Many Indigenous children in Canada, as around the globe, experience inequities in infant mortality, health, development, education, and prospects for social inclusion throughout their lives. Despite explicit recognition of this situation by the federal government and rhetoric about commitments to remedy it (Assembly of First Nations, 2006), these disparities persist. They result from a combination of risk factors, especially poverty and associated poor quality of life and social stigma, colonial history and associated depletion of cultural and family assets, racism, and lack of awareness on the part of the general public about how colonial policies created hardships for Indigenous families that continue to the present day (Hackett, 2005). This lack of awareness contributes to a lack of political will to invest in structural reforms and deliver on promises made in Canada’s Aboriginal Action Plan (Minister of Indian Affairs and Northern Development, 1997) – and reiterated in the federal government’s second apology to Indigenous Peoples in 2008 (Office of the Prime Minister of Canada, 2008).

Early childhood education and care (ECEC) provisions can mitigate risks for disadvantaged children and enhance their opportunities for health, development, and social belonging while equalizing readiness for school. Indigenous Peoples in Canada have long recognized the crucial importance of the early years for nurturing a child’s capabilities, and have identified culturally based ECEC as a priority for federal investments. Generally, funding for the health, education, and welfare of children living on reserves is the responsibility of the Government of Canada, while for other Aboriginal children, meeting these needs may be a federal or provincial responsibility depending on the specific

sub-population and geographical location. The federal government’s growing commitment to ECEC provisions is a bright light in an otherwise gloomy landscape of federal government support for young Indigenous children. Federal funding committed in 1995 for Aboriginal Head Start (AHS) programs on reserves and in 1999 for programs off reserves, has resulted in a growth of capacity in First Nations, Métis, and Inuit communities to create and operate culturally based ECEC programs over the past fifteen years. The model developed for AHS programs is particularly effective and instructive in its use of a centrally mandated set of program dimensions and a decentralized approach to program design and curriculum decision making.

This chapter discusses challenges facing Indigenous children that can be ameliorated to some extent by ECEC provisions. The discussion describes how the Aboriginal Head Start program provides scope for local identification of needs and goals for children in order to design well-utilized, effective programs. Outcome research undertaken to date is reviewed, including a study that illustrates how some Indigenous communities have used initiatives like AHS as a central organizing point, or hook, in a larger community development strategy, and have incrementally introduced social, health, and education programs that are co-located or coordinated with the ECEC program to form a community service hub (see also chapter by Janette Pelletier in this volume). While federal investments have delivered rudimentary ECEC training, federal funds for post-secondary education that yields early childhood education (ECE) credentials have not been deployed. This chapter describes a bicultural, community-based post-secondary education program that has documented success in supporting the growth of ECEC provisions for young Indigenous children. The development of a fully qualified Indigenous ECE workforce is identified as an outstanding need, as well as expanded access to Aboriginal Head Start and other quality ECEC programs for Indigenous children.

**Indigenous Children in Canada**

*Who Are Indigenous Children?*

In Canada, Indigenous Peoples are commonly known as *Aboriginal*; they make up about 4 per cent of the Canadian population, with 1,311,200 self-reporting on the 2006 census form that they have an
Aboriginal identity (Statistics Canada, 2006). The 1982 Canadian Constitution Act recognizes three separate peoples as original inhabitants: Inuit, Métis, and North American Indians, known as First Nations. Between 1996 and 2006, the Aboriginal population in Canada grew by 45 per cent, nearly six times faster than the 8 per cent increase of the non-Aboriginal population (Statistics Canada, 2006). The population across all three Indigenous groups is much younger than the Canadian average, with a median age in 2006 of 26.5 years, compared with 39.5 years for all Canadians. The 2006 census enumerated 130,000 Indigenous children under 6 years old, including approximately 7,000 Inuit, 35,000 Métis, 48,000 First Nations children living off reserves, and 40,000 First Nations children living on reserves. Demographers project that the Indigenous population will remain significantly younger and maintain its high growth rate relative to the non-Aboriginal population for at least the next twenty years, with an increase of about 47 per cent by 2026 (Indian and Northern Affairs Canada & Canadian Housing and Mortgage Corporation, 2007; Steffler, 2008). Although Aboriginal children and youth currently comprise less than 5 per cent of the population, they are a growing proportion of all Canadian children, particularly in the Yukon, Northwest Territories, Nunavut, Saskatchewan, and Manitoba. For example, in 2006 in Saskatchewan, Aboriginal children made up 20 per cent of all children under 6 years old.

Challenges Faced by Indigenous Children

Indigenous children are arguably the most socially disadvantaged population in Canada. Indigenous Peoples in Canada have the lowest quality of life and the shortest life expectancies (Cooke, Beavon, & McHardy, 2004; Salee, 2006). Indigenous children suffer from significantly higher incidence rates on nearly every health indicator, especially chronic middle ear infections and early hearing loss, respiratory tract disorders and asthma, fetal alcohol spectrum disorder (FASD), and accidental

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1 People designated by the federal government as Aboriginal are increasingly favouring the term Indigenous because it serves to identify them with Indigenous Peoples worldwide, who face many similar issues.

2 A reserve is land set apart and designated for the use and occupancy of an Indian group or band. As such, the terms on-reserve or off-reserve are generally not applicable to Métis or Inuit peoples.
injury (Adelson, 2005; Canadian Institute for Health Information, 2004; Kohen, Uppal, & Guervremont, 2007; Smylie & Adomako, 2009).

