... For our Children

A Strategy for Healthy Child Development

Proposed by the Healthy Child Development Advisory Committee, October 2000

October, 2000

Hon. Jamie Ballem
Minister, Health and Social Services
Province of Prince Edward Island

Hon. Jeffrey E. Lantz
Minister, Education and The Office of the Attorney General
Province of Prince Edward Island

Hon. Michael F. Currie
Minister, Development and Technology
Province of Prince Edward Island

Dear Sirs:

On behalf of the Healthy Child Development Advisory Committee, I am pleased to submit for your consideration, *For Our Children*, a long term strategy for Healthy Child Development focussing on children pre-natal to eight years. According to our principles approved by Cabinet, we have developed a holistic set of goals and priorities resourced through partnerships and owned by community and government. We have combined current research with the advice of Islanders and knowledge of our Island social and economic economy. We have indicated positive outcomes and the Public Health and Evaluation section of the Department of Health and Social Services will implement performance indicators based on the final strategy approved by Government.

This has been an incredibly daunting task. The size and scope of the topic was certainly a challenge. The collaborative approach taken with the four departments and community working together resulted in a richness and thoroughness that added immensely to the quality of our recommendations.

Thank you for the opportunity.

Sincerely,

Carolyn E. Simpson

Carolyn Simpson
Chair
Healthy Child Development Advisory Committee

TABLE OF CONTENTS

EXECUTIVE SUMMARY

INTRODUCTION

This document is about the children of Prince Edward Island - our own children, our grandchildren, and the children in our communities. Our goal is to present a strategy that will help our children to grow up in a province that values children for who they are, and that provides opportunities for children to reach their full potential.

In Prince Edward Island, there is a growing awareness and appreciation of the strong and lasting impact of early childhood experiences. Government, community, and business sectors have recognized that in order to create a society and an economy that are strong and healthy, we must optimize growth and development for our children.

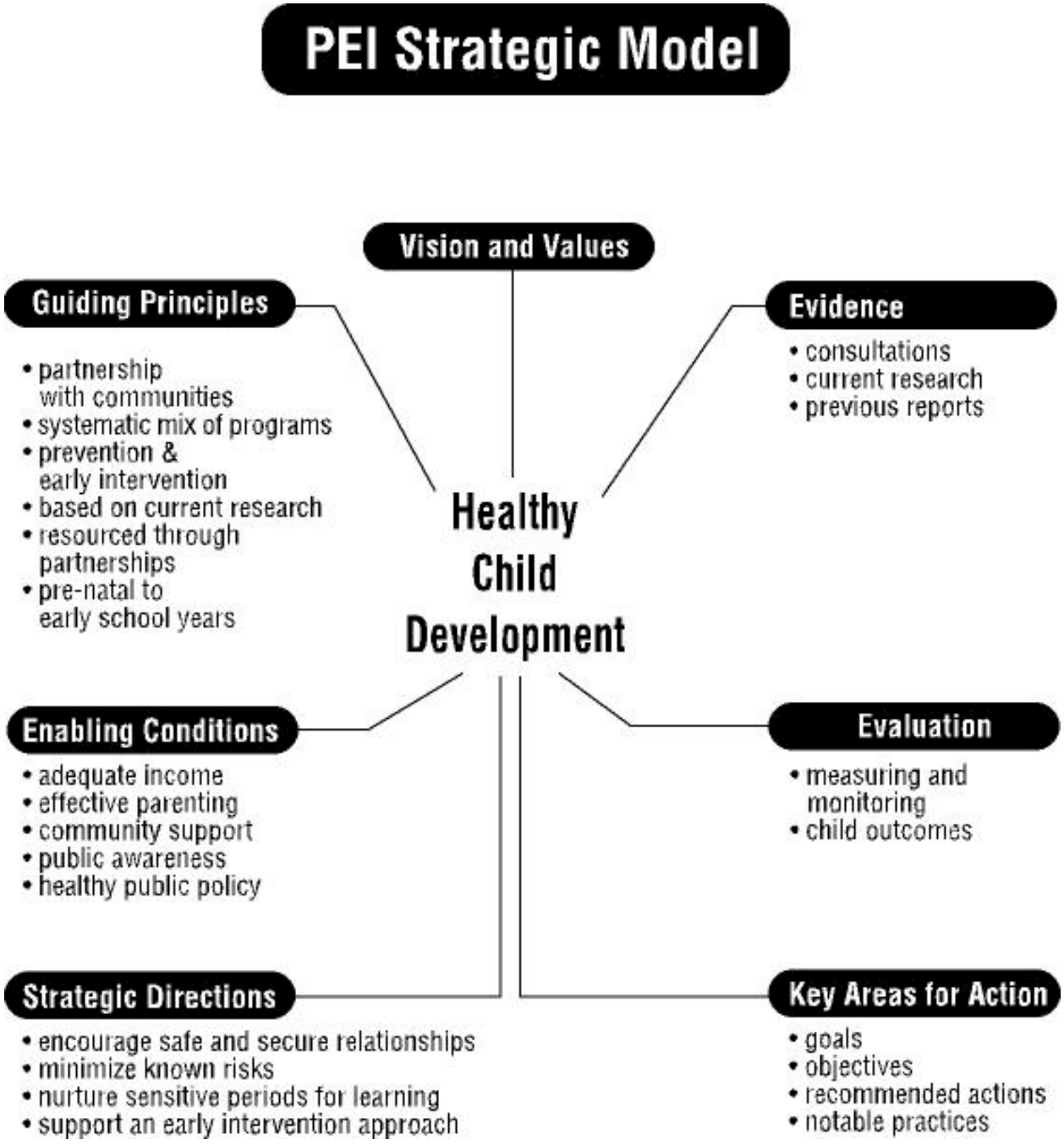
As a response, and in their role as a partner in Canada's National Children's Agenda, Government's Throne Speech (1999) announced the development of a five year strategy for children from prenatal to early school years. In developing this strategy, it was agreed that it would incorporate the vision, values and goals of the National Children's Agenda.

Consultations with Islanders across the province confirmed that there is strong support for a strategy that will focus on children - not only as an investment in their future lives, and the resulting impact on our society - but for the quality of their young lives, for their health and happiness as children, with a value on childhood itself.

A STRATEGIC MODEL FOR PRINCE EDWARD ISLAND

"Strategy" has been defined as a technique or plan to achieve an end. It is both a science and an art. It is a science, since it must be based on evidence of what works, examples of exemplary practice, and include measurable and achievable goals and objectives. But a strategy is also an art, since a successful strategy weaves together a scientific base of information with broad ownership, common vision and values, a coordinated effort, and a sustained momentum.

The Strategic Model developed to address Healthy Child Development in PEI is integrated in its nature, and incorporates components that support and inform each other:



The development of this Strategy was guided by Guiding Principles that supported a partnership approach, evidence based decision making, and recognized the importance of building on existing programs, services, and community supports.

The Vision and Values that form the underlying philosophical approach to this strategy were developed as a result of our provincial consultations on Healthy Child Development. They are built on the Vision and Values of Canada's National Children's Agenda, and reflect the ideas and beliefs of Prince Edward Islanders.

OUR VISION

Children in Prince Edward Island will thrive in an atmosphere of love, care and understanding. They will be valued as individuals in childhood and will be given a sense of hope, pride in themselves and our Island, as well as opportunities to reach their full potential as adults.

Respected and protected, Island children will respect and protect the rights of others. Valued, nurtured and loved, they will grow up able to contribute to a society that appreciates literacy, diversity, supports the less able, and shares its resources.

Given the opportunity to develop their physical, creative, intellectual, emotional, social and spiritual capacities to the fullest, children in Prince Edward island will become tomorrow's successful and enthusiastic parents, care givers, workers and citizens.

One of the basic values that has guided the work of developing a Healthy Child Development strategy for PEI is that children are our priority, and parents are the foundation upon which the strategy will be built. Parents have primary responsibility for their children, and all Islanders share a responsibility to support parents in that important role.

Our Values:
We believe the needs of Island children should be our first priority. We can foster the healthy development of Island children by supporting and respecting parents and families. We believe that children grow up best within homes that are able to provide security, nurturance, respect and love.

PROVINCIAL CONSULTATIONS

The Healthy Child Development Advisory Committee coordinated province wide consultations with Islanders during September and October 1999. These included public meetings held across the province, focus groups, and key interviews. Meetings were held with representatives of the Francophone community and off-reserve Aboriginal community. The Minister of Health and Social Services hosted a Round Table discussion with representatives of key organizations, and consultation meetings were held with provincial government and regional staff who work in various capacities with children from prenatal to early school years.

> Our Values:
> We respect and listen to the voices of all children and recognize their inherent worth. We value children for who they are now, as much as who they will become.

Feedback from these consultations provided evidence that helped the members of the Advisory Committee to understand what was important to Island families, what worked, and where we needed to focus our thinking. In addition, previous reports and recommendations concerning children and families were reviewed so that we could build on the work of people who had given their time, wisdom, and energy to the consideration of Healthy Child Development.

And finally, the Advisory Committee had the benefit of exciting new research about how children development. Across the province, people told us that this kind of information needed to be made available to parents, and to those who work with children.

> Our Values:
> We believe that protecting the interests of children is a basic social responsibility.

WHAT DOES THE RESEARCH TELL US?

New and compelling research about how children grow and develop has confirmed what parents have known all along - that children who are cared for in their early years tend to grow up to be caring, healthy, and productive adults. Advances in technology have answered the age old “nature vs. nurture” debate. We now understand that human development hinges on the interplay between nature and

nurture. Children are born with a particular number of brain cells which are determined by heredity and prenatal health (nature) but it is the child's early experiences (nurture) that will determine how those brain cells become connected into the billions of neural pathways that will determine how that child learns, behaves, forms relationships, and enjoys good health.

Our research may be summarized into four key learnings, which in turn have provided us with our four strategic directions:

KEY LEARNING	STRATEGIC DIRECTION
Early care and nurture have a decisive, long-lasting impact on how people develop, their ability to learn, and their capacity to regulate their own emotions	Encourage the development of supportive and secure relationships.
The human brain has a remarkable capacity to change, but timing is crucial.	Nurture early sensitive periods for learning.
The brain's plasticity also means that there are times when negative experiences or the absence of appropriate stimulation are more likely to have serious and sustained effects.	Minimize known risks to healthy development
There is substantial evidence to support the wisdom and efficacy of early intervention.	Encourage and support early intervention.

ENABLING CONDITIONS

This component of the model addresses factors which are critical to Healthy Child Development but were considered to be, for the most part, beyond the scope of this strategy. Enabling conditions include:

- ✓ adequate income,
- ✓ effective parenting
- ✓ supportive community environments
- ✓ public awareness, and
- ✓ healthy public policy.

Our Values:
We believe in reflecting the diversity of families in Prince Edward Island. Our goals celebrate the richness and diversity of Island languages, cultures, and the unique needs of each child.

Even so, the Advisory Committee has made a number of recommendations related to these enabling conditions, and these are considered to be integral to the success of the strategy.

POSITIVE OUTCOMES FOR CHILDREN

In the past number of years, efforts to improve the lives of young children in Prince Edward Island have focussed on eliminating negative conditions of living. As a society, we have worked to protect children from abuse, neglect, and violence. We have struggled to end child poverty. We have identified conditions of risk that are associated with numerous difficulties for children and families. We have developed a good sense of what doesn't work for children, and have developed government and community based programs and services to address these problems.

Our consultations suggest that Islanders have become more and more interested in understanding what conditions actually ***do*** work for children. Members of the Healthy Child Development Advisory Committee have chosen an approach which focuses on this type of positive approach to child development.

Positive Outcomes for Children reflect measurable developmental milestones for children. These outcome measures describe aspects of child development, as opposed to process measures, which describe the results of specific initiatives.

This Strategy emphasizes a holistic description of Healthy Child Development, and has adopted the goals of the National Children's Agenda as a set of broad, societal outcomes for children:

- ✓ safety and security
- ✓ good health
- ✓ successful at learning
- ✓ social belonging and responsibility

EVALUATION

A key component of our strategic model is an emphasis on measuring our success. We are continuing to work with our colleagues across sectors to establish benchmarks and indicators of success in the area of child outcomes. In moving forward with this work, we will be collaborating with this aspect of the National Children's Agenda.

KEY AREAS FOR ACTION

Specific activities to support the strategic directions described above have been organized into thirteen "key areas" for action. Each of the key areas describes specific goals and objectives, recommended actions, and where applicable, identified "notable practices".

Our Values:
We believe that communities have a significant role in the development of our children. We understand the value of working together. We believe that educators, coaches, care givers and other mentors make powerful contributions to children's growth and well being. We value people who love, care for, and teach our children.

One of the distinguishing features of this strategy is the integrated nature of the goals, objectives, and recommended actions. While each of the key areas may appear to be distinct, and to represent either a specific sector and field of interest, the components of this strategy are meant to be inter-related, and mutually supportive of each other. Therefore, it is not possible to isolate one aspect of the recommended actions, since all activities represent a systematic, and comprehensive approach to Healthy Child Development.

Key Areas for Action include:

1. Pregnancy, Birth and Infancy
2. Early Childhood Care and Education
3. Exceptional Needs
4. Childhood Injury
5. Children's Mental Health
6. Family Literacy
7. Parent Support
8. Screening and Assessment
9. Protecting our Children
10. Environment
11. Technology
12. Public Education
13. Building a Children's Continuum

Each Key Area includes a Rationale which provides supporting research for action. As well, each Key Area includes Goals, Objectives, Recommended Actions, and relevant comments and examples of Notable Practices. A full discussion of each of the Key Areas for Action is contained in the body of this report.

A STRATEGY FOR ALL ISLANDERS

During our consultations across the province, Islanders clearly and consistently told us that if a strategy for children was to be successful, then it must be an Island strategy for all children, and owned by all Islanders. Government has an important role to play by providing leadership in order to build consensus among Islanders. Governments also have a role to play in managing resources that will provide investments in the early years, and in measuring and monitoring the success of strategic efforts. However, it is the collective ownership of this strategy - involving community, business and volunteer sectors, as well as parents and families - that will ensure its success.

ACKNOWLEDGEMENTS

This document is about the children of Prince Edward Island - our own children, our grandchildren, and the children in our communities. Our goal is to present a strategy that will help our children to grow up in a province that values children for who they are, and that provides opportunities for children to reach their full potential.

The members of the Healthy Child Development Advisory Committee would like to thank the many Islanders who participated in our public meetings, focus groups, and interviews, and who shared their knowledge, ideas, and visions for the children of Prince Edward Island. The ideas and concerns voiced by people across this province have helped to shape the recommendations in this report.

The Healthy Child Development Advisory Committee also acknowledges the men and women who participated in numerous other committees and working groups over the past years, and whose studies, debates, and recommendations have informed the dialogue that contributed to this report.

And finally, the members of the Healthy Child Development Advisory Committee acknowledge the valuable contributions made by colleagues across Canada, who assisted us in our work by sharing ideas, suggesting areas of research for study, and by giving us support and encouragement. Particularly, we would like to acknowledge the Child Care Resource and Research Unit at the University of Toronto for their assistance in identifying and describing children's policy in other countries, and the Canadian Policy Research Network for the work they have completed in the area of children's policy, which strongly influenced the development of our strategic model for Prince Edward Island.

PREFACE

In Prince Edward Island, there is a growing awareness and appreciation of the strong and lasting impact of early childhood experiences. Government, community, and business sectors have recognized that in order to create a society and an economy that are strong and healthy, we must optimize growth and development for our children. Advances in technology, global market competition, and fiscal responsibilities have widened the circle of interest in children's issues. News of technologically advanced research into brain development has encouraged Islanders about the potential that can be realized, both for our children and our society. These developments have helped to convince Prince Edward Islanders that this is the time to do something significant for our children and our province.

"The whole world gains if children grow up healthy, capable, and ready to work for the good of their neighbour."

Eglantyne Jebb, Founder of the Save the Children movement and author of the first Charter of Children's Rights (1923)

In response, the PEI Government (Speech from the Throne 1998) acknowledged that "the early childhood years have a critical and lifelong impact on individuals, affecting their capacity to learn, to care for others, to support themselves and to participate in society" (p.20) and announced its intention of developing a long term strategy for children. This message was reinforced in the 1999 Speech from the Throne, which acknowledged the work to date, and confirmed Government's commitment to a Healthy Child Development Strategy for Prince Edward Island.

Four government departments - Health and Social Services, Education, The Office of the Attorney General, and Development and Technology - committed staff and resources to the initiative. Early in 1999, Government agreed to principles for the development of the Strategy, which highlighted the need to build on existing programs, services and community supports, the need for community partnership in planning the Strategy, the need to focus on prevention and early intervention, and the need for measuring child outcomes, so that we will know if we are truly making

a difference in the lives of children.

In late Spring 1999, the Healthy Child Development Advisory Committee was established with community and government representation. The PEI Early Childhood Development Association agreed to chair the Committee, whose mandate was to develop a five year strategy that would focus on children from the prenatal period through their early school years.

Consultations with Islanders across the province confirmed that there is strong support for a strategy that will focus on children - not only as an investment in their future lives, and the resulting impact on our society - but for the quality of their young lives, for their health and happiness as children, with a value on childhood itself.

The following report represents the outcome of broad provincial consultations, a comprehensive review of current research and previous provincial and national reports on children, and an analysis of the strengths and challenges facing children in Prince Edward Island. In order to achieve consensus on the strategic directions outlined in this report, the members of the Healthy Child Development Advisory Committee worked in an atmosphere of mutual respect and value for the perspectives brought to the table by a group of people with different backgrounds, experiences, and expertise. This report is truly reflective of the broad knowledge of the Committee, and is rich in its depth and comprehensiveness.

PEI HEALTHY CHILD DEVELOPMENT ADVISORY COMMITTEE

The PEI Healthy Child Development Advisory Committee was established in Spring, 1999. The composition of the committee addressed government and community partnerships, geographical representation, and a mix of skills, talents, and experiences. The Advisory Committee was mandated to:

- Design and develop a five year strategy for Government's consideration and develop recommendations for its implementation
- Promote and coordinate multi-sectoral involvement in Healthy Child Development.

- Design an integrated plan for consultation on the PEI Strategy and the National Children's Agenda.
- Identify issues, messages and ideas gathered through the consultations, and review current research and Island issues.
- Include indicators for the measurement of success of the implementation of the strategy.
- Collaborate in the development of a Public Policy Framework.

Members of the PEI Healthy Child Development Advisory Committee include:

- Carolyn Simpson, Early Childhood Development Association of PEI (Chairperson)
- Kathleen Flanagan-Rochon, Department of Health and Social Services
- Kathy Jones, representing all Regional Health Authorities
- Jill Lightwood, Office of the Attorney General (alternate)
- Doug MacDougall, Department of Education
- Chet MacNeill, Office of the Attorney General
- Laura Lee Noonan, Department of Education
- Janice Ployer, Department of Development
- Kathleen Poirier, Alberton Elementary School, Grade one teacher
- Phil Arbing, Office of the Attorney General
- Janet Wood, Resource Liaison

During the months of consultation and planning, some members moved on to other positions. The committee valued their contributions, and expresses appreciation to former members:

- Sharon Cameron, representing Department of Education
- Joanne McCabe, representing Department of Education
- Laraine Poole, representing Department of Health and Social Services

OUR COMMITMENT TO CHILDREN

In recent years, Prince Edward Islanders have begun to recognize that the care of one's health is an incremental, lifelong process rather than an event which is precipitated by the onset of a sudden illness or injury. Health is viewed as a personal resource to be valued and protected by both the individual and the community. As a response to this shift in attitude, Islanders have come to recognize that there are certain factors, attitudes, and lifestyle behaviours which impact directly on health status.

Determinants of health include those factors which help to contribute to overall well being. These determinants, however, are for the most part outside of the traditional sphere of influence of the health sector. Determinants of health include such varied factors as employment, genetics, environment, and healthy child development. The factors influencing children and their families may be grouped into four specific areas:

- ✓ socio - economic environment
- ✓ physical environment
- ✓ individual capacity, coping skills, and lifestyle
- ✓ health, education, and social services

"Spending directed at children and their parents should be viewed as a long term investment. Canada needs to invest in its children, and to view children as a natural resource representing the future of the country."

. . . National Forum on Health, 1996.

Widespread interest in the factors which determine health, along with compelling brain development research, have contributed to the global interest in the well being of young children. These developments have also helped to convince Prince Edward Islanders that this is the time to do something significant for our children and our province.

INTERNATIONAL INTEREST

The origin of children's rights at the international level dates back to the "Geneva Declaration" of 1924. This five-point text, drawn up by the "Save the Children Fund International Union" was adopted by the League of Nations. It was expanded in succeeding years into the basis for what was to become the Declaration on the Rights of the Child adopted by the General Assembly of the United Nations in 1959.

During the International Year of the Child (1979), many states expressed the need for something more binding than a Declaration. It took ten more years to draft an acceptable Convention on the Rights of the Child, a process in which Canada played a leading role. The World Summit on Children (September 1989) acted as a catalyst for the signing and ratification of the Convention. The General Assembly of the United Nations adopted the Convention on November 20, 1989; Canada signed the Convention on May 28, 1990, thereby indicating the intention to proceed to ratification.

In December 1991, Canada ratified the Convention on the Rights of the Child. This landmark document goes beyond the inherent value of children and explicitly defines the inherent right of children around the world. It guarantees protection to children, within and outside of the family context, guarantees freedom of thoughts, conscience, religion, association, education, and assembly.

The UN Convention also states that children shall have access to information necessary to promote and maintain health. It recognizes the special needs and provides rights for disabled children to enjoy a "full and decent life", in dignity and with self reliance, and makes specific reference to children's health.

"Canadians share a belief that children and youth must be valued for themselves, and not just for the adults they will become. It is important to recognize that children are the citizens of tomorrow - they are our society's future - but it is even more important to recognize that children and youth have their own rights and entitlements today. They should have priority when it comes to our caring and our resources."

. . . Turning Points: The National Goals for Healthy Child and Youth Development, 1997

OUR INVOLVEMENT IN NATIONAL ACTIVITIES

Across Canada, inter-sectoral collaboration focussed on children's issues has increased in the past year. Prince Edward Island has been an active participant in the ongoing development of Canada's National Children's Agenda (NCA) and has played a key role in federal, provincial, and territorial collaboration within the health and social services sectors concentrating on the development of a comprehensive framework for early childhood development.

In September 1999, the Federal Throne Speech issued an invitation to provinces and territories to participate in the development of a "national action plan" with an emphasis on early childhood. This invitation was again repeated in the Federal Budget Speech in February 2000.

PRINCE EDWARD ISLAND: SAMPLES OF COMMUNITY INITIATIVES

In addition to the provincial government's involvement in multi-sectoral work focussed on children, numerous provincial activities both at the government and community levels have highlighted the commitment to children. In Southern Kings, a cross section of people involved in the lives of young children have been focussed on building relationships, and as a result, people who provide services to support young children and their families are working more collaboratively together to meet common objectives. In a similar manner, the Francophone community in the Evangeline region has established partnerships across sectors in developing a community strategy for children from the prenatal period to eight years old.

At the community level, the Early Childhood Development Association of Prince Edward Island has partnered with a number of organizations in a province wide "Understanding the Early Years" research project. This year long project is funded by Human Resource Development Canada, and is one of five sites chosen across Canada. The research involves kindergarten teachers in PEI, and will help to develop an understanding of how well our young children are doing in their physical, social, emotional, cognitive, and language development, and how we can best respond to their needs.

A unique partnership between the Early Childhood Development Association's Understanding the Early Years Project, PEI's Health Information Resource Centre, the Canadian Health Network, the Eastern Cooperative Health Organization, and Info PEI has begun to develop a provincial directory of all programs and services for children and their families. This directory will be available in both print and electronic formats.

PROVINCIAL CONSULTATIONS ON CHILDREN

Since the timing for the development of a PEI Strategy for Healthy Child Development coincided with the national consultations on the NCA, the Healthy Child Development Advisory Committee decided to integrate the two consultations. During September and October 1999, the Healthy Child Development Advisory Committee held seven public meetings across the province, facilitated numerous focus groups, and conducted key interviews with individuals who work in a variety of capacities with young children and their families. The Minister of Health and Social Services hosted a Provincial Round Table Discussion on Healthy Child Development and the National Children's Agenda. In total, more than 30 sessions were held, with more than 65 organizations represented, as well as youth, parents, grandparents, caregivers, and interested Islanders.

The ideas expressed by Islanders during these consultations were instrumental in developing our strategic directions and recommendations for action on behalf of young children in our province. This strategy is based on:

- ✓ feedback from our consultations with Islanders;
- ✓ previous provincial and Canadian reports and studies focussing on young children and their families; and
- ✓ current research on how children develop.

A STRATEGIC MODEL FOR HEALTHY CHILD DEVELOPMENT

"Strategy" has been defined as a technique or plan to achieve an end. It is both a science and an art. It is a science, since it must be based on evidence of what works, examples of exemplary practice, and include measurable and achievable goals and objectives. But a strategy is also an art, since a successful strategy weaves together a scientific base of information with broad ownership, common vision and values, a coordinated effort, and a sustained momentum.

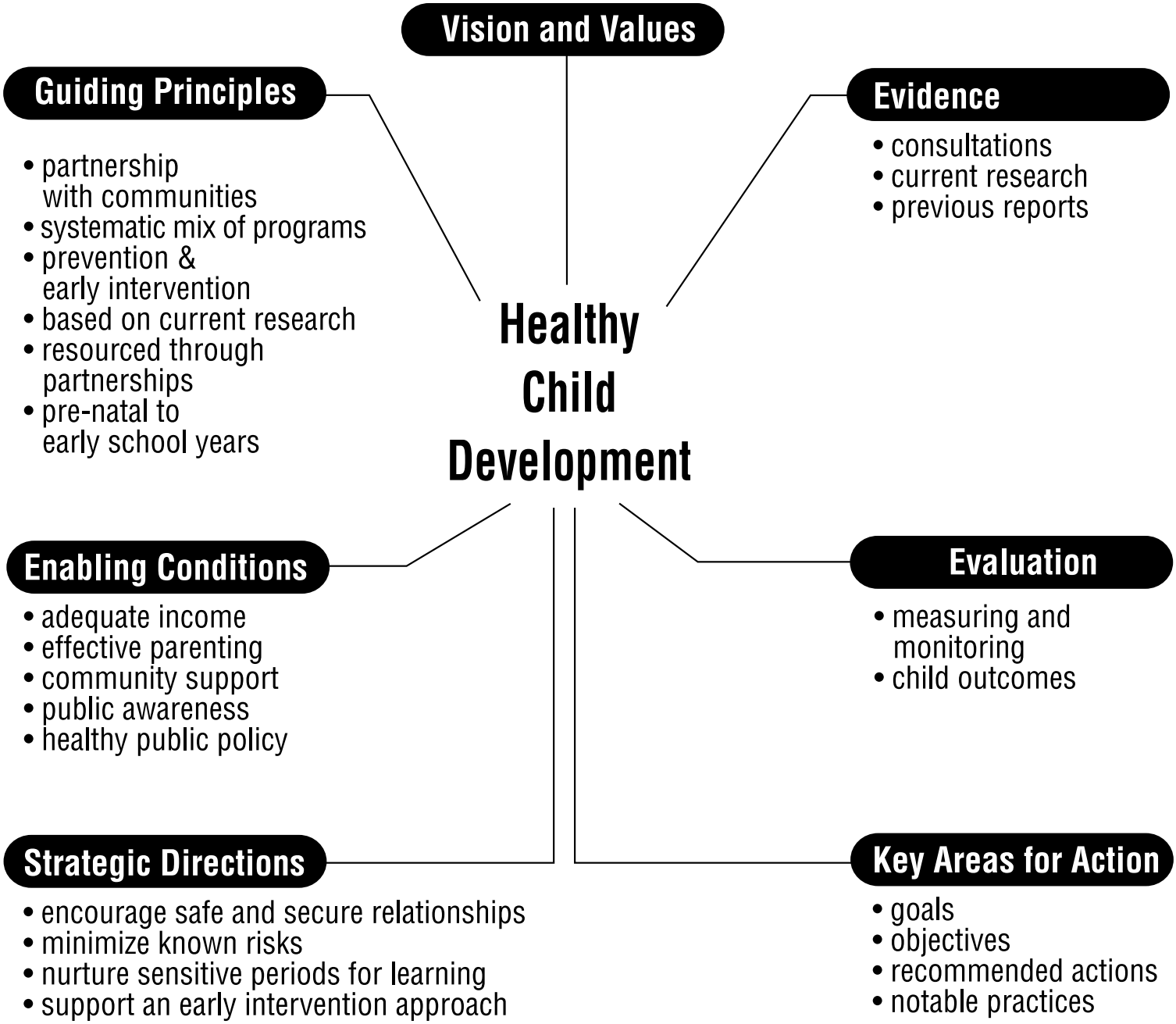
Throughout our provincial consultations, and in developing a strategic model for Prince Edward Island, members of the Healthy Child Development Advisory Committee were guided by the Guiding Principles established by PEI Cabinet in January, 1999. As a result, our proposed model is focussed on positive child outcomes, based on current research, provides a systematic mix of programs, includes an evaluation (measuring and monitoring) component, and builds on existing programs, services, and community supports which have proven successful across Prince Edward Island.

Guiding Principles:

The PEI Strategy on Healthy Child Development will:

- focus on children and their families from prenatal to early school years
- be developed in partnership with community organizations and groups
- be based on current research and focussed on positive child outcomes
- have an evaluation component
- provide a systematic mix of interdepartmental and community programs with a priority on prevention and early intervention
- be resourced through federal, provincial, private sector and community partnerships
- build on existing programs, services and community supports.

PEI Strategic Model



AN ISLAND STRATEGY

During our consultations across the province, Islanders clearly and consistently told us that if a strategy for children was to be successful, then it must be an Island strategy for all children, and owned by all Islanders. Government has an important role to play by providing leadership in order to build consensus among Islanders. Governments also have a role to play in managing resources that will provide investments in the early years, and in measuring and monitoring the success of strategic efforts. However, it is the collective ownership of this strategy - involving community, business and volunteer sectors, as well as parents and families - that will ensure its success.

As a partner in the development of the National Children's Agenda, the PEI Government endorsed the Vision and Values proposed for Canadian children. These draft statements were presented to Islanders during our consultation for discussion and thoughtful consideration. **The Vision and Values statements reflect ideas of Islanders, our provincial commitment to the National Children's Agenda, and form the basis of our focus on positive outcomes for children:**

OUR VISION

Children in Prince Edward Island will thrive in an atmosphere of love, care and understanding. They will be valued as individuals in childhood and will be given a sense of hope, pride in themselves and our Island, as well as opportunities to reach their full potential as adults.

Respected and protected, Island children will respect and protect the rights of others. Valued, nurtured and loved, they will grow up able to contribute to a society that appreciates literacy, diversity, supports the less able, and shares its resources.

Given the opportunity to develop their physical, creative, intellectual, emotional, social and spiritual capacities to the fullest, children in Prince Edward island will become tomorrow's successful and enthusiastic parents, care givers, workers and citizens.

Based on our collective Vision, Islanders considered the Values presented by the National Children's Agenda, and confirmed the following Values for children in Prince Edward Island:

VALUES

We believe the needs of Island children should be our first priority. We can foster the healthy development of Island children by supporting and respecting parents and families. We believe that children grow up best within homes that are able to provide security, nurturance, respect and love.

We respect and listen to the voices of all children and recognize their inherent worth. We value children for who they are now, as much as who they will become.

We believe that protecting the interests of children is a basic social responsibility.

We believe that communities have a significant role in the development of our children. We understand the value of working together. We believe that educators, coaches, care givers and other mentors make powerful contributions to children's growth and well being. We value people who love, care for, and teach our children.

We believe in reflecting the diversity of families in Prince Edward Island. Our goals celebrate the richness and diversity of Island languages, cultures, and the unique needs of each child.

One of the basic values that has guided the work of developing a Healthy Child Development Strategy for PEI is that children are our priority, and parents are the foundation upon which the strategy will be built. Parents have primary responsibility for their children, and all Islanders share a responsibility to support parents in that important role.

It is not enough, however, to indicate that "we all need to work together" for children. We need to work together in a coordinated and systematic approach, so that our investments and efforts are complementary, are measurable, and are effective. The PEI Vision and Values make up an important component of our provincial model for a Strategy for Healthy Child Development.

The Healthy Child Development Strategy presented in this document is based on a coordinated and systematic plan for a five year period. Islanders across the province have emphasized, however, that this must be a long term effort, with sustained momentum from all sectors. Islanders also expressed the firm belief that while a strategy for children requires strong political will for implementation, it must be supported by all political parties as an ongoing provincial initiative. The strategic directions, goals, and objectives presented will initiate action, but will require ongoing monitoring, revision, and support.

> "...creation of a societal strategy for children is no easy task. It is innately difficult because the needs of children cross the traditional policy domains of governments, not fitting neatly and exclusively into existing categories such as justice, education and healthy policy, labour policy, tax policy, housing policy, and so forth. Child well-being is also affected by policies of employers in the public, private and voluntary sectors. Moreover, outcomes for children are affected by the policies of voluntary agencies, service clubs that provide programs, services, and support for children and families on an occasional or ongoing basis. Thus a good mix of policies for children requires innovative thinking and adjustment of longstanding habits by governments and other policy makers in the private and voluntary sectors. It requires a new framework as well as cross-jurisdictional learning and collaboration." (Jenson and Stroick, 1999)

POSITIVE CHILD OUTCOMES

In the past number of years, efforts to improve the lives of young children in Prince Edward Island have focussed on eliminating negative conditions of living. As a society, we have worked to protect children from abuse, neglect, and violence. We have struggled to end child poverty. We have identified conditions of risk that are associated with numerous difficulties for children and families. We have developed a good sense of what doesn't work for children, and have developed government and community based programs and services to address these problems.

Our consultations suggest that Islanders have become more and more interested in understanding what conditions actually ***do*** work for children. Members of the Healthy Child Development Advisory Committee have chosen an approach which focuses on this type of positive approach to child development.

Positive Outcomes for Children reflect measurable developmental milestones for children. These outcome measures describe aspects of child development, as opposed to process measures, which describe the results of specific initiatives.

The Strategic Model for Healthy Child Development focuses on positive outcomes for children that highlight the developmental potential of our children. Our challenge has been to define what works for children, and to agree on a definition of Healthy Child Development.

This Strategy emphasizes a holistic description of Healthy Child Development, and has adopted the goals of the National Children's Agenda as a set of broad, societal outcomes for children:

1. safety and security
2. good health
3. successful at learning
4. social belonging and responsibility

These broad categories of outcomes for children are based on our Vision and Values for Children, and were well received throughout our consultations with Islanders.

