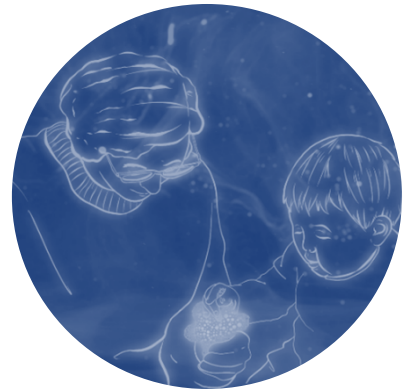


# Evaluation of the Aboriginal Head Start in Urban and Northern Communities Program

Final Report  
June 2022  
Office of Audit and Evaluation  
Public Health Agency of Canada



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We acknowledge that the Public Health Agency of Canada's national office, located in Ottawa, carries out its work on the traditional, ancestral, and unceded territory of the Anishinabek Algonquin Nation, whose presence there reaches back to time immemorial.

We respect and affirm the inherent Treaty Rights of all Indigenous Peoples across this land where Aboriginal Head Start in Urban and Northern Communities (AHSUNC) community program staff and families, and PHAC regional office staff who contributed to this report are located. We honour the commitments to self-determination and sovereignty we have made to Indigenous Nations and Peoples.

We express our sincere thanks to all AHSUNC communities and their representatives for providing PHAC with performance measurement data over many years, as well as participating in surveys, videos, interviews and case studies, all of which have provided essential information for this evaluation.

We recognize the community members of the Evaluation Working Group for their dedication and guidance over many months and thank them for their support throughout this evaluation journey.

## Image Credits

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*"Two-Eyed Seeing... [it] refers to learning to see from one eye using the strengths of Indigenous knowledges and ways of knowing, and from the other eye using the strengths of western ways of knowing...and learning to use both of these eyes together, for the benefit of all."*

Elder Albert Marshall

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## List of acronyms

AHS	Aboriginal Head Start
AHSABC	Aboriginal Head Start Association of British Columbia
AHSUNC	Aboriginal Head Start in Urban and Northern Communities
BC	British Columbia
CFOCMB	Chief Financial Office and Corporate Management Branch
CGC	Centre for Grants and Contributions
CPE	Centre de la petite enfance
CPPMT	Children's Program Performance Measurement Tool
DCY	Division of Children and Youth
DG	Director General
ECE	Early Childhood Education
ELCC	Early Learning and Child Care
ESDC	Employment and Social Development Canada
EYC	Early Years Centre
EWG	Evaluation Working Group
FASD	Fetal Alcohol Spectrum Disorder
G&Cs	Grants and Contributions
HPCDPB	Health Promotion and Chronic Disease Prevention Branch
IELCC	Indigenous Early Learning and Child Care
INFC	Infrastructure Canada
KRG	Kativik Regional Government
LGBTQ2+	Lesbian, Gay, Bisexual, Transgender, Queer, Two-Spirit, Plus
LOVIT	Learning to Observe, Value, Inspire, and Transform
MCDC	Mi'kmaq Child Development Centre
NAHSC	National Aboriginal Head Start Council
NORTH	Northern Outcome Reporting Template for Health
NS	Nova Scotia
OAE	Office of Audit and Evaluation
OAHS	Ontario Aboriginal Head Start Association
ON	Ontario
O&M	Operations and Maintenance
PHAC	Public Health Agency of Canada

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PEI	Prince Edward Island
PEP	Program Evaluation Process
PMEC	Performance Measurement and Evaluation Committee
QC	Quebec
SK	Saskatchewan
TRC	Truth and Reconciliation Commission
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
VP	Vice President
YK	Yukon

# Executive summary

## Program profile

The Aboriginal Head Start in Urban and Northern Communities (AHSUNC) Program is an early childhood development program created in 1995. AHSUNC supports the spiritual, emotional, mental, physical and social wellbeing of First Nations, Métis and Inuit children and families in a holistic way through its six core components of Culture and Language, Education, Health Promotion, Nutrition, Social Support, and Parental and Family Involvement.

Between fiscal years 2016-17 and 2020-21, the AHSUNC Program spent an average of nearly \$36M annually from ongoing funds, mostly in contribution funding to the 133 local AHSUNC sites. Annually, AHSUNC serves around 4,200 to 4,300 young Indigenous children and their families living in off-reserve/off-territory and northern communities across Canada, from large urban areas to remote settlements. Sites are managed by local Indigenous organizations and governments. Guided by the six components, each site adapts their programming and services to local social and cultural contexts, needs, and capacity.

## Key findings

AHSUNC responds to an ongoing and increasing need for early childhood development programming for Indigenous children and their families living in off-reserve/off-territory and northern communities that is holistic, culturally-focused, and accessible. This need is underlined by the strong desire expressed by Indigenous families for connection to Indigenous culture in the face of historically rooted social and economic barriers and resulting health inequities. The Program has been described as "*Reconciliation in action*", as it is Indigenous-led and directly supports several of the Truth and Reconciliation Commission's (TRC) Calls to Action and United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). However, many Indigenous children and their families are not being reached, including those children who may need support for special needs. This is primarily due to the growing Indigenous population and capacity limitations in existing sites.