As a population, Indigenous children begin to show difficulties early on in their educational trajectories. For example, in a study of ten schools across Canada, between 40 per cent and 50 per cent of Indigenous students failed to meet the requirements of Grades 4, 7, and 10 literacy tests (Bell et al., 2004). During the 1996 to 2006 period, secondary school completion among Indigenous youth has stayed the same or declined (Mendelson, 2008). The gap in high school attainment is highest for Inuit (3.6 times higher than the Canadian average). Low levels of formal education are associated with higher unemployment and lower lifetime income (Riddell, 2006), poorer physical and mental health, inadequate life skills, lack of social support systems, dependence on welfare, and incarceration (Howe, 2002; Stearns & Glennie, 2006). Compared with the Canadian average, labour market outcomes for the Indigenous population are significantly poorer, including lower incomes and higher unemployment (Sharpe & Arsenault, 2009). There is increasing recognition of the failure of the education system to drive Indigenous Peoples’ recovery from the devastations of past colonial policies – including the Indian residential schools and the prohibition against Indigenous participation in post-secondary education except in limited vocational fields.

Poor education outcomes tend to be multigenerational. Canada’s shame is that, until recently, Indigenous Peoples were actually excluded by federal government policies from educational opportunities equivalent to those offered to non-Indigenous Peoples. Thus, many Indigenous young people today live in families that have been more harmed than helped by mainstream education, and in communities

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3 British Columbia is unique because it is the only province, to date, to organize educational assessments in a manner that provides evidence on the relative performance of Aboriginal students in the provincial school system. For example, in 2003, the Ministry of Education in British Columbia found that Aboriginal students in Grade 4 were ‘not meeting expectations’ at a rate 16 per cent higher than non-Aboriginal students. In Grade 7, this figure rose to 21 per cent. J. Richards and A. Vining, Aboriginal off-reserve education: Time for action (Ottawa: C.D. Howe Institute, 2004).

4 Significantly, one of the primary reasons Inuit students now state for leaving high school is to care for a child (Government of Nunavut and Nunavut Tunngavik Inc., 2004).
that have not even had school-aged children and youth living in the
community until quite recently when the era of enforced residential
schooling finally ended. Many Indigenous parents understandably are
unsure whether to trust the public education system, and unsure of
how to support their children’s engagement in formal schooling, in-
cluding what kinds of early stimulation may help to prepare them for
school. Indigenous leaders and agencies across Canada have long ar-
gued that overall lack of services before children enter formal schooling
and during the primary school years, as well as culturally inappropri-
ate tools for monitoring, screening, assessing, and providing extra sup-
ports, frequently result in serious negative consequences for Aboriginal
children (British Columbia Aboriginal Network on Disability Society,
1996; Canadian Centre for Justice, 2001; First Nations Child and Family
Caring Society, 2005; Royal Commission on Aboriginal Peoples, 1996).
Negative outcomes that have been identified include over- and under-
recognition of children with developmental challenges, early interвен-
tion services introduced too late, undermining Indigenous language
and cultural goals for development through an overvaluing of stan-
ard urban English and of monolingualism, cultural alienation, low
levels of school readiness, and high rates of early school failure and pre-
mature school leaving. Overall, indicators of developmental challenges
and negative outcomes experienced by many Aboriginal children, com-
bined with their high rates of health problems, are so alarming that
the Council of Ministers of Education state: ‘There is recognition in all
educational jurisdictions that the achievement rates of Aboriginal chil-
dren, including the completion of secondary school, must be improved.
Studies have shown that some of the factors contributing to this low
level of academic achievement are that Aboriginals in Canada have the
lowest income and thus the highest rates of poverty, the highest rate of
drop-outs from formal education, and the lowest health indicators of

This recognition should be enough to make family supports, preven-
tion, and early intervention services for Indigenous children a priority
for federal, provincial, and territorial governments. Given the impact
of school readiness and educational success on labour market partic-
ipation and the overall economy, quality ECEC programs are a low-
hanging fruit with far-reaching and considerable economic and social
benefits for a country as a whole. Early learning experiences in a safe,
stimulating environment at home or in an early learning program can
help children develop cognitive and language skills so that they encounter the world with confidence in their ability to manage themselves and solve simple problems. With this kind of early experience, when children start school they are likely to see themselves as capable and feel they belong. On the other hand, early experiences of being unable to handle the learning challenges in school are associated with low self-esteem, and can lead to years of poor academic performance and culminating in early school dropout (Audas & Willms, 2001; Lee & Burkam, 2003).

Unlike most high-income countries, Canada lacks a national strategy to ensure access to quality programs to actively support optimal development during the early years for all children or for children in an identified risk category. Early childhood programs for all children are part of a piecemeal collection of programs and services. However, the situation is vastly bleaker for young Indigenous children (Bennett, 2003). Many young Indigenous children with chronic health problems, developmental delays, or disabilities are never seen by developmental specialists such as infant development consultants, occupational therapists, paediatricians, or speech-language pathologists (deLeeuw, Fiske, & Greenwood, 2002). Only about 18 per cent of Indigenous children in Canada have access to any ECCE program (Leitch, 2008).