For each of the categories, the Advisory Committee has identified measurable outcomes which will form the basis of the evaluation component of this strategy. Based on the final work plan, measurable outcomes will be confirmed, and baseline data identified for benchmarks against which to measure our progress.

SAFETY AND SECURITY

Children's basic needs for food, shelter, clothing and safe physical environment will be met. Children will be protected from abuse, neglect, discrimination, exploitation and danger.

Measurable outcomes for safety and security include an analysis of whether basic needs for food, shelter, and clothing are being met; whether affordable housing is available; and whether children are free from violence, abuse, neglect, discrimination, and danger.

In 1998, total welfare income for a PEI single parent with one child was estimated at $11,676. This figures includes social assistance, the GST rebate, the federal child tax benefit, provincial tax credits and additional benefits. The low income cut-off for this same type of family is $19,158. Total welfare for PEI single parents therefore is only 61 per cent of the low income cut-off for that family type. Similarly, a couple with two children receives only 63 per cent of the low income cut-off for that family type. (Source: National Council on Welfare, *Welfare Incomes 1997 and 1998.* Winter 1999-2000.)

However, 1999 brought increased social assistance funding for PEI families. The Provincial government increased the food allowance by 10 per cent, increased the pregnancy food allowance by 10% and doubled the school allowance for families. As well, there was an increase in funding through the National Child Benefit. In September 2000, a Healthy Child allowance was introduced to allow children to participate in community sporting and cultural activities. This allowance is $14.00 per month per child and was retroactive to April 2000. (Source: PEI Department of Health and Social Services)

GOOD HEALTH

Children will be physically, emotionally, and spiritually healthy as possible, with strong self esteem, coping skills, and enthusiasm.

Measurable outcomes for good health include healthy maternity and healthy birth weight for infants; whether infants are breast fed; and the number of infants who demonstrate appropriate developmental milestones. Good health is also indicated by the number of children who are free from preventable injuries and diseases, and who are protected from exposure to environmental hazards. Proper nutrition, dental hygiene and good mental health are also considered to be indicators of health.

In 1994/95 the National Longitudinal Survey of Children and Youth asked mothers with children aged less than two about their alcohol consumption during pregnancy. The results indicate that the Eastern provinces had the lowest incidence in Canada at 8 per cent. This percentage includes both women who drank throughout the pregnancy and those who drank only prior to knowing they were pregnant. (Health Canada) However, if 8% of women in PEI used alcohol during their pregnancy, this means that 8% of our children are at risk for fetal alcohol syndrome or fetal alcohol effects. Fetal Alcohol Syndrome/Effects is an entirely preventable childhood disorder.

Low birth weight is a leading underlying cause of illness in infancy and childhood and can cause long term disabilities creating multiple needs for physiotherapy, speech therapy, specialized equipment, and other costly services.

In 1997, 85, or 5.3 per cent of babies born in PEI were considered to have low birth weights. The Canadian incidence of low birth weight the same year was 5.8 per cent. According to Statistics Canada (1999), PEI had the second lowest incidence of low birth weight in Canada. For the last number of years, PEI has consistently done well on this measure.

SUCCESSFUL AT LEARNING

Children will have opportunities to reach their potential for good physical and social development, artistic development, language skills, literacy, numeracy, and general knowledge. Throughout their lives, they will have opportunities to learn so they can develop the skills, knowledge and coping skills they need for a successful transition to adulthood.

Measurable outcomes for success in learning include the development of language, social, motor (large and small muscle) and general knowledge and cognitive skills, including literacy and numeracy. Children also need opportunities for artistic and creative development, for learning to problem solve, and for developing good self esteem and coping skills.

The Understanding the Early Years research presently underway in this province will provide valuable data concerning levels of "readiness to learn" in our five year old children. The assessment tool will allow an analysis, on a population level, of a number of aspects of "readiness to learn", including cognitive, language, social, and emotional skill levels.

SOCIAL BELONGING AND RESPONSIBILITY

Young children will be helped to form stable attachments to nurturing adults, including strong supportive relationships within and outside their families. All children will be encouraged to develop an understanding of the rights and responsibilities of belonging to a wider community, and to understand the personal and social consequences of their choices.

Indicators for social belonging and responsibility are more difficult to measure in children, because of the personal nature of emotional and social development. Often, success must be measured in relation to other developmental milestones, which indicate whether children have been able to develop a loving, strong, and positive child-parent (primary caregiver) relationship, acquire a sense of trust in their caregivers, and develop empathy for others.

Children need opportunities to:

- develop a sense of curiosity and respect about their environment,
- develop a concern for other social groups,
- develop an eagerness to try new things,
- develop strong and positive relationships with siblings,
- develop positive relationships with peers,
- play in a cooperative way with other children,
- engage in harmonious behaviour with other children,
- develop respect for others,
- develop respect for culture and diversity.

ENABLING CONDITIONS

We have come to understand that good outcomes for children are not dependent on any one specific type of family, or specific approach to parenting, or participation in any one program or service. Emerging research from Canada's National Longitudinal Survey of Children and Youth (NLSCY) has helped us to understand that Healthy Child Development is not the result of any one single factor, but the result of a complex interaction of conditions.

There is now a sizeable amount of research attempting to provide some analysis of the different factors that have a significant effect on child outcomes. The Canadian Policy Research Network has identified "adequate income, effective parenting, and supportive community environments" as factors that affect child outcomes, and therefore can be considered as enabling conditions. As a result of our consultations across Prince Edward Island, the Healthy Child Development Advisory Committee has added "public awareness" and "healthy public policy" as additional enabling conditions:

ADEQUATE INCOME

Adequate family income is needed to meet the basic physical needs of children for food, shelter and clothing, as well as to promote the social development of children by including them in community life, nurturing their talents, and ensuring they can participate with their peers in healthy and stimulating activities. Recent research using data from the NLSCY examined 27 elements of child development and found that risks of negative child outcomes and the likelihood of poor living conditions were noticeably higher for children living in families with incomes below $30,000.

> *The economic pressures of poverty during the early years wear down parental stamina and capacities, restrict the availability of essential resources in the home environment, and limit lifelong opportunities for young children.*
>
> Campaign 2000: Fundamentals First: An Equal Opportunity From Birth for Every Child, November, 1999

Adequate income, preferably earned income, can be assured by recognizing the cost of raising children, significantly reducing the cost of child care for employed parents, and providing additional income support to families with low earned incomes or maintenance payments. (Canadian Policy Research Network, 1999)

EFFECTIVE PARENTING

Research conducted by Cook and Wilms (1998) based on NLSCY data examined the influences of parental involvement (times per week the parent engages the child in talking, reading, playing, laughing, praising, and doing special things) on behaviour and preschool vocabulary, controlling for socio-economic variables such as family income and parental education. Results indicate that children who experience higher levels of parental involvement have fewer behavioural disorders and exhibit more pro-social behaviour. *The effect of parental involvement on these outcomes is greater than the effect of socio-economic status and family structure.*

Effective parenting can be supported through improved paid and unpaid parental leaves, flexible employment hours and schedules, improved access to health and developmental programs as well as community resource centres, and enhanced availability of high quality early childhood development programs for both employed and stay-at-home parents. (Canadian Policy Research Network, 1999)

SUPPORTIVE COMMUNITY ENVIRONMENTS

Children living in unsafe neighbourhoods are at greater risk of having lower scores for both cognitive and behavioural competence. Neighbourhood safety is enhanced where communities share values and common expectations.

Communities can provide supportive environments for children through access to reliable education, health, social and recreational services, by providing integrated delivery for all of these services, by creating "child friendly" spaces, and by collaborating across sectors to promote better outcomes for children. (Canadian Policy Research Network, 1999)

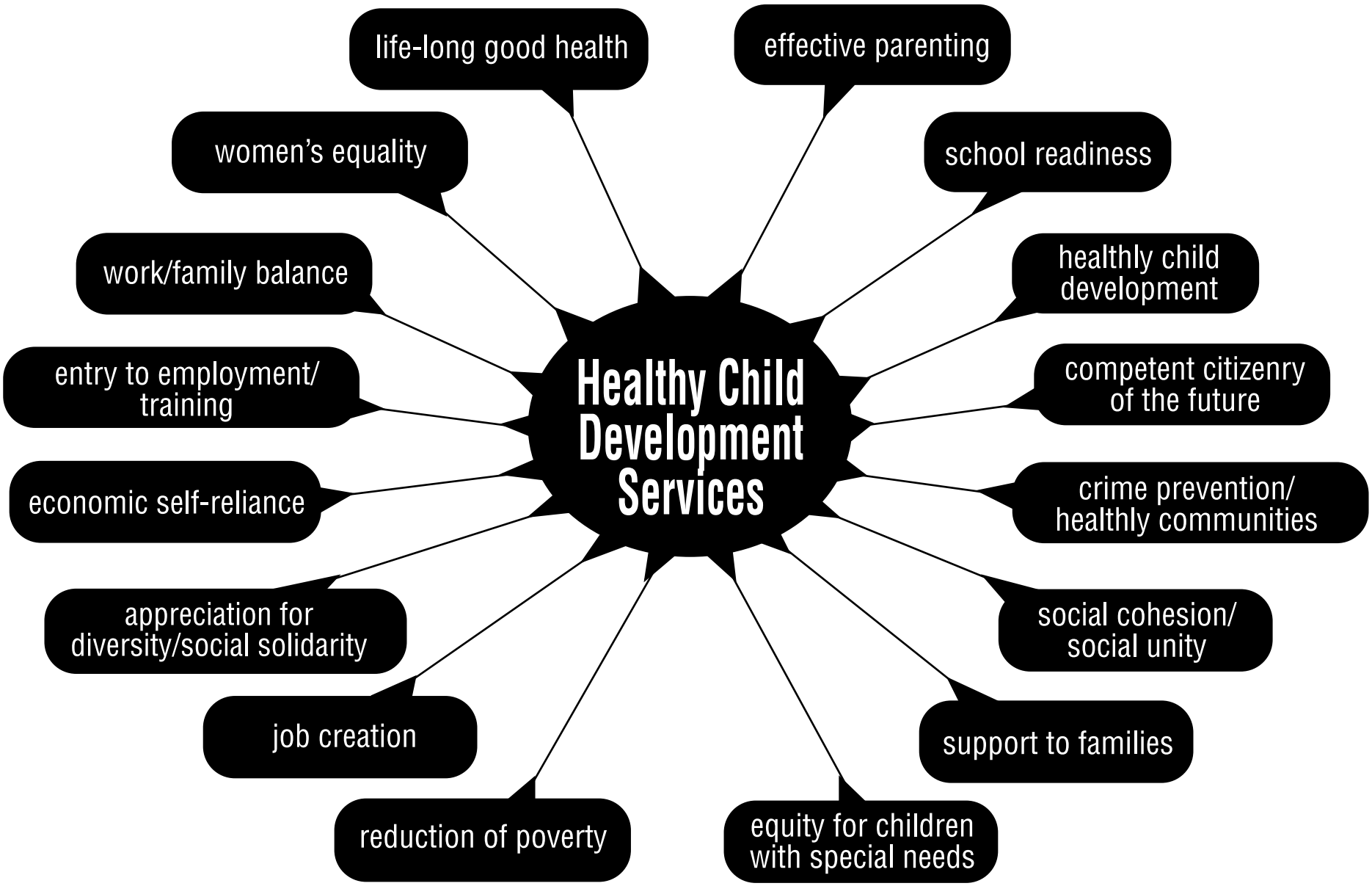
PUBLIC AWARENESS

Public awareness of the importance and impact of Healthy Child Development is necessary to paint ourselves into the picture of social consciousness. Public awareness grows as we nurture a vision of better outcomes for children, and public interest in ownership to act for change. Public awareness influences public values, opinions, and support. When supplemented by public education, marketing and strategic communication activities, there is an increased commitment to action by community and government partners.

The most consistent message in all of our consultations across the province was that an understanding and appreciation for the long lasting impact of early experiences needed to be fostered in all sectors of our community, our economy, our government, and in all Islanders. Early childhood experiences influence all aspects of our lives, and investments in early childhood have far reaching and positive consequences.

The following diagram illustrates the impact of good early childhood development programs:

Healthy Child Development



HEALTHY PUBLIC POLICY

Public policy is a statement, direction, and/or position taken by a public agency, such as Government, on any number of issues. Policy may be development on employment initiatives, environmental issues, or for children and families. It has been argued that just about all public policy will have an impact on children and families.

We know that good research is the bridge to good public policy - for public policy must be relevant, realistic and able to stand the test of time. In today's world, public policy must also be collaborative in scope, built on partnerships, and responsible to the community it serves. In this strategic model, healthy public policy refers to those decisions made at government and community levels that actually support the health and well being of children and families.

Comparative international research suggests that outcomes for children (e.g., infant mortality, low birth weight, childhood injury) are better in those countries where public policy is supportive of children and families. Significant differences are found both in child outcomes, child poverty, and in supports for parents and families in countries where children are considered to be both a social and family responsibility (Norway, Netherlands, France, Germany, Sweden, Italy, European Union). Our research and consultations have indicated that healthy public policy underpins any strategic attempt to improve child outcomes.

Healthy Public Policy can support Healthy Child Development by:

- ✓ recognizing the importance of investing in the early years;
- ✓ supporting ongoing research;
- ✓ providing services and programs for all children;
- ✓ providing resources to support community involvement;
- ✓ supporting ongoing evaluation and monitoring of child outcomes;
- ✓ supporting analysis of government initiatives, policies, and legislation with regard to its impact on young children and their families; and
- ✓ closing the gap between what we know and what we do.

WHAT DO WE KNOW?

Research undertakings in the last ten years have greatly contributed to our understanding of how children develop, how they learn, and the significance and long-lasting impact of early experiences. Longitudinal studies have emphasized the long lasting impact of early intervention, from social, emotional, and financial perspectives. In Canada, the ongoing National Longitudinal Survey of Children and Youth has already provided important data on child development, and will continue to gather such information for years to come. In Prince Edward Island, the research study underway in the Understanding the Early Years project (1999-2000) will provide invaluable information to inform future planning, and to provide base line data against which to measure the effectiveness of new initiatives.

Probably the strongest evidence to support attention and investment in child development has been provided by emerging and ongoing brain research. Conclusive evidence now shows that both nature and nurture play critical but distinct functions:

- Children are born with a vast number of brain cells - this number is determined by heredity, and subject to prenatal influences.

- Those brain cells become "wired" or "connected" in the first three years of life. The number of cells that connect, and the ways in which they connect, is determined by the child's environment, including early attachment, stress, nutrition, stimulation, family violence, and physical environment.

Advances in brain research have provided an answer to the long standing debate about the importance of nature vs. nurture. For generations, parents and developmental psychologists alike have asked whether children developed because of their heredity (nature) or because of the environment (nurture) in which they were raised. What we now know, with certainty, is that human development hinges on the interplay between nature and nurture. Humans are born with a particular

number of brain cells which are determined by heredity and to a certain extent, prenatal health. However, it is the early experiences after birth that determine how those brain cells become connected. From the prenatal stage on through the entire process of development, the brain is affected by environmental conditions, including nourishment, care, surroundings, and early stimulation and learning. The impact of the environment is dramatic and specific, not merely influencing the general direction of development, but actually affecting how the intricate circuitry of the human brain is "wired".

Results of years of research on brain chemistry and sophisticated new technologies have now allowed neuroscientists to show how nature and nurture interact on a continuous basis as children grow and mature. While Magnetic Resonance Imaging (MRI) allowed neuroscientists a detailed view of the brain, a more recent and dramatic advance in brain imaging has been the development of the Positron Emission Tomography or PET scan. The PET scan allows scientists not only to observe brain structure in great detail, but also to record and measure with considerable precision the activity levels of various parts of the brain. This has allowed scientists to see how brains develop at various stages of life, to note the effects of various environmental factors on the brain, and to gain insight into the nature of brain dysfunction.

POLICY IMPLICATIONS - WHAT DO WE DO?

Research into brain development is exciting, and is ongoing. Key learnings have been identified that have implications for policy development, strategic planning, and future research. In almost all developed countries, however, there is a wide gap between what we know about brain development and its implications, and what we do to maximize this opportunity. In part, this is due to the speed with which we are learning how the brain develops, and its dramatic and far reaching effect on health and development. But in most developed countries, technology and research has historically been used to further develop intensive and expensive interventions to remedy problems and difficulties. The challenge before us now is to re-orient public policy and strategic actions in order to promote optimal development and support prevention and early intervention approaches.

STRATEGIC DIRECTIONS

Strategic directions for the Prince Edward Island model for Healthy Child Development are grounded in key learnings of current research, and have been soundly endorsed during our provincial consultations. These directions support an approach that builds on the strengths in our children, families, and communities.

> Key Learning #1: Early care and nurture have a decisive, long-lasting impact on how people develop, their ability to learn, and their capacity to regulate their own emotions.

Of all of the early experiences that affect how children develop, nothing is more important than early care and nurturing. When infants are held and cuddled, they tend to thrive. Warm responsive care promotes healthy brain development, and actually protects a child to some extent against effects of later stress. Children who are nurtured in their early years tend to be more resilient as they get older, and are less likely to show behaviour problems.

A strong secure attachment to a nurturing caregiver appears to have a protective biological function, "immunizing" an infant to some degree against the adverse effects of later stress or trauma. Children who receive such sensitive and nurturing care in the first year of life produce lower levels of cortisol in response to stress. Cortisol is associated with metabolism, immune system, brain development, and cognitive, motor, and social delays.

Early neurological development is shaped not only by physical conditions, but also by an individual's social environment. The kinds of attachments an infant forms with primary caregivers have a decisive effect on later ability to control and display emotions, including aggression. Children learn in the context of their important relationships. The best way to help very young children grow into curious, confident, and able learners is to give them warm, consistent care so that they can form secure attachments to those who care for them.

This knowledge leads us to Strategic Direction #1:

> Encourage the development of supportive and secure relationships.

Key Learning #2: The human brain has a remarkable capacity to change, but timing is crucial.

We now know that by the time a child is three years old, his/her brain is twice as active as the brain of an adult, and will stay that way until the child is about ten years old. The brain's ability to change is remarkable in these first ten years. After that it is not impossible, but it does slow down. Scientists have learned that different areas of the brain actually increase in size when they are exposed to stimulating conditions.

> The concept of the "sensitive period for learning" rests on the premise that neurological development depends on the exposure of the brain to many kinds of stimulation according to a predictable timetable. When there is a disruption of the normal developmental schedule of experience, neural connections are not made properly, and the cortical columns that result are thinner than they should be, sometimes with devastating results. For example, a normal kitten that is blindfolded during the sensitive period when visual stimulation is required will never have normal vision. Moreover, if that kitten receives visual input but does not get motor stimulation, this deprivation will affect the kitten's visual-motor coordination.
>
> Hubel and Wiesel, as reported in Rethinking the Brain,1997

New research findings have demonstrated that within this remarkably active brain, there are times in a young child's life when the brain is physically more receptive to particular types of learning. Many of these "sensitive periods for learning" emerge during the first few years of life. There are times when the brain is primed to develop specific permanent connections - periods when it absolutely must have the appropriate input in order to develop.

Different abilities develop according to their own unique schedules. There are specific times when a child is "primed" for language, or for complex skills like riding a bike.

It's not that these skills are impossible to learn at a later date - it will just be more difficult - similar to "swimming upstream". Since no single strategy will result in optimal brain development, efforts to promote children's learning must be comprehensive.

The brain has the capacity to change in important ways in response to experience. A person's capacities are not fixed at birth - the brain itself can be altered - or helped to compensate for problems - with appropriately timed, intensive interventions. Such "plasticity" presents us with immense opportunities and responsibilities. Timing is crucial, however, since there are prime times for optimal development. These sensitive periods signify a time in development when the brain is biologically ready for specific types of stimulation.

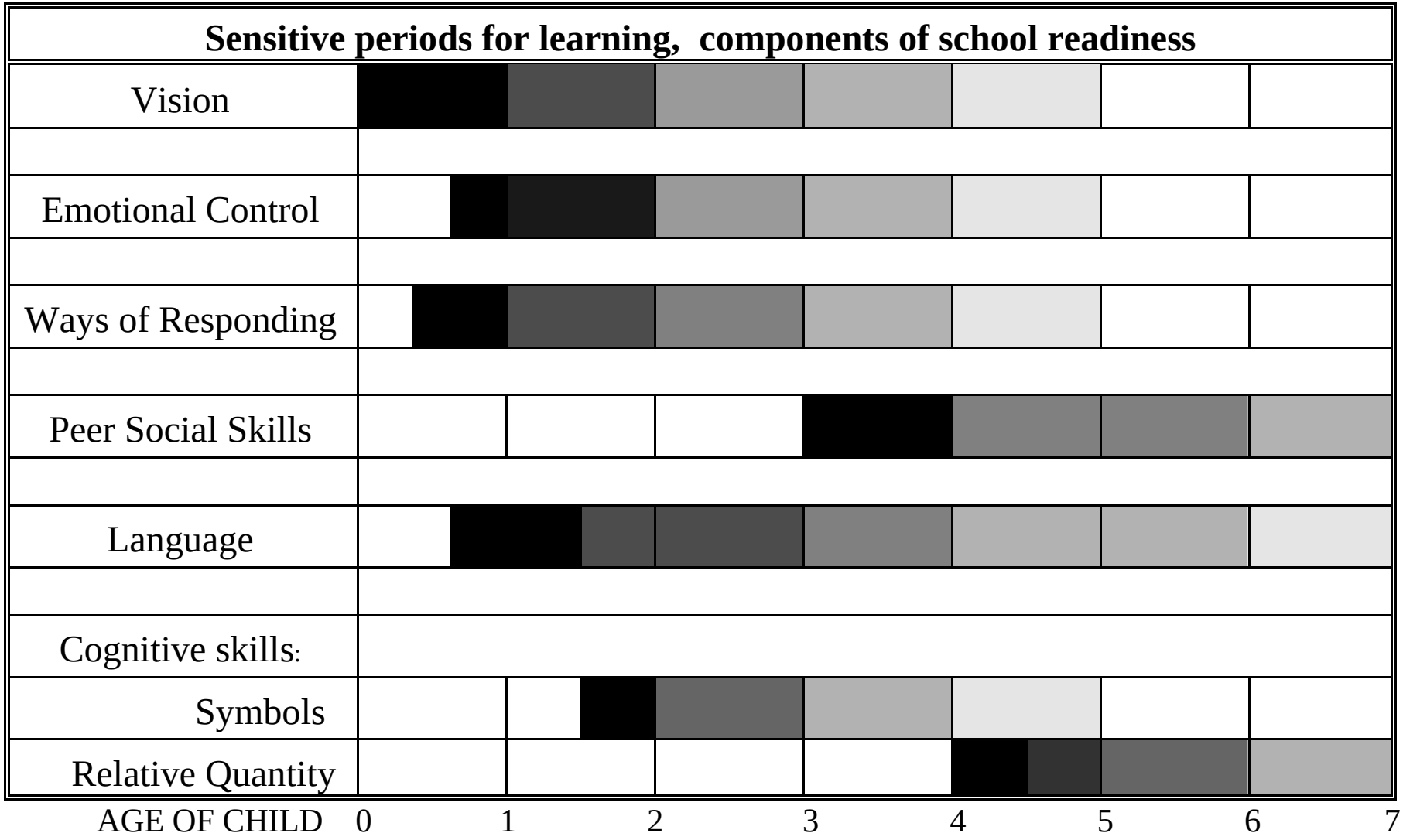
Sensitive periods do not exist for brain development as a whole, but rather for each of the brain's systems. The study of PET scans has given insight to these sensitive periods - understanding when and where brain activity rises sharply tells us when a sensitive period for a particular type of learning takes place. It is significant that many sensitive periods for learning emerge in the very early years.

This knowledge leads us to Strategic Direction #2:

Nurture early sensitive periods for learning.

The diagram on the following page illustrates some examples of sensitive periods for learning, as they relate to components for school readiness. This chart illustrates the period of time during which a sensitive period is at its peak in the darkest areas. As a sensitive period wanes, the shading fades until the sensitive period disappears.

It is interesting to note that most of the skills typically identified as being important for school readiness are developed during sensitive periods for learning that occur very early in the preschool years.


Sensitive periods for learning, components of school readiness
Vision
Emotional Control
Ways of Responding
Peer Social Skills
Language
Cognitive skills:
Symbols
Relative Quantity
AGE OF CHILD 0 1 2 3 4 5 6 7

Key Learning #3: The brain's plasticity also means that there are times when negative experiences or the absence of appropriate stimulation are more likely to have serious and sustained effects.

> There is now substantial evidence that the quality of early childhood experiences has long term effects on individuals' performance in the education system, their behaviour in adult life, and their risks for chronic diseases in adult life. We also know that the quality of the social environment in which individuals and families live and work has major effects on all stages of development.
>
> **Growing Up In Canada, 1996.**

We know that just as rich, positive experiences can promote healthy development, we also understand that negative experiences also have a long lasting, negative effect on children's development. We know that unhealthy life style choices during pregnancy have a direct effect on an infant's health at birth and beyond. Early trauma and abuse (during pregnancy and after birth) can result in anxiety and depression. Adverse experiences throughout childhood can affect how children learn, how they behave, how they problem solve, and can predispose a child to violence and aggression in response to stress.

Ongoing research has identified a number of risk factors to optimal brain development. While there is still debate as to the effects of particular behaviours and whether they can be distinguished from the impact of other risk factors, studies have demonstrated that a child's brain development is adversely affected by the impacts of trauma, abuse and neglect, maternal depression, substance abuse, maternal smoking during pregnancy**,** institutionalization, and poverty**.**

This knowledge leads us to Strategic Direction #3:

Minimize known risks to healthy development.

Key Learning #4: There is substantial evidence to support the wisdom and efficacy of early intervention.

Numerous studies and reports have demonstrated the positive effects of early intervention programs. Over and over again, it has been shown that intensive, well designed, timely intervention can improve the prospects and quality of life for many children who are considered to be at risk of cognitive, social, or emotional impairment. In some cases, effective intervention can even improve conditions once thought to be virtually untreatable, such as autism and intellectual impairments.

Longitudinal studies have demonstrated the long term effects, both in social and economic gains, that can be realized with high quality early intervention.

*The **Perry Preschool Project** provided early intervention and support to 3 and 4 year old children and their families, and then monitored these children as they grew up, along with children in a control group. After 24 years of follow up, it was found that compared to the control group, children who had participated in the early childhood program:*

- *had 50% fewer arrests*
- *had 33 % more high school completions*
- *had higher earnings and property wealth*

This study showed that investing in children results in substantial savings to communities and a better quality of life for individuals. By the time participants reached age 27, every $1 invested in the program had yielded savings of $7.16.

Bottom Line: The economic return from the Perry Preschool Project outperformed the stock market from 1963 to1993.

Shore, 1997

This knowledge leads us to Strategic Direction #4:

Encourage and support early intervention.

Old Thinking:	**New Thinking:**
How a brain develops depends on the **genes** you are born with.	How a brain develops hinges on a complex **interplay** between the **genes** you're born with and the **experiences** you have.
The **experiences** you have before age three have a **limited impact** on later development.	Early **experiences** have a **decisive impact** on the architecture of the brain, and on the nature and extent of adult capacities.
A **secure relationship** with a primary care giver creates a **favorable context** for early development and learning.	**Early interactions** don't just create a context, they **directly affect** the way the **brain is "wired".**
Brain development is **linear;** the brain's capacity to learn and change grows steadily as an infant progresses toward adulthood.	Brain development is **non-linear;** there are prime times for acquiring different kinds of knowledge and skills.
A toddler's brain is much **less active** than the brain of a university student.	By the time children reach age three, their brains are **twice as active** as those of adults. Activity levels drop during adolescence.

"Rethinking the Brain: Insights into Early Development" by Rima Shore (1997)

KEY AREA FOR ACTION #1

PREGNANCY, BIRTH AND INFANCY

RATIONALE: PREGNANCY, BIRTH, AND INFANCY

The prenatal and infancy stages of life are arguably the most critical periods in the life cycle. They are times when a modest investment in the health and well-being of mothers and babies can last a lifetime. They are also times when indifference, neglect and failure to act can lead to lifelong problems. (National Council of Welfare, 1997)

New and emerging evidence from research in the fields of neuroscience and population health have heightened our awareness and appreciation of the prenatal period and its contribution to Healthy Child Development:

Considerable brain development takes place before birth.

Two weeks after conception , the neural tube which will form the brain and spinal cord is formed. Most of a human's lifetime supply of brain cells is produced between the fourth and seventh months of gestation. A full term baby comes into the world with billions of neurons which have to form quadrillions of connections to function effectively. There is an intensive spurt in the production of these connections during the first three years of life, *particularly in utero and during the first year*. This process of "brain wiring" continues with decreasing activity until age 10, and for some functions extends throughout life. (McCain and Mustard, 1999)

The single greatest health concern during the prenatal stage of life is the prevention of low birth weight. (National Council of Welfare, 1997)

We understand that low birth weight is associated with approximately 75% of infant deaths, and is a leading underlying cause of illness in infancy and childhood. Low birth weight can cause long-term disabilities, creating multiple needs for physiotherapy, speech therapy, specialized equipment, teaching specialists and other costly services. The Canadian Council on Children and Youth reports that the cost of caring for each low weight baby to the age of two years can reach $200,000.

It is clear that a healthy pregnancy contributes to the birth of a full term infant, without complications, with desirable birth weights and healthy brain development. Healthy women are more likely to deliver healthy babies. Some influences on the mother's health are environmental, such as income level, nutrition, social supports, and safety and home and work. Other influences, however, are determined by lifestyle choices, and include such behavioural variables as smoking, alcohol consumption, and use of prescription and non-prescription drugs. Good prenatal care is also a determinant in the birth of healthy babies, and includes components such as early and continuing assessment of the mother and fetus, health education and promotion, provision of medical, economic and psycho-social support when needed, and consistent follow up. Barriers to good prenatal care may include transportation, lack of coordination of services, and insufficient outreach. (Ontario Premier's Council on Health, Well Being, and Social Justice, 1994)

Of all of the influences on healthy brain development, the most important seems to be the development of safe and secure relationships with nurturing and consistent caregivers.

During the infancy period, stability without undue stress is vital to Healthy Child Development. In addition to the fundamental needs of food, clothing and shelter, infants require secure attachments, extensive and stimulating social interaction and the opportunity to safely explore the world around them. Babies who have these needs met are better learners. (National Council of Welfare, 1997). The Federal/Provincial/Territorial Advisory Committee on Population Health (1998) has reported that a key requisite for Healthy Child Development is secure attachment to nurturing adults who provide consistent caring, support and affection early in life. Insecure attachment can lead to aggression or social withdrawal at later ages. High quality attachment has been linked to long term cognitive and linguistic competence.

A strong, secure attachment to a nurturing caregiver appears to have a protective biological function, "immunizing an infant to some degree against the adverse effects of later stress or trauma. (Shore, 1997) Research conducted at the University of Minnesota suggests that babies who receive sensitive and nurturing care in their first year of life are less likely than other children to respond to minor stresses by producing cortisol than other children.

This protective effect has been shown to carry forward to later childhood - elementary school children with histories of secure attachments are less likely to show behaviour problems in the face of stress. (Gunnar, 1996 and Egeland, Carlson and Sroufe, 1993)

During our consultations, we repeatedly heard that more attention needed to be given to ensuring that women enjoyed good health and nutrition during pregnancy. In 1998, 26.6 per cent of all pregnant women attended prenatal classes for education concerning prenatal nutrition, labour and delivery, and the care of newborn infants. This is a decrease from 29.6 per cent attendance rate in 1997 and 27.4 per cent in 1996.

Many participants identified post partum depression as an issue that needed more awareness and support measures. It was especially emphasized that supports are needed for other family members, so as to minimize the impact of maternal depression on the developing child.

A number of community based and regionally delivered health programs were identified as being well received and effective. However, concern was noted about the challenges faced by very young and inexperienced parents. We consistently heard the message that young teens needed to be educated as to the responsibility of parenting, the critical impact of the early years, and that efforts needed to be introduced to delay the onset of pregnancy.

Breastfeeding

Breastfeeding is acknowledged to be an ideal source of nutrition for human infants. Breast milk contains immunoglobulins and antibodies that fight infection and as a result, breastfed infants exhibit fewer instances of early childhood illnesses such as respiratory infections, asthma, eczema, and food allergies. (Canadian Institute for Child Health, 1996 - as reported in PEI Perinatal Database Report 1997)

"Human milk is uniquely superior for infant feeding and is species specific; all substitute feeding options differ markedly from it."

American Academy of Pediatrics, 1997

In PEI, the PEI Breastfeeding Promotion Group underwent a process of reorganization in 1999. This process involved an expansion of members, the initiation of a strategic planning process, and a change of committee name to the PEI Breastfeeding Coalition.

Breastfeeding is the cultural norm for infant feeding on PEI.

Vision Statement of the PEI Breastfeeding Coalition

The PEI Breastfeeding Coalition is a broad based provincial working group dedicated to the promotion of breastfeeding on Prince Edward Island. The Coalition is multi-disciplinary, represents all regional health authorities across the province, and has representation from community partners and the Department of Health and Social Services.

In 1998, 59 per cent of PEI women were breastfeeding at the time of discharge from hospital. This rate has increased gradually from 48 per cent in 1990. Although there is a gradual increase in rates across regions, regional variations exist and rates remain unacceptably low, constituting a significant health issue for PEI women and children. (Canadian rate is 73 per cent.)

Several other issues related to healthy pregnancy cause some concern for Prince Edward Islanders:

Smoking:

The PEI Reproductive Care Program reports that in 1998, 29.3 per cent of women at time of delivery smoked. This is a slight increase from the 26.8 per cent rate in 1997. Of the women who smoked during pregnancy, 45 per cent smoked more than 13 cigarettes per day. This is a slight decrease from the 47.4 per cent in 1997.

Maternal smoking during pregnancy is associated with somewhat higher rates of preschool and school-aged behavioural problems.

Rethinking the Brain, 1997

However, it appears that smoking decreases as age increases. For women who are younger than 20 years of age, the rate of smoking during pregnancy jumps to 49 per cent. For women 35 years and older, only 17.7 per cent smoked at time of delivery.

A correlation also exists between the likelihood of smoking while pregnant and marital status - only 17 per cent of married women smoked during pregnancy in comparison to 49 per cent of single women and those living in common law relationships. In addition, 19 per cent of non-smokers were exposed to second hand smoke in their homes during pregnancy.