Families, staff, and partners recognize AHSUNC sites as being successful at supporting the development and wellbeing of participating Indigenous children and their families by addressing education and health inequities in the communities where they live, and by promoting the central role of the family in the wellbeing of the child. As an 'upstream' program, meaning it is focused on the root causes of a population health problem or benefit, AHSUNC has helped to promote positive health and education outcomes for Indigenous children by providing early supports for developing school readiness and addressing special needs. Parents and caregivers have benefited from becoming involved in a positive, non-judgemental Indigenous program that builds community relationships, and provides an opportunity to increase parenting skills and self-confidence. Some parents and caregivers have subsequently pursued careers as early childhood educators. Cultural programming is one of the greatest strengths of the AHSUNC Program, including the revitalization of Indigenous languages, the

participation of Elders and Traditional Knowledge Keepers, and the promotion of pride in Indigenous identity.

AHSUNC site staff have enabled these successes by creating a sense of safety and belonging for Indigenous children and their families, delivering programming and facilitating access to additional health and social services to meet essential needs. In doing so, site staff have partnered with other local and regional organizations, creating opportunities for non-Indigenous organizations to become more culturally sensitive towards Indigenous communities. The sites actively share best practices, ideas and resources through regional and national network meetings and training, despite barriers for participation such as the lack of staff time and language differences. The community-focused nature and networking of the AHSUNC sites proved to be an important source of resilience in responding to the COVID-19 pandemic, which curtailed programming and exacerbated stresses on staff, children, parents, and caregivers alike. Sites maintained contact with isolated families by adapting activities to maintain learning and child development, while acting as a trusted source of information and social support.

Many site staff reported having supportive and positive relationships with their PHAC regional program consultants, and noted national program office advocacy for the AHSUNC Program as a whole. Furthermore, the relationship between the AHSUNC sites and PHAC has been evolving in a way that increasingly supports community self-determination and principles of Reconciliation. The National Aboriginal Head Start Council (NAHSC) has become the lead for strategic decision making on emerging priorities. While community and PHAC key informants were all supportive of this evolution, it was also highlighted that regional AHS associations or committees vary in their capacity, effectiveness, and ability to participate in NAHSC discussions.

Despite these successes, the level of PHAC core funding for AHSUNC has been static since 2002. Inflation and rising operational costs have reduced the capacity of sites to recruit and retain qualified staff. Subsequently, this has posed challenges to expanding site enrolment and offering more support for children with special needs. While some time-limited and project-based funding has been introduced since 2002, it has not been sufficient to meet the ongoing operational needs of the sites. New funding from the Indigenous Early Learning and Childcare (IELCC) Initiative in Budget 2021 provides an opportunity to help address some longstanding AHSUNC operational needs. However, the distinction-based decision-making structure for the majority of IELCC funding does not directly address the needs of off-reserve/off-territory and urban Indigenous communities. Furthermore, local AHSUNC sites are operated by small, grassroots Indigenous organizations, many of which face barriers in navigating the complex funding agreements with PHAC despite efforts to streamline contribution agreements since 2017. In addition, the off-reserve/off-territory and northern Indigenous populations are among the fastest growing demographics in Canada. Consequently, there is an increasing number of Indigenous children and families who could benefit from participating in a local AHSUNC program. However, many communities lack either an AHSUNC site or sufficient space for all the Indigenous children in that community. Presently, the Program reaches a very small fraction of the overall population of Indigenous children who live off-reserve/off-territory and in the North.



## Recommendations

Evidence gathered for this evaluation clearly supported the following two priorities that are already being addressed by the Program:

- ❖ **Create opportunities to reach more Indigenous children and their families in underserved and unserved urban and northern communities;** and
- ❖ **Address critical and long-standing staffing issues at AHSUNC sites,** particularly on staff recruitment and retention.

These strategic priorities point to longstanding operational issues for the AHSUNC Program. NAHSC, AHSUNC regional organizations, and PHAC have started discussions on addressing these priorities, in light of new investments in Budget 2021 through the Indigenous Early Learning and Childcare (IELCC) Initiative that provides incremental funding increases for the AHSUNC Program over the next five years, beginning in 2022-23, totalling \$122.9 million.

The recent governance evolution of the AHSUNC Program also provides an opportunity to consider how to improve PHAC funding mechanisms, strengthen the relationship between PHAC and the local AHSUNC communities particularly to support self-determination, and promote community-led information sharing. These three areas are reflected in the recommendations below.

### **Recommendation 1: Address long-term issues to the Program's contribution agreement system to make funding more sustainable, accessible, and flexible for communities.**

Within PHAC, efforts to improve the AHSUNC contribution agreement mechanisms started in 2017. However, the funding mechanisms are still perceived by recipients as complex and inefficient, given the multiple funding streams for the Program, and accompanying administrative burden of the individual contribution agreements. This significantly affects smaller funding recipient organizations, where AHSUNC site coordinators have many responsibilities. It should be considered that other tools and models exist for supporting Indigenous community-led programs through federal contribution programs. Solutions for AHSUNC sites will need to reflect varying regional realities and preferences.

### **Recommendation 2: Advance Indigenous self-determination of the AHSUNC Program.**

Community members, government staff, and partners have recognized the National Aboriginal Head Start Council (NAHSC)'s role as a lead decision maker for the AHSUNC Program. There are further opportunities to support the NAHSC's capacity as a governance body, as well as to promote succession planning and leadership capacity for site staff. In addition, there is a desire for greater community and regional self-determination, particularly given the cultural and socioeconomic differences between communities and regions, including the nature of relationships between AHSUNC sites and provincial and territorial governments. These are particularly timely opportunities for consideration, given the general alignment of the

community-based model of the AHSUNC Program with the introduction of the IELCC Initiative and its principle of promoting Indigenous capacity to support and govern Indigenous Early Learning and Child Care.