A Multisectoral Approach to Improve Outcomes for Indigenous Children

Health and education inequalities of Indigenous children are understood to reflect primarily the cumulative effects of pervasive poverty and social exclusion (Ball, 2008; Canadian Institute of Child Health, 2000; Salée, 2006). Several studies have shown that up to 50 per cent of the variance in early childhood outcomes is associated with socioeconomic status (SES; Canada Council on Learning, 2007; Case et al., 2002; Dearing, 2008; Raver et al., 2007; Weitzman, 2003). Closing gaps in health and education outcomes for Indigenous children requires a multisectoral approach at all levels of government. First, the conditions of life for Indigenous children must be improved through structural reforms and infrastructure development that reduces poverty, food insecurity, lack of road access to programs and services, exposure to racism, and other social exclusions. Second, since health and nutrition impact attention, language development, and capacity for learning, provisions
of nutritious foods and timely, accessible health care, early intervention, and ongoing services for children with chronic health conditions must be secured. Third, when Indigenous children attend school, the language of instruction, teaching methods, curriculum content, and expectations for parents’ involvement must be linguistically and culturally appropriate. Fourth, quality ECEC programs that reflect the values, goals, and needs of the parents of Indigenous children, such as the Aboriginal Head Start program described below, must be provided so that communities can address these needs.

The Role of Early Childhood Education and Care

Policy makers around the world increasingly recognize the importance of early childhood education and care as foundational for lifelong learning. Research on the developing brain, the human genome, and the impact of early childhood experiences on later learning, behaviour, and health has converged to create a compelling argument for investing in programs to provide optimal conditions for children’s growth and development before formal schooling (Shonkoff & Phillips, 2000). The early years lay the foundation for a lifetime of learning, physical and mental health, responsible citizenship, economic productivity, and parenting the next generation. High quality early childhood care and development programs have been shown to be a powerful equalizer in nurturing the social adjustment and communication skills needed for participation in schooling, promoting excitement about learning, and engendering a sense of oneself as a capable learner (Irwin, Siddiqi, & Hertzman, 2007). Extensive research shows that targeted investments in a range of community-fitting or locally designed programs during the early years can make a difference in short- and long-term health, development, educational achievement, economic success, and subsequent parenting of the next generation of offspring (Cleveland & Krashinsky, 2003; Doherty, 2007; Heckman, 2006). Most research on early childhood programs has investigated centre-based programs. Evidence supports the potential cognitive benefits of centre-based early childhood programs for children 3 years of age and older if these programs are of high quality and congruent with children’s language and culture (Canadian Council on Learning, 2007). Although almost no outcome research has focused on Indigenous children, families who are impoverished, facing high stress, and/or who lack access to safe, reliable, nurturing care for
infants and young children appear to be most likely to benefit from such programs (Grantham-McGregor et al., 2007; Jolly, 2007; Magnuson, Ruhm, & Waldfogel, 2006).

**Indigenous Calls for Investments in Culturally Based Early Childhood Education and Care**

Beginning in 1990 with a statement from the Native Council of Canada (1990), Indigenous community representatives, leaders, practitioners, and investigators have vocalized the need for an adequately resourced, sustained, and culturally based national strategy to improve supports for young Indigenous children’s development as part of a program of efforts to equalize their readiness for school and increase school retention, achievement, and completion. Stakeholders call for resources to enable children to acquire skills valued by Indigenous parents, such as learning their Indigenous language, and services to address health and developmental difficulties, such as ear infections and hearing loss, before children start school. The Royal Commission on Aboriginal Peoples (1996) called for these supports to be delivered within the contexts of children’s families and cultural communities through community-driven programs operated by Indigenous practitioners with relevant professional education. It recommended that ‘federal, provincial, and territorial governments co-operate to support an integrated early childhood funding strategy that: (a) extends early childhood education to all Aboriginal children regardless of residence; (b) encourages programs that foster the physical, social, intellectual and spiritual development of children, reducing distinctions between child care, prevention and education; (c) maximizes Aboriginal control over service design and administration; (d) offers one-stop accessible funding; and (e) promotes parental involvement and choice in early childhood education options’ (vol. 3, chapter 5.2, 3.5.3).

**Federal Investments in Aboriginal Head Start**

*Program Scope*

In most of Canada’s ten provinces and three territories, the provision of ECEC for First Nations children living on reserves and for Inuit children is the responsibility of the federal government or a First Nation
government. Over the past fifteen years, federal investments have supported a groundswell of Indigenous ECEC capacity, including many promising culturally based program innovations. Human Resources and Social Development Canada funds a First Nations and Inuit Child Care Initiative, which, in 2010, supported 462 sites in First Nation and Inuit communities, providing child care to 8,538 children of parents who were working or training for the labour market. Federal spending on the First Nations and Inuit Child Care Initiative increased from $41.0 million in 2000 to $57.1 million in 2010. Indian and Northern Affairs Canada funds approximately 812 child care spaces on eighteen First Nation reserves in Alberta, and approximately 2,850 child care spaces on fifty-two First Nation reserves in Ontario. These programs are intended to provide ECEC services that are comparable to those offered by the respective provincial governments to people living off reserves. Federal spending through Indian and Northern Affairs Canada for these child care spaces in Alberta and Ontario totalled approximately $20.4 million in 2010. Regulation of federally funded child care spaces is patchy: not all provinces carry out regulation of on-reserve child care. Some First Nations communities do not recognize provincial jurisdiction on reserves. Generally, First Nations and Inuit organizations have responsibility for the administration of funds and delivering services. Several provinces and territories have also invested in important ECEC initiatives in the areas of home-visiting programs targeting infants’ and toddlers’ wellness and development, parent education and support, as well as networking and resource exchange.