Research continues to identify links between exposure to maternal smoking and learning disabilities, hyperactivity (ADHD), behaviour disorders, and aggression in children:

- ✓ A recent study carried out at Carleton University in Ottawa found overall poorer performance on central auditory processing tasks (requires auditory processing, aspects of memory, and word discrimination) among six to eleven year old children exposed to prenatal cigarette smoke. It was also found that children exposed to passive cigarette smoke performed more poorly than children of non-smokers. (McCartney and Fried, 1994)

- ✓ In one of the most thorough studies to date looking for harmful effects from cigarette smoke, researchers at Carleton University in Ottawa found that children of non-smoking mothers generally performed better than children exposed to active (mother smoked during pregnancy) or passive (mother was exposed to second hand smoke during pregnancy) cigarette smoke on tests of math ability, speech and language skills, intelligence, visual/spatial abilities and on the mother's rating of behaviour. Twice as many children in the active smoking group compared to the nonsmoking group were perceived by the mother as having problems in school. The authors found this to agree with five other studies showing children of active smokers have a higher incidence of misbehavior, poorer adjustment at school, and increased activity levels. The non-smoking group was rated as showing the best attention and cooperation. (Makin and Fried, 1991)

- ✓ The National Child Development Study in England reported that children of mothers who smoked 10 or more cigarettes a day were on average 1.0 cm shorter, and between three and five months behind in reading, mathematics, and general ability when compared to the offspring of non-smokers, after allowing for associated social and biological factors. (Butler and Goldstein, British Medical Journal, 1973)

Other studies support these findings:

- ✓ Children age 14 still show harmful effects if mothers smoked during pregnancy (Department of Public Health, University of Oulu, Finland)
- ✓ Severe child behaviour problems linked to mother's smoking - a report from the Labor Department (Florida Today Newspaper, September 4, 1992)
- ✓ Mother's smoking linked to children's IQ, behaviour problems (Christchurch Health and Development Study, 1998)
- ✓ A significant link between maternal smoking during pregnancy and aggression in children (Orlebek, J., 1997)

Alcohol Consumption:

In 1994/95 the National Longitudinal Survey of Children and Youth asked mothers with children aged less than two about their alcohol consumption during pregnancy. The results indicate that the Eastern provinces had the lowest incidence in Canada at 8 per cent. This percentage includes both women who drank throughout the pregnancy and those who drank only prior to knowing they were pregnant. (NLSCY data)

One of the ongoing challenges for PEI is the difficulty in understanding the scope of the incidence of Fetal Alcohol Syndrome and Fetal Alcohol Effects (FAS/FAE). Recently, however, a group of government, community, and medical partners have initiated some work in this area. An Atlantic Strategy to address Fetal Alcohol Syndrome is in the developmental stage. Studies link even moderate consumption of alcohol by pregnant mothers to attention deficit and distract ability and damaged language skills. (Source: Neuro behavioural Toxicology and Teratology, 1984, 1986).

Effective prenatal care and nurturing parents help promote healthy babies with secure attachments. This provides children with a positive start to life, and the rudiments for future social, emotional, and cognitive development. (National Crime Prevention Council, 1997) The goals, objectives, and recommended actions for Pregnancy, Birth, and Infancy strive to ensure that children and their parents have the best possible start to life.

GOAL 1.1: WOMEN WILL ENJOY GOOD HEALTH DURING PREGNANCY.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
1.1.1 Reduce the incidence of harmful substance use during pregnancy.	a. Increase awareness of danger to fetus through public education and school based programs.	Notable Practice: ▸ Allied Youth Peer Education Model ▸ Public Health Nursing, Pre-Natal Assessment Counselling
	b. Increased access to treatment programs for women with addictions who are pregnant and/or of child bearing years.	An Atlantic Region Strategy on Fetal Alcohol Syndrome is being developed in partnership with Health Canada
	c. Increase awareness and use of Pre-Natal Smoking Cessation programs delivered by Public Health Nurses on PEI.	Thess programs are part of the Tobacco Reduction Strategy.
	d. Continue efforts by government and community partners to establish self-help and quit smoking programs, with follow up and support, across the province.	
	e. Offer core service in nicotine dependancy through Island Addiction services.	
1.1.2 Increase the number of parents attending prenatal classes.	a. Utilize information from Local Public Health Infrastructure Development Project to increase the number of parents attending prenatal classes.	The LoPHID (Local Public Health Infrastructure Development) project is a community survey. Its purpose is to help expectant parents to have the heathiest possible pregnancy, delivery and early postnatal outcomes.
	b. Support the review of prenatal education .	Notable Practice: Eastern Kings Health

GOAL 1.1: WOMEN WILL ENJOY GOOD HEALTH DURING PREGNANCY.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
	c.	Remove costs for parents wishing to attend pre-natal classes.	The costs to parents attending pre-natal classes have been eliminated as of April 1, 2000.
1.1.3 Promote good nutrition during pregnancy.	a.	Support availability of Canada Prenatal Nutrition Program (CPNP) activities at family resource centres, community kitchens, and parent information programs.	Public Health and education sessions are available in many communities.
	b.	Enhance Community Nutrition programs.	Notable Practice: Pre - Natal Nutrition Programs, Public Health
1.1.4 Reduce the number of women who smoke during pregnancy.	a.	Support the work of community and government partners in the Tobacco Reduction Strategy.	Pre - Natal Cessation Programs delivered by public health and community education sessions are on-going.
	b.	Promote awareness of dangers to fetus as a result of smoking.	Research continues to identify links between exposure to maternal smoking and learning disabilities, hyperactivity (ADHD), behavior disorders, and aggression in children -see rationale.
	c.	Promote CPNP programs at family resource centres.	

GOAL 1.1: WOMEN WILL ENJOY GOOD HEALTH DURING PREGNANCY.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
1.1.5 Work with partners to ensure that pregnant women are not exposed to toxins in workplaces/ public buildings.	a. Promote awareness with employers of the dangers of exposure to toxins during pregnancy.	Notable Practice: Tobacco Reduction Strategy Activities, eg., smoke free places. Cross Reference Key Area #10: Environment Provincial Government to show leadership in this area.
1.1.6 Reduce the number of women who are exposed to second hand smoke during pregnancy.	a. Increase the public awareness of the effects of second hand smoke b. Promote "Smoke Free Places " (homes , work places, public areas) programs. c. Promote creation of smoke free spaces, eg., restaurants, shopping malls, Laundromats etc.	Research shows children exposed to second hand smoke performed more poorly in learning tasks than those children of non-smokers. (McCartney and Fried, 1994 Carleton University) Cross Reference Key Area #12: Public Education Tobacco smoke is a known asthma trigger. An estimated 44.1 % of Island children with Asthma are regularly exposed to second hand smoke.

GOAL 1.1: WOMEN WILL ENJOY GOOD HEALTH DURING PREGNANCY.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
1.1.7 Increase the range of social supports during pregnancy.	a. Promote use of community based programs.	Notable Practices: ▸ CPNP, ▸ GIFT program, ▸ Four Neighborhoods program.
	b. Support the recommendations of the Teen Mom Support Program.	
	c. Promote the introduction/ use of social supports as early in pregnancy as possible.	Almost all children (89%) of single mothers who have never married are growing up in poverty. (Source: Health of Canadian Children 1995) Poor children had twice the rate of social impairment, poor school performance, regular tobacco use and psychiatric disorders. (Source: Orford 1998,1991)
1.1.8 Reduce psycho social risks to women during pregnancy.	a. Build on the work of the Prenatal Psycho Social Assessment project which promotes and supports physician involvement in identifying women with psycho-social risks during pregnancy.	The goal of this project is to have all pregnant women assessed by their physician or public health nurse for psycho-social risk and to provide intervention during the pre-natal period. Violence against women often begins during pregnancy.

GOAL 1.1: WOMEN WILL ENJOY GOOD HEALTH DURING PREGNANCY.

OBJECTIVE	RECOMMENDED ACTION	COMMENTS
1.1.9 Reduce the number of teen pregnancies.	a. Utilize school based programs, e.g., guidance services and peer counselling to help prevent incidence of teen pregnancy.	Notable Practice: ▸ Peer presentations by teen parents in assembly formats. ▸ Teen Parent Support groups across the Island.
	b. Encourage the Imperial Order of Daughters of the Empire (IODE) and Schools to expand the "Baby Think It Over" Program to be available to: all high school students, more high school classes and grade nine classes, using dolls at lower levels for programming.	Consultations expressed a need for this program to be expanded.
	c. Increase availability of information on birth control to teens.	This information is available through community health clinics and guidance services.

GOAL 1.2: CHILDREN WILL BE BORN AS HEALTHY AS POSSIBLE		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
1.2.1 Maintain or reduce low incidence of low birth weight.	a. Promote provincial and pre-natal assessment and education for all moms	Low birth weight newborns are defined as weighing less than 2,500grams or 5.5lbs. Low birth weight is an underlying cause of infancy illness and long term disability. In 1997, PEI had the second lowest incidence of low birth weight at 5.3%. Canadian incidence was 5.8%
	b. Promote the Canada Prenatal Nutrition Program and community nutrition programs	
	c. Encourage and assist pregnant women to quit smoking.	
1.2.2 Reduce the incidence of fetal alcohol syndrome/effects (FAS/FAE).	a. Encourage women to eliminate alcohol use during pregnancy.	Attention Deficit & Distract ability increase when mothers consume moderate amounts of alcohol, (Source: Neuro behavioral Toxicology and Teratology,Vol 8:717-725, 1986). Language Skills Damage Easily from Light Social Drinking, (Source: Neuro behaviourial Toxicology& Teratology, Vol 6:13-17, 1984).
	b. Develop programming for FAS/ FAE children.	An Atlantic Strategy for FAS/FAE is being developed.
	c. Build on existing systems to coordinate the collection of data to accurately measure and monitor incidence of FAS/FAE.	The partnership approach of the three prairie provinces on FAS/FAE is seen as a notable practice.

GOAL 1.2: CHILDREN WILL BE BORN AS HEALTHY AS POSSIBLE		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
1.2.3 Reduce the incidence of children born with serious diseases, eg., HIV positive, drug addictions.	a. Increase awareness and promote early screening of known risks associated with pregnancy and sexually transmitted diseases.	Physician guidelines for HIV testing in pregnancy for PEI were approved in June 99. AIDS PEI, with funding from Health Canada, is developing an educational program on voluntary HIV testing for pregnant women.
	b. Increase awareness of the impact of drug (prescription and non-prescription) use on developing fetus.	

GOAL 1.3: CHILDREN WILL ENJOY OPTIMAL HEALTH DURING THE FIRST YEAR OF LIFE.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
1.3.1 Increase the number of children who are initiated onto breastfeeding and the duration of time they are breastfed.	a.	Promote the awareness of the benefits of breastfeeding and increase the cultural acceptance of breastfeeding in our society.	The PEI Breast Feeding Coalition/ Strategy has shown leadership in this area.
	b.	Improve access to lactation consultants in acute care, public health and community nutrition programs every region.	
	c.	Enhance the use of nutritional supplements for women who are breastfeeding and encourage the use of the milk ticket program available through financial assistance for the extent of the breast feeding period.	Canada Prenatal Nutrition Program (CPNP) activities have been successful at promoting breastfeeding.
	d.	Work with partners to increase the number of public areas where women are able to breastfeed children.	
	e.	Utilize the information from the LoPHID project to increase the number of children who are breast fed.	
1.3.2 Promote the development of healthy parent-child attachments.	a.	Extend parental leave benefits following birth or adoption of child (Private Sector and Government).	Provincial policies will need to be revised to allow workers to access the new Federal leave programs. Changes to the Federal Employment Insurance Act, December 31, 2000, will extend parental benefits for adoption of children.
	b.	Advocate for equal status for adoptive parents in Federal programs (e.g., Employment Insurance).	

GOAL 1.3: CHILDREN WILL ENJOY OPTIMAL HEALTH DURING THE FIRST YEAR OF LIFE.

OBJECTIVE	RECOMMENDED ACTION	COMMENTS
	c. Encourage the federal government to develop a program which would enable self-employed mothers to collect maternity benefits.	Business owners in the Prairie provinces and PEI were most likely to operate home based businesses. Self employed single parents living in rural areas were most likely to be home based entrepreneurs. 77% of the women with children, were women with pre-school aged children. (Source: Statistics Canada 1998, Cat. No 75-001-XPE)
	d. Review existing provincial legislation regarding parental leave following birth or adoption of child.	Provincial legislation now provides mothers of adoptive children with 16 weeks less leave time than birth mothers. The extra 16 weeks for birth mothers is deemed a recovery leave for the physical birth process.
	e. Promote and support parent education about importance of nurturing young children.	Notable Practices : Public Health Nursing, Family Resource Centers, Best Start
	f. Increase awareness of the impact of post partum depression for women and children.	Cross Reference Key Area#5: Mental Health .
	g. Increase supports for women suffering from post partum depression and their children.	

GOAL 1.3: CHILDREN WILL ENJOY OPTIMAL HEALTH DURING THE FIRST YEAR OF LIFE.

OBJECTIVE	RECOMMENDED ACTION	COMMENTS
1.3.3 Build on existing programs which support optimal maternal/child health.	a. Maintain public health nursing "home baby visits".	The development of a comprehensive data base would combine the efforts of an inter sectoral steering committee with Department of Health and Social Services, the PEI Reproductive Care Committee, the PEI Medical Society, Public Health Nurses etc.
	b. Maintain and build upon community and government efforts around pre-natal, infant and family nutrition.	
	c. Support the development of a comprehensive maternal/child data base.	The Informatics Division in Health and Social Services is reviewing the 1996 Maternal Child Data Base study to determine the feasibility of its implementation.
	d. Support the work of the PEI Reproductive Care Committee.	
1.3.4 Increase public awareness of the risk factors associated with Sudden Infant Death Syndrome (SIDS).	a. Increase the public awareness of and availability of information on SIDS (eg. Public Health).	

KEY AREA FOR ACTION #2

EARLY CHILDHOOD CARE AND EDUCATION

RATIONALE: EARLY CHILDHOOD CARE AND EDUCATION

We now have a wealth of research to indicate that developmental outcomes are rooted in early experiences and influences. Good physical health, and the ability to learn, to cope with stress, to relate well to others, and to have positive self-esteem are known to have roots in the earliest experiences of life. Where, how, and with whom children spend their time in their earlier years have major impacts on their healthy development.

Skills such as language acquisition, social competence, coping, the ability to think critically, and the capacity to learn all develop early in life. (Doherty, 1997) New research has identified that in the first few years of life there are a number of specific times when the child is at a particular developmental level and is biologically primed to develop more advanced neural structures and/or skills provided that the appropriate stimulation is available. These times are known as "sensitive periods for learning". They represent windows of opportunity and set the stage for later development.

For purposes of this strategy, we have chosen to use the term "early childhood care and education" to describe the range of programs typically available to children and their families between the ages of infancy and school entry. In the literature, and in practice, there are a variety of terms to describe this range of programs and services. Typically, one may find the terms "early childhood development programs", "early childhood care and learning", "child care", and "developmental child care" used interchangeably. The consensus, however, is that support for these types of programs is a long-term contribution to Healthy Child Development. Experts now agree that stimulating, educationally rich child care should be available for all children, not just children "at risk".

In Prince Edward Island, the range of early childhood care and education programs may include child care, day care, drop-in play, family day care, kindergarten, moms and tots programs, nursery school, parent-child playgroups, playschool, and those children's programs offered at family resource centres.

Whether or not their parents are employed, children derive benefits from sustained contact with trained early childhood educators, improve their socialization skills through contact with other children in group settings, and receive preventative health monitoring, which is often part of high quality child care programs. (Jane Jenson and Sharon Stroick, 1999: Canadian Policy Research Network: A Policy Blueprint for Canada's Children)

Children who have received good care, whether at home, by significant caregivers, or through formal child care arrangements, have greater social competency, higher levels of language development, higher developmental levels of play, better ability to self-regulate and fewer behaviour problems in grade school than those who have experienced lower quality care.

Quality care means opportunities for interaction and play, and prepares children for school. School provides children with the opportunity to engage in increasingly complex social relationships and formalizes their cognitive skills. School is many children's first test of life in developing independence, self confidence and self determination. Entering school ready to learn and interact socially is a good predictor of success later in high school. (Federal/Provincial /Territorial Advisory Committee on Population Health, 1998)

During the Healthy Child Development Advisory Committee's review of current research, emphasis was found to indicate that there is no one single strategy that works for all children, and that positive outcomes are often the result of a complexity of factors. Participation in early childhood programs is a contributing factor to child development. Recent research has been very positive in reporting on the effects of good quality early childhood education experiences. In their October 1999 report on a sample of 10,600 children in Canada, the National Longitudinal Survey of Children and Youth (NLSCY) recently announced the following conclusions:

Early childhood care and education improves children's performances in Kindergarten

Forty per cent of children who were in early childhood education programs were judged by their teachers two years later to be at the top of their class in communication skills, as opposed to 25% who did not take part in such programs. More of the early education group were able to write a simple sentence, compare

numbers and understand simple concepts of time. These results were true regardless of the family's income or mother's education.

Early childhood care and education also improves children's performance in the first grade.

The early education group were 1.4 times more likely to be rated by their Grade 1 teachers as being near the top of their class in mathematics.

As an important component of a broad strategy on Healthy Child Development, it is important to note that early childhood care and education programs simultaneously support a number of positive outcomes for children, their parents, their families, communities and society in general.

During our provincial consultations, parents told us that they wanted greater access to good early childhood care and education programs. Specifically, parents told us that they wanted universal access to these programs for the year prior to school entry. Many parents who attended our public meetings had children who are currently enrolled in kindergarten programs. Key messages from parents can be summarized in five points:

- given the importance of the early years in child development, available resources needed to address the broad range of early childhood years, so as not to miss the opportunities in very early years, especially sensitive periods of learning and development;
- programs for five year old children in the year before school entry should be available to all children at no cost to parents; these programs should follow a common curriculum; provide consistent, good quality resources; adhere to high provincial standards; and allow for a smooth transition to Grade One;
- there was not a clear preference for the model of service delivery, ie., whether programs should be delivered through a school based or community based model; access was the priority
- parents wanted more support with access to programs for younger preschool children, and in particular, noted the need for more licensed child care spaces for children younger than two years old;
- a clear majority wanted the low wages and poor working conditions of early childhood educators addressed - it was emphasized that if we believe these are sensitive periods for learning and development, we need to invest in

those who are responsible for these programs.

The issue of wages and working conditions for early childhood educators was a key message during all of our consultations. In particular, a public meeting in Charlottetown was attended by more than 150 early childhood educators, who voiced both their commitment to their profession and their frustration with the lack of professional respect and recognition and the resulting poor wages and working conditions. This is a National issue and Canadian research confirms that these conditions contribute to poor quality programs, due to the resulting high rates of staff turnover, and the inability to attract and keep good teachers.

The Healthy Child Development Advisory Committee recognizes that the subject of kindergarten has been the topic of much public discussion and debate in this province. Members have reviewed past reports and current research, in addition to the feedback from public consultations held in September and October, 1999. As a result, the first goal in this key area for action is to develop an integrated continuum of early childhood care and education programs for children from infancy to school entry. ***The recommended actions involve the integration of kindergarten programs within this integrated continuum.***

In coming to this conclusion, the Healthy Child Development Advisory Committee considered the following rationale:

- **PEI is in a unique position to develop a system based on what works for children**, rather than a system based on historical approaches. In a recent report prepared for the Ontario government, Margaret McCain and Dr. Fraser Mustard have stated that "quality kindergarten programs are logically part of an early child development and parenting program". The challenge, given our existing institutions and resources, is how to link this program to the earlier years. Kindergarten can be considered as much a part of early child development as part of the education system." (Early Years Study, 1999) In Prince Edward Island, we have the opportunity to develop an innovative and responsive program.

- **It makes sense to build on our strengths**. PEI has a community based system that includes licensed (and therefore monitored) full day child care programs, half day kindergarten and nursery school programs, family day

care homes, and school age child care programs. In addition, PEI has a number of family resource centres which, for the most part, also support outreach programs in small communities. While there are issues such as barriers to participation (transportation, cost) and wages and working conditions, there is a province wide network of programs, trained early childhood educators, and community support.

- **Current brain research supports the concept of an integrated continuum of services and programs.** Brain development in the period from conception to six years sets a base for learning, behaviour and health over the life cycle. The brain develops in a seamless manner, and what happens in the first years sets the base for later learning in the formal education system. "Given that the brain's development is a seamless continuum, initiatives for early childhood development and learning should also be a continuum. Learning in the early years must be based on quality, developmentally-attuned interactions with primary caregivers and opportunities for play based problem solving with other children that stimulate brain development." (McCain and Mustard, The Early Years Report, 1999

- **An integrated continuum supports parents in balancing work and family responsibilities**. A system that integrates child care and kindergarten allows children to participate in developmental programs which are designed to revolve around children, rather than have children move from program to program. At the present time, child care centres offer kindergarten as a component of the daily program. In some cases, child care centres are associated with half day kindergarten programs. This approach not only makes more sense from a child's perspective, but also eliminates the need for parents who are in the labour force to deal with alternative child care arrangements throughout the day.

- **An integrated continuum supports children with special needs.** Children with special needs participate in early childhood programs which encourage full inclusion. Such placements allow children the opportunity to develop age appropriate skills in supportive settings. Children are able to participate in activities with other children with a range of similar developmental skills while socializing with children of similar age.

- **An integrated continuum is consistent with government's philosophy and approach to community development.** Children are best served in the community they live in. This type of an approach allows children to attend programs in their natural community environments and supports community development. Small locally situated programs eliminate the need for young children to take long bus rides to and from more centralized locations.

- **An integrated continuum supports the integrated nature of this strategy**, and has the potential to link with other recommended areas for action, including parental education and support, children's mental health, screening and assessment, protecting our children, and literacy.

The recommended actions for such an integrated continuum also encourage a phased in approach to the design and development of programs. At the present time, Prince Edward Island is involved in Understanding the Early Years research. Findings from this study will allow us to understand current levels of readiness to learn in our five year old population, as well as suggest the complexity of factors which have had an impact on these levels. This data will help to inform the planning process for the development of an integrated continuum of programs and services, since the findings will help to identify and give priority to those areas of developmental experiences which need to be supported. In addition, this data will give us a base line of information against which to evaluate the effectiveness of future initiatives in this area.

A PRINCE EDWARD ISLAND MODEL

In developing a model of an integrated continuum of early childhood care and education for the province, PEI will be providing leadership to other Canadian provinces and territories. All other jurisdictions in Canada provide kindergarten through the public school system. Ontario provides a junior kindergarten program for four year old children as well, although the provision of junior kindergarten is at the discretion of school boards. Quebec has introduced a progressive and innovative model which provides for early childhood care and education for children up to kindergarten age. The Quebec model provides for an integrated approach by linking full day early childhood development programs with family home based child care for younger children, and combining this with generous maternity and parental leave policies.

In researching existing models upon which to base the PEI model, it was evident to the Advisory Committee that we would have to go beyond North American boundaries for examples to study. Therefore, the Advisory Committee completed an analysis of international models as delivered in Austria, Norway, Iceland, Sweden, Denmark, England, Ireland, France, Spain, and New Zealand.

While there are lessons to be learned from studying other models, the PEI model will be unique, and must be designed to be responsive to PEI's needs and realities. The Healthy Child Development Advisory Committee has made broad strategic recommendations as to the future provincial direction for early childhood care and education, including Kindergarten. The Committee recognizes that such a model will require some adaptations of the current systems, and acknowledges that in order for this model to be implemented, change is inevitable. The Committee recommends that a working group be established to develop a plan studying the implications of such a model, and to develop a phased in approach for its introduction and devlopment.

GOAL 2.1: PRINCE EDWARD ISLAND WILL HAVE AN INTEGRATED CONTINUUM OF EARLY CHILDHOOD DEVELOPMENT PROGRAMS FROM INFANCY TO SCHOOL ENTRY.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
2.1.1 Work with communities and partners to establish a continuum of early childhood development programs and services that are responsive to community needs.	a.	Recommend that Kindergarten be a component of an integrated continuum of early childhood care and education services and programs.	This continuum should be developed based on a phased-in approach over a three year period.
	b.	Based on current research and the opportunity to explore other models, we recommend that Government immediately allocate resources to develop a plan to identify challenges and to deliver Early Childhood Care and Education programs (including kindergarten) and services for 0-5 year olds in our communities.	
	c.	Develop a mechanism to enable communities to identify needs for different types of early childhood development programs.	
	d.	Work with the federal government and community partners to increase licenced spaces for infants under two.	
	e.	Expand ECD programs to include more flexible models of service delivery to accommodate parents who work at home, seasonally, on shifts, and/or during evenings and weekends.	
	f.	Revise legislation to ensure that all new licenses reflect community needs in addition to adherence to requirements.	

GOAL 2.1: PRINCE EDWARD ISLAND WILL HAVE AN INTEGRATED CONTINUUM OF EARLY CHILDHOOD DEVELOPMENT PROGRAMS FROM INFANCY TO SCHOOL ENTRY.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
2.1.2 Work with partners to ensure a positive transition from early childhood care and education into early school years.	a.	Review age of entry patterns and research data as to age appropriateness for school entry.	PEI currently has the latest date of school entry in Canada (January31 for the school year beginning in September of the same calendar year), resulting in children entering school younger than in other jurisdictions. Consultation participants from health, education and family sectors indicated that this early age of entry caused problems for many young children.
	b.	Ensure that early childhood educators and primary grade teachers (Grades 1-3) work together to apply knowledge of sensitive periods for learning into curriculum delivery models.	
	c.	Develop mechanisms to share training/ learning opportunities.	Consider broadening participation in training opportunities to include appropriate community partners.
	d.	Develop mechanisms across sectors to share children's developmental profiles with the school system in order to aid primary grade teachers .	
	e.	Explore and develop innovative ways for the system to accommodate transitions for children with developmental difficulties.	In some cases, arrangements have been made for phased-in transitions to public school, e.g., half day in grade one and half day in kindergarten for a specified time period.

GOAL 2.1: PRINCE EDWARD ISLAND WILL HAVE AN INTEGRATED CONTINUUM OF EARLY CHILDHOOD DEVELOPMENT PROGRAMS FROM INFANCY TO SCHOOL ENTRY.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
2.1.3 Ensure that standards of quality are inherent in all aspects of Early Childhood Care and Education Programs.	a.	Review legislative requirements and resources to ensure that provincial regulations and monitoring practices reflect current research and knowledge of best practices in this field.	Harms and Clifford's "Early Childhood Environmental Rating Scale"*(ECERS)* is considered to be a Best Practice in this area

GOAL 2.2: EARLY CHILDHOOD CARE AND EDUCATION PROGRAMS IN PRINCE EDWARD ISLAND WILL FOLLOW A DEVELOPMENTALLY APPROPRIATE CURRICULUM PLAN.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
2.2.1 Develop and implement a developmentally appropriate early childhood curriculum, based on research about sensitive periods for learning.	a.	Research the implications of sensitive periods for learning on early childhood curriculum and practice, including implications of Understanding the Early Years (UEY) research on readiness to learn.	The Canadian Child Care Federation has completed some work on the topic of sensitive periods for learning.
	b.	Develop provincial programs and practices for early childhood programs (0-4.5 years**)** that builds on current research, models programs of exemplary practice, and respects a broad range of abilities.	Saskatchewan has done some work in this area.

GOAL 2.2: EARLY CHILDHOOD CARE AND EDUCATION PROGRAMS IN PRINCE EDWARD ISLAND WILL FOLLOW A DEVELOPMENTALLY APPROPRIATE CURRICULUM PLAN.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
2.2.2 Develop and implement a P.E.I. Kindergarten Curriculum based on work of the Atlantic Provinces Education Foundation and our knowledge of current brain research.	a.	Continue to implement the Kindergarten Curriculum Pilot Project with appropriate resources and staff support.	Work has already begun with fifteen kindergarten programs, under guidance of the Kindergarten Curriculum Committee
	b.	Study the impact of the research findings of the PEI Understanding the Early Years Project on kindergarten curriculum.	

GOAL 2.3 EARLY CHILDHOOD EDUCATORS WILL BE RECOGNIZED AS PROFESSIONALS.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
2.3.1 Develop educational requirements for early childhood educators consistent with expectations re program development, delivery, and supervisory duties.	a.	Review proposal from Early Childhood Development Association (ECDA) for increase to number of trained staff per centre.	
	b.	Review present educational and experiential requirements in relation to proposed expectations regarding curriculum.	
	c.	Review present educational and experiential requirements in relation to supervisory and management duties of supervisors/directors.	

GOAL 2.3 EARLY CHILDHOOD EDUCATORS WILL BE RECOGNIZED AS PROFESSIONALS.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
2.3.2 Increase options for a variety of levels of qualifications for early childhood educators.	a. Explore opportunities to develop a program in Child Study at UPEI.	
	b. Work with partners to develop a mechanism for transfer of credits between UPEI and Holland College.	
	c. Review levels of certification for early childhood educators.	Present levels of certification are outlined in the Child Care Facilities Act.
2.3.3 Establish a provincial plan for in-service and professional development for all early childhood educators.	a. Determine need for in-service training as required by implementation of early childhood development programs.	Identification and development of on-going in service training activities should be done in partnership with the Early Childhood Development Association (ECDA)
	b. Develop a yearly schedule of professional development activities for early childhood educators to be delivered during working hours, and to be considered as part of their employment duties.	
2.3.4 Support the development of pay scales for early childhood educators consistent with level of certification, experience, and duties.	a. Establish a multi sectoral committee to review and recommend pay scales for early childhood educators consistent with certification, experience, and duties.	This work should be done in partnership with appropriate professional organizations. The ECDA has taken leadership in beginning research on this issue.
	b. Review options available in communities and governments that would allow these pay scales to be met.	Quebec has recently developed pay scales based on training and experience.

GOAL 2.4: CHILDREN ON P.E.I. WILL HAVE IMPROVED ACCESS TO EARLY CHILDHOOD CARE & EDUCATION PROGRAMS			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
2.4.1 Complete an analysis of current barriers to accessibility to licensed early childhood care and education programs.	a.	Develop a plan to build on existing resources to address barriers to participation.	Known barriers include cost, transportation, availability of facilities, hours of service, availability of spaces.
	b.	Separate the child care subsidy program from Welfare Assistance.	Financial assistance is a program of last resort. Also the referral to family support orders should be a matter of choice by the parent or caregiver. Policies and regulations associated with financial assistance are not always supportive of parents who are employed and requiring childcare. Cross Reference Key Area #7: Parent Support, Goal 7.2.1
2.4.2 Develop a phased-in approach to solutions regarding accessibility.	a.	Introduce a publicly financed kindergarten program.	Consultations clearly demonstrated a desire for quality programs and services for this age group, and publicly funded kindergarten.

GOAL 2.4: CHILDREN ON P.E.I. WILL HAVE IMPROVED ACCESS TO EARLY CHILDHOOD CARE & EDUCATION PROGRAMS			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
	b.	Introduce a "seamless day" program for children who participate in full day child care programs, ie., offer kindergarten as part of their daily program rather than have children move from one centre to another.	The term "seamless day" means a physically seamless day. Financially the costs of the day would include parental payment of other services outside the publically funded kindergarten time frames.
	c.	Investigate cost implications of phasing in higher subsidies for three and four year old children.	For young children up to age four years, the most frequently cited issues were accessibility, consistent standards, and afford ability.
2.4.3 Encourage communities and businesses to develop a culture of child friendly workplaces and communities.	a.	Work with businesses and community partners to explore innovative approaches to building child friendly cultures.	The Conference Board of Canada has done work in these areas and would be an excellent resource.
	b.	Specifically, work with business partners to analyse the impact of hours of work and shift periods on children, their parents, and their child care arrangements.	

KEY AREA FOR ACTION #3

CHILDREN WITH EXCEPTIONAL NEEDS

RATIONALE: CHILDREN WITH EXCEPTIONAL NEEDS

Over the last 25 years the area of special education has changed dramatically, both in composition and in practice. Where there was once a practice of segregation for children with more acute/severe needs, the philosophy in PEI today is one of inclusion and belonging. For many children, this has meant opportunities to learn and play with other children, and to reach levels of achievement that were previously thought to be impossible.

The definition of what it means to have an exceptionality differs slightly among researchers and provincial jurisdictions but most include the following:

- ✓ gifted and talented;
- ✓ intellectual disability;
- ✓ emotional/behavioural disorders;
- ✓ learning disabilities;
- ✓ sensory impairments (hearing and vision);
- ✓ physical disabilities;
- ✓ communication disorders;
- ✓ health and neurological disorders; and
- ✓ developmental delays (Mackey, 1998:18).

This diversity in composition and the needs of each child has created many challenges for parents, early childhood educators, teachers, and other professionals. Approximately 20% of the total student population have one or more exceptionalities.

Inclusive education is an approach that considers diversity to be a reflection of society. Such an approach emphasizes that children with exceptionalities should participate with their peers in classrooms, in early childhood programs, and in recreational activities. Inclusion reinforces the belief that differences are accepted and respected.

An inclusive approach means that we must provide for the uniqueness of each individual child in our education and health systems. In principle, inclusion means that children should not only be able to attend the same programs they would attend if they did not have a special need or exceptionality, but that they should also be welcomed, so that their parents are encouraged to seek out such opportunities for their children. (Irwin, 1997) This approach extends beyond formal educational programs such as preschool and primary grades, and includes parks, playgrounds, and other recreational and cultural activities.

Inherently this means that early childhood / school teachers and other professionals and individuals who work with children with exceptional needs must have access to professional development, current research, and appropriate program resources.

All children learn differently and require strategies and techniques which respect their diversity and needs. For instance, children with Autism Spectrum Disorder require a structured learning environment that is predictable and consistent. This includes the physical structure of the classroom as well as routines, schedules, and teacher behaviour. Instructional programs must be designed to help provide ways for children with Autism to communicate. Verbal communication is only one way to communicate; children with Autism need other alternatives to communication such as signing, writing, using the computer, and Picture Exchange Communication System (PECS). Programming for children with Autism, such as the Applied Behavioural Analysis Program(ABA), involves working closely with the family to ensure consistency among school, home, and other settings in approaches, methods of interaction, and response to students' needs.

Children who are gifted "become underachieving and depressed if they aren't challenged or allowed to progress ... and if these children sense that their giftedness isn't appreciated by their teachers or their peers they try to hide their advanced intellectual capacity" (Kearney, K. as quoted in Checkley, 2000) Similarly, a positive acoustic learning environment can make the difference between the success or failure of a child's educational experience (Flexer, as quoted in Bloom, 1998) This is particularly important for students with any amount of hearing loss. The better children can hear, the more they are able to learn.