**Recommendation 3: Celebrate and build on the successes of the AHSUNC Program by supporting community-driven knowledge sharing and mobilization activities.**

AHSUNC sites have been sharing best practices, ideas, and resources through regional and national AHSUNC networks, as well as training events for many years. These communication channels helped sites rapidly adapt their programming in response to the pandemic. However, knowledge sharing is hampered by a variety of barriers, including lack of time for staff and scheduling events across time zones, as well as language differences. Dedicated assistance for national and regional AHSUNC groups could further promote community-led knowledge sharing and mobilization activities.

# Response and Action Plan

**Note: This Response and Action Plan was co-developed with the AHSUNC Evaluation Working Group and endorsed by the National Aboriginal Head Start Council.**

<b>Recommendation 1</b>			
Address long-term issues to the program contribution agreement system to make funding more sustainable, accessible, and flexible for communities.			
<b>Response</b>			
Agree with the recommendation for contribution agreement system modernization. It aligns with the evidence and knowledge shared in this co-developed evaluation; and with the objectives of the Indigenous Early Learning and Child Care (IELCC) transformation initiative.			
<b>Action Plan</b>			
1.1 Engage with AHSUNC recipients, the NAHSC, other federal departments and PHAC staff at the national and regional levels to identify ways to make contribution agreement administration more flexible and less burdensome.			
1.2 Engage with the NAHSC, Centre for Grants and Contributions (CGC) and PHAC staff at the national and regional level to develop a modified PHAC Risk-Based Monitoring Strategy (RBMS) for Indigenous recipient organizations with the goal of providing increased flexibility and reduced burden.			
<b>Deliverables</b>	<b>Expected Completion</b>	<b>Accountability</b>	<b>Resources</b>
1.1 Modernized contribution agreement template and appendices.	April 1, 2023	Executive Director, Division of Children and Youth; Director General, Centre for Health Promotion; and Vice President, Health Promotion and Chronic Disease Prevention Branch	Under existing budget/resources: 1 FTE (PM position)
1.2 Annex to the RBMS for Indigenous recipient organizations.	January 30, 2023	Vice President/Chief Financial Officer and Corporate Management Branch	Under existing budget/resources: 1 FTE (PM position)

<b>Recommendation 2</b>			
<b>Advance Indigenous self-determination of the AHSUNC Program.</b>			
<b>Response</b>			
Agree with the recommendation to advance Indigenous self-determination of the AHSUNC Program. It aligns with the evidence and knowledge shared in this co-developed evaluation and with the IELCC transformation initiative; the 2021 Minister of Health Mandate Letter; and the Truth and Reconciliation Commission of Canada Calls to Action.			
<b>Action Plan</b>			
2.1 Support the NAHSC and Regional AHSUNC bodies in the development of their strategic plans to support self-governance.			
<b>Deliverables</b>	<b>Expected Completion</b>	<b>Accountability</b>	<b>Resources</b>
2.1 Report documenting IELCC funding and type of PHAC program support provided to the NAHSC and Regional AHSUNC bodies to produce regional and national level strategic plans based on their identified priorities and needs.	March 31, 2023	Executive Director, Division of Children and Youth; Director General, Centre for Health Promotion; and Vice President, Health Promotion and Chronic Disease Prevention Branch	Under existing budget/resources: 1 FTE (EC position)

<b>Recommendation 3</b>			
<b>Celebrate and build on the successes of the AHSUNC Program by supporting community-driven knowledge sharing and mobilization activities.</b>			
<b>Response</b>			
Agree with the recommendation to celebrate and build on the successes of the AHSUNC Program by supporting community-driven knowledge sharing and mobilization activities. It aligns with the evidence and knowledge shared in this co-developed evaluation and with the			

IELCC transformation initiative; the 2021 Minister of Health Mandate Letter; and the Truth and Reconciliation Commission of Canada: Calls to Action.			
<b>Action Plan</b>			
3.1 Provide funding to the NAHSC and Regional AHSUNC bodies to implement their community-driven knowledge sharing and mobilization activities.			
<b>Deliverables</b>	<b>Expected Completion</b>	<b>Accountability</b>	<b>Resources</b>
3.1 Report describing amount of IELCC funding provided and number and type of community-driven knowledge sharing and mobilization activities planned, as identified in AHSUNC national and regional strategic plans.	July 28, 2023	Executive Director, Division of Children and Youth; Director General, Centre for Health Promotion; and Vice President, Health Promotion and Chronic Disease Prevention Branch	Under existing budget/resources: 1 FTE (EC position)

# 1. Introduction

## 1.1 Why did we do this evaluation?

- ❖ To support decision making for all those involved in the Program: AHSUNC communities and the National Aboriginal Head Start Council (NAHSC), PHAC regional office staff, and the PHAC national program team and senior managers.
- ❖ To meet federal reporting requirements for assessing the relevance and performance of programs that use grants and contributions funding. The last evaluation of the AHSUNC Program was completed in March 2017.<sup>1</sup>

## 1.2 What did the evaluation look at?

The evaluation looked at program activities for all PHAC-funded AHSUNC sites across Canada, from 2016-17 to 2020-21. The evaluation focused on three areas of interest:

### Program Need

- What are the current and emerging needs of young Indigenous children and their families living in urban and northern communities?
  - To what extent is the AHSUNC Program reaching young Indigenous children and their families living in urban and northern communities?
  - How does reach vary across First Nations, Inuit, and Métis children and their families?