By far the largest impact on the availability and cultural appropriateness of ECEC provisions for Indigenous youngsters has been through the inception and steady expansion of Aboriginal Head Start (AHS). Since 1995, for First Nation, Inuit, and Métis children living in urban and northern communities, the Public Health Agency of Canada (PHAC) has funded the delivery of Aboriginal Head Start in Urban and Northern Communities, including approximately 140 pre-school programs in 2010. Federal spending on the Aboriginal Head Start in Urban and Northern Communities program in 2010 was approximately $29 million. Since 1999, for First Nation children living on reserves and Inuit children, the federal government has funded Health Canada’s Aboriginal Head Start On-Reserve program, delivered in 383 communities in 2010. Federal spending on the Aboriginal Head Start On-Reserve program in 2010 was approximately $51 million. The two branches of the federal government that fund AHS also support the training
of Indigenous community members to staff AHS and other federally funded programs. However, as will be discussed later in this chapter, federal commitments for post-secondary programs in early childhood education (ECE) lag far behind commitments to non-accredited, short-term training, and to expanding pre-school spaces.

Program Overview

Following the inception of the AHS program, increases in Indigenous participation in ECEC were indicated in parents' reports on the 2001 Aboriginal Peoples Survey. Of Aboriginal children entering Grade 1, 16 per cent had participated in Aboriginal-specific programs during their pre-school years, compared with only 4 per cent of 14-year-olds (Statistics Canada, 2001). The survey also indicated that the proportion of Aboriginal children living off-reserve and attending early childhood programs specifically designed for them had increased fourfold over an eight-year period, reflecting in large measure the federal investment in AHS. In 2008, a review by the child and youth adviser to the federal health minister estimated that 18 per cent of Indigenous children across Canada have access to an ECEC program (Leitch, 2008). AHS was the program most commonly accessed and that seemed to have the most support among Indigenous families and community representatives; the special adviser recommended increasing federal investment to enable 25 per cent of Indigenous pre-schoolers to access AHS programs.

AHS is for children up to 6 years of age, and most programs focus on pre-schoolers aged 3 to 5 years. Criteria for selecting children to attend the program vary from one community to another. Some programs reserve a number of spaces for children referred by child welfare or by community social service agencies. Depending on staff qualifications and appropriate facilities, most programs reserve spaces for children with special needs; some set aside a day for children with special needs and their primary caregivers. Some programs give priority to siblings of children who have attended or are currently enrolled in the program.

AHS programs typically operate on a part-time basis three or four days a week. Most operate primarily in English or French, with some effort to expose children to one or more Indigenous language(s). In a minority of programs, an Indigenous language is the primary language, with English or French used as a second language or not at all.

AHS directly involves parents and communities in project management and operations. Programs are locally operated by Aboriginal,
Métis, or Inuit non-profit community organizations (in the case of the Aboriginal Head Start in Urban and Northern Communities program) or First Nation governing bodies (in the case of the Aboriginal Head Start On-Reserve program). A community group that receives funding for program delivery works with parents and other stakeholders to decide on program specifics. National and regional committees of Aboriginal representatives oversee program implementation, and each program has a parent advisory committee. Provisions for parental involvement vary: some programs require parents to volunteer; some ask parents to either volunteer or donate money, food, or other supplies; some programs have no expectation of direct parental involvement.

A majority of staff in both the on-reserve and urban and northern AHS programs are Indigenous. Staff typically include early childhood practitioners who may or may not have formal ECE credentials, managers, administrative support, and in some programs, parent outreach workers, bus drivers, and cooks (Health Canada, 2002). Staff work with community Elders, Indigenous language specialists, and parents to enhance child development, school readiness, and children’s cultural pride. As well, staff typically coordinate the AHS program with other services for young children and families in the area, and often work closely with professional service providers who periodically visit the community to conduct screening and diagnostic assessment, deliver early intervention services, or monitor children who have ongoing health or developmental needs.

AHS in Canada is similar to the Head Start approach developed in the United States (Zigler & Valentine, 1979) insofar as the program integrates provisions for children’s health, nutrition, education, and family development; however, important differences exist. While both programs share the overall goal of preparing children for successful transition from home to school learning environments, the focus of Head Start in the United States is on school readiness for low-income children, and the federal government establishes eligibility for enrolment largely based on family income. The U.S. program uses a prescribed curriculum with standardized tools for measuring and reporting on children’s early learning; in Canada, holistic development, cultural pride, and eagerness for learning are emphasized. The programs focus on culturally fitting, community-specific elaborations of the following six program components, as shown in Figure 12.1: (1) culture and language; (2) education and school readiness; (3) health promotion; (4) nutrition; (5) social support; and (6) parent/family involvement.
In Canadian program literature, AHS is more often described in terms of early intervention than school readiness, a recognition both that the long era of Indian residential schools created multigenerational obstacles to school success and that a high level of need exists among Indigenous children. For example, early reports (e.g., Health Canada, 2005 and later evaluations (e.g., Public Health Agency of Canada, 2006; Western Arctic Aboriginal Head Start Council, 2007) indicate that at least one-quarter of the children enrolled in AHS have developmental delays or specific learning difficulties such as Fetal Alcohol Spectrum Disorder and language-related disorders.