Excessive classroom reverberation and/or noise can compromise not only speech perception, but also reading/spelling ability, behaviour, attention, concentration, and academic achievement in children with normal hearing and in children with hearing loss (Crandell, 1998)

No one type of technology can possibly meet the diverse communicative and educational needs of all children. However, the effective use of technology in early infancy provides the most advantageous conditions for auditory-verbal development and educational progress. Children with exceptionalities require immediate resources and programs which enable them to learn and achieve success. Hence, screening and assessment must occur early in life (i.e.,infancy) and regularly during a child's development to maximize his/her potential to learn.

This type of early intervention requires a collaborative approach to programming and services. The recognition that children live and learn in a multitude of environments has emphasized the need for inter-agency service teams, communication, and collaboration among parents and professionals. Neither parents nor professionals and educators can reasonably assume that successful prevention or intervention can be carried out in one setting by one body of professionals. It must be a cooperative venture that integrates intervention in homes, early childhood centres, schools, and communities.

GOAL 3.1: CHILDREN WITH EXCEPTIONAL NEEDS WILL HAVE ACCESS TO HIGH QUALITY INCLUSIVE PROGRAMS.

OBJECTIVE	RECOMMENDED ACTION	COMMENTS
3.1.1 Increase supports to early childhood centres and primary grades for inclusive programs.	a. Develop strategies for the adaptation and modification of personal development programming for children (0-8 years) with exceptional needs.	Note the importance of differentiating instruction to accommodate children with exceptional needs. Notable Practice: Applied Behavior Analysis (ABA) Program for Autism
	b. Increase the availability of program resources for children with exceptional needs.	Notable Practice: ▸ PEI Association for Community Living Resource Library ▸ Teacher's Resource Library at St. Jean's School ▸ Snoezelen Room
	c. Increase the availability of special needs grants for early childhood programs (0-4.5 years).	
	d. Build upon the inclusion grants available to schools to support inclusionary practices.	This is a joint initiative between the Department of Education, Human Resource Development Canada (HRDC) and the PEI Association for Community Living.
	e. Ensure adequate supports for children with exceptional needs in the primary grades within the early childhood education system and the public education system.	e.g. Students with exceptional needs may not need a Teacher Assistant but they may require other supports (i.e. training for parents, resource teacher,).

GOAL 3.1: CHILDREN WITH EXCEPTIONAL NEEDS WILL HAVE ACCESS TO HIGH QUALITY INCLUSIVE PROGRAMS.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
	f.	Increase the awareness of the needs of children with asthma and severe allergies through the dissemination of information to early childhood educators, teachers, and communities.	Partners may include: Public Health Nurses, Pediatricians, Pediatric Clinics, ECDA, PEI Teacher's Federation., and the PEI Asthma Clinic. PEI has the highest rates asthma hospitalization of children 0-4 years in the country (2000 per 100,000 children - Canadian average is 700 per 100,000 children) Source: Canadian Institute for Health Information, 1999.
3.1.2 Identify the necessary skills and training needed to work with children with exceptional needs.	a.	Define clearly the roles of individuals and professionals who work with and support children with exceptional needs.	Cross Reference Key Area #8: Screening and Assessment
	b.	Increase opportunities for training for people who work with children with exceptional needs.	Special Link, a national organization with a mandate to support inclusion for children with special needs, is an excellent resource for both training opportunities, research, and information on trends across North America.
	c.	Develop standards for training of people who work with children with exceptional needs in various capacities, including screening and assessment, individual education plans (I.E.P.), program design and implementation, etc.	e.g. A train-the-trainer process to be put in place. Notable Practice: Mentoring program among teachers within the public school system. Cross Reference Key Area #8: : Screening and Assessment.

GOAL 3.2: ASSESSMENTS AND INTERVENTIONS ARE CARRIED OUT IN A TIMELY AND PROFESSIONAL MANNER.

OBJECTIVE	RECOMMENDED ACTION	COMMENTS
3.2.1 Ensure a professional standard of assessment for children with exceptional needs.	a. Develop standards for the consistent use and delivery of appropriate assessment tools.	Cross Reference Key Area #8: Screening and Assessment
	b. Develop standards and guidelines for staff qualifications for persons who complete assessments on children with exceptional needs.	
	c. Continue to develop and implement a consistent " case plan" process for children with exceptional needs.	Notable Practice: The regional Autism Clinics promote a "team approach".
	d. Ensure a coordinated approach to implementing these case plans.	Notable Practice: ▸ Preschool Special Needs Assessment Teams in Queens ▸ in Southern Kings Regions ▸ in the Francophone community These teams have been successful at the pre-school level.
	e. Explore opportunities across sectors to develop assessment practices for children 6-8 years of age.	Cross Reference Key Area # 8 : Screening and Assessment
3.2.2 Ensure that all children requiring assessment and follow up intervention services receive them in a timely manner.	a. Increase the number of professionals needed to implement these assessment and intervention services.	Cross Reference Key Area #8: Screening and Assessment Effective early intervention will, over time, reduce the level of service required as children get older.

GOAL 3.2: ASSESSMENTS AND INTERVENTIONS ARE CARRIED OUT IN A TIMELY AND PROFESSIONAL MANNER.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
	b.	Continue efforts to recruit Child Psychiatrists to the Province.	There is an international shortage of Child Psychiatrists. The Provincial agreement with the IWK using Tele-conferencing maybe one of the solutions for providing specialist services in the future. Cross Reference Key Areas #5 & #9: Mental Health and Protecting Our Children.
3.2.3 Work with partners to ensure a flow of communication among family's, Early Childhood Centres, Health/Social Services and Education.	a.	Develop protocols for Early Childhood Centres, Public Schools, Health/Social Services and Education to increase communication with families and each other to promote information sharing and to ensure a smooth transition, from one service area to another, for the child.	Health/Social Services and Education, as mentioned here, encompass all the appropriate partners that maybe involved., including Departmental and Regional / School Board staff.

GOAL 3.3: SPEECH AND LANGUAGE SERVICES ARE ACCESSIBLE AND COMPREHENSIVE.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
3.3.1 Increase the capacity of communities and professionals to carry out services.	a.	Build upon training opportunities for early childhood educators, teachers, teacher assistants, community volunteers and parents.	Consultations in some rural areas identified the need for speech and language services has increased about 25%.
	b.	Introduce a pilot program for Speech Language Pathologists and other professionals to link with parents, early childhood education centres, family resource centres, etc.	Consultations identified speech and language as "high needs" across the province.
	c.	Implement applicable recommendations of the "Mackey Report". (For example: Recommendation #12: The Dept. Of Education establish formal dialogue with the Dept. Of Health and Social Services and the Office of the Attorney General to establish a strategy for the development of a comprehensive and collaborative model of service coordination for the province.)	The "Mackey Report" is the Report of the Review of Special Education, Department of Education, 1998.
3.3.2 Develop parental awareness and capacity to enhance children's speech and language abilities.	a.	Investigate training opportunities for parents.	
	b.	Develop and implement a pilot program that would provide training for parents to teach speech and language strategies when communicating with their child.	Parent Workshops offered by Speech Language Pathologists were noted during consultations.
	c.	Increase public and parent education around the sensitive periods for learning for language.	Cross Reference: Key Areas # 12 & #7: Public Education and Parent Support. Notable Practice: Born to Read Kits given to new parents by the Eastern School District Foundation and it's sponsors.

GOAL 3.4: COMMUNICATION DEVICES ARE AVAILABLE AND ACCESSIBLE.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
3.4.1 Increase the use of technology and communication resources for children with special communication needs.	a. Identify technology and communication resources to assist children with special communication needs (i.e. FM Sound Systems, Brail machines, Joysticks, Enlarged Keyboards, etc.) within the early childhood and public school systems as well as in home situations.	Notable Practice: ▸ Fast For Word Program. ▸ Picture Exchange Communication System (PECS) is widely used with Autistic children and other children with communication needs.
	b. Work with partners to increase the availability of hardware and software and ongoing maintenance of equipment to support children with special communication needs.	
	c. Develop a provincial team of experts for specific assisted technology options for children with multi-level needs.	
	d. Provide training to appropriate professionals to ensure effective use of these technologies and resources.	
	e. Provide options for the use of technologies and communication resources and make them more accessible to all children in need and ensure resources are in place to meet these needs.	

GOAL 3.5: FAMILIES OF CHILDREN WITH EXCEPTIONAL NEEDS ARE SUPPORTED.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
3.5.1 Increase supports for parents of children with exceptional needs.	a.	Increase the awareness of and availability of access to respite services for parents and families.	The province is drafting a framework for a PEI Disability Support Program which will consider respite, case management etc. as well as community and government solutions. Notable Practice: Camp Gencheff
	b.	Assist and support parents/guardians in advocating for the needs of their children.	The Association for Community Living has an advocacy program for training parents around advocacy for their children.
	c.	Implement a collaborative team approach to "case conferencing" to ensure children with exceptional needs are supported.	
	d.	Improve access to information about services and support for parents.	Notable Practices: ▸ The PEI Council of the Disabled 's Resource Library ▸ The PEI Asthma Clinic. ▸ The Health Information Resource Centre (HIRC)
	e.	Increase the availability of child care supports for parents who are employed and have children with exceptional needs.	This may require reviewing the funding parameters under the Child Care Subsidy Program for parents with children with exceptional needs.
	f.	Increase the access to child care supports for parents of children with exceptional needs, particularly in rural P.E.I.	Examples: physical accessibility, wheelchair ramps, transportation.

GOAL 3.5: FAMILIES OF CHILDREN WITH EXCEPTIONAL NEEDS ARE SUPPORTED.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
3.5.2 Increase opportunities for family activities.	a.	Work with partners to increase the access of playground and recreational areas for children with exceptional needs.	Notable Practice: ▸ Greenfield Elementary School's Inclusive Playground ▸ Elliot River Dream Park
	b.	Work towards providing a broad spectrum of programs that will be available to a diverse group of children with varying needs.	Notable Practice: ▸ Education Coalition Summer Program ▸ The Inclusionary Program provided by UPEI and Sport PEI ▸ Triple Threats Theatre.
	c.	Increase the opportunities for families to enjoy a broader base of interactive activities.	Examples: aesthetic stimulation, multi-sensory experiences, multi-cultural experiences, computer programs, CAP sites, etc. Notable Practice: Snoezelen Room
	d.	Support and educate communities and schools on ways to include children with exceptional needs in activities and programs.	Notable Practice: ▸ Community Promise Initiative ▸ Inclusion Grants ▸ Wheelchair desks (that grow with the child) within the Western School District.
	e.	Promote the inclusionary nature of community based programs.	Notable Practice: Community Library Programs for preschoolers.

GOAL 3.5: FAMILIES OF CHILDREN WITH EXCEPTIONAL NEEDS ARE SUPPORTED.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
	f. Continue to build upon and support The PEI Community Promise of Inclusion.	The PEI Community Promise of Inclusion was created on October 24, 1998. The promise is: to strengthen our communities by helping all of us feel like we belong; it is about living together in the communities where we can feel welcomed and appreciated.

KEY AREA FOR ACTION #4

CHILDHOOD INJURY

RATIONALE: CHILDHOOD INJURY

Childhood injury has emerged as a serious public health concern in Canada. While this is not a new problem, it is only in recent years that policy makers have begun to address the issue, and to understand the scope of its impact.

Each year, injuries kill more Canadian children and youth over the age of one year than all other causes combined. For every injury-related death, there are 45 hospital admissions and an estimated 1,300 visits to emergency rooms across the country. Yet, it is estimated that more than 90% of these injuries are predictable and preventable.

> Injuries from childhood falls cost Canadians $630 million every year. These are falls that can be prevented by redesigning the structure of playgrounds, targeting hazards in the home and by simply teaching children how to fall.
>
> If these types of prevention strategies reduce the incidence of falls by 20 per cent for children aged 0-9, there would be 1,500 fewer hospitalizations, 13,000 less non-hospitalized injuries, and 54 fewer injuries leading to permanent disability. The net savings could total over $126 million every year.
>
> Health Canada, 2000

Injury rates vary with the child's age, gender, and socio-economic status:

- Boys are much more likely than girls to be hospitalized or to die from injuries - this is true for children younger than one year old, for preschoolers, and for school age children
- In Canada, the leading cause of hospitalization for injuries for babies is for injury related to a fall (CICH, 1996)
- As of 1990, injury was the cause of 40 per cent of all preschool deaths in Canada, 49 per cent of all deaths of children aged 5 to 9 years, and 56 per cent of deaths of children aged 10 - 14 years. However, these rates have been decreasing over the past twenty years: Preschool rates have decreased by 56 percent; rates for 5 to 9 year old children have decreased by 60 per cent. (CICH, 1996)
- Poor children are more likely to die from injuries (CICH, 1996)
- For every preschooler who died from an injury, another 75 were admitted to hospital, and an estimated 1000 sought medical attention (CICH, 1996)

While 1997 hospitalization rates for children from 1-4 years old in PEI are above the Canadian average for this age group, injury hospitalization rates in PEI for the same age group are lower than the Canadian average. (Canadian Institute of Child Health, 2000)

One of the difficulties associated with monitoring the effectiveness of strategies for injury prevention is the lack of accurate monitoring systems. In order to plan for prevention programs we need to understand the types of injuries that are most prevalent, the circumstances in which the injuries occur, the level of supervision of children, and the overall safety of play equipment.

Consultations across PEI and subsequent research by the Healthy Child Development Advisory Committee identified a number of promising and effective PEI strategies and initiatives that focus on injury prevention in children. These are highlighted throughout the following descriptions of goals, objectives, recommended actions, and comments on notable practices.

GOAL 4.1: CHILDREN ON PEI WILL BE SAFE FROM PHYSICAL INJURY.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
4.1.1 Increase awareness of parents and caregivers of the physical safety of children.	a.	Work with community partners to provide a safety package to parents when their child is born.	The Canadian Red Cross Booklet "Child Safe" would be ideal for parent awareness.
	b.	Educate parents, caregivers and the public about the importance of a child's physical needs, i.e. food, clothing, shelter and care.	Cross Reference Key Area# 9 &# 12: Protecting Our Children & Public Education
	c.	Educate parents, caregivers and the public on the need for appropriate supervision of children.	Cross Reference Key Areas # 12 &# 9: Public Education and Protecting Our Children.
	d.	Educate parents, caregivers and the public to be alert for signs of abuse and neglect.	
	e.	Educate parents, caregivers and the public of the tragic consequences of shaking a child of any age, particularly an infant.	Manitoba's Healthy Child Initiative has a 13 minute video available. It is called , "It only takes a moment -Shaken Baby Syndrome". It is targeted to a young population eg. Babysitters.

GOAL 4.1: CHILDREN ON PEI WILL BE SAFE FROM PHYSICAL INJURY.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
4.1.2 Reduce the incidence of childhood injury due to traffic accidents.	a. Expand on current programs that provide infant car seats for families.	
	b. Increase education regarding the proper installation of child restraints particularly during the transition stage after children move from infant seats to child car seats.	
	c. Increase awareness of responsibility and liability for child seat installation and the dangers of purchasing second hand car seats that may not be up to CSA standards or maybe missing parts.	Target installers of car seats as well as parents with education about proper installation. Public Health Nursing are working with early moms on this issue.
	d. Expand on initiatives of public health nursing in monitoring proper installation of car seats.	
	e. Include checks on the approved installation of child restraints in annual vehicle inspection process.	
	f. Call on business and Canadian Standards Association (CSA) to make precise and clearer installation instructions to accompany car seats.	

GOAL 4.1: CHILDREN ON PEI WILL BE SAFE FROM PHYSICAL INJURY.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
	g.	Study factors affecting the decrease in PEI's levels of overall rating on child restraint use after the first year, noting that our percentage rises again in year three.	See Transport Canada's July 25, 1997 Survey on Child Restraints. PEI results indicate that levels of proper use of child restraints range from: 80.0% for children under age 1 54.1% for children 1 - 2 years old 87.5% for children 3-4 years old
4.1.3 Reduce the incidence of childhood injury related to playground injuries.	a.	Require adherence to Canadian Standards Association (CSA) approved standards for playgrounds in all licensed early childhood centres.	This will require all partners to work together to develop a phased in approach. We need to ensure adequate resources for inspection.
	b.	Require adherence to CSA approved standards for playground equipment in all provincial playgrounds.	
	c.	Encourage the federal government, schools, communities and private sector to develop plans to move towards adherence to CSA standards for playgrounds.	Eg. Family Resource Centres, Federal Parks, Municipalities etc.
	d.	Encourage communities and private sector to install CSA playground equipment suitable for very young children.	Consultations told us that there is a lack of equipment in playgrounds suitable for children 3 years and under.
	e.	Introduce lessons that teach children how to fall safely in early childhood / kindergarten / primary grade curriculum.	See web site: www.smartrisk.ca

GOAL 4.1: CHILDREN ON PEI WILL BE SAFE FROM PHYSICAL INJURY.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
	f.	Educate parents and children on the injuries caused due to the unprofessional use of recreational trampolines.	See Health Canada's - Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) 2000-03-09
4.1.4 Reduce the incidence of childhood injury related to bike safety.	a.	Reintroduce legislation to requiring mandatory use of CSA approved bike helmets.	
	b.	Encourage businesses to offer incentives to buy bike helmets when purchasing a bike.	The PEI Bike Helmet Coalition is noted as a Notable Practice for community partnerships.
	c.	Support the work of the Bike Helmet Coalition in raising awareness among school children regarding the use of bike helmets.	Notable Practice: PEI Department of Transportation and Public Works Program: The C-o-o-o-l Pedal Gang. Also see www.coolpedalgang.com..
	d.	Educate parents and children about the need for bright clothing and reflectors when riding a bike at night or during poor visibility.	

GOAL 4.1: CHILDREN ON PEI WILL BE SAFE FROM PHYSICAL INJURY.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
	e.	Build on bike safety instructions given in primary schools.	Cyclists have the same responsibilities as other drivers on the road. The PEI Driver's Handbook provides extensive instructions on care of cyclists on the roads. Promote bike safety through the RCMP and other organizations.
4.1.5 Reduce the incidence of childhood injury related to toys and furniture.	a.	Provide information to parents regarding use of age appropriate toys and furniture for children, especially children younger than three years of age.	Special attention needs to be paid to the purchase of second hand toys and furniture.
	b.	Continue to monitor the use of age appropriate toys and furniture for children in all types of early childhood development programs, including licensed programs and family resource centres.	
	c.	Educate adults on how to make living areas, play areas, sleep areas, and particularly second hand furniture and toys safe for children.	

GOAL 4.1: CHILDREN ON PEI WILL BE SAFE FROM PHYSICAL INJURY.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
4.1.6 Reduce incidence of childhood injury related to the indoor/outdoor home environment.	a. Educate parents on common threats to children's safety, e.g., stairs, open windows, window blind cords, electrical outlets, stoves, hot water, guns, unapproved cribs and playpens, rocking chairs, pets, open water, thin ice, cleaning products, etc.	
	b. Encourage the development of a "Demonstration House" where people could see how children' areas, furniture and toys can be made safe.	The Provincial Fire Department is working with partners to develop a new model.
	c. Promote awareness of a safe sleeping environment for infants.	Safe crib, mattress, pillow and blankets. Cross Reference Key Area # 1: Pregnancy, Birth and Infancy
	d. Educate parents on the dangers involved with the purchase of second hand children's cribs and accessories.	
	e. Promote the installation of carbon monoxide detectors in all homes.	

GOAL 4.1: CHILDREN ON PEI WILL BE SAFE FROM PHYSICAL INJURY.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
4.1.7 Reduce incidence of injuries to children as a result of fire hazards.	a.	Promote the installation and maintenance of smoke alarms and fire extinguishers in all homes.	Encourage Fire Departments to partner with service clubs to provide fire alarms for low income families.
	b.	Continue to support the Fire Department's "Learn not to Burn Program" as a method of educating parents and children about the dangers of fire, smoke inhalation and also of promoting awareness of the stop / drop / and roll routines.	Notable Practices: ▸ "Robotrotics Fire Truck" ▸ "Hazard House"
	c.	Continue to support the Fire Marshall's "Arson Prevention Program for Children ".	This program is used by an evaluator to determine why a person set a fire.
	d.	Provide information to parents regarding hazardous clothing, blankets, and sleepwear as well as fabric used in making children's clothing.	Encourage fabric stores to display information regarding hazardous materials that might be used to make children's clothing.
	e.	Advocate for Federal Regulations regarding hazardous materials used in children's clothing, blankets, and sleepwear.	

GOAL 4.1: CHILDREN ON PEI WILL BE SAFE FROM PHYSICAL INJURY.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
4.1.8 Reduce incidence of farm related injuries to children.	a.	Educate the farming community, parents, caregivers, and children about the dangers of farm machinery.	Leadership in this area is provided by Agriculture Canada and the PEI Federation of Agriculture, and Department of Agriculture and Forestry.
	b.	Work with partners to provide solutions to unique child care needs of families involved in farming.	This is important so that children are not present in the vicinity of operating farm equipment . Cross Reference Key Area #2: Early Childhood Care and Education. Notable Practice: Rural Child Care Initiative.
4.1.9 Increase information on child medicines to parents and caregivers.	a.	Build on the efforts of Pharmacists to inform parents and caregivers of the risks and dangers associated with incorrect dosage levels, frequency of dosages, for various child medicines (i.e. medication for pain, and teething; cough syrup etc.).	

GOAL 4.1: CHILDREN ON PEI WILL BE SAFE FROM PHYSICAL INJURY.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
4.1.10 Reduce the incidence of injury to children playing sports.	a.	Partner with Sports PEI, the community and other Provincial and National sporting bodies to build on efforts to educate parents/caregivers, coaches and children about the proper clothing and equipment needed to prevent accidents and injuries in sports.	Notable Practice: Community groups like Kids Sport helping with the purchase of proper equipment.
4.1.11 Increase opportunities for parents and caregivers to train in First Aid and CPR methods.	a.	Promote the availability of First Aid and CPR training courses in communities and work places.	Notable Practice: The Fisherman's Assoc. plan a professionalization and certification program which will require First Aid / CP training in 2001. Other community groups also encourage the use of CPR and first aid courses.
	b.	Encourage parents and caregivers to attend First Aid / CPR training courses.	The Coast Guard will require First Aid/CP training for the Fisher Master Level 4 in 2002.

GOAL 4.1: CHILDREN ON PEI WILL BE SAFE FROM PHYSICAL INJURY.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
4.1.12 Reduce incidence of injury or death caused by drowning or water hazards.	a. Promote water safety and swimming instruction to all pre- school and school age children.	Notable Practices: The Canadian Red Cross's ▸ Learn to Swim ▸ Child Safe ▸ People Savers.
	b. Promote greater public awareness of safe water and boating practices.	Caution is needed for: unsupervised beaches, use of life jackets, and substance use /abuse.
	c. Support the inclusion of water safety awareness in public school curriculum and in relevant work place training.	The PEI Canadian Red Cross statistics indicate that adults and children need more water safety training, particularly in respect to boat safety.
	d. Encourage parents and caregivers to constantly supervise children near open water, ice covered water, and pools.	
	e. Work with government and municipal partners to build on existing regulations/by-laws governing safety requirements for in ground swimming pools.	Provincial regulations governing swimming pools and water slides are currently being developed by the Department of Health and Social Services and the Office of Attorney General.

GOAL 4.2: PRINCE EDWARD ISLAND WILL HAVE A WELL DEVELOPED SYSTEM OF TRACKING AND MONITORING CHILDHOOD INJURIES.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
4.2.1 Increase provincial capability of tracking and monitoring childhood injuries.	a. Introduce requirements for all licensed early childhood programs and schools to report incidents of injury or death to parents / caregiver and to the licensing authority and to monitor this through the licensing process.	A number of provinces have models in place that may be considered as Notable Practices.
	b. Build upon existing reporting systems for all hospital emergency rooms, clinics and nursing units to report incidence and track numbers, types, and causes of childhood injuries or deaths.	Fatal farm and hospitalized farm injuries for Canada are reported by Canadian Agricultural Injury Surveillance Program sponsored by Agriculture and Agri-Food Canada. PEI Federation of Agriculture subscribes to the annual reports. Systems in place now include: The Medical Record Abstracting System And The ICDIO Coding System.
	c. Introduce reporting system for all physicians, dentists and all health care professionals to track numbers, types, and causes of childhood injuries and death.	
	d. Establish a committee to review all childhood fatalities with a view to prevention.	Notable Practice: The Northwest Territory 's Childhood Fatality Review Committee.

KEY AREA FOR ACTION #5

CHILDREN'S MENTAL HEALTH

KEY AREA FOR ACTION: CHILDREN'S MENTAL HEALTH

Children's effectiveness in dealing with the social world emerges largely from experiences in close relationships with both adults and other children, supplemented by direct guidance and instruction. The expectation that a child's early experiences with caregivers will result in attitudes that will influence his or her later orientation to other adults and children is supported both by psychological theory and by research. A child who has a history of caring supportive relationships with caregivers will develop "secure" attachments. Children with secure attachments can be expected to perceive themselves as worthy of love and will approach others, including peers, with positive expectations. (Docherty, 1997)

Scientists believe that the critical period for peer social competence begins around age three, when a spontaneous interest in playing with other children rather than simply beside them emerges, and probably extends to around age six or seven. (Docherty, 1997) Research also indicates that as early as age four, children are well on the way to establishing their peer contact style. Children who have a pattern of positive interaction with peers as four year olds get along well with their kindergarten classmates when they are five year olds. Children who have a pattern of disruptive and/or aggressive behaviour with peers as four year olds carry this behaviour into kindergarten and tend to be disliked by their classmates. (Ladd and Price, 1987, reported in Docherty, 1997)

> Emotionally, young children have great needs for security and nurturing. During the early years, children are learning a sense of who they are and developing self esteem. They rely heavily on support, encouragement, and feedback from the adults in their lives.
> Canadian Institute of Child Health, 1994

Since emotional development in young children depends on feedback from their parents and other significant caregivers, it is important for adults in the child's life to have a good understanding of developmental characteristics and normal expectations related to behaviour and social development. Such an understanding will not only provide support and comfort to parents of young children, but will also result in appropriate responses to normal developmental stages.

Some children, however, will display behaviours for which they and their parents will need professional support and intervention. It is crucial that this kind of early intervention be available to children and their families, in order to prevent an increase in the level of difficulty.

In young children, emotional and behavioural problems are generally included under the following headings:

- **Conduct disorder**, which is characterized by aggression , either physical (getting into fights, threats, cruel or bullying behaviours toward others, kicks, bites or hurts other children) or indirect (tries to get others to dislike a person, says means things behind a person's back, tells another's secrets to a third person, uses friendships as revenge to others), or a violation of social norms (stealing at home or outside of home, vandalization of property, destroys own things or things belonging to others)

- **Hyperactivity**, which is characterized by inattention, impulsivity and motor activity

- **Emotional disorder**, which is characterized by feelings of anxiety or depression

Some children may present with one or more of the above. For young children, the presence of one or more of these problems may result in repetition of a school year and/or impairment in social relationships.

The responsibility for the mental health of children in PEI rest with all Islanders. Prevention activities and early intervention efforts are integrated throughout this strategy, reflecting a broad based effort. This is an aspect of child development in which parents, extended family, neighbourhood and community members play a role. Promotion of Children's Mental Health is evident in recreational programs, sports, school, church, arts and culture, and family life.

GOAL 5.1: PARENTS AND PROFESSIONALS WILL HAVE A GREATER UNDERSTANDING OF THE NATURE OF CHILDREN'S MENTAL HEALTH DURING INFANCY PERIOD			
OBJECTIVE		**RECOMMENDED ACTIONS**	**COMMENTS**
5.1.1 Increase parents' awareness of impact of lifestyle choices during pregnancy that have impact on children's behaviours.	a.	Develop a coordinated public awareness campaign regarding the impact of lifestyle choices, especially the use of alcohol and drugs, on pregnancy and birth, and their subsequent impact on children and their behaviours.	Manitoba, Saskatchewan and Alberta have partnered to launch a comprehensive campaign on prevention of fetal alcohol syndrome /effects. Public Health does work in this area now. Build upon the current efforts of Public Health in this area. Cross Reference Key Area #12: Public Education.
	b.	Continue to provide information at the intermediate and senior high school level regarding the impact of lifestyle choices on pregnancy and birth, and their subsequent impact on children and their behaviours.	This information should be available to all high school students. PEI's Tobacco Reduction Strategy is a Noptable Practice in terms of school information.
	c.	Develop mechanisms to accurately measure the scope of fetal alcohol syndrome and fetal alcohol effects in PEI children.	
	d.	Introduce warnings on beer, wine and spirits regarding the danger of alcohol consumption during pregnancy.	Cross Reference Key Area #1: Pregnancy, Birth and Infancy.

GOAL 5.1: PARENTS AND PROFESSIONALS WILL HAVE A GREATER UNDERSTANDING OF THE NATURE OF CHILDREN'S MENTAL HEALTH DURING INFANCY PERIOD			
OBJECTIVE		**RECOMMENDED ACTIONS**	**COMMENTS**
5.1.2 Increase understanding of parent-child attachment and its impact on infant mental health.	a.	Include information on attachment and infant mental health in all prenatal classes and baby clinics.	
	b.	Support and sponsor training for public health nurses and other appropriate persons on attachment and infant mental health.	
	c.	Build on the efforts to monitor for attachment difficulties during home visits and "well baby" clinics sponsored by public health nursing and reinforce the importance of attachment to parents.	
	d.	Evaluate the effectiveness of the pilot project 'Best Start" in addressing attachment issues.	Program evaluation for the Best Start pilot project is underway, and sponsored by the National Crime Prevention Fund.

GOAL 5.1: PARENTS AND PROFESSIONALS WILL HAVE A GREATER UNDERSTANDING OF THE NATURE OF CHILDREN'S MENTAL HEALTH DURING INFANCY PERIOD		
OBJECTIVE	**RECOMMENDED ACTIONS**	**COMMENTS**
5.1.3 Increase awareness of post partum depression and its impact on Children's Mental Health.	a. Continue to include information on post partum depression in all prenatal classes and community based programs for parents.	Many women with postpartum depression continue to exhibit significant symptoms 6 months after childbirth, which can result in greater parenting stress, less attachment to their infants, and have negative effects on infant development. The Psycho-Social assessment project should help these efforts. There appears to be a critical window for parent/child attachment between 12 and 18 months of age. If the mother is suffering from post partum depression, it is important for the father or other significant caregiver to provide support for the infant and mother at this time.
	b. Enhance ongoing training for public health nurses and other appropriate persons on the subject of post partum depression.	
	c. Enhance ongoing efforts to monitor for symptoms of post partum depression during home visits, "well baby" clinics sponsored by public health nursing, and physician visits.	
	d. Review the Best Start evaluation regarding the effectiveness in identifying symptoms of post partum depression.	
	e. Increase levels of support to spouses, partners, and families of women who are experiencing post partum depression or helping women who are experiencing post partum depression.	

GOAL 5.1: PARENTS AND PROFESSIONALS WILL HAVE A GREATER UNDERSTANDING OF THE NATURE OF CHILDREN'S MENTAL HEALTH DURING INFANCY PERIOD

OBJECTIVE	RECOMMENDED ACTIONS	COMMENTS
5.1.4 Increase the level of supports to parents of newborns during the infancy period.	a. Supplement information to new parents before they leave the hospital about community based services and programs for new parents.	Include this in the package of information that is given to new parents.
	b. Establish a "warm line" through existing family resource centres for new parents to have a link to other parents who could offer positive suggestions.	It is extremely difficult for women with a new infant when there are other children at home, and either the mother is a single mother, or the father is working outside the home. The decline in the extended family has reduced the number of supports to women upon return from the hospital with a newborn. This adds levels of stress on the mother, as responsibilities have increased.
	c. Evaluate the impact of information to new parents involved with the pilot program "Best Start".	
	d. Explore possibilities for expanding in-home support to families at risk utilising community and government resources.	

GOAL 5.2 PARENTS AND PROFESSIONALS WILL HAVE A GREATER UNDERSTANDING OF THE NATURE OF CHILDREN'S MENTAL HEALTH DURING THE PRESCHOOL YEARS

OBJECTIVE	RECOMMENDED ACTIONS	COMMENTS
5.2.1 Increase parental understanding of developmental characteristics of behaviour during the preschool years.	a. Provide a package of easy to understand information for parents on developmental characteristics of preschool behaviour as well as strategies for coping with children's behaviours.	There are numerous resources available on preschool behaviour - these should be reviewed for suitability.
	b. Establish an assessment process to differentiate between normal developmental behaviours and those that require special interventions.	The Children's Mental Health Coalition is providing leadership in this area.
	c. Establish an early intervention program to address challenging preschool behaviours.	
	d. Ensure availability of information on children's behaviour in all appropriate audio and visual formats, including electronic media.	
	e. Utilize the opportunity provided during "Well Baby" clinics sponsored by public health nursing to discuss behaviour and provide information to parents	
	f. Continue work to ensure teen parents are provided with current, relevant information on developmental characteristics of pre-school behaviour through school based and community programs .	Notable Practices: ▸ Souris and Montague Youth Health Teams and Social Support Programs ▸ Graduation is For Teen Moms (G.I.F.T.) program ▸ LIPPY Program in East Prince and Francophone Community ▸ West Isle Social Support Program
	g. Explore every option to promote increased parental awareness.	

GOAL 5.2 PARENTS AND PROFESSIONALS WILL HAVE A GREATER UNDERSTANDING OF THE NATURE OF CHILDREN'S MENTAL HEALTH DURING THE PRESCHOOL YEARS			
OBJECTIVE		**RECOMMENDED ACTIONS**	**COMMENTS**
5.2.2 Increase the capacity of early childhood educators and other professionals who work with preschool children to understand nature of behavioural challenges and effective interventions.	a.	Provide ongoing professional development for those who are working with preschool children, to ensure that they are well informed about normal behavioural characteristics of preschool children, and that they have relevant information to provide to parents and colleagues.	The PEI Early Childhood Development Association coordinates on-going professional development and in-service training opportunities.
	b.	Provide ongoing support to early childhood centres and family resource centres regarding behavioural challenges and interventions that they may be able to implement, and which may be demonstrated to parents of children who are attending these programs.	
	c.	Provide training to child welfare staff and others in the field regarding such topics as impact of abuse, neglect, and/or separation on behaviours of preschool children.	