### Program Impact

- How successful has the AHSUNC Program been at:
  - Providing accessible, culturally relevant, holistic, inclusive, and flexible activities and services to support early learning to respond to the needs of young Indigenous children, families, and communities?
  - Sharing information and best practices between AHSUNC sites?

### Program Organization

- Is the AHSUNC Program organized and delivered in a way that supports high quality and culturally relevant early learning activities and services for young Indigenous children and their families living in urban and northern communities?
  - What opportunities exist to enhance the AHSUNC Program?

*See Annex A for full list of evaluation questions and sub-questions.*

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<sup>1</sup> Office of Audit and Evaluation, Health Canada and the Public Health Agency of Canada. 2017. "Evaluation of the Aboriginal Head Start in Urban and Northern Communities Program 2011-2012 to 2015-2016." Canada.ca. March 2017. <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/evaluation/2011-2012-2015-2016-aboriginal-head-start-urban-and-northern-communities-program.html>.

### 1.3 How did we conduct this evaluation?

An Evaluation Working Group (EWG) was created to implement a collaborative process for each stage of the evaluation. The EWG was composed of representatives from the National Aboriginal Head Start Council (NAHSC), PHAC Regional Operations, the AHSUNC national program office, and the OAE evaluation team. The EWG met biweekly from January 2021 to June 2022.

The EWG adopted three guiding principles for conducting the evaluation, based on the Truth and Reconciliation Commission's Principles of Reconciliation: community-led, inclusive, and action oriented.

Community members and evaluators gathered information for this evaluation from a wide variety of sources:

- AHSUNC communities led parent and caregiver surveys in 2017 and 2021, produced the "Our Voices/Our Vision" video project featuring parents and graduates from Atlantic region sites, collected and analyzed LOVIT Way PEP program performance data from participating sites in 2021, and shared a collection of letters written to the Prime Minister in 2019 by a site in Saskatchewan. These sources are being used with permission of the AHSUNC sites that produced and own the information
- PHAC evaluators, together with an Indigenous evaluation consultant, interviewed 46 community, government, and academic key informants across Canada. They also collaborated with six AHSUNC sites to produce community-led case study reports.
- Lastly, the PHAC evaluators reviewed program documents, performance data, and financial data. A targeted literature review was also included in the analysis.

*More details on the evaluation process, methods, data sources, and limitations are presented in Appendix B.*

## 2. Program profile

The Aboriginal Head Start in Urban and Northern Communities (AHSUNC) Program is an early childhood development program run by local Indigenous community organizations with funding and management support from the Public Health Agency of Canada (PHAC). The program was created in 1995 to fulfill a government commitment to developing an early intervention program for Indigenous families who live off-reserve/off-territory or in northern communities.<sup>2</sup>

AHSUNC supports the spiritual, emotional, mental, physical, and social wellbeing of First Nations, Métis, and Inuit children and families in a holistic way through its six core components (see Figure 1). *Refer to Appendix C for more details about the six components.*

Figure 1. Six components of the Aboriginal Head Start in Urban and Northern Communities (AHSUNC) Program, with Family and Community at the heart of the Program



Between fiscal years 2016-17 and 2020-21, the Program spent approximately \$197 million (M), averaging nearly \$39M annually, mostly in contribution funding to local AHSUNC sites. The majority of this funding is provided by PHAC, which has allocated \$29.1M in core contribution funding to the program each year since 2002-03. In 2018-19, Employment and Social Development Canada (ESDC) introduced new funding for the AHSUNC Program through the Indigenous Early Learning and Child Care Initiative (IELCC). Since 2018-19, the program spent on average \$3.7M per year of IELCC funding. The Program also received multi-million one-time

<sup>2</sup> Public Health Agency of Canada. 1998. "Aboriginal Head Start Urban and Northern Initiative." Canada.ca. October 1998. <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/publications/aboriginal-head-start-urban-northern-initiative.html>.

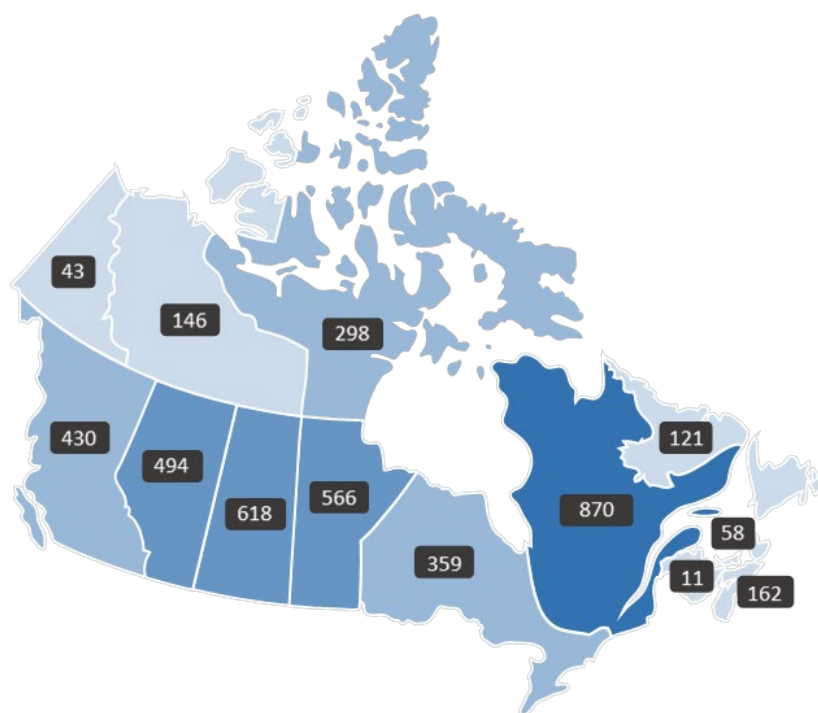


funding transfers from Infrastructure Canada and ESDC between fiscal years 2016-17 and 2020-21 for infrastructure improvements and COVID-19 response, respectively.

