdom of other ethnic and cultural groups must be woven into our plan for our children.

In the 2007 Forum, much wisdom was passed down in relation to Aboriginal Child Development through presentations by Ms. Greenwood, Grand Chief Ed John, and Dr. Blackstock. The Aboriginal people need to have self-determination over their lives and be recognized as the experts as it relates to what their children require to be able to thrive in the early years and take pride in their heritage. There needs to be recognition of the importance of the roles of Aboriginal languages, cultures and values and an appreciation of the strengths of the Aboriginal people which is not reflected in many of the child welfare practices in Canada. In fact, harmful biases based in faulty statistics as well as policies that

have detrimental effects on Aboriginal children are of huge concern.<sup>6</sup> In this regard, any development of an ECD Framework and System must include the voices of the Aboriginal people, whether these voices become part of one overarching framework for the province that is sensitive enough to be responsive to the unique needs of the Aboriginal people or whether a separate framework is developed that exclusively captures the vision they have for their children. To this end, change is coming in the near future with the transfer from MCFD of administrative responsibilities for children and families to the Aboriginal people in order that they are making decisions based on what they need rather than what others think is needed.

### *Create an Integrated Framework and Coherent System for the Early Years*

A major focus and topic of discussion, continued from the 2004 Forum, was the development of the framework for children in the early years. The need for an ECD framework was strongly supported by all participants. Further to this, MCFD announced that it would like to see a completed framework within the next twelve to eighteen months. It was agreed that the first step was to think about our vision for children and through this develop an agreed upon collective vision so that we are all working from the same foundation. Once we have this collective vision, two key issues are at the forefront: the process of developing the framework and the end product. In terms of the process, it was felt that there needs to be not only a commitment to but also a level of trust in the process itself so that we can work together through challenges that emerge when large groups of passionate stakeholders work together towards ultimately, a common end. It was recommended that the development of the framework include a review of other frameworks; community engagement in order to assess needs and current services and programs that can be built upon; and inter-ministerial involvement to provide the legal framework and the commitment of resources and supports to help bring the framework to life. Through the process of this work, the perspective of the child and family would serve as the anchor and guide for all decision-making.

The second key issue that emerged through discussion of the framework is what would be included in the overall final ECD framework and system. It was clear from the Forum that this framework needs to encompass pre-conception onward. Further to this, when addressing the needs of children and their families, the services and programs would need to encompass a wide range of issues that directly impact upon children and families including but not limited to: cultural issues, housing, food security, prenatal health, special needs, child care, family support (e.g., parenting support), early screening, mental health (parent and child) and early childhood education.

The end result would be a comprehensive framework supported by a long-term strategic plan and sustainable funding. This in turn would foster resiliency in

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<sup>6</sup> To learn more, visit <http://www.fncaresociety.com>

children and serve as a way to prevent some of the developmental difficulties that children can face in their lives.

#### *Governance and Monitoring/Accountability*

With the large investment of expertise and public dollars, making certain that we start off the process with success in mind is key to the final outcome. To this end, having clear governance and a strong monitoring and accountability plan was deemed to be an absolutely necessary part of the framework. Given the community-based approach, having a governance model that reflected this was the favored plan of the participants. The communities (municipalities) would be able to turn to the province for broad guidelines, resources and support. In addition using the open method of coordination whereby communities collect specific predetermined data as well as using existing databases that would be publicly available was discussed as a positive approach. This would allow communities to compare themselves to one another, share successes and challenges, and make informed plans in order to address areas of need.

#### ***Final Thoughts for the Journey Ahead***

Taken together, the two days of discussion were vibrant and represented collective thinking that is not only progressive but also child and family-centred. We have the knowledge, we have committed individuals and groups, and we live in a wealthy province and therefore have the means to make strategic decisions about how we allocate our tax dollars. Now is the time to gather all of these elements and move forward. Change takes time and it starts with small steps. Let us start taking those steps to see the positive impact that we can have on today's children and families so that in the future, we will have a healthier society.