GOAL 5.3 PARENTS AND PROFESSIONALS WILL HAVE A GREATER UNDERSTANDING OF THE NATURE OF CHILDREN'S MENTAL HEALTH DURING THE EARLY SCHOOL YEARS			
OBJECTIVE		**RECOMMENDED ACTIONS**	**COMMENTS**
5.3.1 Increase parental understanding of behavioural characteristics of this age group.	a.	Develop a package of easy to understand information to parents on behavioural characteristics of children in their early school years, including impact of peer pressure and transition from preschool.	There is a great deal of information already in existence that could be used in this package.
	b.	Utilize existing vehicles such as home and school associations, service clubs, guidance, and parent newsletters to provide information to parents and caregivers.	
5.3.2 Ensure early assessment, diagnosis and treatment for learning difficulties that can have an effect on children's self esteem and behaviour.	a.	Ensure that children receive early assessment and diagnosis for cognitive delays and learning disabilities and have timely access to supports and resources.	Cross Reference Key Area #8: Screening and Assessment.
	b.	Ensure that children receive early assessment and diagnosis for speech and language difficulties, and have timely access to therapy to lessen the effect of these difficulties on behaviour.	
	c.	Work with partners to ensure that mental health assessments are available when warranted and there are timely access to resources and supports.	

GOAL 5.4 PRINCE EDWARD ISLAND WILL USE A MULTI-SECTORAL AND INTEGRATED APPROACH TO ISSUES AFFECTING CHILDREN'S MENTAL HEALTH			
OBJECTIVE		**RECOMMENDED ACTIONS**	**COMMENTS**
5.4.1 Develop a comprehensive framework for Children's Mental Health.	a.	Support and continue the work initiated by the Departments of Health and Social Services and Education, Transition House Association, Early Childhood Development Association, Queen's Region, Kids West (Family Resource Centre) through leadership and sponsorship of forums on children's mental health.	Children's Mental Health Forums in June and November 1999 began to develop a provincial framework.
	b.	Establish a Comprehensive Children's Mental Health Program.	The PEI Provincial Government's 2000/2001 budget has allocated $250,000 for Children's Mental Health.
	c.	Support initiatives being pursued by the Department of Health and Social Services and the Queen's Region to develop a clinical response for children who have mental health problems.	
	d.	Explore feasibility of community based responses for child who have mental health problems and their families.	
5.4.2 Establish a multi-sectoral Children's Mental Health Coalition.	a.	Provide through the Coalition the overall direction for the development of Children's Mental Health programs.	As a result of the November 1999 Children's Mental Health Forum, a Children's Mental Health Coalition has been established.

GOAL 5.4 PRINCE EDWARD ISLAND WILL USE A MULTI-SECTORAL AND INTEGRATED APPROACH TO ISSUES AFFECTING CHILDREN'S MENTAL HEALTH			
OBJECTIVE		**RECOMMENDED ACTIONS**	**COMMENTS**
5.4.3 Support and enhance the establishment of Children's Mental Health multi-service teams.	a.	Support the model of the Multi Agency Service Teams (MAST) in Queen's Region.	This program focuses on finding in-school/local solutions to behavioural and emotional student problems and promotes school retention focussing on health, mental health, education and youth justice issues.
	b.	Support the ongoing work of the Preschool Assessment Teams.	This approach provides comprehensive multi-disciplinary assessments on preschool children with developmental delays. Areas of focus are speech, occupational therapy, and psychology.
	c.	Explore the feasibility of introducing these approaches in other areas of the province and support the establishment of additional programs.	

KEY AREA FOR ACTION #6

LITERACY

RATIONALE: LITERACY

Two of the most important indicators of success of a society are the level of literacy of its children and youth, and the extent of disparities in literacy skills among children and youth with differing characteristics and family backgrounds. These indicators denote the success of families, schools, and communities in producing a literate society.

Literacy has traditionally been defined as the ability to read and write. Our current understanding of literacy, however, has expanded to include the abilities to use technology and media, to access and use information, and to make sense of visual texts. We also think of literacy as occurring in a variety of contexts: school (reading books, responding to texts through writing); daily life (writing letters to family, writing a shopping list, reading a t.v. guide or bus schedule); religious life (reciting prayers, singing hymns). Individuals use different literate behaviors in different contexts.

What happens for the child at the preschool level sets the foundation for supporting future literacy development. A child's experiences with oral language are central to the development of literacy. Young children need many opportunities to interact in positive ways with parents and other role models. For example, they need to participate in conversation and to hear books read aloud. Engaging in symbolic play is another important way to lay the foundation for the development of literacy.

Because of the enormous social and economic consequences of the cycle of poverty and low literacy, it is clear that meaningful efforts to prevent and decrease literacy problems must begin with children at a very young age before the cycle of underachievement becomes firmly established.

Research indicates that family literacy programs are effective, and that children, parents, families as units, and society benefit through:

- improved school achievement through increased parent involvement in education
- more regular school attendance
- improvement in general knowledge and accelerated oral language development
- improved reading, writing, social skills, self-esteem, and attitudes toward school
- increased knowledge around parenting and child development
- greater involvement of families in education
- families becoming emotionally closer and tending to engage in more literate behaviors
- reduced rates of high school drop outs, teen parents, joblessness, and social alienation (Padak, 1997)

GOAL 6.1: ENSURE FAMILY LITERACY IS A COMMUNITY BASED EFFORT THAT PROMOTES AND SUPPORTS LIFE-LONG LEARNING OF CHILDREN WITHIN THEIR FAMILIES AND COMMUNITIES		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
6.1.1 Increase the number of community based activities that support family literacy.	a. Increase community's/society's understanding of the meaning and contribution of family literacy.	
	b. Promote the Strategic Plan for Family Literacy on P.E.I.	This strategy was developed by the PEI Family Literacy Advisory Committee.
	c. Deliver family literacy programs and strategies through an integrated delivery system. Partnerships may include governments, organizations, businesses and communities.	Notable Practices: ▸ Adult Basic Education Literacy Initiative (sponsored by Province and Labour Market Development Agreement) ▸ Kiwanis/Eastern School District "Born to Read Project"; ▸ Workplace Education Program; ▸ Project L.O.V.E. - Let Older Volunteers Educate; ▸ Kids' summer reading programs at libraries across the Island and West Prince Opportunity Centres
	d. Provide family literacy programs and strategies that respond to the unique needs of children, families and communities.	
	e. Introduce and promote literacy programs through the community and among businesses/ malls (i.e. book stores).	

GOAL 6.1: ENSURE FAMILY LITERACY IS A COMMUNITY BASED EFFORT THAT PROMOTES AND SUPPORTS LIFE-LONG LEARNING OF CHILDREN WITHIN THEIR FAMILIES AND COMMUNITIES			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
6.1.2 Increase opportunities to promote literacy in young children	a.	Make oral language development and the development of positive attitudes to books a key focus of early childhood programs.	Imperial Order of the Daughters of the Empire (IODE) Program - Learning Begins
	b.	Work with parents to create a greater awareness of sensitive periods for learning and the important contribution they make to their child's literacy success.	
	c.	Build on Toy Lending Library Program concept to support literacy at the community level.	
	d.	Make read-aloud programs a component in the curriculum for early childhood programs across the province.	Cross Reference Key Area #2: Early Childhood Care and Education. Encourage similar practice in Family Resource Centres.
	e.	Make literacy development an important component of a province wide kindergarten curriculum.	Development and pilot implementation of kindergarten curriculum is presently underway.
	f.	Provide in-service training for early childhood educators and primary school teachers to help them further gain the knowledge and teaching strategies necessary to assist children to become literate.	Work with appropriate professional organizations.

GOAL 6.1: ENSURE FAMILY LITERACY IS A COMMUNITY BASED EFFORT THAT PROMOTES AND SUPPORTS LIFE-LONG LEARNING OF CHILDREN WITHIN THEIR FAMILIES AND COMMUNITIES			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
6.1.2 Increase opportunities to promote literacy in young children, *continued*	g.	Provide early assessment and intervention services to children who are experiencing literacy difficulties.	Notable Practice: Reading Recovery Observation of Early Literacy Achievement
	h.	Ensure that the current child-staff ratio (12:1) for kindergartens is maintained.	
	i.	Support efforts to have maximum class size in the primary grades be 20 students.	Principals, counsellors, specialist teachers are all included in the present staffing formula. This drives up class size. A cap on class size for primary classes is a must and should not be at the detriment of other grades. During public consultations we repeatedly heard the need expressed for low class size in the primary grades. The PEI Teachers Federation and the PEI Home and School Federation have passed resolutions supporting class size, and are providing leadership in this area.

KEY AREA FOR ACTION #7

PARENT SUPPORT

KEY AREA FOR ACTION: PARENTAL SUPPORT

"The new evidence is a celebration of what good mothering has done for centuries. Parents have always known that babies and young children need love and care." (McCain and Mustard, Early Years Report, 1999)

Parents play a critical role in the lives of children. Research emphasizes the importance of family stability (including socio-economic stability), close, warm and supportive relationships and security as protective factors in the lives of children. Parents and families provide the primary social support network for children, and such support promotes well-being, increases the use of effective coping strategies and decreases stress. (National Council on Crime Prevention, 1996)

In Canada, the National Longitudinal Surveyof Children and Youth (NLSCY) has examined the influences of parental involvement (times per week the parent engages the child in talking, reading, playing, laughing, praising, and doing special things) on behaviour and preschool vocabulary, controlling for socio-economic variables. Results indicate that children who experience higher levels of parental involvement have fewer behavioural disorders and exhibit more pro-social behaviour. The effect of parental involvement on these outcomes is greater than the effect of socio-economic status and family structure. (Cook and Willms, 1998)

> In Prince Edward Island, there were approximately four times as many divorces in 1990 as there were in 1970.
>
> **Women in Prince Edward Island: A Statistical Handbook, 1996**

Parents want to care for, bond with, and enjoy their children. They know as well as the experts that spending extended periods of time with infants and young children improves outcomes and the factors contributing to them. Consistently, in our consultations across PEI, parents told us that they wanted to do their best in raising their children, but that from time to time they needed help, either in the form of information about child development, information and assistance with difficulties (e.g., dealing with temper tantrums), support through times of family crises, and help in balancing the competing demands on their time.

Many parents told us that they needed help in finding and affording good child care, so that they could maintain their employment, and feel confident that their children were happy and safe. While the majority of parents in Prince Edward Island (and Canada) are involved in the work force, supports that assist parents in balancing work and family responsibilities are generally insufficient to alleviate the stress involved in trying to earn a living and care for children.

The number of requests for parental information, resources, and supports reinforced the messages from parents that we heard in 1993, during the province wide consultations for the development of Health Canada's Community Action Program for Children. At that time, as in 1999, parents identified the need for parent education as a priority.

While the most consistent message we heard was that parents needed help in balancing work and family responsibilities, a number of specific needs were also emphasized. Young and inexperienced parents and especially teen parents who are trying to finish requirements for their high school diplomas present a different set of challenges. Parents of children with special needs have unique situations, which vary with each child. Many parents provide foster care for children with a range of complex issues. Some parents are also providing care for elderly or ill family members. Marital separation and divorce have resulted in many parents who share responsibility for children from two homes. The structure of families is different from what it used to be. In 1967, 65% of all Canadian families consisted of a male wage earner with a stay - at - home spouse. In 1990, this traditional family structure accounted for only 15% of Canadian Families. In Prince Edward Island, almost 78 per cent of all husband-wife families (with and without children) now have both spouses working outside the home. In fact, between 1985 and 1990, the number of husband wife families with only the husband working outside the home decreased by 32 per cent. (Women in Prince Edward Island, A Statistical Handbook, 1996)

The changing role of women represents a significant social change in the last generation. The ever increasing numbers of women, and in particular women with young children, in the work force has meant greater independence and economic opportunity for women. However, women still carry primary responsibility for children and family matters. Employment policies do not always recognize the need to support women in the balance of work and family responsibilities.

In addition, many women carry the dual responsibility of caring for children and aging parents. These competing responsibilities have added to the "time crunch" many parents feel as they cope with these demands.

One of the biggest stressors for parents is the ongoing challenge to provide for the basic needs of their children. Statistics Canada (1996) reports that family incomes in PEI ($47,125) are lower than the Canadian average ($54,583).

> "The terms"two parent family" and "lone parent family" conceal the significant diversity in family structure and family paths. Whatever their current family structure, many children have experienced one or more restructuring of their families, which occur as a result of marriage, separation , divorce and death."
>
> **The Health of Canada's Children, 2000**

Women in PEI have one of the highest rates of labour force participation in Canada. Only Alberta's rate of 65.5 per cent exceeded the participation rate for PEI women at 62 per cent in 1996. The Canadian average rate was approximately 59 per cent. Women, however, reported employment income at an average of $14,724 per year. Of these women, 36 per cent worked full-year, full-time for an average annual income of $25,129. The remaining 61 per cent worked part-time or part-year for an annual employment income of $9007. (Statistics Canada, 1996 census data)

During 1996, PEI's percentage of families in low income was lower than the Atlantic and the Canadian average. However, the 1996 figure is cause for concern, as PEI exhibited the greatest growth over the previous year. From 1995 to 1996, the percentage of low income families increased from 14.2% to 18.5 per cent, while the Canadian average remained stable.

The Centre for International Statistics (Ottawa) has documented that children who grow up in poor families are far more likely than children whose families are not poor to show signs of serious health, mental health and developmental problems. There is solid evidence that children from poorer communities have more than twice the rate of infant death, low birth weight, admission to hospital, school drop out, poor school performance, and psychiatric disorders (which includes rates of both hyperactivity and emotional disorders).

The National Longitudinal Survey of Children and Youth (NLSCY) is paying particular attention to the role of parents in determining child outcomes. Researchers have recommended that all parents need to be informed about the importance of their parenting practices, and that parents who seek information about parenting are responsible and caring. Parents will be encouraged by the knowledge that positive parenting can help their children overcome difficulties they may face. Parents will also be less prone to fatalistic beliefs about their capacity to make a difference in their children's lives because of other circumstances.

For PEI, it is encouraging to note that during the 1994-1995 research data collection period, the NLSCY found that of the estimated 23,000 children in Prince Edward Island between the ages of birth and 11 years, 94 per cent live in "effectively functioning families". The Canadian average for effective family functioning, consistant parenting and positive parent-child interaction, between the ages of birth and 11 years, is 92 per cent. (Statistical Report on the Health of Canadians, 1999)

"Children are our priority, and parents are the foundation upon which this strategy is built."

PEI Healthy Child Development Advisory Committee, January 2000

GOAL 7.1: PARENTS WILL BE ABLE TO PROVIDE FOR THEIR CHILDREN'S BASIC NEEDS FOR FOOD, CLOTHING, AND SHELTER.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
7.1.1 Increase the ability of parents to meet basic needs of children for good nutrition, clothing, and safe, affordable housing.	a.	Continue to review rates for financial assistance, especially for families with children, particularly children under age three.	Costs associated with young children (ie. diapers, formula) are higher. Healthy Child Development enabling conditions would call for regular evaluation to cover basic needs and to allow for participation in community life.
	b.	Provide parents with information and programs on low-cost, easy to prepare nutritious meals for children.	Notable Practice: Community Kitchens
	c.	Encourage community based initiatives that promote good nutrition for young children.	Notable Practices: ▸ Montague Consolidated School Snack Program ▸ New Brunswick Hungry Kids Programs
	d.	Explore feasibility of introducing a PEI child benefit, including the possibility of creating a new model for providing funds to parents on behalf of young children.	
	e.	Review housing policies for families with young children, including levels of financial assistance for adequate housing.	Currently providing: Family Housing Programs Rent Supplement Programs Coop Housing Program

GOAL 7.1: PARENTS WILL BE ABLE TO PROVIDE FOR THEIR CHILDREN'S BASIC NEEDS FOR FOOD, CLOTHING, AND SHELTER.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
	f. Increase minimum wage levels.	Based on Healthy Child Development principles, there should be a positive correlation between minimum wage levels and measures for determining poverty. Healthy Child Development principles would call for regular evaluation of income levels required to cover basic needs and allow for participation in community life.

GOAL 7.2: PARENTS WILL BE SUPPORTED IN BALANCING WORK AND FAMILY RESPONSIBILITIES.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
7.2.1 Increase financial supports to parents to assist with the cost of child care.	a. Revise income test levels and per diem rates for Child Care Subsidy Program on a regular basis.	
	b. Establish the Child Care Subsidy Program as an initiative apart from the Welfare Assistance Program with policies that are responsive to parent needs and that emphasize good quality child care choices.	Financial assistance is a program of last resort. Policies and regulations associated with financial assistance are not always supportive of parents who are employed and require child care. Also the referral to family support orders should be a matter of choice by the parent or caregiver. Cross Reference Key Area #2, Early Childhood Care and Education
	c. Develop a component to the child care subsidy program to assist parents who are self employed and/or working in home based businesses to have access to child care .	65% percent of PEI entrepreneurs are home-based. 72% of Canadian home based businesses are in rural areas. 18% of these operators have at least one child under 6 years. Of the 54% of home based business owners with a working spouse, 77% were women when a pre-school aged child was present. (Source: Statistics Canada: Perspectives 1998, Home Based Entrepreneurs)

GOAL 7.2: PARENTS WILL BE SUPPORTED IN BALANCING WORK AND FAMILY RESPONSIBILITIES.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
7.2.2 Increase the number of businesses in the private and public sectors that provide family friendly work place policies.	a. Increase awareness and appreciation of parental responsibilities among employers and employees.	
	b. Encourage the inclusion of information about the importance of supporting parents in business course curriculum at both UPEI and Holland College.	
	c. Increase the availability of flexible working conditions, e.g., job sharing, flex hours, parental leave for children's needs, parental leave benefits for birth/adoption of child.	Notable Practice: Treasury Board of Canada Policies. Partner with local Chambers of Commerce.
	d. Work with partners to initiate a program to educate employers about the benefits of family friendly work place policies.	
	e. Government to review its employment policies to show leadership in supporting parents, particularly those with young children, to balance work and family responsibilities.	The duration of typical childhood illnesses usually require a longer recovery time. (eg. childhood diseases such as measles, chicken pox, mumps, etc.)
	f. Provide flexible workplace policies for workers in high stress areas to ensure their health and the health of their families.	

GOAL 7.2: PARENTS WILL BE SUPPORTED IN BALANCING WORK AND FAMILY RESPONSIBILITIES.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
	g. Work to ensure employer fairness around job security and post birth/adoption leave.	Requires change to Employment Standards Act.
7.2.3 Increase parents' ability to access high quality child care arrangements for children younger than two years old.	a. Study the feasibility of introducing a satellite system of family day care homes for infant care	Satellite system refers to a model that includes a centre based child care facility serving as a support and cross referral to several family day care homes.
	b. Study feasibility of developing a parent referral service for infant child care arrangements.	
	c. Develop a licensed infant child care certificate for infant family day care home supervisors.	This may require a change in the regulations.
7.2.4 Increase parents' ability to access high quality child care arrangements within flexible models	a. Explore options for parents in need of a system of extended hours child care, for parents who work outside of the Monday - Friday, 8:00 am -5:00 pm schedule.	
	b. Study feasibility of developing parent referral services for unique needs for child care.	

GOAL 7.2: PARENTS WILL BE SUPPORTED IN BALANCING WORK AND FAMILY RESPONSIBILITIES.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
	c.	Work with partners to explore options for a flexible model for rural childcare.	Notable Practice: The "Rural Child Care Project" was implemented by the Department of Health and Social Services and Agricultural Employment Services in summer of 1990 to provide child care in the child's own home for farm families.

GOAL 7.3: TEEN PARENTS WILL HAVE THE KNOWLEDGE, SKILLS, AND ATTITUDES TO ACHIEVE HEALTHY OUTCOMES FOR THEMSELVES AND THEIR CHILDREN.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
7.3.1 Teen Parents will have the support they need to finish high school.	a.	Ensure support for teen parents is available in all Island high schools with links to intermediate schools.	PEI Teen Parent Social Support Program has assisted in the establishment of such programs in 11 of 12 Island high schools.
	b.	Work with partners to ensure policies within the education system which are open and flexible (time and delivery, not requirements) to work with teen parents to help them graduate high school at the highest possible levels.	

GOAL 7.3: TEEN PARENTS WILL HAVE THE KNOWLEDGE, SKILLS, AND ATTITUDES TO ACHIEVE HEALTHY OUTCOMES FOR THEMSELVES AND THEIR CHILDREN.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
	c. Provide flexibility in the education system for meeting credit requirements where attendance has been difficult due to child related issues (ie maternity/sick leave for child or parental illness).	Teen Parent Social Support Program has identified this as a concern.
	d. Identify mechanism to reach teen parents who have dropped out of school.	
7.3.2 Teen Parents will have access to services which are provided in a non-judgmental manner.	a. Increase sensitivity in Financial Assistance Program Services, Justice and Education through training to the issues associated with teen parenting.	Build upon the PEI Teen Parent Social Support Program's work in these areas.

GOAL 7.4: PARENTS WILL BE WELL INFORMED ABOUT HEALTHY CHILD DEVELOPMENT.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
7.4.1 Increase knowledge of normal developmental milestones and expected behaviours	a. Introduce information on current brain research , especially "sensitive periods for learning" in intermediate and senior high schools	This information would also available from public health nurses in high schools
	b. Increase information available to parents during pregnancy through physicians and community based programs such as Community Nutrition, Public Health, and Child and Family Services.	
	c. Develop, in partnership with the media, public service announcements and on-going newspaper columns on child development.	Globe and Mail family issues and Eastern Graphic articles on Health Promotion are seen as models to build on. Cross Reference Key Area #12: Public Education.
	d. Develop user friendly materials and programs to inform and support parents.	Notable Practice: ▸ Pampers and Health Canada's Child Health Record. This is a record to be used by families to keep track of their children's developmental milestones. www.pampers.com ▸ Community Schools are seen as a Notable Practice as a model to reach parents.

GOAL 7.4: PARENTS WILL BE WELL INFORMED ABOUT HEALTHY CHILD DEVELOPMENT.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
7.4.2 Increase knowledge and action on sensitive periods for learning.	a.	Introduce information on sensitive periods for learning as part of curriculum in intermediate and senior high schools.	Consultations expressed the desire to see this information available at the intermediate school levels
	b.	Introduce information on sensitive periods for learning as part of prenatal classes.	
	c.	Work with partners to provide information resources to physicians and public health nurses so that it can be shared and explained during baby/child visits.	
	d.	Partner with media to provide public service announcements on television and radio.	Cross Reference Key Area #12: Public Education.
	e.	Include information on sensitive periods for learning in appropriate curriculum at Holland College and UPEI for all who will be working in various capacities with parents and young children.	

GOAL 7.5: PARENTS WILL HAVE ACCESS TO APPROPRIATE PROGRAMS AND SERVICES.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
7.5.1 Increase availability, access to, and participation in various types of programs for parents, including workshops, parent education, and family resource centres.	a.	Continue to promote parenting programs in family resource centres, senior high schools, youth centres, work places, and through public health nursing.	A desire for these programs in French was identified during the Francophone consultation.
	b.	Work with partners to ensure universal access to programming, while maintaining targeted programs to "high risk" populations.	"In fact, on the basis of sheer numbers, the middle class is host to the greatest number of children in difficulty.' (Source: Health Canada, Minister Alan Rock, January 28, 2000 www.hc-gc.ca.)
	c.	Eliminate user fee for parent education programs and prenatal programs.	These fees were eliminated as of April 1, 2000.
	d.	Introduce a system of community based grants to allow parents to design and deliver parent programs.	See description of programs in New Brunswick (1996) - Marilyn Trenholme
	e.	Continue to investigate other methods of program delivery that are more user friendly to parents, eg., videos.	
	f.	Develop options to address transportation and child care as two of the main barriers to participation in programs.	Eg. Outreach programs, car pooling, awareness of transportation provided by some family resource centers.

GOAL 7.5: PARENTS WILL HAVE ACCESS TO APPROPRIATE PROGRAMS AND SERVICES.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
7.5.2 Increase number of foster care families.	a. Provide ongoing and increased support to existing foster parents.	
	b. Increase respite options.	
	c. Provide training sessions as identified by foster families.	Build on initial training of Looking After Children Assessment Model.
	d. Increase public awareness on need and role of foster families.	
7.5.3 Adoptive parents will have equal access to programs and services.	a. Ensure Federal and Provincial employment policies support both biological and adoptive parents.	Federal implementation of new policies in this area will become effective December 31, 2000.
	b. Encourage private and non-profit employers develop policies that support equal leave opportunities for both biological and adoptive parents.	Partner with local Chambers of Commerce and industry groups.
	c. Implement Subsidized Adoption program.	PEI is the only Canadian province which does not provide subsidies for harder to place children. This program would remove financial barriers for adoption of children who require extraordinary treatment. Regulations associated with this program are currently at the draft stage.

KEY AREA FOR ACTION #8

SCREENING AND ASSESSMENT

RATIONALE: SCREENING & ASSESSMENT

How a system responds to the needs of children and families has a direct and lasting impression on the growth and development of each child. The social milieu surrounding children today presents a unique set of challenges to parents, educators, and all who work with children. In order to meet the wider range of needs found among children, our education and health systems must adopt pro active strategies and behaviours which support the positive development and learning environment of children.

A variety of partners across sectors are currently involved in screening and assessment procedures for children in PEI. Such procedures may include population based interventions which are available to all children, such as the screening and assessment programs offered by Public Health Nursing, and regularly scheduled assessments completed by early childhood educators and teachers. Other screening and assessment activities address specific referrals and are typically delivered by professionals such as speech language pathologists, occupational therapists, school guidance counsellors, psychologists, psychiatrists, physicians, etc.

During our consultations, Islanders voiced their concerns over the invisibility of children with special needs between age eighteen months and four years, the increasing numbers of children with special needs and frustration with the length of time spent waiting for speech / language assessments. These concerns were consistent across the Island and were noted. The need for an three year assessment to implement an early intervention approach and to allow children assistance before they hit the crucial transition to the school system was a concern that was desired by Health and Education professionals as well as parents. Anything that interferes with a child's ability to interact with the environment in a normal manner is a potential cause of, or contributing factor to, the presence of developmental and more specifically, communication delay (Rossetti, Communication and Intervention: Birth to Three. Singular Publishing Group Inc., San Diego, 1996:5). Communication delay is the most common symptom of development disability in children under 3 years, affecting approximately 5-10% of that population.

The incidence of communication delay is substantially higher for populations of infants and toddlers with established risk factors (ie. Down Syndrome, Autism, Cleft Palate, hearing impairment, etc.). Communication skills provide the highest predictive correlation with later intelligence attainment and school performance, therefore it is imperative and crucial for screening and assessment services to be available and that ongoing services and supports be in place to meet the needs of children and families.

While there are many forms of standardized testing and evaluations used to measure the ability of a child, it is important to recognize that educators and parents have something to contribute to these assessments on children. Often the observational assessment of what educators see in teaching environments and what parents witness within the home environment are reliable sources of information. These observations (which may be educationally, psychologically, medically, or socially based) are responsive to the child's needs and can often direct and influence the direction and implementation of a child's program. This is true regardless of the nature of the child's ability, and represents valuable information when describing a child's developmental delay or a child's gifted ability. The end result is that it is important to use a variety of methods for assessment and to know the limitations of each. It is equally important to ensure that these assessments are completed by capable and trained professionals, and that protocols be established to ensure that results and recommendations are shared with all relevant people.

Early identification of child problems/difficulties is the first step in helping that child learn and grow within his/her environment. Across the province, Islanders praised the commitment of public health nurses in providing assessments and information to parents. However, parents and professionals alike noted with great concern that there is a significant gap between the ages of eighteen months and four and a half years where children do not have access to a population based type of screening programs. This lack of early screening means that a developmental challenge may be overlooked until the child is faced with greater difficulties, which often surface when the child enters the school system. Mackey and Associates (1998), in a summary report prepared for the Department of Education entitled: Report of the Review of Special Education noted that comprehensive and function assessment is the bridge between identification and intervention.

It is a continuous multi-level process in which the student, family, educators, and professionals from other services are in unison. Children with special needs cannot wait months before interventions are attempted (p.23) .

The strengths and needs of children must be identified early and assessments must be completed to facilitate ongoing growth and learning for the child. A delay in early assessment and intervention will lead to frustration for the child and family and more behaviour and learning difficulties for the child.

Early assessment and intervention could prevent this frustration from occurring. However, such assessment and intervention will require clarity of purpose, coordination, collaboration and translation of the assessment into functional terms for the provision of educational and related services. Earlier assessment of children saves dollars in the long term. However, we must be comprehensive in our planning. We must ensure resources are available to deliver the interventions called for in each child's action plan as we implement a system of early intervention around screening and assessments.

The success of a child's individual program hinges upon the willingness of parents, educators and professionals to work together and to assume equal responsibility for the child. This willingness is fostered by their confidence in their abilities and the supports and resources the system and our communities are willing and able to provide.

GOAL 8.1: PEI HAS A CONTINUUM OF SCREENING AND ASSESSMENT SERVICES FOR CHILDREN FROM PRENATAL TO EARLY SCHOOL YEARS.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
8.1.1 Ensure that the use of screening and assessment procedures in PEI are consistent and reflect best practice.	a. Establish an integrated committee to review assessment tools available, for purposes of ensuring consistency in the application of these tools, particularly at the population level.	Screening and assessment tools may be used by a number of professionals (e.g. Public Health Nurses, Speech Language Pathologists, Psychologists, Early Childhood Educators, School Counselors, Community Mental Health Partners, etc.).
	b. Evaluate and identify Best Practices and transfer the results/information to appropriate professionals.	Notable Practices: ▸ Reading Recovery's Observation of Early Literacy Achievement ▸ Public Health Nursing's DISC assessment.
	c. Ensure that a plan of action (case plan) is developed which outlines further assessment and referrals needed.	This plan of action (case plan) would include: e.g. resources available, support and advocacy from community organizations, family resource centers, further assessments which must follow, etc.

GOAL 8.1: PEI HAS A CONTINUUM OF SCREENING AND ASSESSMENT SERVICES FOR CHILDREN FROM PRENATAL TO EARLY SCHOOL YEARS.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
8.1.2 Establish an enhanced continuum of screening and assessment services from prenatal to early years based on Healthy Child Development.	a. Implement an enhanced health component to the screening and assessment services.	For example: visual and auditory screening in children 0-3 years. This occurs now at 6 and 15 months. Screening and assessment services should include a developmental component in addition to an expanded health component. (e.g. the Brigance screening and assessment tool).
	b. Support an increased use of the DISC assessment tool as an enhanced developmental component of the continuum for screening and assessment services.	For example: cognitive, social and developmental delays for children 0-3 years.
	c. Incorporate enhanced screening and assessment for attachment issues, infant nutrition, neglect, and abuse in home and in well-baby clinics.	
	d. Develop and implement an enhanced auditory component of the continuum for screening and assessment services.	Auditory screening should be universal for all newborns.

GOAL 8.1: PEI HAS A CONTINUUM OF SCREENING AND ASSESSMENT SERVICES FOR CHILDREN FROM PRENATAL TO EARLY SCHOOL YEARS.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
	e.	Support the work of the PEI Reproductive Care Program Committee and the Pre -Natal Nutrition Intervention Program	
	f.	Support the Pre-natal Psycho-Social Assessment Project across PEI for pregnant women.	This is a project of the PEI Reproductive Care Program Committee. It is a Notable Practice.
	g.	Review the evaluation of the Best Start Program for future consideration in home visiting programs.	Cross Reference Key Area #1: Pregnancy, Birth, and Infancy. The evaluation of this project is underway.
	h.	Establish (where appropriate**)** an internal and external data base for sharing information and data within government departments and between government and the community.	Cross Reference Key Area # 11: Technology This is particularly important between public health and the education system prior to school entry.

GOAL 8.1: PEI HAS A CONTINUUM OF SCREENING AND ASSESSMENT SERVICES FOR CHILDREN FROM PRENATAL TO EARLY SCHOOL YEARS.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
	i.	Continue to educate parents, early childhood educators, and others to identify signs of difficulties in children.	Early identification is necessary for early screening and treatment.
	j.	Enhance the education opportunities of Public Health Nurses, Early Childhood Educators, Grades 1-3 teachers, Speech Language Pathologists, and others about the effects of mild hearing loss and middle ear infections.	This knowledge will enable professionals to meet the needs of these children and to make appropriate referrals when they notice signs of these effects.
	k.	Continue ongoing training for parents, early childhood educators, and others on strategies which enable them meet the needs of children.	

GOAL 8.1: PEI HAS A CONTINUUM OF SCREENING AND ASSESSMENT SERVICES FOR CHILDREN FROM PRENATAL TO EARLY SCHOOL YEARS.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
8.1.3 Establish a steering committee to evaluate the continuum and to identify gaps in services.	a. Complete a needs assessment to identify gaps and the necessary resources and services needed to fill these gaps.	Screening and necessary assessments should be completed at the onset of recognitions of a problem/difficulty.
	b. Reallocate dollars and/or provide resources to service the identified gaps in the continuum.	In order to provide earlier assessments and follow this continuum we must ensure that services and resources are available and in place to meet the needs identified in the assessment.
8.1.4 Enhance screening and assessment between 18 months and 4.5 years of age.	a. Identify and implement an enhanced screening and assessment process which ensures periodic assessments on a continuum from 0-4.5 years to encourage early intervention.	Presently, there are no universal screening and assessment opportunities between 18 months and 4.5 years of age. Consultations identified this period of "invisibility" as a major barrier to early intervention.
	b. Utilize present immunization times for some of the periodic assessments which must occur between 0-4.5 years of age.	Presently, immunizations occur at the following ages: 2 months, 4 months, 6 months, 12 months, 15 months, 18 months, 4 years and 6 years. This will require more Public Health personnel as well as enhanced training.

GOAL 8.1: PEI HAS A CONTINUUM OF SCREENING AND ASSESSMENT SERVICES FOR CHILDREN FROM PRENATAL TO EARLY SCHOOL YEARS.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
	c. Reintroduction parent notification for child immunizations.	Notable Practice: PEI is one of two provinces where immunization programs are carried out by Public Health Nursing.
	d. Integrate other professionals (e.g. Early Childhood Educators, School Counselors) into the assessment process.	
	e. Support Public Health Nursing to move the pre-school assessment earlier than 4.5 years of age.	This presently occurs at 4 - 4.5 years of age or later.
	f. Continue to reinforce and build upon the community based service of delivery for public health nursing.	During the consultation process concern was expressed regarding Public Health Nurses and the need in some areas to ensure they are community based not a clinic based service.

GOAL 8.1: PEI HAS A CONTINUUM OF SCREENING AND ASSESSMENT SERVICES FOR CHILDREN FROM PRENATAL TO EARLY SCHOOL YEARS.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
	g. Build upon the DISC assessment tool by identifying other professionals who may be trained in the application and use of DISC.	DISC is an assessment tool used for children birth to 60 months to assess developmental delays in eight areas of concern. Some Public Health Nurses are trained in DISC assessment. Certification at level 3, is required to train others by the developer of the tool, Dr. Marion Mainland. There is a level 3 trainer in Fredericton at this time.
	h. Implement an information sharing process between families and professionals who work with their children.	
8.1.5 Explore the possibility of establishing a universal infant screening process for hearing and vision.	a. Continue to monitor screening and assessment tools and standards for identification and intervention services for children between ages 0-6 months.	Notable Practice: Optometrists and Provincial Audiologist. At this time screening is done at 6 and 15 months. However, there is no accurate tool developed for newborn hearing at this time. There is a Provincial Advisory Committee researching this issue with a view to re-implementation and increasing the accuracy of the program results.