The AHSUNC Program serves around 4,200 to 4,300 young Indigenous children and their families living in off-reserve/off-territory and northern communities across Canada each year. Figure 2 shows the average number of children enrolled in each region.<sup>3</sup> In 2019-20, among the children enrolled in AHSUNC sites for which the data are available<sup>4</sup>:

- Approximately half of the children were identified as girls (51%), and half as boys (49%);
- Approximately 57% were identified as First Nations, 24% as Inuit, and 17% as Métis; and
- Most children were aged four (42%) and three (36%).

Figure 2. Average number of children enrolled in each province or territory per year, 2017-18 to 2019-20



There are 133 AHSUNC sites across the country. Each site takes a community-based, grassroots approach to developing their programming and services so they can be adapted to local social and cultural contexts, needs, and capacities. Sites are managed by various types of local Indigenous organizations and governments, such as Friendship Centres, self-governing First

<sup>3</sup> The map shows average enrolment from 2017-18 and 2019-20 CPPMT cycles for sites in the provinces and from 2017-18, 2018-19, and 2019-20 NORTH Tool cycles for sites in the territories. Seven sites in Quebec did not complete the 2017-18 cycle of the CPPMT, so the Quebec average is likely a slight underestimate of the actual average.

<sup>4</sup> AHSUNC sites located in provinces contribute data to PHAC's Children's Program Performance Measurement Tool (CPPMT) every other fiscal year. Sites in the territories fill out a more streamlined Northern Outcome Reporting Template for Health (NORTH). The NORTH Tool Report did not disaggregate participants by gender or Indigenous identity.

Nations, Inuit governance organizations, and locally incorporated early childhood education centres.

The AHSUNC Program serves a wide variety of communities across Canada, from remote communities to large urban centres (see Figure 3). As such, AHSUNC sites also vary considerably according to community context and site capacity. For example:

- Data contributed by sites from 2017-18 and 2019-20 show that, for provinces and territories with more than one site, each site enrolled at least 10 children each year, however:
  - In the territories, the annual median number of children enrolled per site ranged from 12 in the Yukon to 41 in Nunavut.
  - In provinces with more than one AHSUNC site, the median number of children enrolled per site ranged from 16 in Ontario to 26 in British Columbia.
  - It should be noted that that some AHSUNC sites operate as family resource centres whose reach goes beyond the classroom-based enrolment numbers reported.
- Between 2017-18 and 2019-20, the majority of program sites in the provinces delivered half-day sessions, four or five days per week (69-75%). In the territories, at least half of the sites offered half-day programming, and at least 39% offered full-day programming each year.
- Performance data from provincial AHSUNC sites shows that staff with early childhood education (ECE) responsibilities were largely Indigenous (80%). Most of these ECE staff met (67%) or exceeded (31%) minimum provincial ECE accreditation requirements.

Figure 3. Map of AHSUNC sites



## Examples of how AHSUNC varies by province and territory

All AHSUNC sites follow a set of foundational principles and guidelines, including the six program components. However, sites adapt AHSUNC programming in response to diverse community-level factors in order to best meet the needs of children and families. These factors include differences in provincial and territorial policies, Indigenous languages, and local demographics. The table below provides some examples of how AHSUNC differs in each region of the country. These examples were drawn from interviews, case studies, program documents, and publications.

Province or Territory	Examples of Regional AHSUNC Variations
<b>Atlantic Region</b>	
<b>New Brunswick</b>	<ul style="list-style-type: none"> <li>• The strong culture and language supports for Indigenous families at the Fredericton site has led to a partnership with the University of New Brunswick that includes cultural competency training for University staff and students.</li> <li>• The site has also developed an Indigenous Preschool program called Take It Outside. Take It Outside is a blended model of the Aboriginal Head Start components and the Forest School approach to preschool and learning.</li> </ul>
<b>Newfoundland and Labrador</b>	<ul style="list-style-type: none"> <li>• The sites in Labrador serve unique Indigenous cultural communities, and this is reflected in a diversity of site sponsors and partnerships.</li> <li>• With close proximity to traditional lands, outdoor and food-gathering activities are priorities that go hand in hand with Indigenous language promotion.</li> </ul>
<b>Nova Scotia</b>	<ul style="list-style-type: none"> <li>• The Halifax site delivers programming through a Family Resource Centre model that provides wrap-around child and maternal health services, as well as parent and caregiver supports.</li> <li>• The site applies the six AHSUNC components to its broader range of programming (prenatal to age six), including the Community Action Program for Children.</li> </ul>
<b>Prince Edward Island</b>	<ul style="list-style-type: none"> <li>• The Charlottetown site provides opportunities for social service workers to improve their cultural awareness while building positive relationships with the local Indigenous community.</li> <li>• The site is a designated Early Years Centre (EYC) with the PEI government. EYCs have the ability to access provincial ELCC funding intended to increase early learning spaces. This centre also provides Canada Prenatal Nutrition Program and Community Action Program for Children programming.</li> </ul>