Local control of AHS programs allows for innovation to find the best curricula and staff for each community and child. No standard early learning curriculum for children or training curriculum for staff is required or commonly used across programs. High/Scope training and curricula were used as a platform to launch the AHS program and as a starting point for community-based programs to deliver developmentally appropriate early learning activities. Over time, AHS programs have diversified and incorporated curriculum ideas and resources.
from various sources; they have also involved community members in creating culturally informed learning resources such as stories, songs, books, arts and crafts, science projects, and activities to promote at least rudimentary exposure to the local Indigenous language. As well, national and regional workshops and conferences have provided an array of opportunities to AHS staff to consider different kinds of learning objectives, approaches, curricula, and materials that might suit the objectives, needs, and interests of children and families involved in their particular program.

Programs use various approaches to monitoring program quality and children's learning. Some programs do not use a structured approach, while others employ a regimen of developmental or learning assessment tools at regular intervals. For example, a survey of AHS programs in urban and northern communities in British Columbia indicated that the Ages and Stages Questionnaire (Bricker et al., 1995), especially the tool's social and emotional scales, was used in a majority of programs and received favourable reviews (Ball, 2006). However, the manner in which the tool was used varied widely; some programs reported simply offering it to parents to review if they wished, while other programs used it as a guide for staff to have a conversation with a parent about their child. No programs reported scoring the tool or using it as a screening instrument for referral or early identification. Most programs reported using some kind of checklist to track each child's progress on developmental milestones or learning tasks. Often these checklists are tailor-made at the program site to fit locally defined learning objectives. In a study involving four Indigenous communities (Ball & Janyst, 2008), including three with AHS programs, the staff, and especially parents expressed strong views that standardized developmental or learning assessment tools would not be appropriate for their ECEC programs at this time. They saw the primary objective of the programs as providing safe and stimulating environments for young children to develop their cultural knowledge, confidence as learners, and readiness to learn, including focusing attention, listening, and learning by observing. Equally important, they emphasized parent involvement with the program as instrumental in rebuilding their confidence and skills to support their child's well-being, including nutritious food preparation; health and dental care; indoor and outdoor activities that promote learning, language, and literacy stimulation, and encourage learning through play. Standardized assessment tools were seen as imported and imposed, not as a priority for achieving local program goals.
Evaluation

Enormous variability across AHS programs in the way each of the six program components is delivered presents challenges for evaluation. To date, no program of controlled empirical research has evaluated the impact of AHS. Beyond annual evaluations for purposes of operational accountability, no known research has focused on evaluating the Aboriginal Head Start On-Reserve program. The Aboriginal Head Start in Urban and Northern Communities program has been the focus of some evaluation efforts, including a descriptive evaluation released in 2002 (Minister of Public Works and Government Services, 2001) and a three-year national impact evaluation completed in 2006 (Public Health Agency of Canada, 2007). The 2002 evaluation focused mostly on demographic characteristics of the children served, parents’ involvement, and information about program facilities and components. The overall impression from this evaluation was that AHS was extremely well received and was seen by parents as beneficial to their children and themselves in many respects; however, no systematic assessment was made of the impact on specific areas of child development, health, or quality of life.

Approaches to measuring the impact of the program have been fraught with difficulties, partly due to a lack of appropriate tools to measure Aboriginal children’s development in ways that are readily amenable to standardized scoring and composite analysis. The national impact evaluation of the Aboriginal Head Start in Urban and Northern Communities program appears to have encountered several problems, including widely varying interpretations across evaluation sites concerning dimensions to be evaluated and scoring criteria. The evaluation did not include procedures with established validity or reliability for measuring baseline, exit, or longitudinal levels of children’s health, development, cultural knowledge, or quality of life, nor parents’ confidence, competence, or social support. Qualitative data collected in the program sites would have been difficult to interpret and analyse across the research sites. The evaluation did not ask exactly what sites were doing to promote various measurable developmental outcomes. Also, the research design did not include comparison or control groups, which is always ethically and practically challenging in small communities.

While a detailed report of the findings of the Aboriginal Head Start in Urban and Northern Communities national impact evaluation has not yet been released, a brief overview of the results is available. Researchers used the Work Sampling System (Meisels et al., 2001), which draws
on practitioners' assessment of the child's performance in various skill areas, to obtain data. They reported that children in ten participating program sites had low baseline scores on language and literacy when they started the program and showed 'moderate proficiency' in these areas after one year (Public Health Agency of Canada, 2007). Children showed greatest proficiency in physical development and health. Parents reported increases in their children's practice of their Indigenous cultural traditions and in Indigenous language acquisition. No direct measurement of children's behaviours was used. Given the limitations of the study design and data analyses, it is not possible to draw conclusions about the effects of children's participation in AHS on their health or development nor the effectiveness of AHS as an early intervention for vulnerable children or parents.

An evaluation of AHS sites in the Northwest Territories, undertaken from 1996 to 2006 by the Western Arctic AHS Council (2007), used a somewhat more robust and practical evaluation method. From 2000 to 2001, and again in 2004, data were collected on various child outcomes identified as important by local program staff, using measures of each child's overall health and development, social skills, and vocabulary that were seen by local advisers as having potential validity for First Nations children. The investigator concluded that children came to the program with a wide variety of skill levels; many children had developmental delays in language and social skills, and most children showed some improvement after one year in AHS. Many children improved their scores on the Brigance (1998) pre-school and kindergarten screening scales after one year, but one-third to one-half were still delayed in terms of school readiness skills. The most positive findings came from parent and community ratings of the program's culture and language components. The evaluation concluded that one of the strongest features of the AHS movement in the Northwest Territories is the site-specific identity, focus, and dedication to the promotion of local culture, language, and traditions. This community collaboration on a multisite program evaluation is a promising first step upon which to build future impact evaluation research.