GOAL 8.1: PEI HAS A CONTINUUM OF SCREENING AND ASSESSMENT SERVICES FOR CHILDREN FROM PRENATAL TO EARLY SCHOOL YEARS.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
8.1.6 Establish a consistent screening and assessment model for children entering Kindergarten and the public school system as part of the Early Childhood Care and Education Continuum.	a. Establish a working group to select an appropriate screening /assessment tool to be consistent across the province.	This working group may include such people as: Pediatricians, Speech Language Pathologists, Public Health Nurses, Occupational Therapists, Early Childhood Educators, Kindergarten Teachers, grade one Teachers, Guidance Counselors, Community Mental Health Partners, School Board personnel and others
	b. Establish protocols for implementation of screening/assessment tools.	Notable Practices: Reading Recovery's Observation of Early Literacy Achievement assessment tool and DISC assessment tool.
	c. Develop a mechanism to ensure child records and reports follow the child from early childhood education program to kindergarten to Grade One; and that a "Transition" plan be developed for children experiencing difficulties.	A mechanism to facilitate this transition for children who are experiencing difficulties will need to be in place in order for this to occur. The transfer of this information was expressed as a need throughout the public consultative process.

GOAL 8.1: PEI HAS A CONTINUUM OF SCREENING AND ASSESSMENT SERVICES FOR CHILDREN FROM PRENATAL TO EARLY SCHOOL YEARS.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
8.1.7 Increase the skill and expertise of professionals who use screening and assessment tools.	a. Develop standards and guidelines for staff qualifications for persons who complete assessments on children.	This has been done in other regions (i.e. Alberta Special Education Association)
	b. Increase opportunities across disciplines for training in the DISC and other screening and assessment best practices.	UPEI is currently considering a 9 hour (3 courses) requirement in assessment courses as a requirement of the Masters in Education in Counseling commencing 2000.
	c. Increase on-going opportunities for training of Physicians and Public Health Nurses in application of the Psycho-Social Assessment of pregnant women.	This work has been completed with the Pre-natal Psycho-Social Assessment Project. This will become part of the training for new physicians.
8.1.8 Decrease the length of time children wait for Speech Language assessment and services.	a. Increase staff capacity to respond to referrals for assessment in a timely manner.	This should be developed with Speech Language Pathologists in all health regions. Cross Reference Key Area #3: Exceptional Needs.

GOAL 8.1: PEI HAS A CONTINUUM OF SCREENING AND ASSESSMENT SERVICES FOR CHILDREN FROM PRENATAL TO EARLY SCHOOL YEARS.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
	b. Increase staff capacity to provide resources and services necessary to meet the identified speech language needs of the child and family.	We must ensure that the services of Speech Language Pathology for children 0-8 do not take away from Speech Language Pathology services required for children who are older than 8 years of age.
8.1.9 Increase the system's capacity to respond to Speech Language needs.	a. Increase the number of trained Speech Language Pathologists in the province.	Ensure Speech Language Pathologists have the capacity to respond to children at a younger age and in a timely manner.
	b. Review salary levels of Speech Language Pathologists and ensure they are competitive with salary levels in other provinces.	In the past, it has been impossible to attract staff to fill vacancies; positions have remained vacant due to low salary levels. Recent cut backs in Nova Scotia have allowed us to fill current vacancies
	c. Decrease the caseload size for Speech Language Pathologists to ensure early intervention occurs.	Caseloads need to decrease to enable staff to provide early intervention services.
	d. Ensure Speech Language Pathologists have the capacity to respond to children at a younger age and in a timely manner.	During the consultations, there was a consistent demand for earlier access to Speech Language services in order to ensure that children were prepared for school.

GOAL 8.1: PEI HAS A CONTINUUM OF SCREENING AND ASSESSMENT SERVICES FOR CHILDREN FROM PRENATAL TO EARLY SCHOOL YEARS.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
8.1.10 Decrease the length of time children must wait for auditory assessments and services	a. Increase staff capacity to respond to referrals for assessment in a timely manner.	This should be developed in consultation with Itinerant Teachers for the Hearing Impaired and the Provincial Supervisor for Students who are Blind or Visually Impaired.
	b. Increase staff capacity to provide resources and services necessary to meet the identified auditory needs of the child and family.	

GOAL 8.1: PEI HAS A CONTINUUM OF SCREENING AND ASSESSMENT SERVICES FOR CHILDREN FROM PRENATAL TO EARLY SCHOOL YEARS.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
8.1.11 Increase the system's capacity to respond to the needs of children with auditory difficulties.	a. Increase the number of trained Audiologists in the province.	
	b. Decrease the caseload size for Audiologists to ensure early intervention occurs.	Caseloads will need to decrease to enable staff to provide early intervention services and to educate and partner with other professions working with children with auditory difficulties.
	c. Increase the use of FM Sound Field Systems in Early Childhood Centers, Kindergartens and Grades 1-3 classrooms.	Notable Practice: Westwood School has access to this sound system available to children at the grade 1-3 levels. The IODE is showing leadership in this area.
	d. Continue to educate professionals about the auditory referral process.	

KEY AREA FOR ACTION #9

PROTECTING OUR CHILDREN

RATIONALE: PROTECTING OUR CHILDREN

Protecting our children and living in peaceful communities depends on everyone working together to prevent crime and violence. It means instilling a sense of collective responsibility for the well being of our children in our communities. Ensuring safe communities means adopting " strategies that support families and keep children safe from the beginning of their lives." [National Crime Prevention Council (NCPC) 96] Efforts must be made at many levels simultaneously: individuals, families, communities and society at large.

Relationships between Healthy Child Development and peaceful communities
Peaceful communities are essential for Healthy Child Development. Healthy Child Development is essential for peaceful communities. Children who get a good start are less likely to be involved in crime. Many studies show that childhood experiences which were "characterised by exposure to accumulated risks" (NCPC 96) predispose children to later criminal activity. Much is known about the risks and how to build resiliency in children. "The earlier in a child's life that supportive and focussed initiatives increase protective factors , the better the odds for diminishing risk." (NCPC 96). It is essential we "Protect our Children" allowing them the opportunity to live happy, healthy, productive lives.

There is no simple cause and effect relationship between risk factors in early life and criminal behaviours. Rather it is a complex interplay and "rooted in a wide variety of factors related to the child, the child's immediate and broader social environment, and the interaction between the child and his or her social environment." (NCPC 96)

Children are also frequently the most vulnerable victims of crime. Protective factors reduce the risk of harm and include nurturing parents, involvement in recreation, a sense of belonging, social skills, and good self esteem. Healthy Child Development can ensure resiliency.

Living, learning and playing in peaceful communities

Peaceful communities provide support to children and their families. Community members provide many of the opportunities for children to get involved in healthy activities and exposes them to positive adult role models in addition to their parents.

"Resilient children, children who succeed despite significant adversity, share certain traits. These traits are shaped and strengthened by experiences in the child's primary learning environments - family, school and community." (NCPC 96)

Children deserve to be children and that means living, learning and playing in a peaceful environment. Many Islanders are committed to this goal and there are many worthy and promising community initiatives.

"The community and broader society within which our children live, learn, and play can provide a protective buffer that helps to reduce risk." (NCPC 96) While some initiatives operate in schools there is a trend towards greater collaboration between schools, parents and other community partners.

Poverty is an underlying root cause of crime and unless efforts are made to address this, children will continue to be exposed to multiple risk factors.

Community Crime Prevention

The traditional methods of social control of crime - detection, detention and deterrence - are very expensive. While it is important to continue to provide resources to those who come in conflict with the law, there must be increased efforts to reducing and preventing crime. "It is more than a platitude to say that causes of adult criminal behaviour can be traced back to childhood." (Canadian Criminal Justice Association, 1990)

There is a growing of consensus that efforts should be based on crime prevention through social development or by addressing the root causes of crime. Hence Healthy Child Development is a key area for community crime prevention. "Civic communities are a protective factor for children and families: they celebrate diversity, foster "grassroots" community development, and provide a variety of supervised recreational activities..." (NCPC 96)

Fear of crime, as well as crime itself, is an important issue for Canadians. Traditional methods of policing cannot solve this problem. Many police forces have moved to community policing models which place more emphasis on problem solving in partnership with communities.

Many people believe that crime prevention efforts should be led by the community with support from and linkages with government and police agencies.

There must be strong, diverse, inclusive community leadership in promoting Healthy Child Development as crime prevention

There will be an decrease in the incidence of family violence and sexual abuse.

Protecting our children is a fundamental issue and should be a first priority. " In 1994, more murder victims were under one year of age than any other single year of life." (Brantingham and Easton, 1996) Our society has a high tolerance for violence and family violence is a reality.

The consultations affirmed that many Islanders believe that children's safety is a priority and that physical, sexual and other abuse must be prevented before it starts. If chronic neglect goes on year after year there are significant and far-reaching effects. Children need warm, nurturing environments to grow up in.

As well, there is an increasingly strong view expressed by the Provincial Child Sexual Abuse Advisory Committee and others that the issue of child sexual abuse must have its own focus. There continues to be a good deal of denial about the extent and seriousness of this issue in the province.

At the same time many people spoke of the need for support for families. People want to see mechanisms to identify priorities, educate and intervene. While it is necessary for parents to be educated about abuse prevention so that children are born into and grow up in healthy homes, free from abuse there must be caution and respect in any approach which addresses known risks. We have to be careful not to raise stress levels in families by blaming and be sensitive of gender issues, for example, recognizing wife assault may be happening in the family where there is child abuse.

Children who witness violence learn that threats and aggression are the way to solve problems. A conservative estimate is that 160,000 - 500,000 children in Canada witness violence in the home every year. (NCPC 96) They learn about abuse and power within relationship. Boys often grow up to treat women violently. "Seventy to ninety percent of male adults who committed violent offences were highly aggressive as children." (Farrington, 1991) Men and boys must be actively involved in prevention activities including promoting positive male role models.

Girls may grow up to expect to be victimized. The media reinforces these stereotypes. "Aggressive three-year-olds are likely to remain aggressive without intervention." (Tremblay et al, 1994) Children can "unlearn" these behaviours with early intervention including interaction with non-violent role models but child care providers need adequate training and resources to facilitate this.

National Crime Prevention Council Models

The model presented in the National Crime Prevention Council (1996) *Preventing Crime by Investing in Families: An Integrated Approach to Promote Positive Outcomes in Children* has 3 major elements:

- Freedom from poverty and disadvantage
- Supportive civic community
- High social capital

The model has five main goals:

- Promote healthy babies
- Facilitate attachment and prevent abuse
- Increase family cohesion and improve parenting
- Encourage cognitive/social development and reduce aggression
- Improve school outcomes

The goals and various aspects of this model are readily applicable to and have been considered in the recommended Healthy Child Development Strategy in Prince Edward Island.

There are many efforts underway or under development in the province to reduce "risks" for young children, to support their families and which promote Healthy Child Development. A new Child Protection Act is being drafted which is more reflective of current trends. Consistency in application, allocation of adequate resources and policy support to further promote, enhance and/or expand these is required. Thus, a number of recommended actions are proposed toward ensuring children are protected.

GOAL 9.1: PRINCE EDWARD ISLANDERS WILL BE AWARE OF THE RISKS AND DANGERS TO OUR CHILDREN'S PERSONAL SAFETY.

OBJECTIVE		RECOMMENDED ACTION	COMMENTS
9.1.1. Increase public awareness of and support for effective approaches to crime and violence prevention.	a.	Develop, visually link and disseminate key messages on the correlation between Healthy Child Development, families and abuse, neglect, violence, crime and crime prevention.	Children must be the priority in all these messages. Cross Reference Key Area #12: Public Education Build on efforts of the National Crime Prevention Strategy.
	b.	Refocus public awareness on child sexual abuse on "those people children know".	The reality is that abusers are often someone children are familiar with. Some public awareness campaigns focussing on strangers are misleading to parents and children.
	c.	Identify the dangers of PEI's "quiet culture of tolerance" around substance abuse to children and families.	The level of tolerance built up over generations for substance abuse, violence and neglect not only creates danger for children and families and may also increase the likelihood of a re-occurring cycle of violence.
	d.	Identify and increase visibility of current programs and supports available to children and families at risk in their communities.	Providing supports and resources to children and their families is the best way to deal with the root causes of crime and violence. Notable Practices: Transition House, Family Resource Centres.

GOAL 9.1: PRINCE EDWARD ISLANDERS WILL BE AWARE OF THE RISKS AND DANGERS TO OUR CHILDREN'S PERSONAL SAFETY.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
9.1.2. Promote integrated action on crime and violence prevention by public, private and community partners.	a. Identify appropriate and constructive steps community members can take to protect children and families.	There is a need to educate, share/access information and emphasize the shared responsibility in protecting our children. The 911 system became effective in the province in June 2000.
	b. Encourage the development of relationships that build trusting communication within and between government and community partners	
	c. Support and promote the models for integration of child and youth programs as developed by the National Crime Prevention Council.	Note: These models have received widespread support and have formed the basis of Phase II of the National Crime Prevention Strategy. The Crime Prevention Community Mobilization Program is a supporting partnership between Canada and PEI

GOAL 9.2: ISLAND CHILDREN WILL LIVE, LEARN AND PLAY IN SAFE ENVIRONMENTS.			
OBJECTIVE		**RECOMMENDED ACTIONS**	**COMMENTS**
9.2.1. Decrease children's exposure to violence in the media including the Internet.	a.	Lobby the Canadian Radio-television and Telecommunications Commission (CRTC) to prohibit violence on TV until after 9 p.m.	Notable Practice: Great Britain has instituted laws that enforce this on British TV.
	b.	Review the research of the impacts on children of exposure to violence and integrate this information into ongoing programs.	Examples: Some children could be over sensitized, desensitized and or traumatized by this exposure.
	c.	Support public education campaign on Internet safety.	Notable Practice: The Internet safety brochure for children and families which was delivered to homes across the Island. This was sponsored by: Academy of Learning, Deltaware Systems, Island Services Network (ISN) , the Departments of Education, Health and Social Services, Information Technology and the RCMP. Work with service groups to ensure all community/ public computers have protective software . Eg. Community Access Program Sites (CAP sites)
	d.	Work with all partners to decrease the violence content on screen media.	Screen media would include anything that is viewed on a screen eg.: movies, Internet, video, video games and TV. Partners would include media, interest groups, community organizations and governments.

GOAL 9.2: ISLAND CHILDREN WILL LIVE, LEARN AND PLAY IN SAFE ENVIRONMENTS.		
OBJECTIVE	**RECOMMENDED ACTIONS**	**COMMENTS**
	e. Review and strengthen the Maritime Rating System for movies.	The manager of Blockbuster video suggests parents use the American rating system for true ratings of movies. An example has been given of a movie rated "R" by the American system , the same movie was rated PG14 by the Canadian system and PG by the Maritime system.
9.2.2 Increase the education initiatives and information available to parents and caregivers around effective parenting styles for Healthy Child Development.	a. Expand on existing partnerships to educate parents about the behavioural development in the early years and effective parenting styles and how to cope with behavioural changes.	Build upon what is now being done with a focus on universal access to information and support. The consultations suggested religious communities be involved in these efforts. Examples: PEI Home and School Associations, Family Resource Centres
	b. Educate and inform parents on "risk taking behaviour in children" and ways to deal with this natural tendency.	
	c. Educate parents, caregivers, neighbours and the public on signs of abuse, violence and neglect.	The inability to cope with changes in a child's personality may lead to abuse. Cross Reference Goal 9.3.

GOAL 9.2: ISLAND CHILDREN WILL LIVE, LEARN AND PLAY IN SAFE ENVIRONMENTS.		
OBJECTIVE	**RECOMMENDED ACTIONS**	**COMMENTS**
	d. Increase the efforts to involve women and various affected, vulnerable and or at risk groups in education efforts regarding Healthy Child Development.	Cross Reference Key Area #12: Public Education.
	e. Continue the work of the community and government partners in the Tobacco Reduction Strategy re "Smoke Free Homes".	
9.2.3 Increase the focus of our justice system on Healthy Child Development.	a. Educate all partners including front line workers, as well as, policy and decision makers, and judges, in our justice system on the principles of Healthy Child Development.	
	b. Increase the capacity of the justice system to focus on early intervention for young children and their families.	This could be community based responses or system based responses. Notable Practice: Peel County Early Soft Intervention and Support System. Examples of soft supports would be mentoring, economic or neighbourhood supports provided by community based groups.
	c. Educate Judges on Healthy Child Development, ie - children as a priority and early intervention.	

GOAL 9.2: ISLAND CHILDREN WILL LIVE, LEARN AND PLAY IN SAFE ENVIRONMENTS.		
OBJECTIVE	**RECOMMENDED ACTIONS**	**COMMENTS**
	d. Provide supports to social workers when preparing for courtroom work on child related cases.	The Director of Child Welfare is working with the Regions to develop a provincial court worker position.
9.2.4 Increase social skill training, including conflict resolution, for young children.	a. Identify and expand on current efforts adjusting training efforts where necessary.	There are many groups involved who could share their knowledge (eg Peaceworks, Home and School, Allied Youth, Second Step Programs). Notable Practices: Peer Education Program in Island Schools, MADD, and SADD.
9.2.5 Increase social skill training, including conflict resolution, for parents, early childhood educators, teachers and others who work and care for young children.	a. Identify and expand current efforts related to this key area with the view to adjust the training efforts where necessary.	Expansion could include all organizations who provide activities for children eg. church groups, beavers and brownies, sports, theatre, music and the arts etc.
	b. Support strategies for prevention of verbal abuse in early childhood centres and in our Island schools and recreation programs.	Notable Practice: ▸ Verbal Abuse Initiatives- Tammy Martel, ▸ Minor Hockey, Minor Ball, Soccer etc ▸ Leave Program Kensington,.
	c. Encourage strategies for the prevention of assault/ bullying in early childhood care education centres and in our Island schools.	Notable Practice: ▸ League of Peaceful Schools, ▸ Eastern School District Anti-Bullying program, ▸ Leave Program Kensington

GOAL 9.2: ISLAND CHILDREN WILL LIVE, LEARN AND PLAY IN SAFE ENVIRONMENTS.			
OBJECTIVE		**RECOMMENDED ACTIONS**	**COMMENTS**
9.2.6. Decrease violence in sports.	a.	Build on existing strategies and efforts emphasising skills development, enjoyment of participation and sportsmanship rather than winning.	
	b.	In the provincial context, partner with national coaching standard committees to establish clear and consistent guidelines regarding penalties and consequences to players and fans who engage in violent behaviours in, during and immediately following games.	Children are negatively influenced by those parents and fans who display inappropriate behaviour and encourage violence. Consequences can include Criminal Justice interventions.
	c.	In the provincial context, partner with other national strategies and campaigns which address violence in sports.	Partners would include: Sport PEI, all sport organizations from minor leagues to semi-pro, coaches, organizations and post secondary institutions. Notable Practices: ▸ Canadian Hockey Association Abuse Prevention Program. ▸ "Making Sports Safe for Everyone".

GOAL 9.3: PRINCE EDWARD ISLAND WILL HAVE STRONG COMMUNITY LEADERSHIP AROUND HEALTHY CHILD DEVELOPMENT.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
9.3.1 Encourage all Island communities to be inclusive, respectful of diversity and open in their leadership and governance.	a.	Develop a presentation on diversity, inclusion and good governance to be given to all community and municipal councils, employees and service organizations.	Possible funding from the Community Mobilization Fund. Cross Reference: Goal 9.4 All Islanders will be treated with Dignity and Respect
	b.	Encourge communities to offer more no cost - recreation, cultural and sports activities for children.	These programs could include art, music, theatre, science, computer based activies and could be supported by service clubs to increase accessibility.
	c.	Encourage communities to offer social supports to families in need (e.g. babysitting, food and friendship).	Due to increased parent employment and mobility factors the supports of the historical extended family have decreased.
9.3.2 Facilitate, encourage and promote linkages/partnerships between and among projects, groups, community and government.	a.	Increase the number of communities, groups and agencies who are involved in Healthy Child Development in crime prevention and community safety efforts.	For example: Over 40 projects funded by the Crime Prevention Community Mobilization Project, The Community Rural Development Initiative and the Community Development Bureau Model.
	b.	Work with community partners to identify and reduce barriers to getting involved in crime prevention and community safety.	Build on 2020 Vision - Justice into the 21st Century Strategy.
	c.	Provide opportunities for training and education, to community and government, on crime prevention through social development and social justice.	Possible funder: National Crime Prevention - Community Mobilization Fund.

GOAL 9.3: PRINCE EDWARD ISLAND WILL HAVE STRONG COMMUNITY LEADERSHIP AROUND HEALTHY CHILD DEVELOPMENT.

OBJECTIVE	RECOMMENDED ACTION	COMMENTS
	d. Support the work of the Atlantic Coordinating Committee on Crime Prevention and Community Safety.	The Early Childhood Development Association (ECDA) has shown leadership in professional development in this area.
9.3.3 Enable and increase the capacity of community to implement community-based solutions to crime and violence.	a. Build on existing efforts to develop visible, working, and effective community-based networks addressing the root causes of crime.	Build on efforts of the National Crime Prevention Strategy. Examples of root causes of crime would be neglect, poverty, education, coping skills. Notable Practice: Support the work of the Federal/Provincial/Territorial group looking at links between schools and crime prevention. Cross Reference Key Area #12: Public Education. Support efforts of the emerging PEI Crime Prevention Association (CPA). Notable Practices: ▸ Multi-Agency Service Team (MAST) Model, ▸ League of Peaceful Schools, ▸ Peaceworks, ▸ Neighbourhood Watch.
	b. Integrate information on Healthy Child Development and known risks into ongoing community meetings.	
	c. Work with partners to develop and implement mechanisms for sharing best and promising practices throughout community and government.	
	d. Work with partners to support special efforts focussed on very young children and their families, especially those with special needs.	Cross Reference Key Area #3: Exceptional Needs.

GOAL 9.3: PRINCE EDWARD ISLAND WILL HAVE STRONG COMMUNITY LEADERSHIP AROUND HEALTHY CHILD DEVELOPMENT.

OBJECTIVE	RECOMMENDED ACTION	COMMENTS
	e. Support work of the Premier's Action Committee on Family Violence Prevention.	
	m. Promote and build upon the concept of Peaceful Schools.	Notable Practice: Montague Consolidated School
9.3.4 Increase awareness and action on root causes of, and lasting solutions to, crime and violence.	a. Recognize that the prevention of crime and community safety are the shared responsibility of public, private and community sectors.	Everyone is affected by crime. We lose freedom - e.g. walking in neighborhoods.
	b. Encourage communities to integrate crime prevention into their Healthy Child Development community action plans.	Suggest using the community development model. An example of best practice would be the work done in the Evangeline community with parents, schools and the RCMP.
	c. Renew the Provincial Crime Prevention and Community Safety Strategy linking to the Healthy Child Development initiative and including special emphasis on very young children.	
9.3.5 Foster and recognize outstanding contributions by community members.	a. Develop a recognition program that rewards community members who attempt to redress inequities and utilize business links to increase the quality of life and number of people helping others in their communities.	Notable Practice: Premier's Crime Prevention Awards.

GOAL 9.4: ALL ISLANDERS WILL BE TREATED WITH DIGNITY AND RESPECT.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
9.4.1 Respect and Celebrate the heritage , language and culture of our Island children and their families.	a.	Develop pro-active partnerships and strategies to raise the self-esteem of Island cultural minorities.	Consultations indicated this is an important issue for our Francophone and Aboriginal Communities. Self esteem is crucial to a child's healthy development.
9.4.2 Increase the understanding of and appreciation for equity and diversity	a.	Raise public awareness about the importance of promoting equitable practices and respecting diversity.	Equity is the valuing of each individual as equal and important member of our world. Diversity is the value added to our lives through different, culture, languages, points of view.
	b.	Support existing pro-active efforts to welcome "newcomers" to our Island.	Notable Practice: Newcomers Association of PEI's Host Family Program and language training programs.
	c.	Identify the barriers to social integration and work together to identify appropriate supports for transitions into society for all residents.	Social Integration: This is the ability to function in a society or culture maintaining your principles and values while not interfering with the rights or freedoms of others.
	d.	Provide cross-cultural education to "newcomers" and the general public on cultural differences and diversity.	

GOAL 9.4: ALL ISLANDERS WILL BE TREATED WITH DIGNITY AND RESPECT.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
	e. Consider equity and diversity issues (eg gender and cultural differences) in any policy decisions related to Healthy Child Development.	Notable Practices ▸ Diversity , Education Standing Committee ▸ Aboriginal Education Committee
	f. Provide training on the use of an equity and diversity screen for policy decisions.	A federal /provincial / territorial group has developed a equity and diversity screening tool for policy development This screen ensures that policy is sensitive to these issues.
9.4.3 Decrease stigmatization for children and families.	a. Develop and implement strategies to eliminate labelling of parents who seek help in difficult situations or those in correctional custody.	Cross Reference Key Area #12: Public Education.
	b. Make programs on Healthy Child Development initiatives for parents the "cool thing" to do.	
	c. Review programs designed for targeted populations that maybe applicable to the population as a whole.	An example would be parenting programs designed for targeted populations and delivered at Family Resource Centres. These programs could be even more effective if they were universally available.

GOAL 9.5: CHILDREN, PARENTS/CAREGIVERS WILL BE SUPPORTED IN "AT RISK" SITUATIONS.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
9.5.1 Increase the protection of our children's privacy and respect.	a.	Sensitize workers on children's issues, the value of privacy and confidentiality as well as respect for children and families.	Cross Reference: Goal 9.8 Workers here could include the following: child care workers, teachers, social workers, justice workers etc.
9.5.2 Increase the supports to children and parents at times of change in their lives.	a.	Review government policies and regulations for barriers to empowerment, independence and self- reliance.	Cross Reference: Goal 9.8
	b.	Ensure that information programs for parents who are separating or divorcing focus on the needs of the children and the principles of Healthy Child Development.	Notable Practice: Positive Parenting from Two Homes was developed as a pilot program by The Office of Attorney General
	c.	Provide pro-active child care and work supports to parents and caregivers.	
	d.	Increase the access to mental health services for children and families.	Cross Reference Key Area #5: Mental Health.
	e.	Maintain and increase the support for the Teen Parents Program on PEI.	
	f.	Develop stricter policies around family alcoholism focussing on the protection of children.	

GOAL 9.5: CHILDREN, PARENTS/CAREGIVERS WILL BE SUPPORTED IN "AT RISK" SITUATIONS.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
9.5.3 Decrease the number of children exposed to substance abuse in their families.	a.	Develop clearer protocols in child protection for responding to cases of parental substance abuse.	These protocols must focus on the protection of the child. Notable Practice: The Metropolitan Toronto Children's Aid Society
9.5.4 Increase the implementation of early intervention mechanisms.	a.	Work to ensure early intervention focuses on children in high risk situations.	Proposed child welfare legislation will narrow the time frames for children to be dealt with in the courts.
	b.	Develop legal frameworks to ensure children are moved to permanency earlier supporting Healthy Child Development.	Permanency planning refers to developing a long term plan which focuses on the needs of the child.
	c.	To increase the focus on permanency planning in child welfare.	Consultations heard serious concerns that the courts send young children back into inappropriate situations.
9.5.5 Increase the opportunity for family cohesion and healthy development.	a.	Maintain and build upon systems for resources and nurturance.	Systems refer to government and community resources to support children and their families.
	b.	Investigate the cost effectiveness of a system of guaranteed income for families.	This would require a Federal / Provincial / Territorial Initiative.
	c.	Develop strategies around attachment failure that could include family counselling, relationship counselling and mental health supports.	Cross Reference Key Area #5: Mental Health.

GOAL 9.5: CHILDREN, PARENTS/CAREGIVERS WILL BE SUPPORTED IN "AT RISK" SITUATIONS.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
	d. Increase the opportunities for respite care for high risk parents.	These resources could come from government or community.
9.5.6 Decrease the likelihood for children to become involved in future criminal behaviour.	a. Increase access to early childhood programs.	Cross Reference Key Area#2: Early Childhood Care and Education. Reference the High/Scope Perry Preschool Project of Ypsilanti, Michigan. This project gave high quality active learning pre-school to high risk children and followed these children from age 3-27years. Results showed higher monthly earnings, higher percentage of home ownership, higher level of schooling completed, lower percentage receiving social services in last ten years, fewer arrests by age 27. Source: www.worldbank.org/children/why/perry.htm
	b. Increase the accessibility of before and after school care programs.	
	c. Provide intensive services and supports in situations of high risk.	

GOAL 9.5: CHILDREN, PARENTS/CAREGIVERS WILL BE SUPPORTED IN "AT RISK" SITUATIONS.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
	d.	Decrease the incidence of children born with Fetal Alcohol Syndrome/Fetal Alcohol Effects.	FAS is a strong predictor for delinquency. Atlantic Strategy to combat FAS developed in February. Cross Reference Key Area #1: Pregnancy, Birth and Infancy. Notable Practice: One of the assessments of the Psycho-Social Assessment Project is the use and/or abuse of substances by expectant moms and the subsequent follow up and referral.
	e.	Help children develop coping skills during appropriate sensitive periods for learning.	Children need to know how to acknowledge their feelings while learning non-aggressive ways to express those feelings.
	f.	Build on existing strategies to help children learn safe and respectful ways of expressing anger.	Some children learn a culture of abuse of power and control.

GOAL 9.5: CHILDREN, PARENTS/CAREGIVERS WILL BE SUPPORTED IN "AT RISK" SITUATIONS.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
9.5.7. Reduce the impact on children of victimized women and various affected vulnerable and/or at risk groups.	a.	Support existing strategies and efforts on reducing impact on children of victimized of women and vulnerable sectors.	This could include, for example, children witnessing violence, pregnancy resulting from sexual assault. Other examples of vulnerable sectors would be: pregnant women, newcomers, gays and lesbians. Reference the findings of National General Survey of Victimization. 98.8% of offenders are male and 1.2% of offenders are female (Sexual Offences Against Children by R. Badgley, Health Canada).
	b.	Continue to support and expand alternative settings/ housing for women and children experiencing violence.	
	c.	Integrate cross sector initiatives to strengthen efforts to reduce racism and homophobia.	
9. 5. 8 Increase visibility of current efforts to reduce fear and victimization of women and vulnerable groups.	a.	Work with partners to develop mechanisms to raise awareness and communicate with target populations.	Women's groups, Family Violence Prevention groups and other interest groups have a role to play.

GOAL 9.6: ISLAND CHILDREN WILL BE FREE FROM SEXUAL ABUSE.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
9.6.1 Develop a caring community that protects children and recognizes the responsibility to safeguard, protect and afford those children the rights to which they are entitled.	a.	Encourage government to provide a style of leadership that holds children as a priority and builds an environment of safety and trust.	Sexual Abuse is the misuse of power by someone who is in authority over a child for the purpose of exploiting a child for sexual gratification. It includes incest, sexual molestation, sexual assault and the exploitation of the child for pornography and prostitution.
	b.	Help Islanders understand the impacts around socialization for children regarding gender roles, power relationships and attitudes towards sexuality.	Recognize the impacts of the underlying attitudes and values related to male and female sexuality. Cross Reference Key Area #12: Public Education
	c.	Support the work of the Provincial Child Sexual Abuse Advisory Committee to increase the awareness and sense of community responsibility around sexual abuse on PEI.	Cross Reference Key Area #12: Public Education.
	d.	Educate Islanders on the extent and scope of the vulnerability of our children and the actual profiles of offenders.	Most offenders are not strangers to their victims. Approximately 25% of offenders are adolescents. (Source: Health Canada Fact Sheet, National Clearing House on Family Violence)

GOAL 9.6: ISLAND CHILDREN WILL BE FREE FROM SEXUAL ABUSE.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
	e.	Educate parents, caregivers, families, early childhood educators, teachers, neighbours and community around the symptoms of sexual abuse and the supports available.	Children are highly traumatized by the acts of fondling, especially when they are repeated and perpetuated by individuals in a position of trust. 84% of adult patients sexually abused as children had attempted suicide. (Source**:** Reaching for Solutions, Health Canada, page 17, www.hc-sc.gc.ca/hppb/ family violence)
9.6.2 Put the safety of the child first.	a.	Continue support for "Transition House Association" and its outreach programs to ensure a safe haven for children and families.	The outreach programs are best practices in our rural communities.
	b.	Work with partners to ensure strong preventative/deterrent signals be given in our court system to sexual offenders.	Measures taken by the courts must be seen as deterrents to possible offenders and act as a preventive signal that encourages them to seek help.
	c.	Increase counselling programs for sexual offenders.	Research shows that the percentage of people who abuse children sexually is low; however, these offenders often are multiple abusers. (Source: www.hc-sc.gc.ca/hbbp/family violence/childsa.htm)
	d.	Develop protocols for the diagnosis, examination procedures, treatment and reporting of sexually transmitted diseases in children.	

GOAL 9.6: ISLAND CHILDREN WILL BE FREE FROM SEXUAL ABUSE.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
	e.	Support the partnership between Health and Justice to guarantee cases involving children are expedited in a time frame that is friendly to the child and supports the principles of Healthy Child Development (early intervention and sensitive periods for learning)	The proposed new Child Protection Act is being written cognizant of the time frames necessary for a child's healthy development. Other provinces have lower courts that deal strictly with children and family matters. Example: A case may go before a court and then be adjourned for 6 months due to court timing problems.
	f.	Work with partners to ensure that court resolutions for children, pre-natal to eight years, are protective, healthy, permanent and dealt with as quickly as possible with the child's health and safety.	The pre-natal to eight year period is a unique and critical period in the development of children.
9.6.3 Work with partners to treat children as individuals within community and government systems and programs.	a.	Support the work of the Provincial Child Sexual Assault Advisory Committee.	
	b.	Ensure that each child under the care of the Director of Child Welfare has a care plan developed immediately to protect and support that child.	This will be included in the new Child and Family Services Act. Cross Reference: Goal 9.6
	c.	Encourage effective/real partnerships which allow all resources to work holistically for children who have experienced abuse.	Resources could be human, service or program. Leadership for this could come from agencies such as the Health Regions.