<b>Quebec Region</b>	
<b>Quebec</b>	<ul style="list-style-type: none"> <li>• The province of Quebec provides funding for child care and three AHSUNC sites are part of a provincially-subsidized Centre de la petite enfance.</li> <li>• Most AHSUNC sites in southern Quebec use French as their working language while supporting a multitude of Indigenous languages.</li> <li>• The 19 AHSUNC sites in northern Quebec administered by the Kativik Regional Government (KRG) are covered by a single funding agreement between the KRG and Employment and Social Development Canada (ESDC), which includes funding for AHSUNC and IELCC.<sup>5</sup></li> </ul>
<b>Ontario Region</b>	
<b>Ontario</b>	<ul style="list-style-type: none"> <li>• The Ontario Aboriginal Head Start Association (OAHTSA) develops resources and training for sites in the province.</li> <li>• Ontario has the greatest number of sites located in large urban centres.</li> <li>• One of the sites in Ottawa serves the high Inuit urban population with programming that includes Inuit cultural and traditional activities.</li> </ul>
<b>Manitoba and Saskatchewan Region</b>	
<b>Manitoba</b>	<ul style="list-style-type: none"> <li>• The province licenses one site and provides additional funding to support children with special needs.</li> <li>• A site has a practicum partnership with the Red River College ECE program, which benefits both the College students and children within the AHSUNC Program.</li> </ul>
<b>Saskatchewan</b>	<ul style="list-style-type: none"> <li>• The Northern Lights School Division funds a certified teacher in each of the seven northern AHSUNC sites, as well as staff training, and educational resources and supports for children with additional needs.</li> <li>• Around a third of Métis children attending AHSUNC live in Saskatchewan.</li> </ul>
<b>Western Region</b>	
<b>Alberta</b>	<ul style="list-style-type: none"> <li>• In Alberta, a majority of the First Nations population reached by AHSUNC are living in an urban setting. The six AHSUNC sites in Métis Settlements reach a large portion of Métis children in Alberta.</li> <li>• The Alberta IELCC table has allocated some of its funding to First Nations distinction-based AHSUNC sites.</li> <li>• Alberta hosts an annual regional training event for AHSUNC program staff that has expanded to include Northwest Territories and Nunavut AHSUNC staff as well as Aboriginal Head Start on Reserve (AHSOR) staff.</li> </ul>
<b>British Columbia</b>	<ul style="list-style-type: none"> <li>• In 2018, the BC government partnered with the Aboriginal Head Start Association of BC (AHSABC) to expand Aboriginal Head Start full day child care spaces in the province, using federal ELCC and provincial funding.<sup>6</sup></li> </ul>

<sup>5</sup> It also includes funding under ESDC's First Nations and Inuit Child Care Initiative. ESDC is responsible for the administration of the funding agreement, with PHAC for continuing to review work plans and for reporting related to AHSUNC.

<sup>6</sup> This led to an additional 280 AHS spaces being created by 2021.

	<ul style="list-style-type: none"> <li>• The AHSABC develops resources, training, research, and networking opportunities for sites in BC and shares these resources nationally.</li> <li>• The BC Aboriginal Childcare Society delivers AHSUNC programming and is the coordinating body for the First Nations distinction-based IELCC funding in BC.</li> </ul>
<b>Northern Region</b>	
<b>Nunavut</b>	<ul style="list-style-type: none"> <li>• In Nunavut, site staff are predominantly Inuit and offer programming in Inuktitut to support the use and preservation of Inuit culture and language.</li> <li>• Sites are embedded in the life of their communities, and adjust their schedules to ensure as many children as possible have contact with AHSUNC programming.</li> </ul>
<b>Northwest Territories</b>	<ul style="list-style-type: none"> <li>• AHSUNC sites in NWT licensed as childcare centres can receive territorial government funding for staff ECE certification, infrastructure improvements, and wage top-ups.</li> <li>• The NWT sites primarily serve First Nations or Inuit children and families. All sites offer cultural and language programming.</li> </ul>
<b>Yukon</b>	<ul style="list-style-type: none"> <li>• Yukon AHSUNC sites are operated by self-governing First Nations.</li> <li>• Two AHSUNC sites are integrated with territorial daycares to form 'early learning hubs'. These hubs benefit from territorial government funding and continuity of care between daycares and AHSUNC. These sites are also open year-round.</li> </ul>

## 3.1 Evaluation Findings

# Program Need

“Our ancestors were survivors. Lots of healing has had to happen to move forward from that. But these [AHSUNC] programs are creating a community of little “thrivers”. that they can be, that they feel a sense of belonging, that they're valued, that they're safe, that they're loved here. And **not just them but their families as well and everybody that's in their world.**”

- AHSUNC Site Director

“Residential Schools isolated the young children from their loving homes and shamed them, starved them, abused them, and denied them love. There was nobody to protect them. Nobody to comfort them. Nobody to trust. **Precious young spirits were broken.**”

- NAHSC<sup>7</sup>

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<sup>7</sup> National Aboriginal Head Start Council. 2018. “Reflections and Recommendations to the Indigenous Early Learning and Child Care Framework.”