Another perspective on the impact of AHS comes from the Regional Health Survey conducted by the First Nations Centre (2005). The findings, based on reports by children's primary caregivers, indicate that AHS helped children to become ready for school as measured by reduced risk of repeating a grade: 11.6 per cent of AHS attendees repeated a grade, compared with 18.7 per cent of non-attendees who repeated a grade.
Although efforts to evaluate the impact of AHS do not yield a very differentiated view of how AHS affects children, the findings are encouraging. Clearly, independent research evaluating AHS using quasi-empirical designs involving comparison groups and culturally appropriate measures amenable to comparative analysis would be timely and informative for future refinements of AHS.

Promising Features

While more work is needed to establish research-based evidence of the ways in which AHS impacts Indigenous children’s quality of life and developmental outcomes, the AHS model has a number of positive and promising features that are highly congruent with principles advocated by many Indigenous organizations.

For example, AHS programs provide safe, supervised, stimulating environments for young children. This is especially important for children whose home environments may be crowded, chaotic, or contaminated. Many programs provide nutritional supplementation; cognitive stimulation; socialization with Indigenous peers, adult role models, and Elders; and exposure to Indigenous language and spirituality. These opportunities promote children’s health, development, cultural knowledge and pride, and are valued by Aboriginal parents.

AHS programs also help to fill gaps in services to support families during the early stages of family formation when parents – many of them very young and with few resources – need social support and practical assistance. The programs are mandated to provide opportunities for parent involvement and support. Program reports describe a wide range of ways that programs reach out to parents (e.g., involving them in children’s activities, parenting education, home economics, food preparation, cultural events, community fairs, language and literacy facilitation programs, resources to assist with job searches, and social and health service referrals; Health Canada, 2002).

AHS has been a timely and effective vehicle to enable communities to deliver ECEC programs in culturally congruent ways to children who need them most. AHS programs have the flexibility to develop in ways that are family-centred, act to preserve families, and are delivered within a community development framework. The programs are informed by communities’ internally identified needs and vision for improving the quality of life of young children and their families.

AHS programs are increasing the numbers of Aboriginal people who are skilled in delivering programs for Aboriginal children and
families. Each site employs community members who receive pre- and in-service training through a number of training workshops convened annually by AHS regional and national offices (see chapter by Nina Howe and Ellen Jacobs on in-service professional development in this volume).

Some AHS programs have the potential to reduce the high rates of removal of children from their families and communities for government care. Anecdotal reports in the non-formal or ‘grey’ literature (e.g., unpublished reports within agencies) and at AHS training conferences often describe how the programs help the families of participating children to access food, warm clothing, income assistance, and needed health, mental health, and social services. This bridging function is significant because one of the challenges for ensuring Indigenous children’s access to needed supports is that they often do not make it as far as the entry point in mainstream service delivery systems set up to meet the needs of children in middle-class families in urban centres.

As well, some communities that host AHS effectively use it as a starting point for developing the hard and soft infrastructure to host other community-based programs. Program descriptions describe how many AHS programs have become community hubs where additional programs are integrated or co-located to streamline children’s access to specialists, including speech-language pathologists, physiotherapists, occupational therapists, dental hygienists, and other services. The potential for early childhood programs to become an entry point for young children and their caregivers, gradually introducing families to a range of other services and opportunities, has been documented in First Nations early childhood programs in British Columbia, as shown in Figure 12.2 (Ball, 2005, 2009).

Another positive feature of the AHS model is that it combines both structural and conceptual integration.5 The model is an exception to

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5 The Integration Network Project (Colley, 2006) defines integration as both ‘structural and conceptual.’ Structural integration enables a child to receive a range of services from different programs without repeated screening, referral, registration, and wait-time processes for each program. Integration usually involves programs with common philosophies, human resource practices, and coordinated or combined funding systems. The conceptual aspect of integration is key to an effective integration process. Programs leave behind previously independent identities and become consolidated entities. In ECEC programs this often means incorporating options for extended days operating full year.
the persistently fragmented patchwork currently available to children in Canada. Outside of the AHS program, if children’s diverse needs are addressed, this is typically done by separate programs with distinct conceptual identities, practice philosophies, physical facilities, eligibility requirements, registration procedures, waiting periods, licensing, and human resource practices, often in separate ministries, with structural and conceptual integration only a distant dream. For children living on reserves, whose provisions are the responsibility of
various federal ministries, many of these needs are minimally supported, if at all. While coordinated and collaborative program delivery among services is often discussed among different funding agencies, it rarely happens, and it can be costly in terms of human effort and financial expenditures, with fewer benefits to children and families compared with consolidated program delivery (Corter et al., 2006). After a national consultation process with leaders in non-Aboriginal ECEC and kindergarten education, the Integration Network (Colley, 2006) concluded that achieving integration of early childhood education and care services will require a major paradigm shift. In the interim, because the quality of life and well-being of many Indigenous children remain, for now, a matter of federal fiduciary responsibility, and because Indigenous Peoples share a holistic view of the child and a belief that children’s needs must be embedded within family and community values and language, AHS presents an inspiring example of integration.