GOAL 9.6: ISLAND CHILDREN WILL BE FREE FROM SEXUAL ABUSE.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
	d. Increase training opportunities for individuals who work with sexually abused children.	
	e. Increase staff resources for treating children who have experienced sexual abuse.	The most frequent types of crime for victim services involve violence including sexual assault and harassment.
	f. Ensure children on PEI have access to a child psychiatrist on a referral basis.	Consultations highlighted the need was for access to a psychiatrist who would not set up a practice but be available as a consultant to mental health teams and other practitioners. The IWK/Provincial Agreement on Child Psychiatry (using Tele conferencing) is an example of an innovative solution that maybe used to access specialist services in an area of international shortages of professionals. Cross Reference Key Areas #5 & 3: Mental Health and Exceptional Needs.

GOAL 9.7: ISLAND FAMILIES WILL BE FREE FROM FAMILY VIOLENCE/ABUSE AND NEGLECT.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
9.7.1 Decrease the incidence of family violence, abuse and neglect.	a.	Ensure that the safety of children is the first priority when dealing with issues of family violence.	Family Violence/Abuse can take many forms including: emotional and psychological abuse, verbal abuse, peer abuse and/or bullying, financial exploitation, destruction of property, violence during pregnancy, injury to pets, physical assault, sexual assault and homicide.
	b.	Recognize and implement an early intervention approach around the impacts of neglect, especially in the pre-natal to 18 month period which is critical to the development of young children and their relationships.	
	c.	Provide training for staff on the indicators of neglect beginning in the pre-natal period.	
	d.	Provide preventative and remedial counselling to parents to deal with the effects of violence, abuse and neglect .	Programs like Turning Point Group which deal with men's violent behaviour have a role to play.
	e.	Acknowledge and continue to support the view that programs that restorative programs are rehabilitative ,as well as cost effective.	There is a high correlation between drug/alcohol abuse and prostitution, runaway children, learning disabilities, social dysfunction and crime.

GOAL 9.7: ISLAND FAMILIES WILL BE FREE FROM FAMILY VIOLENCE/ABUSE AND NEGLECT.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
	f. Utilize early intervention techniques to help families prevent violent and abusive behaviour.	Conflict resolution techniques could be used in appropriate family situations as pro-active and remedial supports.
9.7.2 Decrease the incidence of workplace harassment.	a. Educate Island employees and employers on workplace harassment.	The stress of the workplace has a direct effect on Island families , particularly on children.
	b. Strengthen universal access to protective services and regulations to maintain safe workplaces for Island parents and children.	
9.7.3 Increase public education efforts around family violence, abuse and neglect.	a. Educate the public on the serious and long lasting effects of violence, abuse and neglect in the home.	Cross Reference Key Area #12: Public Education Be cognizant of the danger of blame and gender issues.
	b. Integrate cross sector initiatives to strengthen efforts around family violence, abuse and neglect.	

GOAL 9.7: ISLAND FAMILIES WILL BE FREE FROM FAMILY VIOLENCE/ABUSE AND NEGLECT.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
	c.	Recognize the correlation between substance abuse and family violence.	"Substance abuse does not cause family violence nor does family violence cause substance abuse. Members of families where both parents abuse substances should be considered high risk for physical abusing and particularly for neglecting their children." (Source: Health Canada Fact Sheet , National Clearing House on Family Violence, www.hc-sc.gc.ca)
	d.	Encourage, support and link to, the work of Premier's Action Committee on Family Violence Prevention.	
	e.	Provide a neutral resource for information on programs and services around family violence and abuse.	Cross Reference Key Area #12: Public Education

GOAL 9.7: ISLAND FAMILIES WILL BE FREE FROM FAMILY VIOLENCE/ABUSE AND NEGLECT.

OBJECTIVE		RECOMMENDED ACTION	COMMENTS
9.7.4 Decrease the number of victims and offenders by focussing programs and services on the early intervention necessary for the Healthy Development of our Children.	a.	Explore opportunities to re-deploy young offenders services to focus on prevention in the early years in collaboration with other partners.	Example: Community youth workers trained to work with children under twelve.
	b.	Develop programs for parents that underline parental responsibility and provide tools to work on solutions.	
	c.	Recognize and develop pro-active protocols for high risk expectant mothers in abusive situations	Cross Reference Key Area #1: Pregnancy, Birth, and Infancy. Wife assault frequently begins during pregnancy.
	d.	Explore and build upon programs designed to meet the training and employment needs of women who have experienced violence or abuse.	Women's ability to achieve financial independence is one of the keys to escaping violence and abusive situations.

GOAL: 9.8: PRINCE EDWARD ISLAND WILL DEVELOP PROTECTIVE AND SUPPORTIVE LEGAL AND REGULATORY FRAMEWORKS.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
9.8.1 Ensure the child is the priority of our federal and provincial justice systems.	a. Educate our supreme court and provincial judges on the benefits of early intervention and holistic approaches to strategies dealing with children in our courts.	For example the devastating impact of chronic neglect on young children and the capacity of the parent must be taken into consideration when making decisions for children.
	b. Increase awareness of and focus on the rights of the Child.	Notable Practices: ▸ The United Nations Convention on the Rights of the Child ▸ Sparrow Lake Alliance
	c. Ensure each child in care will immediately have a case plan developed that moves them to a safe environment for their healthy development.	The proposed new Child and Family Services Act will include immediate care plans as a right of children in care. Cross Reference Key Area#8: Screening and Assessment Permanency refers to a stable environment that will be their permanent home. Note: The importance of the child and their relationship with their biological parent is recognized.

GOAL: 9.8: PRINCE EDWARD ISLAND WILL DEVELOP PROTECTIVE AND SUPPORTIVE LEGAL AND REGULATORY FRAMEWORKS.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
	d. Work with partners to ensure all courts focus on the rights of children to be safe and the basic responsibility of the perpetrator for their actions.	Some courts are preoccupied with questions around the following; use of force, degree of force, relationships, character of the victim and/or possible enticement.
9.8.2 Create laws / regulations that help government with the implementation of early intervention programs.	a. Lobby the Federal Government to amend section 43 of the Criminal Code of Canada so as the safety of the child is the first priority. " Every school teacher, parent or person standing in the place of a parent, is justified in using force by way of correction toward a pupil or child, as the case may be, who in under his care, if the force does not exceed what is reasonable under the circumstances."	There was a strong call for the abolishment of this section in our consultations. It allows judges to deem what is reasonable discipline against children. Ontario Superior Court Justice David McComb ruled in a challenge by the Canadian Foundation for Children , Youth and the Law, July 2000, that this law did not violate the constitutional rights of children. However, he suggested that Parliament should consider amending the law to better protect children.
	b. Ensure the federal and provincial justice systems have the authority necessary to allow them to protect children.	Strong legislation is necessary. Also, the RCMP need the resources to operate effectively in protecting and helping to educate children and communities.

GOAL: 9.8: PRINCE EDWARD ISLAND WILL DEVELOP PROTECTIVE AND SUPPORTIVE LEGAL AND REGULATORY FRAMEWORKS.			
OBJECTIVE		**RECOMMENDED ACTION**	**COMMENTS**
9.8.3 Increase the efficiency and effectiveness of our judicial system based on the early intervention strategies that are fundamental to Healthy Child Development principles.	a.	Review the operation of our Supreme Court system to ensure that decisions regarding children are made swiftly and effectively, recognizing crucial developmental time frames.	Island children have been before the courts for up to four years during a time in their lives when permanency and nurturing relationships are vital to their healthy development.
	b.	Expand the parameters and the options available to the justice system when considering solutions for children.	
	c.	Implement mandatory criminal background checks on all early childhood care employees and all employees of the public school system, all employees and volunteers of any organization or system that works or has regular contact with children in organized forums.	Many organizations have already implemented these programs.
	d.	Lobby the federal government to allocate new dollars to allow the RCMP to continue to fight to prevent substance abuse among children.	

GOAL: 9.8: PRINCE EDWARD ISLAND WILL DEVELOP PROTECTIVE AND SUPPORTIVE LEGAL AND REGULATORY FRAMEWORKS.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
	e. Promote availability and access to an information program for families separating or divorcing focussing on the ongoing needs of children based on Healthy Child Development principles.	Notable Practice: Positive Parenting from Two Homes Program, which is a pilot program of the Office of Attorney General. Cross Reference Goal: 9.5.2 Children, parents and care givers will be supported in "at risk" situations.
	f. Identify emerging mechanisms for monitoring/censuring access to inappropriate Internet sites, as well as legal interventions to prevent Internet misuse and abuse.	The Internet has a dual threat from abusers and also from people who exploit children. Cross Reference Key Area # 11: Technology.
9.8.4 Recognize and increase the protection of children's rights to privacy and confidentiality in our justice system.	a. Identify and eliminate gaps in family court system that neglects the rights of children to privacy.	An example would be: parents are allowed to access and show court records of family through the community to fill self-justification needs of their own. This type of action invades the privacy of their children and is unnecessary

GOAL: 9.8: PRINCE EDWARD ISLAND WILL DEVELOP PROTECTIVE AND SUPPORTIVE LEGAL AND REGULATORY FRAMEWORKS.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
9.8.5 Ensure the justice system protects our children.	a. Implement legislation that makes it illegal for children to smoke before the age of 18 years.	We do not allow our children to access other addictive substances i.e., drugs and alcohol, yet we allow them to access tobacco. There is no legislation in Canada that addresses possession. All federal and provincial legislation focusses on the retailer and/or third party sales. (Source: Leonard Gallant Environmental Health Officer, Department of Health and Social Services.)

KEY AREA FOR ACTION #10

ENVIRONMENT

RATIONALE: ENVIRONMENT

There are many interdependent factors that collectively influence the health of a child in utero, at birth, and during the early years of development. Among these, environmental issues play a major role, and include chemical environmental contaminants, indoor and outdoor air pollution, water, exposure to tobacco smoke, and food additives.

The impact of environmental factors on children is not the same as the impact of these concerns on adults. Children react differently to exposure to these challenges because of:

Behavioural Differences

Children "live" closer to the floor and play where contaminants are more highly concentrated. They also have greater hand-to mouth activity, as very young children explore with their senses, including touch and taste. Children are therefore more at risk for exposure to hazards from animals, carpet, lawns (pesticides), and are affected more than adults by exposure to automobile exhaust. They also receive higher exposure to certain toxicants when vertical pollution gradients exist.

Children, on average, receive greater exposures of environmental contaminants per unit of body weight than adults do because they eat more food, drink more water, and breathe more per unit of body weight than adults do. During the first 6 months of life, children drink 7 times as much water per pound; between the ages 1 through 5 years, eat 3 to 4 times more food per pound than the average adult; and the air intake of a resting infant is twice that of an adult under the same conditions.

Physiological Differences

The processes for dealing with contaminants are different from adults. Absorption, metabolism and excretion systems are immature. In some cases this can be beneficial, but most of the time, it leads to damage. In addition to greater exposures, children's ability to metabolize, detoxify and excrete many toxicants is different from that of adults. The inability to detoxify chemicals may result in increased toxicity or in chemical accumulation in target organs and tissues.

Developmental Differences

Organ development begins early in life and continues until adolescence. This growth is not linear, but occurs in spurts, and interference during critical periods of development can lead to damage. The body has an amazing capacity to repair this damage, however it isn't successful in all cases. Because children's organs and systems are developing, exposures at critical periods of development can result in permanent and irreversible consequences such as impairment of neurologic and behavioural development, immune dysfunction, and/or reproductive effects.

Children are also at greater risk to develop health concerns over time, as research indicates that exposure to environmental toxins may not manifest into health related issues for a number of years.

Children may also be adversely affected by exposure to environmental hazards that occur either before conception or during pregnancy. Changes to the egg or sperm can compromise development. During pregnancy, there is some evidence to suggest that environmental chemicals can interrupt neuro-developmental processes during critical periods of development, resulting in changes to sensory, motor, and cognitive function. There is a growing recognition that many chemical toxicants can impair the intellectual and behavioural development of children; the effects on the brain and its development depend on the timing of exposure to the toxin.

During our consultations on Healthy Child Development, parents commented on their perceptions of increasing numbers of children with chronic health issues such as asthma, and on their perceptions of an increasing incidence of childhood disorders. In PEI, hospitalization of children and youth from 1 to 19 years of age for asthma were significantly higher than the Canadian average (CICH, unpublished data, created using CICH data and Statistics Canada population data, 1996/97)

Regulatory policies concerning environmental standards have not always taken the characteristics of children into consideration. The following goals, objectives, and recommended actions present a framework for addressing some of these issues.

GOAL 10.1: CHILDREN WILL GROW UP IN A HEALTHY AND SAFE *NATURAL* ENVIRONMENT.			
OBJECTIVE		**RECOMMENDED ACTIONS**	**COMMENTS**
10.1.1 Reduce children's exposure to pesticides and other environmental toxins.	a.	Work towards ensuring that pregnant women are not exposed to toxins in work places and public buildings.	Cross Reference Key Area #1: Pregnancy, Birth, and Infancy
	b.	Ensure all schools and early childhood facilities adhere to environmental codes (eg. carpets, use of paints, etc.).	"A quality environment is first and foremost essential to the health and safety of our citizens..... Government will take the necessary steps to ensure that a safe and healthy environment is promoted in Prince Edward Island." *Speech from the Throne, PEI, November 1999*.
	c.	Eliminate the use of pesticides on school and early childhood facility properties and all parks and playgrounds.	
	d.	Ensure appropriate buffer zones between areas of pesticide usage and areas where children play.	Unless the children's play area is located in a community with an official plan, there is no legislation requiring distance between the play area and pesticide usage.
	e.	Promote awareness of the dangers of applying pesticides on lawns and gardens.	
	f.	Continue to support work being done by the Department of Fisheries Aquaculture and Environment to improve the quality of water on PEI.	Notable Practice: UPEI's Ecosystem Health Project

GOAL 10.1: CHILDREN WILL GROW UP IN A HEALTHY AND SAFE *NATURAL* ENVIRONMENT.			
OBJECTIVE		**RECOMMENDED ACTIONS**	**COMMENTS**
	g.	Implement regulations that ensure adequate buffer zones around watercourses.	The Roundtable Report on Resource Land Use and Stewardship has made recommendations on this issue.
10.1.2 Increase public knowledge about environmentally friendly household products.	a.	Promote the use of alternatives to toxic home cleaning products, eg. vinegar and baking soda.	
10.1.3 Increase public awareness of environmental hazards for children and others including: poor quality housing, former industrial properties and areas where toxins are used.	a.	Provide a public information program that routinely informs people of hazards to health.	
	b.	Continue training programs which provide instruction on environmental health hazards, for example, WHMIS, ISO 14000, etc.	Workplace Hazardous Materials Information System (WHMIS) is a mandatory training program for individuals working with chemicals.
	c.	Encourage workplaces to use these programs and to examine barriers which deter employers from offering these programs.	

GOAL 10.1: CHILDREN WILL GROW UP IN A HEALTHY AND SAFE *NATURAL* ENVIRONMENT.		
OBJECTIVE	**RECOMMENDED ACTIONS**	**COMMENTS**
10.1.4 Regulate the use of toxins.	a. Examine existing legislation which will control the use of toxins.	Mercury is a nerve toxin and detrimental to human health. This work is being done as part of two partnership initiatives: The Canada Wide Standard on Mercury Initiative and the Mercury Action Plan of the Conference of New England Governors and Eastern Canadian Premiers.
	b. Support the PEI Environmental Advisory Council and the recommendations of the Report of the Round Table on Resource and Land Use	
	c. Continue to work with commercial, industrial and institutional sectors to help them develop mercury reduction, elimination or management plans. (The Department of the Fisheries, Aquaculture and Environment is focussing on loose mercury metal and mercury containing equipment, such as thermometers and barometers.)	

GOAL 10.1: CHILDREN WILL GROW UP IN A HEALTHY AND SAFE *NATURAL* ENVIRONMENT.		
OBJECTIVE	**RECOMMENDED ACTIONS**	**COMMENTS**
10.1.5 Reduce the occurrence of asthma.	a. Require those treating asthma patients in medical facilities across the province to record and report all incidents to enable us to measure and monitor the occurrence of asthma.	From 1971 - 1995, the number of children in PEI aged 0-4 who were hospitalized with asthma was a ratio of 2000/100,000. This is the highest rate in Canada. The Canadian average was 700/100,000. New Brunswick was the second highest at 1400/100,000. (Source: LCDC 1999, Canadian Institute for Health Information.)
	b. Support the work of the Asthma Education Centre and work with partners towards the establishment of an Asthma Education Centre in Summerside.	The Asthma Education Centre provides education and compiles data around environmental asthma issues for children in Queen's, Southern and Eastern King's Health Regions.
	c. Raise awareness of and encourage the access to and the use of the smog monitoring network (available at the web site: www.ns.ec.gc.ca/weather/smog as well as on the weather channel on TV).	

GOAL 10.1: CHILDREN WILL GROW UP IN A HEALTHY AND SAFE *NATURAL* ENVIRONMENT.		
OBJECTIVE	**RECOMMENDED ACTIONS**	**COMMENTS**
	d. Promote awareness of the effects of exposure to second hand smoke on children with asthma.	Exposure to tobacco smoke is a known asthma trigger. An estimated 44.1 per cent of all Island children with asthma are exposed to second hand smoke regularly. (Source: Health Canada, Student Lung Health Survey, 1995-96.) Cross Reference Key Area #12: Public Education
	e. Work with community and governments to provide Islanders with assistance, support and accessibility to tobacco cessation programs through the Tobacco Reduction Strategy.	
	f. Encourage women of child bearing age and pregnant women and their partners to quit smoking.	
10.1.6 Reduce the number of children exposed to second hand smoke.	a. Promote the "smoke free places" (eg. homes, public places, workplaces) program.	Notable Practices: ▸ The "Smoke Free Homes" program. ▸ The "Smoking" component in the Peer Education Program. ▸ PEI Tobacco Reduction Strategy and their Youth Cessation programs in schools.
	b. Increase the number of smoke free public spaces, eg. shopping malls, restaurants, etc.	
	c. Support work being done by the Tobacco Reduction Strategy.	
	d. Encourage the identification, promotion availability and use of "Smoke Free Places" in the all Tourism Information produced by government and community.	
	e. Encourage the development of legislation/by-laws on smoke free public places by governments and municipalities.	

KEY AREA FOR ACTION #11

TECHNOLOGY

RATIONALE: TECHNOLOGY

Innovation and knowledge are the new raw materials of the 21st century economy. Islanders must innovate. We must expand our knowledge and our ability to do new and old things in better ways. Studies by the Organization of Economic Cooperation and Development (OECD) suggest that an innovation gap separates Canada from other major countries. (source http://info.ic.gc.ca, April 2000). We here on PEI need to be in the forefront of innovations to survive and maintain a quality of life to which we are accustomed. Information Technology gives us a level playing field for the use of knowledge and the application of innovative solutions.

It is essential for the Healthy Child Development Strategy to meld a holistic approach across the sectors and communities to the support strengthening the quality of lives of our children and their families. The integration of information technology applications will benefit this approach.

Technology can be used as a tool to deliver :

- Services by skilled professionals who maybe physically located outside the specific health regions on or off Island
- Cost efficient training for professionals
- Efficient use of collected data for diagnostic and treatment purposes
- Opportunities to deliver home based preventative and remedial health services
- Enhanced educational systems for delivery and access to information
- Research , evaluation and management strategies
- Internet safety
- Special needs
- Enhanced opportunities for job creation and wealth creation through e-commerce - supporting the economic resources available to children and their families
- Strengthened communities through communication and sharing of challenges and solutions
- Literacy training
- Localized information to the public on such topics as well, , literacy, job seeking skills, child-abuse prevention and crime prevention
- A voice for empowerment of target populations and interest groups.
- Island knowledge, products, services and research as exports around the world.

According to the First Quarter Services Indicators Report of Statistics Canada (1999) PEI had the highest growth in the number of households using computer communications (37.2%). Prince Edward Island also boasted Canada's largest percentage increase in home use (62.7%). In the use of the Internet in small and medium businesses , Prince Edward Island is also among the strongest users along with British Columbia, Alberta , Ontario and Nova Scotia (Canadian Federation of Independent Business Survey, 1999). All Prince Edward Island Schools are connected to the Internet and 65% of Island students had used e-mail last year compared to 40% nationally. Island students led the country in developing their own websites (46%). The Department of Development and Technology and the Prince Edward Island Business Development Inc are working with Island Businesses to introduce an E-Commerce for Export Program and a Web Presence Program for small and medium businesses.

Prince Edward Island has IT infrastructure and networks of outstanding quality. Island Tel as the province's telecommunications provider has invested in a fully digital service. The Island has a tip to tip ATM glass fibre broadband network down the centre of the province., capable of up to a gigabyte of bandwidth. (At this time we are only using 10 mega bites of bandwidth).The design architecture provides virtually unlimited scale ability, permitting the network to grow to meet demands. PEI's broadband network is used to deliver public services, including fully secure wide area networks to all government services as well as private services including video conferencing, enhanced Internet access, e-commerce and distance education.

We have the infrastructure. We have the interest and usage. In the future we must look to information technology applications to be used as tools to provide innovative solutions to real challenges. We can strengthen our communities, improve the quality of and delivery of services, enhance our economy and sustain our quality of life, using information technology and it's applications. To do this we must have the vision to be innovative, the knowledge to know what is available and effective and the adaptability to change the way we work. We must use technology as a tool to enable us to effectively and efficiently work together to foster Healthy Child Development on PEI.

GOAL 11.1: TECHNOLOGY WILL BE USED AS A TOOL TO SUPPORT EFFECTIVE ACCESS, RESEARCH, EVALUATION SUPPORT, AND DELIVERY OF HEALTHY CHILD DEVELOPMENT STRATEGY.		
OBJECTIVE	**RECOMMENDED ACTIONS**	**COMMENTS**
11.1.1 Utilise technological infrastructure to enhance access to specialized health services on and off the Island.	a. Establish protocols, programs and supports to provide local access to professionals (e.g. Child Psychiatrists) for children , families, practitioners using tele-conferencing technology.	Supports include staff training, re-engineering organizational protocols and resources to provide technological expertise. We will build on the success of the Children's Mental Health Psychiatry Initiative in the Queens region. Notable Practice: San Diego Naval Medical Clinic - Pediatric Asthma Program
	b. Explore opportunities provided by technology to allow children and family members to remain at home while receiving treatment and care. Proximity is essential for the development of nurturing relationships which are crucial in a child's development.	
11.1.2 Utilize technology as a tool to increase opportunities for Islanders to learn about new brain research and sensitive periods for learning.	a. Develop a bilingual Healthy Child Development (HCD) web site that would enable the public to access research, and information on programs and services to support children and families. This website would include a hot-link list to other relevant programs on PEI and across the country.	The aim would be to have this site hosted by the provincial government website and linked to other sites related to Healthy Child Development as well as federal and provincial government owned kiosks and profiled at Community Access Program (CAP) sites across the Island.

GOAL 11.1: TECHNOLOGY WILL BE USED AS A TOOL TO SUPPORT EFFECTIVE ACCESS, RESEARCH, EVALUATION SUPPORT, AND DELIVERY OF HEALTHY CHILD DEVELOPMENT STRATEGY.		
OBJECTIVE	**RECOMMENDED ACTIONS**	**COMMENTS**
11.1.3 Utilize technology to enhance professional development opportunities on the Island.	a. Use technology to allow Island partners access to training using tele-education.	
	b. Develop training programs that use technology to facilitate access to professional development opportunities.	Notable Practice: Nova Scotia Tele- Health Network Programs for professional development. Dalhousie University is a major partner in this effort.
11.1.4 Build and integrate data bases to allow research evaluation and real time management of target populations.	a. Implement technology applications to combine information from public health nursing, infant and community nutrition and pre natal and perinatal services as suggested in the maternal child data base recommended in the 1996 study.	The Health Informatics Section is reviewing this study at this time. The development of this data base is supported by the Reproductive Care Committee. Real time refers to data current within that day or that last month. Some federal and provincial systems do not have this capability.
	b. Build a public health data base that would make a more efficient use of the data collected in and across the Health system.	This would be a very important component of the maternal child data base and the common client registry (case management) system.

GOAL 11.1: TECHNOLOGY WILL BE USED AS A TOOL TO SUPPORT EFFECTIVE ACCESS, RESEARCH, EVALUATION SUPPORT, AND DELIVERY OF HEALTHY CHILD DEVELOPMENT STRATEGY.			
OBJECTIVE		**RECOMMENDED ACTIONS**	**COMMENTS**
	c.	Work with partners to support the development of a Common Client Registry (case management) system that would make more efficient use of client information.	The Health Informatics Section is developing this project.
	d.	Continue to link with National Initiatives to provide profiles on PEI (Health, Education, The Office of the Attorney General and Development).	National Indicators for Math and Science, National Longitudinal Study for Children and Youth (NLSYC)
11.1.5 Ensure that government partners and the public are educated on Internet safety especially as it pertains to children.	a.	Encourage more partnership efforts such as the efforts of partners i.e. the " Internet Safety Brochure" to encourage homes to monitor children's Internet use.	Notable Practice: Sponsorship of this brochure by: Academy of Learning, Deltaware Systems, Island Services Network, Island Tel, Department of Education, Health and Social Services, Information Technology and the RCMP. Cross Reference Key Area #12: Public Education
	b.	Ensure that all computers sponsored by community or government have the Internet safety software as well as protocols for use and monitoring.	An example would be the "Net Nanny " software package that screens out sites, language and visuals inappropriate for children. eg. Community Access Program (CAP site) computers.

GOAL 11.1: TECHNOLOGY WILL BE USED AS A TOOL TO SUPPORT EFFECTIVE ACCESS, RESEARCH, EVALUATION SUPPORT, AND DELIVERY OF HEALTHY CHILD DEVELOPMENT STRATEGY.			
OBJECTIVE		**RECOMMENDED ACTIONS**	**COMMENTS**
11.1.6 Utilize technology applications to empower and enable children, families and communities.	a.	Continue to build upon the efforts of government and communities to use technology as a tool for enabling children and families with special needs.	An example of this would be: Programs developed based around software to meet the challenges of children with learning disabled and communication barriers. Notable Practices: The Fast For Word program which is sponsored by The Imperial Order Daughters of the Empire, Kiwanis, Queens Region, The Isaac Walton Killam Hospital, Holland College and the Eastern School District.
	b.	Explore opportunities around access to on line information regarding common health problems eg colds, flu etc. that maybe able to be dealt more efficiently on-line.	The Health Information Resource Centre (HIRC) and the Eastern Cooperative Health Organization (ECHO) are doing some work in this area.
	c.	Support the efforts of Island businesses in e-marketing and sales, business learning opportunities and business development to create and expand job potential and financial security for children and families.	Notable Practice: "E Commerce for Export" and "Web Presence" programs for small and medium businesses from Business Development Inc. and the Department of Development and Technology. Cross Reference Key Area for Action #7: Parent Support.
	d.	Encourage Island communities to link with each other using technology to share learning and best practices.	Each successful business opportunity means secure financial support for children and families .

KEY AREA FOR ACTION #12

PUBLIC EDUCATION

RATIONALE : PUBLIC EDUCATION

There were two main messages sent repeatedly and consistently to the Healthy Child Development Advisory Committee in our consultations. The first message was " for a strategy to be successful it must be owned by the community." The second message was " if parents , caregivers and the community "knew about this" (the long lasting impact of early experiences on the development of a child's brain) then ownership/partnership would follow."

Public Education increases the knowledge base, serves as a catalyst (putting children on the agenda) and helps build bridges for holistic approaches to problems. It also serves as a sounding board for community response . The effects of Public Education should be as follows: to increase awareness of issues affecting the early years development of children, to develop materials and strategies which help move communities, organizations and governments from rhetoric to practice and from policy to programming.

Generations of Island families have known the importance of caring for their children, and how this helps their children develop. During our consultations, Islanders were impressed with current research findings, which demonstrated exactly how children's brains develop, how these developments have long lasting impacts and the role that parents and community play in that development.

There is now longitudinal research and cost benefit analysis studies that back up the age old knowledge that the early years of a child's life are crucial to the quality of life that child will experience and to the development of a happy, healthy and productive adult.

Research has defined this generational cumulative knowledge into specific time frames with defining levels of stimulation and intensity. This translates into a chart of sensitive periods for learning. The sensitive periods for learning define times in the development of a child's brain where positive nuturance and stimulation encourages the development of the neural pathways that foster a child's ability to speak, learn, interact, cope and care . During these crucial times a child's brain can make these connections faster and easier than at any other time in their lives. Investment in the early years results in children who have a greater capacity to learn, to care for others, to support themselves and to participate in

society. For the Island, this means healthier children and a healthier social and economic economy of the future.

While some research has focussed on the actual development of the brain, and how this influences the child throughout life, other research has looked at whether there is actually a financial benefit to society that flows from those early investments.

"Economic Research proves that there is at least a 2-1 payback in economic benefit if we invest in our children from birth to age six."(source: The Benefits and Costs of Good Child Care, Cleveland and Krashinsky, March 1998). The economic payback for children living in high risk situations is even higher than for the whole population. For every dollar spent in effective early intervention programs, the taxpayer can save up to $7 later through increased graduation rates, and decreased numbers of youth involved in criminal activity, on welfare costs and adolescent pregnancy . (Source: Schweinhart, Barnes, Weikart, 1993)

Islanders wanted to know and they wanted other Islanders to know this information. And they believed that the leadership for disseminating this information should come from government.

Public awareness focusses on raising issues. Public Education focusses on action. The goal of public awareness is to grab a spot in the social conscious and motivate Islanders to prepare for the next step. The national discussions on the importance of the "Early Years" have begun to raise public awareness on this issue. The next step would be to develop a public education strategy to create a commitment from Islanders to make things better though action. Think ... learn ...lead.

Public Education combines education, marketing and communication strategies to promote the elements necessary for Healthy Child Development to the broader community and promote local partnerships that support children and their families in their communities and workplaces.

A comprehensive public education and marketing campaign is necessary if the ultimate goal is a permanent change in a society. We are talking about a change in cultural focus; a new focus that will strategically pinpoint the importance of the early years. Attention must be paid to institutionalizing the changes.

It is important to remember that Islanders wanted this strategy to be owned by the community, with leadership provided by Government.

The fact that a comprehensive public education campaign is required does not mean it will all be carried out by government alone. There is an immense amount of work being done now on these issues by various groups across the Island. The key will be to coordinate the larger vision, linking messages (visually as well as verbally) and moving to fill gaps and assess the priorities over the years to come as situations change. There will be many levels of sub strategies of varying scope and target populations. We would be working with partners like the National Children's Agenda, the IODE (Imperial Order of the Daughters of the Empire), and the Bike Helmet Coalition (just a few examples) to ensure strategies and tactics on various messages are coordinated.

These marketing and communication strategies will underpin all other actions that are part of the whole strategy. They will help develop an atmosphere of partnership, prevention, early intervention, a "a can and should" do community spirit. They will assist in achieving outcomes such as a reduction in family breakdown and family violence, an increase in parents attending pre-natal and parenting courses and a increase in the "readiness to learn " of our Island children. The focus should remain constant and the work of community and government in partnership will strengthen the overall outcomes for children and there families. The long term strategic outcomes for this campaign would be healthier children and stronger families, stronger communities and increased economic and social participation.

An effective tactic for public awareness/public education is social marketing. "Social marketing is an application of proven concepts and techniques from the commercial sector to promote changes in diverse socially important behaviour. (Source: Marketing Social Change, Alan R. Andreasen, Jossey-Bass Publishers 1995)

Social marketing campaigns cost money but can be very effective. The Florida "truth" campaign launched in April 1998 produced the largest single decline in teen smoking in nearly twenty years. This campaign was targeted to address the challenge of making a healthy behaviour (not using tobacco) seem hip and fun among a notoriously sceptical teenage audience. (Source; www.social-marketing.org/success/truth.html.)

For our PEI strategy, the Public Education goals are: to motivate for ownership and outcomes, to encourage participation of families and to broaden the network of government and community partners. The recommended actions focus on public education, marketing and communication strategies to work to address these goals The Strategy's goal to broaden networks and the successful implementation of this foundational key area for action however, will be based on the resources allocated to implementation and ensuring a holistic , community linked approach. Children's Secretariats have worked effectively at a provincial level in Manitoba, at a non-profit level in the Consultative Group on Early Childhood Care and Development and at a National level in New Zealand with the Children's Issue Trust.

The basic principle of Healthy Child Development is a holistic approach in investing early in our children. The linking together of government and community partners and the coordination with the National Children's Agenda will be key to effective efficient use of dollars, energy and resources available to our children. A holistic approach will only happen if there is a body tasked to maintain this focus.

The population pyramid shows a decline in the number of children that will be born on PEI in the years to come. (Source: Economics, Statistics and Federal Fiscal Relations, Demographics, 1997)

This demonstrates the "precious nature" of our children and the significance in the investment in the principles of Healthy Child Development. Public education will be key to developing a collaborative approach between governments and Island communities to work *"FOR OUR CHILDREN*."

GOAL 12.1: ISLANDERS WILL BE MOTIVATED THROUGH EDUCATION TO STRIVE FOR OUTCOMES, and OWNERSHIP OF THE HEALTHY CHILD DEVELOPMENT (HCD) STRATEGY.

OBJECTIVE	RECOMMENDED ACTIONS	COMMENTS
12.1.1 Increase opportunities for Islanders to learn about new brain research and sensitive periods for learning .	a. Develop a long term plan for a public awareness and social marketing campaign developing a collective ownership for Healthy Child Development (HCD).	Notable Practice: "Calgary, A Child Friendly City" public education campaign.
	b. Develop a bilingual presentation package (and circulate to key resource people) that can be used to educate and raise awareness.	This could be used by all departments and community to maximize efforts and effectiveness.
	c. Participate in key community meetings across the Island, to begin to create a grass roots foundation for public awareness (e.g. service clubs, religious groups, and school meetings).	Such community activity will help to build a foundation, is relatively inexpensive, and will inform future planning.
	d. Develop a bilingual HCD web site that would enable the public to access research, and information on programs and services to support children and families. This website would include a hot-link list to other relevant programs on PEI and across the country.	The aim is to have this site hosted by the provincial government and linked to other related sites as well as federal and provincial government owned kiosks and profiled at Community Access Program Sites (CAP) sites across the Island.
	e. Offer presentations on the new brain research and sensitive periods for learning at various parent targeted forums in Island Communities.	Examples would be the following: community and government efforts such as parenting sessions, provided through groups such as Home and School Associations, Women's Institutes and Family Resource Centers.