### 3.1.1 Current and Emerging Needs

#### Indigenous families in urban and northern communities share a strong desire for connection to Indigenous culture.

- ❖ As was noted in the last evaluation, multiple studies and surveys have since reiterated the observation that Indigenous parents want their children to be aware and proud of their culture and identity.<sup>8</sup>
- ❖ Many families who move out of reserves and Inuit territories leave behind their families, communities, and access to Elders and Traditional Knowledge Keepers.<sup>9</sup> According to Métis/Cree author and academic Jesse A. Thistle, being separated from one's ancestral land and community is a dimension of homelessness for Indigenous peoples.<sup>10</sup>
- ❖ Furthermore, Indigenous children and youth in Canada are disproportionately represented in the child welfare and foster care systems. In 2016, the majority (66%) of Indigenous children in foster care did not live with an Indigenous foster parent,<sup>11</sup> meaning that Indigenous foster children may have been further cut off from their culture, families, and communities.
- ❖ According to the the National Collaborating Centre for Indigenous Health, promoting cultural connection is key to healing and resilience for Indigenous families and communities.<sup>12</sup>

*I lost my culture a lot growing up so I wasn't very involved until I got around here and started being involved with [AHSUNC]. That's something that I wanted for my children as well.*  
– AHSUNC Parent

#### Many Indigenous children and their families face social and economic barriers that stem from historical and ongoing impacts of colonialism and racism. These barriers contribute to health inequities, intergenerational trauma, and loss of culture for affected families.

- ❖ The legacy of the Indian Residential School system and other colonial policies have resulted in intergenerational impacts that still affect the health and wellbeing of

<sup>8</sup> Public Health Agency of Canada. 2018. "A Relational Approach to Family Engagement and Family Wellbeing at Aboriginal Head Start in Urban and Northern Communities Program Sites in British Columbia." *National Collaborating Centre for Indigenous Health*. [https://www.nccih.ca/634/A\\_relational\\_approach\\_to\\_family\\_engagement\\_and\\_family\\_wellbeing\\_at\\_Aboriginal\\_Head\\_Start\\_in\\_Urban\\_an...nccih?id=1351&col=5](https://www.nccih.ca/634/A_relational_approach_to_family_engagement_and_family_wellbeing_at_Aboriginal_Head_Start_in_Urban_an...nccih?id=1351&col=5); Powling, Hayley, Jason Hickey, Patsy McKinney, Katie Caverhill, Tristin Robbins, Nathan Carrier, and Abigail Nash. 2021. "What We Do Is We Focus on the Community and the Parents and Everything That Comes into Making up the Little Ones' World and Being": How Aboriginal Head Start Programs Benefit Families and Communities." *Unpublished Manuscript*, February, typescript.

<sup>9</sup> Halseth, Regine, and Margo Greenwood. 2019. "Indigenous Early Childhood Development in Canada: Current State of Knowledge and Future Directions." *National Collaborating Centre for Indigenous Health*. National Collaborating Centre for Aboriginal Health. [https://www.nccih.ca/495/Indigenous\\_early\\_childhood\\_development\\_in\\_Canada\\_Current\\_state\\_of\\_knowledge\\_and\\_future\\_directions.nccah?id=247](https://www.nccih.ca/495/Indigenous_early_childhood_development_in_Canada_Current_state_of_knowledge_and_future_directions.nccah?id=247).

<sup>10</sup> Thistle, Jesse A. 2017. "Indigenous Definition of Homelessness in Canada." *Homeless Hub*. Canadian Observatory on Homelessness Press. <https://www.homelesshub.ca/sites/default/files/attachments/COHIndigenousHomelessness-summary.pdf>.

<sup>11</sup> Statistics Canada. 2016. "The Daily — Study: Living Arrangements of Aboriginal Children Aged 14 and Under, 2011." [www150.statcan.gc.ca](http://www150.statcan.gc.ca). April 13, 2016. <https://www150.statcan.gc.ca/n1/daily-quotidien/160413/dq160413a-eng.htm>.

<sup>12</sup> National Collaborating Centre for Aboriginal Health. 2016. "Culture and Language as Social Determinants of First Nations, Inuit, and Métis Health." *National Collaborating Centre for Indigenous Health*. [https://www.nccih.ca/495/Culture\\_and\\_language\\_as\\_social\\_determinants\\_of\\_First\\_Nations\\_Inuit\\_and\\_M%C3%A9tis\\_health.nccih?id=15#:~:text=Culture%20and%20language%20as%20social%20determinants%20of%20First,identity%2C%20and%20is%20expressed%20and%20maintained%20through%20language](https://www.nccih.ca/495/Culture_and_language_as_social_determinants_of_First_Nations_Inuit_and_M%C3%A9tis_health.nccih?id=15#:~:text=Culture%20and%20language%20as%20social%20determinants%20of%20First,identity%2C%20and%20is%20expressed%20and%20maintained%20through%20language).

Indigenous families today. There are descriptions in the reviewed documents of how families continue to lose children to the welfare system, parents whose parenting is affected by their own negative childhood experiences, and ongoing shame associated with their culture and identity.<sup>13</sup>

- ❖ These intergenerational traumas continue to affect the health and wellbeing of children and their families. As a result, Indigenous children are at higher risk of poor developmental and health outcomes, including poor oral health, obesity, and Fetal Alcohol Spectrum Disorder (FASD).<sup>14</sup>
- ❖ According to many interviewees and documents, Indigenous families are also more likely to face socioeconomic challenges, such as food insecurity, financial difficulties, lack of affordable housing or overcrowded living conditions, and greater barriers to employment and education.<sup>15</sup> Community key informants related that food insecurity is an especially large issue in northern communities. A 2021 Statistics Canada analysis,<sup>16</sup> based on the 2016 Census and other recent national data, found that almost all (94%) communities with a critical mass of Indigenous children ages 0 to 6 also demonstrated lower relative sociodemographic wellness.<sup>17</sup>
- ❖ Stigma and discrimination against Indigenous peoples in Canada further exacerbate these challenges and inequities, which can intersect and compound with the impacts of discrimination against individuals who are also experiencing mental illness, part of LGBTQ2+ populations, and people who use substances.<sup>18</sup> As a result, community-led sources describe how Indigenous families rarely have a place where they can share their experiences of trauma and abuse and receive necessary supports, due to past negative experiences with mainstream services, among other barriers to access.