In contrast to quick fix innovations rolled out and back with the turning of political tides, for over a decade, AHS has established credibility in Aboriginal communities, built a cadre of trained and experienced program staff, accumulated a wealth of anecdotal reports and program examples, and taken some initial steps towards documenting outcomes for children. Many ECEC programs around the world struggle to embody core principles of community development, such as customizing curricula to meet community-specific needs and goals and integrating typically fragmented supports such as nutrition, health, and education. AHS is built upon these ideals, and is unquestionably the most extensive, innovative, and culturally based initiative in Aboriginal ECEC in Canada. Although solid evidence of its impact on child health and developmental outcomes has yet to accumulate, qualitative evidence abounds that AHS is working in complex ways to gather the strength within communities to enhance the quality of family and community environments for Aboriginal young children.

**Consolidating and Expanding Indigenous ECEC Capacity**

*Practitioner Training: The Need for Expanded, Long-Term Investments*

Communities with an AHS program typically have long waiting lists; in many communities that do not have a program, receiving funding to develop one is identified as a top priority. Among the challenges for communities to obtain approval and funding to implement AHS is a
shortfall of trained community members to staff the program. The call for more Indigenous early childhood education practitioners is consistently heard at Indigenous education conferences and community gatherings. When Ball and Simpkins (2004) asked First Nation ECE staff and parents what program elements made their First Nation–designed and operated ECEC programs distinctively *First Nation*, a majority response was that First Nation practitioners staffed the program.

While significant gains have been made in Indigenous capacity for delivery of ECEC programs over the past fifteen years, shortfalls in availability of qualified ECE practitioners remain an outstanding barrier to expanding the reach of AHS and other ECEC programs and to keeping some programs open. Some programs are not able to meet provincial or territorial standards for numbers of staff with ECE credentials. Many programs, especially on reserves, repeatedly ask officers charged with licensing child care facilities for 'variances' that allow programs to operate without a full complement of certified ECE staff6 (see chapter by Ellen Jacobs and Emmanuelle Adrien on regulations in this volume).

Merely recruiting and retaining Indigenous staff for ECEC programs is challenging enough in many communities, and may overshadow concerns about ensuring that staff has post-secondary training in early childhood education. It is generally acknowledged that as many as half of the staff in federally funded Indigenous ECEC programs on reserves lack training and qualifications (Whiteduck Resources Inc., 2007). They also lack ready access to post-secondary ECE programs with Indigenous content or relevance for programs operating in rural or remote settings. Of 107 ECE programs identified in public and private post-secondary institutions across Canada, only seventeen had an Indigenous focus; of those, only one course was offered with Inuit content (Bridgeworks Consulting, 2007). Some Indigenous community leaders have expressed the view that post-secondary ECE programs in most colleges and universities promote dominant European-heritage

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6 In many jurisdictions, regulations allow a centre to be licensed without the required number of employees with early childhood credentials, provided the centre is able to demonstrate its efforts to recruit staff with training. This 'variance' allows the centre to continue to operate as a licensed program, and generally requires an employee without a credential to complete the required post-secondary education for an ECE credential within a specified period.
concepts and methods pertaining to young children’s development and care, and they and their constituents want to resist their wholesale adoption. Some leaders advocate for federal investment in creating an Indigenous training program designed by and for the Indigenous child care sector. In addition to the lack of culturally based post-secondary education, the current shortage of trained staff is a consequence of the rural and often remote location of many Indigenous communities, especially First Nations on reserves and Inuit villages.

A need exists for ECE training opportunities that provide scope for communities’ particular culture, language, goals, and needs to be considered by trainees in their course work. Further, training needs to be readily accessible through innovative approaches involving flexible course scheduling and blended course delivery modalities, including virtual classrooms and distance education. A targeted, coordinated approach that draws on partnerships between Indigenous organizations and post-secondary institutions could respond to the needs and goals of Indigenous learners and communities to expand the number of qualified Indigenous ECE practitioners. Improving the education of the workforce would promote the well-being of Indigenous children through expanded program capacity and would enhance the Indigenous economy. ECEC programs can generate community development with immediate economic returns. According to one series of community economic analyses, every dollar of investment in ECE generates about $1.58 in economic activity, and every job in an ECEC program creates or sustains 1.49 jobs (Prentice, 2007a, 2007b, 2007c).

Federal funds for the development of post-secondary education, specifically for the Indigenous early childhood workforce, could build upon promising practices in a handful of community colleges and universities that have been effective for strengthening the number and qualifications of Indigenous ECE practitioners. One model with documented success is the First Nations Partnership Programs (FNPP) offered for twenty years by the University of Victoria (see commentary by Alan Pence in this volume). This program was instigated by the Meadow Lake Tribal Council (MLTC) in Saskatchewan in 1989. Aiming to provide ECEC