GOAL 12.1: ISLANDERS WILL BE MOTIVATED THROUGH EDUCATION TO STRIVE FOR OUTCOMES, and OWNERSHIP OF THE HEALTHY CHILD DEVELOPMENT (HCD) STRATEGY.		
OBJECTIVE	**RECOMMENDED ACTIONS**	**COMMENTS**
	f. Form partnerships with Island media to disseminate information on brain research and sensitive periods for learning , in various mediums (e.g., information series, articles, profiles) .	Notable Practices: ▸ Globe and Mail's Healthy Child article-series ▸ CBC/ Invest In Kids/ partnership ▸ " Get Set for Life Campaign"
	g. Explore the possibilities of a 1-800 line for anyone wishing information on research, sensitive periods for learning, programs and services around Healthy Child Development.	A 1-800 line would provide a point of contact for children and families who need information; Possible corporate sponsorship with community partner.
	h. Include information on brain development in post secondary training programs and in professional development for those who work with children	University and Diploma Programs, Justice System; Police Training; Education; Health and Social Services

GOAL 12.1: ISLANDERS WILL BE MOTIVATED THROUGH EDUCATION TO STRIVE FOR OUTCOMES AND OWNERSHIP OF THE HEALTHY CHILD DEVELOPMENT (HCD) STRATEGY.		
OBJECTIVE	**RECOMMENDED ACTIONS**	**COMMENTS**
12.1.2 Encourage all Island communities to develop their own action plan for Healthy Child Development .	a. Work with the Community Development Bureau and its staff to resource this capacity building effort.	During our consultations community members across the Island demanded: education, involvement and ownership. It was also clear that different communities have different needs. These community plans would allow partners to identify needs and work together to solutions. Cross Reference Goal # 12.1.1(c)
	b. Encourage the development of community Healthy Child Development plans following community presentations on Healthy Child Development.	Encourage communities to follow the model of the Community Development Bureau in the Department of Development
12.1.3 Profile the effectiveness of communities in responding to their individual community needs	a. Develop community pride and social responsibility through the celebration of success. (Individual and /or group "Hero's" program).	Social responsibility is a feeling of responsibility toward our neighbors. We recommend using media partnerships to inform Islanders of community successes, whether it be geographic or interest based communities. Notable Practices: ▸ Community Promise Network ▸ West Prince Angels ▸ Pat and the Elephant ▸ Meals on Wheels

GOAL 12. 2: PROMOTE THE ROLE OF FAMILIES AND COMMUNITIES AS PARTICIPANTS IN EARLY CHILDHOOD DEVELOPMENT PROGRAMS.			
OBJECTIVE		**RECOMMENDED ACTIONS**	**COMMENTS**
12.2.1 Foster respect for the young child's natural learning process and to prepare children for schools and schools for children	a.	Promote the importance of the involvement of both parents and the impact of that involvement and nurturance on a child's development and develop a marketing message that focusses on the value of a nurturing environment for a child's learning and development.	Our consultation process identified the need for efforts to encourage the involvement of both parents in a child's development (except in cases where this would put the child at risk). This involvement impacts positively on a child's readiness to learn. A nurturing environment includes families and community. (Examples: neighbours, municipalities, businesses, organizations, governments and the National Children's Agenda.)
	b.	Encourage parents to be involved in their child's schooling.	The importance of good communication between the home and the school impacts significantly on a child's education. A child's education should be viewed as a partnership in which school staff and parents are open, supportive and understanding of each other and the child. Parental involvement should extend beyond such common practices as parent teacher interviews, open houses, orientation nights, home and school sessions, special activities and volunteer programs. Positive constructive discussions should be ongoing.
	c.	Support programs linking the home, early childhood centers and school environments.	Notable Practice: ▸ PEI Home and School Associations

GOAL 12.3: BROADEN THE NETWORK OF GOVERNMENT AND COMMUNITY PARTNERS COMMITTED TO THE WELL BEING OF ISLAND CHILDREN.			
OBJECTIVE		**RECOMMENDED ACTIONS**	**COMMENTS**
12.3.1 Increase the practical, focused information on childhood issues available to the following: parents, families, care givers, educators, trainers, community leaders, judges and policy makers.	a.	Create a Premier's Advisory Council on Healthy Child Development (HCD) that would be mandated to advise government in the implementation of the priorities addressed in the HCD strategy.	This would be composed of representatives of the four HCD departments within government and a community component. This would build on the present Healthy Child Development Advisory Committee (HCDAC)and ensure a multi-sectoral approach as well as community involvement.
	b.	Establish a Children's Secretariat that could serve as a resource to the Advisory Council as well as education, information liaison between community and governments on HCD to begin to create a grass roots foundation for public awareness children's issues and policies.	This could build on the work of the HCDAC's multi-sectoral approach and the Secretariat could report regularly to the four HCD Deputies. The mandate of this suggested Secretariat could also include Federal/Provincial collaboration on children's issues, ensuring an inter sectoral approach to HCD issues, work on partnership funding opportunities, as well as ensuring the evaluation of HCD initiatives. This Secretariat could work cooperatively with the NCA and utilize all community and government partners.

GOAL 12.3: BROADEN THE NETWORK OF GOVERNMENT AND COMMUNITY PARTNERS COMMITTED TO THE WELL BEING OF ISLAND CHILDREN.			
OBJECTIVE		**RECOMMENDED ACTIONS**	**COMMENTS**
12.3.2 Enhance the exchange of information among partners and develop ongoing relationships to benefit young children and families	a.	Develop a communication plan to target government and community using all media to translate the key messages of the HCD strategy.	Key messages would be prioritised and assigned levels as well as partners. All messages would not be conveyed by government. Some messages are now being delivered by community partners. The linking of all efforts would strengthen HCD principles and actions.
	b.	Develop and link, using a common/corporate visual, a list of messages (and sub messages) across all areas for action and work with government and community partners to ensure these messages are translated to the general public and/or targeted audiences.	Examples may include the following: ***Value /Protect/Love Children*** (physical safety, parental responsibility, nurturance, neglect, supervision, sexual abuse, family violence substance abuse, crime prevention) ***Sensitive Periods for Learning*** (language, literacy, behavior) ***Community Social Responsibility/Ownership*** (personal responsibility, community policing, children as a priority) ***Peri-Natal Risks*** (post-partum depression, nutrition, smoke, toxins, substance abuse, etc.)

GOAL 12.3: BROADEN THE NETWORK OF GOVERNMENT AND COMMUNITY PARTNERS COMMITTED TO THE WELL BEING OF ISLAND CHILDREN.			
OBJECTIVE		**RECOMMENDED ACTIONS**	**COMMENTS**
12.3.3 Increase opportunities for institutions and individuals to learn about each other	a.	Develop joint in-service events to give government and community partners the opportunity to learn about each other's roles and mandates.	
12.3.4 Facilitate accessibility to electronic network information exchange and to develop links around Healthy Child Development.	a.	Encourage the use of Community Access Program Sites (CAP sites) as mechanisms for accessing information on Healthy Child Development.	Information on Healthy Child Development topics can be found on the Health Information Resource, Holland College Early Childhood Care and Education, PEI Government and Health Canada web sites. Some national web sites that are helpful would include: Canadian Child Care Federation and the Canadian Policy Research Network

GOAL 12.3: BROADEN THE NETWORK OF GOVERNMENT AND COMMUNITY PARTNERS COMMITTED TO THE WELL BEING OF ISLAND CHILDREN.

OBJECTIVE	RECOMMENDED ACTIONS	COMMENTS
12.3.5 Increase the information available on early childhood policies, organizations and programs.	a. Maintain a living inventory of community and government programs that relate to Healthy Child Development (HCD).	This would combine current inventories within government and communities, and task the responsibility of keeping the inventory current , if necessary. Currently the Understanding the Early Years Project of the Early Childhood Development Association of PEI(ECDA) has begun to work with Eastern Cooperative Health Organization (ECHO) to compile an inventory of children's programs on PEI.
	b. Develop mechanisms for the sharing of information and Best Practices across sectors of government and community partners.	Notable Practices: ▸ Women's Institute ▸ Imperial Order of the Daughters of the Empire (IODE), ▸ Fire and Rose Project ▸ Service club programs such as Kiwanis Lions, Rotary etc. (A task for the Children's Secretariat)

KEY AREA FOR ACTION # 13

BUILDING A CHILDREN'S CONTINNUUM

RATIONALE: BUILDING A CHILDREN'S CONTINUUM

During our consultations across the province, Islanders clearly and consistently told us that if a strategy for children was to be successful, then it must be an Island strategy for all children, and owned by all Islanders. Government has an important role to play by providing leadership in order to build consensus among Islanders. Governments also have a role to play in managing resources that will provide investments in the early years, and in measuring and monitoring the success of strategic efforts. However, it is the collective ownership of this strategy - involving community, business and volunteer sectors, as well as parents and families - that will ensure its success.

Building a Children's Continuum refers to this collective ownership. It implies that models, mechanisms, roles and responsibilities for children are being managed in a holistic partnership that fills gaps, ensures smooth transitions, and uses resources as effectively as possible with the child as the driving force and the first priority. It means working together. It means commitment beyond individual program boundaries for government and community partners.

> The Journal of Humanistic Psychology defines a holistic approach as stemming from a theoretical foundation that "affirms that all living systems - biological, psychological, familial, and societal - coexist as a web of inter relationships, each aspect inseparable from the whole.
>
> www.jfku.edu//holistic

The principles approved by the PEI Cabinet for the development of this Strategy strengthen a holistic approach to Healthy Child Development as they focus on a systematic mix of interdepartmental and community approaches, and partnership in ownership and resourcing.

This Strategy recognizes that every child is a unique person with an individual temperament, learning style , family background, and a pattern and timing of growth. The Strategy acknowledges, however, the universal predictable sequences of growth and change that occur during the first nine years of life. And most importantly, this Strategy affirms that a child's development does not occur in isolation. It is strongly affected by family and community factors, such as access to services that can help the child and support parents in their role and function of parenting. (www.unesco.org)

We cannot compartmentalize any area of a child's development. Therefore, providing a strategy based on the holistic development of the child means giving consideration and attention to the child's health, nutrition, cognitive, spiritual, social and environmental needs. The dimensions of child development occur simultaneously. Progress in one area affects the progress in other areas.

The international definition of early childhood includes the early primary school years (ages six to eight) because of the importance of the transition for children from home or from an early childhood programme into primary school .

The transition from home or the early childhood system, kindergarten or pre-school to school life is considered a major life change taking children from a more intimate caring setting into a larger, more institutional setting with increased demands for learning, conformity and peer integration. (Source:www.ecdgroup.com)

If pre-school programmes are to be effective , there needs to be some interface between what is happening in early childhood programmes and what is happening in primary school. This does not mean that early childhood programmes should become more formal experiences for young children. Rather, there is a need for early primary teachers to become more aware of the experiences, skills and knowledge that children bring with them into the primary school if they have had an early childhood programme experience. (Source: Evans, 1994, www.eccd.org)

There has been a growing consensus that the future of effective services for children will be less of a focus on bridging gaps through transitional periods and more of a focus on the implementation of a continuum approach to Healthy Child Development that negates these gaps through a holistic integrated approach which provides continuity. This approach is at the basis of our Healthy Child Development Strategy which recommends a holistic integrated approach that provides continuity by wrapping programs and services around the child , no matter who delivers, what the service, or where the physical location.

The notion of continuity is not new. In the late sixties programs were designed based on ensuring the principles of good early childhood development programs carried through into the primary school years. There were three key elements identified for success: developmentally appropriate programs for young children whether in early childhood or primary school programmes, parent involvement and supportive services for children and families.
(Source: Clearing House on Elementary and Early Childhood Education, University of Illinois, *Beyond Transition* , Lombardi, EDOS-PS-92-3)

Today's concept of continuity has broadened. It is through the continuity of strategies focussing on Healthy Child Development principles, that we will move beyond a concern for transition and into a holistic, comprehensive, continuous and effective early intervention approach to Healthy Child Development. One of the long term outcomes of this strategy should be a gradual smoothing of transitions into a children's continuum of programs and services that flows easily around children and their families.

When Cabinet mandated that Healthy Child Development be a strategic issue for four departments (Health and Social Services, Education, Development and Technology and the Office of Attorney General) and the community, they acknowledged the fundamental truth that Healthy Child Development is based on interrelationships between social and economic environments that combine to allow healthy growth for our children.

We have developed a strategy that is comprehensive and multi-faceted as we attempt to frame efforts for Healthy Child Development. We have looked for opportunities to fit new components into ongoing programmes, to build upon and blend services and to encourage multi-sectoral collaboration to design a continuum of programmes, services and initiatives to benefit young children.

Intersectoral collaboration does not just happen. Even upon consensus of "best approach", unless there is a concerted effort, a designated responsibility to ensure linkages, evaluation, positive feedback, commitment, support for intersectoral activity, and resources for keeping the local communities in "the loop", barriers will prevent effective management and delivery. (Source: Michael. M. Rachlis, Workshop Paper on Intersectoral Action and Health, Health Canada, March 1998)

We must continually strive to strengthen awareness and demand, to develop stronger institutional resources and capacities, to promote community development and ownership and to collaborate on complimentary approaches**.** Strategy characteristics must be comprehensive, integrated, participatory, community based , flexible, based on but not restricted to -local ways , financially feasible and extended over as wide a population as possible in our society.

Society is undergoing a profound upheaval . Aging populations are increasing pressure on the workforce. Changes in the labour market have hit low skilled workers hard. The term "social exclusion" has entered the political lexicon and policies can impact on traditional family life. Indeed economic and social policies are more intertwined than ever. Investing in young children and families helps ensure that all can contribute fully to society. Innovation and experiments in new social policies are needed to better equip individuals and families with the support they need in responding to change. (Source: Donald J. Johnston Secretary-general of the OECD, A Caring World - The New Policy Agenda, www.oecd.org)

Societies where children can grow and flourish will be those which recognize this social and economic interdependence, and which acknowledge our responsibilities to one another, to society, to culture, to the future and to the rights of children.

" Increasing recognition of these interdependencies and the growing importance of human capital (skills, health, motivation) reinforce the fact that what is "social" and what is "economic" are less and less distinguishable in the make up and function of our society." (Source: Conference Board of Canada, 1997)

While we recognize the importance of community and local activity in supporting children and families, it is important to note that to make a difference, both local and higher levels (federal and provincial) of government must be committed and involved in integrated approaches. It is easier to begin joint action at the local levels, however, action at the higher levels tends to have more impact on population health and overall quality of life. (Source: Michael. M. Rachlis, Workshop Paper on Intersectoral Action and Health, Health Canada, March 1998)

We recommend collaborative program planning, integration of programs and services across government and community, building upon what works, and an emphasis on evaluation and monitoring to ensure outcomes are being met.

We believe that these are the mechanisms necessary to ensure the continuum of programmes, services and initiatives focussed on children are provided in an integrated, holistic manner with partners ensuring the needs of the children are the priority.

For society the benefits of early childhood interventions include:

- Increased economic productivity - Interventions that support young children's physical and mental capacities lead to better performance in school and this in turn is linked to increased economic productivity.

- Cost savings - Early childhood investments can save monies in social costs around school repetition, remedial programming, juvenile delinquency, substance abuse and economic costs freeing caregivers to earn and learn.

- Reductions in social and economic inequalities - Investments in early childhood development have been shown to modify inequalities rooted in poverty and social discrimination by giving children from disadvantaged backgrounds a fair start in school and in life.

- Reductions in gender inequalities - All children have a right to develop to their full potential. Attention to young girls often lags behind attention to young boys, beginning and reinforcing a life long cycle of discrimination.. There is evidence that early attention to gender can produce changes in the development in the girl child and in the way families perceive the abilities and future of that child.

- Strengthened values - Healthy Child Development initiatives can strengthen parenting skills and provide environments within which children can play and give attention to culturally desirable values.

- Social mobilization - Young children as a common interest can be an effective rallying strategy and serve as an entry point for broader community development.

- Community and family benefits - Community improvements in the health, education, safety and work environments would be evident in parent's improved self-confidence, the emergence of leaders, and by increased organization and social action in communities. (Source: www.eccd.org)

During the past two decades, early childhood interventions have proved cost effective and sustainable. Investments in early childhood development programs can: (1) increase the efficiency of primary and secondary education; (2) contribute to future productivity and income; and (3) reduce costs of health and other public services. Indirect benefits from early childhood interventions can include reduction of gender inequities, increased female participation in the labour force, and increased community development efforts. (Source:www.worldbank.org)

Healthy Child Development is a broad concept addressing the whole child in the context of family and community in the years when it is most crucial to invest in and support these children for the development of human and economic capital for our future. It is also the time when we should as a culture begin to celebrate the child as a whole - who they are upon birth and the incredible nature of their creation, the qualities unique to each human life and the independent dignity and worth of human beings at all ages.

Healthy Child Development can be stimulated in a variety of ways. The best program design will always be a function of local, cultural, infrastructure and economic conditions. However, the golden rules are: respect local culture, look at the child holistically and from a multi-disciplinary perspective, and integrate child development with the development of the family and the community. (Source: www.worldbank.org)

"A child is born without barriers. Its needs are integrated and it is we who choose to compartmentalize them into health, nutrition, or education. Yet the child itself cannot isolate its hunger for food from its hunger for affection or its hunger for knowledge."

(Source: Alava, in Myers 1992, The Twelve Who Survive , London & New York:Routledge)

GOAL 13.1: PROGRAMS AND SUPPORTS FOR CHILDREN WILL BE HOLISTIC IN NATURE.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
13.1.1 Services for children will be planned collaboratively.	a. Establish mechanisms for cross sectoral planning for children's services at the community level.	
	b. Investigate models of continuums of care which coordinate children's services across government and community.	Notable Practice: British Continuum of Care Models *Caring for Children, Away From Home,* Davies, Archer, et al, published by John Wiley and Sons , 1998
	c. Develop partnership agreement templates which clearly specify roles, responsibilities, and expected outcomes around services to children.	Notable Practices: ▸ Heart Health Project, ▸ Women's Network partnership resources, ▸ Mast etc.
	d. Promote a collective responsibility for the well-being / protection of children.	A community that is well connected within itself will have a greater capacity to help care for it's members. Legal responsibility for children in need of protection rests with Child Welfare. All community members play a role in supporting and protecting children and families.

GOAL 13.1: PROGRAMS AND SUPPORTS FOR CHILDREN WILL BE HOLISTIC IN NATURE.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
13.1.2 Programs which support children will focus on the holistic needs of the child.	a. Review and revise provincial government children's policies across sectors to ensure wherever possible, emphasis is on meeting children's needs.	Non-government organizations will be encouraged to do the same.
	b. Establish government policy across children's services which stresses collaboration at the case level and encourages broad dialogue and problem solving.	Such policy should support communication and an understanding of roles. For example: There are often parameters around the sharing of information.
	c. Facilitate relationship building and mutual understanding across sectors, among those who work with children, through training on roles and responsibilities and focusing on the needs of children.	Build on existing networks for communication, i.e., Rural Partnership Initiative.
	d. Encourage flexible hours, in all services that affect children, to accommodate parents and have a positive impact on the development of our children.	Consultations suggested "Doing Business Differently" should be a challenge issued to the education system and its unions.

GOAL 13.1: PROGRAMS AND SUPPORTS FOR CHILDREN WILL BE HOLISTIC IN NATURE.		
OBJECTIVE	**RECOMMENDED ACTION**	**COMMENTS**
13.1.3 Programs and supports for children across governments and community sectors will strive for integration.	a. Develop mechanisms that encourage the integration of community and government services and work together to fill the gaps identified in that community.	
	b. Integrate appropriate information systems to allow enhanced case management for the benefit of children.	
	c. Encourage holistic management partnerships for community and government that allow us to use all of our resources and expertise to effectively provide for children's needs.	For example: Holistic management teams which focused on a child could be made of partners from Health and Social Services, The Office of the Attorney General, Education, Development and Technology, and Community where appropriate. All resources could be put on the table to meet the needs of the child and family. This approach wold avoid duplication.
13.1.4 Develop planning that supports smooth transitional processes and encourages life long learning.	a. Ensure the focus of services and programs for children is delivery to the child, and that those programs are delivered based on sensitive periods for learning.	Cross Reference Key Area #2: Early Childhood Care and Education and #8: Screening and Assessment

GOAL 13.1: PROGRAMS AND SUPPORTS FOR CHILDREN WILL BE HOLISTIC IN NATURE.

OBJECTIVE	RECOMMENDED ACTION	COMMENTS
	b. Develop mechanisms that ensure government and community partners work together to ensure a smooth transition from the early childhood system to the public school system.	Cross Reference Key Area #3: Exceptional Needs
	c. Encourage communities and government to work to provide accessible learning opportunities for parents which can act as a positive impact on a child's learning process.	Notable Practices: ▸ Community Schools ▸ Parents as Reading Partners ▸ the Provincial Government / Labour Market Development Agreement's Adult Basic Education Initiative (which provides free access to adult education delivered at the community level) ▸ the Workplace Education Program ▸ the Family Literacy Strategy developed by the PEI Family Literacy Advisory Committee
	d. Promote the awareness and understanding that in the early years, children learn through play. Play is an integral part in a child's development, and an important component in the life long learning process.	Cross Reference Key Area #6: Family Literacy

GOAL 13.1: PROGRAMS AND SUPPORTS FOR CHILDREN WILL BE HOLISTIC IN NATURE.

OBJECTIVE	RECOMMENDED ACTION	COMMENTS
13.1.5 Provide on-going evaluation and monitoring to ensure outcomes identified in the Healthy Child Development Strategy are met.	a. Identify and monitor positive outcomes measures for public policy to ensure broad goals of Healthy Child Development are being met.	Measurements used would include: ▸ National longitudinal Survey of Children and Youth (NLSCY) ▸ Looking After Children (LAC) ▸ Understanding the Early Years (UEY)
	b. Regularly evaluate children's programs and services to ensure that what we are doing is accomplishing both public policy goals and program specific goals.	
	c. Develop performance indicators for children and family's programs and services.	
	d. Ensure measuring and monitoring information on performance indicators is collected for children's programs and services delivered by government or community.	

Listing of Acronyms
Healthy Child Development Advisory Committee

ABA	Applied Behaviour Analysis
ABE	Adult Basic Education
ACL	Association for Community Living
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
AIDS	Acquired Immune Deficiency Syndrome
B.C.	British Columbia
CAP	Community Access Program
CAPC.	Canada Assistance Program for Children
CBC	Canadian Broadcasting Corporation
CCJA	Canadian Criminal Justice Association
CHIRPP	Canadian Hospitals Injury Reporting and Prevention Program
CLIA	Community Legal Information Association
CMP	Community Mobilization Program (Justice Canada
and	(Solicitor General of Canada)
CPNP	Canada Pre-Natal Nutrition Program
CPR	Cardiopulmonary Resuscitation
CRTC	Canadian Radio-Television and Telecommunication Commission
CSA	Canadian Standards Association
DISC	Diagnostic Inventory Screening
ECDA	Early Childhood Development Association
ECD	Early Child Development
ECE	Early Childhood Educators
ECERS	Early Childhood Environmental rating Scale by " Harms and Clifford".
ECHO	Eastern Cooperative Health Organization

EI	Employment Insurance (Human Resource Development Canada)
FAS/FAE	Fetal Alcohol Syndrome/Effects
F/P/T	Federal Provincial Territorial
GIFT	Graduation is for Teen Moms Program
GP	Doctor of Medicine, General Practitioner, Family Doctor
HCD	Healthy Child Development
HCDAC	Healthy Child Development Advisory Committee
HIRC	Health Information Resource Centre
HIV	Human Immuno Deficiency Virus
HRDC	Human Resource Development Canada
IEP	Individual Education Plan
ISO-4000	International Standards Organization (a norm of)
ITAP	Information Technology Association of PEI
IODE	Imperial Order of the Daughters of the Empire
LAC	Looking After Children
LMDA	Labour Market Development Agreement
LoPHID	Local Public Health Infrastructure Development
LOVE	Let Older Volunteers Educate
MAST	Multi - Agency Service Team
MRI	Magnetic Resonance Imaging
NCA	National Children's Agenda
NCB	National Child Benefit
NCPC	National Crime Prevention Centre
NLS	National Literacy Secretariat
NLSCY	National Longitudinal Study of Children and Youth
NS	Nova Scotia
ONT	Ontario
PAC	Premier's Action Committee on Family Violence

PECS	Picture Exchange Communication System
PEI	Prince Edward Island
PEICPA	PEI Crime Prevention Association
PET	Positron Emission Tomography
PG	Parental Guidance (rating)
Primary	Primary Grades on PEI mean grades one, two and three.
UEY	Understanding Early Years
U. N.	United Nations
UPEI	University of Prince Edward Island
PHN	Public Health Nurse
RCMP	Royal Canadian Mounted Police
SIDS	Sudden Infant Death Syndrome
SLP	Speech and Language Pathologist
TOTS	Take Off the Summer
TV	Television
WHMIS	Workplace Hazardous Materials Information System

REFERENCES

Anderson and Elsinga, Speech Langauage Pathoilogy Services to Island Schools, May 11, 2000

Armstrong, Jim, From Controlling to Collaborating:When Governments want to be Partners, the Governance Network, May 1999.

Avard, D., and Tipper, J. Building Better Outcomes for Canada's Children. Ottawa: Canadian Policy Research Network, 1999.

Battle, Ken and Torjman, Sherri. "Ottawa Should Help Build a National Early Childhood Development System". Ottawa: Caledon Institute of Social Policy, 1999.

Berrueta-Clement, J., Schweinhart, L., Barnett, W.S., Epstein, A., and Weikart, D. Changed Lives: The Effects of the Perry Preschool Program on Youths through Age 19. Michigan: High/Scope Press, 1984.

Bloom, S. "ALD Update: New Trends and Products in Assistive Technology" The Hearing Journal, Vol. 51, No. 5, May 1998.

British Columbia Ministry for Children and Families, " Measuring Our Success", BC Printer, 1999

Brantingham, P. and Easton, S. The Crime Bill: Who Pays and How Much? Vancouver: Fraser Institute, 1996.

Canadian Agricultural Injury Surveillance Program. Fatal Farm Injuries in Canada, 1990-1996. Agriculture and Agri-Food Canada, 1998.

Canadian Agricultural Injury Surveillance Program. Hospitalized Farm Injuries in Canada, 1990-1996. Agriculture and Agri-Food Canada, 1999.

Canadian Criminal Justice Association. Crime Prevention in Canada. Ottawa, 1990.

Canadian Hospitals, Injury Reporting and Prevention Program, Injuries associated

with Trampolines, Health Canada , March 2000.

Canadian Institute of Child Health. The Health of Canada's Children: A CICH Profile, 2nd Edition. Ottawa, 1994.

Canadian Institute of Child Health: The Health of Canada's Children: A CICH Profile, 3rd Edition. (In Press)

Canadian Policy Research Network. Measuring Government Performance. Networknews, **Fall** 1999.

Canadian School Boards Association newsletter, Schools are not primarily responsible for poverty ...But, July 1998.

Catano, Janis. "Child Poverty in Atlantic Canada". Health Promotion Atlantic. Halifax, Nova Scotia, 1998.

Catano, Janis. "Talking about Child Poverty in the Atlantic Region". Community Health Promotion Network Atlantic and Health Promotion and Programs Branch, Atlantic Region, Health Canada, 1998.

Childcare Resource and Research Unit. Early Childhood Care and Education in Canada: Provinces and Territories, 1998. University of Toronto, 2000.

Cleveland, G. and Krashingsky, M. The Benefits and Costs of Good Child Care. University of Toronto, 1998.

Conference Board of Canada. Performance and Potential 1997. Ottawa:1997.

Cooperative State Research, Education, and Extension Service. Collaboration Framework - Addressing Community Capacity. North Dakota: National Network for Collaboration, 1995.

Crandell, C. "Using Sound Field FM amplification in the Educational Setting", The Hearing Journal. Volume 51, No. 5: May 1998.

Doherty, G. Zero to Six: the Basis for School Readiness. Ottawa: Applied

Research Branch, Human Resource Development Canada. Ottawa, 1997.

Edwards, P. Fostering Knowledge Development on the Health and Well-Being of Children in Canada: A Discussion Paper. Ottawa: Health Canada, Feb. 1999.

Foss, Krista. "The 0-3 Development Debate." Globe and Mail, February 1,2000.

Harmsen, E., Avard, D., Chance, G., and Underwood, K. Environmental Contaminants and the Implications for Child Health: Literature Review (Second Draft). Ottawa: Canadian Institute of Child Health.

Healthy Child Development Committee: Justice Themes from Consultations. Charlottetown, 1999.

Federal, Provincial and Territorial Advisory Committee on Population Health. Strategies for Population Health: Investing in the Health of Canadians. Prepared for the Ministers of Health: 1994.

Federal, Provincial, and Territorial Advisory Committee on Population Health. Statistical Report on the Health of Canadians. Report prepared for the Ministers of Health, 1999.

Federal, Provincial, and Territorial Advisory Committee on Population Health. Investing in Early Child Development: The Health Sector Contribution. September, 1999.

Flanagan-Rochon, K. "Brain Research and Public Policy: The Odd Couple?" Interaction, Vol. 13, No.1, Spring 1999.

Foss Krista, The 0-3 Development Debate, the Globe and Mail, February 1, 2000.

F/P/T Advisory Committee on Population Health, Investing in Early Child Development: the Health Sector Contribution, 1999

Gadd, J. "Poll Uncovers Parental Shortcomings" Globe and Mail, March 31, 1999.

Globe and Mail Editorial. "Learning as A Birthright". Globe and Mail, April 15, 1999.

Government of Alberta. The Alberta Children's Initiative. Alberta: Child and Family Service Secretariat, 1999.

Government of British Columbia. Measuring our Success - A Framework for Evaluating Population Outcomes (second edition). Ministry for Children and Families, 1999.

Government of Newfoundland and Labrador. Investing in People and Communities. Newfoundland and Labrador Social Policy Advisory Committee, 1997.

Government of Saskatchewan. Saskatchewan's Action Plan for Children: Building on Community Success. 1999

Human Resources Development Canada. Investing in Children: Ideas for Action. Report from the National Research Conference held October 27-29, 1998. Ottawa: Applied Research Branch, HRDC, 1999.

Human Resource Development Canada and Statistics Canada. Growing Up In Canada - National Longitudinal Survey of Children and Youth. Ottawa: Minister of Industry, 1996.

Jenson, J. and Stroick, S. A Policy Blueprint for Canada's Children. Ottawa: Canadian Policy Research Network, 1999.

Jenson, J. and Stroick, S. What is the Best Policy Mix for Canada's Young Children? Ottawa: Canadian Policy Research Network, 1999.

Jenson, J. with Thompson, S. Comparative Family Policy: Six Provincial Stories. Ottawa: Canadian Policy Research Network, 1999.

Kearney, K. as reported in Checkley, K. "Needs of all Children: Serving Gifted Students in the Regular Classroom". Curriculum. Association for Supervision and Curriculum Development, Winter 2000.

Leiber, Claudia J. Getting Comfortable with Appreciative Inquiry, Global Excellence In Management Initiative, March ,1999

MacKey and Associates, Report of the Review of Special Education (PEI), Mackey & Associates, 1998.

Mann, Ada Jo, An Appreciative Inquiry Model for Building Partnerships, Global Excellence in Management Initiative, March 1999.

Mackey and Associates. Report of the Review of Special Education (PEI). Charlottetown: PEI Department of Education, 1998.

Mauffette, A.G., and Fréchette, L. Propositions for the elaboration of an injury prevention plan for preschool children's outdoor environments. Hull: Université du Québec, 1997.

McCain, M.N. and Mustard, J.F. Reversing the Real Brain Drain: Early Years Study. Government of Ontario, 1999.

Michalski, Joseph, Ph.D., Values and Preferences for the "Best Policy Mix" for Canadian Children, Canadian Policy Research Network, August 1999.

Nash, J.M. "Fertile Minds". Time Magazine, June 9, 1997.

National Crime Prevention Council. Preventing Crime by Investing in Families: An Integrated Approach to Promote Positive Outcomes in Children. Ottawa: National Crime Prevention Council, 1996.

National Council of Welfare. Healthy Parents, Healthy Babies. Ottawa: National Council of Welfare, 1997.

National Council of Welfare. Children First. Ottawa, 1999.

Novick, M. Fundamentals First: An Equal Opportunity From Birth for Every Child. Campaign 2000. Ontario, 1999.

Phipps, S. An International Comparison of Policies and Outcomes for Young

Children. Ottawa: Canadian Policy Research Network, 1999.

Prince Edward Island. Women in Prince Edward Island: A Statistical Review. Charlottetown, 1996.

Prince Edward Island. Statutes of PEI Employment Act, 1998

Prince Edward Island. Statutes of PEI Labour Act, 1998

Prince Edward Island Reproductive Care Program. Healthy Mothers, Healthy Babies: PEI Perinatal Database Report: January 1 - December 31, 1997. Charlottetown, 1999.

Rachlis, M. Intersectoral Action and Health. A paper prepared for an intersectoral workshop for Health Canada, March 26, 1998.

Saskatchewan Education. Better Beginning, Better Futures: Best Practices, Policy and Guidelines for Pre Kindergarten in Saskatchewan Community Schools. Saskatchewan, 1997.

Statistics Canada. Growing Up in Canada: National Longitudinal Survey of Children and Youth. Ottawa, 1995.

Statistics Canada. "National Longitudinal Survey of Children and Youth, cycle 2, 1996". Cat. No. 11-001E. The Daily. October 28, 1998.

Shore, R. Rethinking the Brain: New Insights into Early Development. Families and Work Institute, New York: 1997.

Southern Kings Health Region. A Directory of Services for Families with Children from Conception to Age 6 years. PEI Health and Community Services System: 1998.

Steinhauer, P. "What We Do - and Don't - Know About Brain Development". A Discussion with the Honourable Paul Martin and the Honourable Claudette Bradshaw. On behalf of Canadians Against Child Poverty; The Centre for Health Promotion, University of Toronto; and The Sparrow Lake Alliance. Ontario:

November 29, 1999.

Tipper and Avard, "Building Better Outcomes for Canada's Children", Canadian Policy Research Network, April 1999.

Transport Canada. Canadian Motor Vehicle Collision Statistics (1998) Queen's Printer, 1999.

Tremblay, R. et al. Predicting the early onset of male antisocial behaviour from preschool behaviour. Archives of General Psychiatry, 51, 1994.

Internet References:

"The ABC of ECD" The World Bank Group, www.worldbank.org

"A Caring World: the New Social Policy Agenda", The Organization for Economic Cooperation and Development (OECD), www.oecd.org.

Publications on Early Childhood and Family Education, UNESCO, www.unesco.org

Towards a Comprehensive Strategy for the Development of the Healthy Child, Inter Agency Policy Review, March 1993, UNICEF, www.ecdgroup.com.

The Children's Issues Centre, University of Otago, Dundein , New Zealand, www.otago.ac.nz

Children's House in Cyberspace- Early Childhood, http://childhouse.unio

The Consultative Group on Early Childhood Care and Development, www.ecdgroup.com