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7 For example, reports from Manitoba underscore employment effects: there are as many jobs in child care as in the biotechnology and health research sector or the energy and environment sector, both of which are priority areas for the government.
training for Cree and Dene community members, the Meadow Lake Tribal Council could not find an existing program with room for culturally specific knowledge to become centrally integrated into the students' course work, and no colleges or universities were prepared to deliver post-secondary courses in the community or involve community members, including Elders, in the teaching and learning process. The MLTC applied successfully for federal funding through the Child Care Visions program of Human Resources Development Canada and entered into a partnership with the University of Victoria's School of Child and Youth Care to create a career-laddered program of course work. The courses introduced an innovative 'generative curriculum' approach (Pence et al., 1993), which incorporated, in equal measure, university- and community-generated content. Twenty co-scripted courses were delivered entirely in the partnering First Nation communities, enabling Elders to be involved in teaching alongside university-appointed instructors. Community-based delivery also enabled students to undertake practica in local settings and allowed community members and service staff in local agencies to observe and be involved in the students' learning journeys. The program was a demonstrated success in ten university–community partnerships, with 151 First Nation graduates at the ECE certificate or diploma level. A program evaluation funded by Human Resources Development Canada found that 95 per cent of graduates remained in their communities; 65 per cent introduced new programs for children, youth, and families; 21.5 per cent joined the staff of existing programs; and 11.5 per cent continued on the education ladder towards a university degree (Ball & Pence, 2006). A career-laddered approach increases access to accredited post-secondary education, enabling students first to obtain preparatory training to ensure their success in post-secondary courses; second, to complete an ECE certificate; third, to upgrade certification with additional course work in special needs and infant and toddler care, which are separate levels of certification in some jurisdictions; fourth, to complete a diploma in ECE or a related field such as child and youth care; and finally, to apply to continue with third- and fourth-year Bachelor's degree–level education in early years or a related field.

Following the program's pilot delivery, the Meadow Lake Tribal Council passed their co-ownership of the program over to Saskatchewan Indian Institute of Technologies, which carried on the traditions of community-based, cohort-driven delivery of the career-laddered program through partnerships that incorporate Indigenous as well as
Euro-Western-based curricula. Recognized by UNESCO as a best practice for incorporating Indigenous knowledge, the program has served as a model for Indigenous and other culturally specific education programs around the world, not only in early childhood education but in other professional fields as well (UNESCO/MOST, 2002). Over the past decade, other community colleges and universities have explored new approaches to making their ECE programs more accessible, for example, through blended program delivery that offers some opportunity to complete courses online, through work-based practica and course delivery, community-based program delivery, and course scheduling that takes into account weather-related transportation issues and seasonal activities in communities.

Beginning in 2005, federal funding was made available to First Nations communities on reserves to support co-location, co-planning, and joint training of front-line practitioners in ECEC programs in the Aboriginal Head Start On-Reserve programs, First Nations and Inuit Child Care Initiative, and in Alberta and Ontario, child care sites funded by Indian and Northern Affairs Canada. The Public Health Agency of Canada has also demonstrated a commitment to deliver training and is currently exploring the development of a post-secondary education and certification strategy for Indigenous early childhood educators. But while significant federal investment has been made in various kinds of ECE training to strengthen Indigenous capacity, most of the training has been short term, non-accredited, and not career-laddered insofar as generating course credits from accredited post-secondary institutions that learners can use to progress towards a post-secondary credential. The professional identity and retention of Indigenous ECE practitioners can be secured, in part, through national and regional conferences and local workshops that provide in-service training, but a sustained commitment on the part of the federal government is needed to enable this. And, while discussions are underway about developing a career-laddered, accredited post-secondary program to support the expansion of a fully qualified Indigenous ECE workforce, there remains an urgent need to train and retain more staff to keep programs open and strong.

Conclusion

Through the synergy of advocacy on the part of national Indigenous organizations, long-term federal investments, grassroots vision and commitment, and parent demand, tremendous momentum for Indigenous
ECEC capacity has been built across Canada’s First Nation, Inuit, and Métis communities over the past fifteen years. Continued momentum to support expansion and Indigenization of community-driven ECEC programs will support the burgeoning population of young Indigenous children and help to equalize their readiness for formal schooling.

A valuable next step would be to undertake a methodologically sound longitudinal research study with comparison groups to determine the extent, nature, and sustainability of Indigenous children’s gains that are attributable to AHS participation. Also, to achieve equity for Indigenous children through ECEC, the federal government should prioritize the following actions:

- Invest in community-based, culturally relevant, accredited, career-laddered training for Indigenous ECEC practitioners, incorporating non-traditional delivery models (e.g., blended, cohort driven) and supports (e.g., Indigenous mentors, preparatory and ongoing learning skills supports, transportation, computer hardware).
- Develop ECEC leadership that encompasses Indigenous knowledge.
- Expand access to holistic, locally fitting ECEC programs like AHS for Indigenous children from birth to 8 years of age.
- Support Indigenous children’s transitions to school and early experiences of success.
- Fund longitudinal and comparative research on innovative Indigenous ECEC programs such as AHS and others.

Other stakeholders also have a role to play. Policy makers can commission program evaluations by early development researchers and encourage innovative, community-driven early learning programs over standardization and best practices. Communities can host government-funded programs in existing community organizations (e.g., Native Friendship Centres, learning centres, adjuncts to health centres, and band-operated and independent schools). They can build community awareness, strengthen the demand for ECEC, and consolidate Indigenous knowledge and goals for children’s early learning and formal education. Secondary and tertiary institutions can build institutional capacity for innovative ECEC training for Indigenous students. Of particular value would be compulsory courses for pre-service teachers on (1) meeting the needs of Indigenous learners and (2) intercultural awareness and engagement aimed at improving Indigenous/non-Indigenous student relations.
As Colley (2006) has argued, effective structural and conceptual integration of early childhood education and care services requires a major paradigm shift. Programs like Aboriginal Head Start provide an inspiring example of what effective integration can look like. Indigenous Peoples are determined to close the gaps in their children’s educational achievement, but they require the support of all parties to make this happen. Investing in early education will have significant positive impacts on Indigenous children, families, and communities as well as on Canada’s broader social fabric and economy.

References