### **Indigenous children need early development programming that is culturally relevant and attends to increasing rates of special needs.**

- ❖ There is a growing body of literature that asserts that Indigenous knowledge contributes positively to a coherent identity for Indigenous children.<sup>19</sup> If children grow up repressing

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<sup>13</sup> Smith, Monique Gray. 2015. "Aboriginal Head Start – the next Generation – Then and Now: Reflections on the 20th Anniversary Celebration of Aboriginal Head Start in Urban and Northern Communities." Aboriginal Head Start Association of British Columbia.; Gerlach, Alison J., and Joan Gignac. 2019. "Exploring Continuities between Family Engagement and Well-Being in Aboriginal Head Start Programs in Canada." *Infants & Young Children* 32 (1): 60–74. <https://doi.org/10.1097/iy.000000000000133>; Public Health Agency of Canada. 2018.; Powling et al. 2021.

<sup>14</sup> Public Health Agency of Canada. 2017. "Promising Practices from Aboriginal Head Start in Urban and Northern Communities." Presentation, The 14th Annual Summer Institute on Early Childhood Development: Addressing Inequity in Canada through Early Childhood Education. [https://www.oise.utoronto.ca/atkinson/UserFiles/File/Events/20170602\\_Summer\\_Institute\\_2017/SI\\_2017\\_Presentations/Promising\\_practices\\_from\\_Aboriginal\\_Head\\_Start\\_in\\_Urban\\_and\\_Northern\\_Communities.pdf](https://www.oise.utoronto.ca/atkinson/UserFiles/File/Events/20170602_Summer_Institute_2017/SI_2017_Presentations/Promising_practices_from_Aboriginal_Head_Start_in_Urban_and_Northern_Communities.pdf).

<sup>15</sup> Otter-Moore, Sophia Den, Diana Gresku, and Stephanie Cerutti. 2020. "Aboriginal Head Start in Urban and Northern Communities: Nurturing Quality Holistic Indigenous Early Childhood Education." Public Health Agency of Canada. Internal Report.; Public Health Agency of Canada. 2018.; Public Health Agency of Canada. 2017.; Powling et al. 2021.

<sup>16</sup> Evelyne Bougie, Leanne Findlay, and Dafna Kohen. (2021). Aboriginal Head Start in Urban and Northern Communities (AHSUNC): A geographic planning profile. Health Analysis Division, Statistics Canada., study commissioned by PHAC.

<sup>17</sup> The socioeconomic characteristics used for the study were: from the 2016 Census and included living in a low-income household, living in a lone parent household, having a mother who was a teen at the birth of the child, having parents with lower levels of formal education. The community (CSD) is considered to have lower relative community SES wellness if there were more than the national "all child" (Indigenous and non-Indigenous) average (11%) having 2 or more of the SES factors low income, lone parent, low levels of formal parental education and teen parent.

<sup>18</sup> Public Health Agency of Canada. 2019. "Addressing Stigma: Towards a More Inclusive Health System - the Chief Public Health Officer's Report on the State of Public Health in Canada 2019." Canada.ca. December 2019. <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/addressing-stigma-toward-more-inclusive-health-system.html>.

<sup>19</sup> Ball, 2009; Beresford and Partington, 2003; Bergstrom et al., 2003; Canadian Council of Learning, 2007; Grande, 2004; Royal Commission on Aboriginal Peoples, 1996; Smith, 2000 – cited in Hare, Jan. 2011. "They Tell a Story and There's Meaning behind That Story": Indigenous Knowledge and Young Indigenous Children's Literacy Learning." *Journal of Early Childhood Literacy* 12 (4): 389–414. <https://doi.org/10.1177/1468798411417378>.



their identity and experiencing isolation and abuse, this could lead to many negative consequences in the long term.

- ❖ Documents, interviews, and performance data reveal that AHSUNC sites are seeing an increased proportion of children with special needs, when compared with the last evaluation, including children with speech difficulties, FASD, Attention Deficit Hyperactivity Disorder (ADHD), autism, and learning disabilities. Program data showed that over a quarter of children enrolled at AHSUNC sites are diagnosed with, or suspected of, having special needs. More than half of these children required extra staff support for their special needs. Having more children with special needs means more resources are needed to provide transportation, healthcare specialists, assessments, classroom support, and family support. Although special needs training for staff has increased since 2017-18, according to interviews and performance data, there is still a need to have more staff trained to work with children with special needs.
- ❖ Early childhood experts emphasize that it is critical to identify and support these needs early in life to prevent more severe issues and to promote better life outcomes.

*It's our journey that has brought us here. Must realize that we aren't here for nothing. We will try to respond to all the little needs that are requested, because that's our heart.*  
– AHSUNC Site Staff

### **AHSUNC is “Reconciliation in action” because the Program “gives back what residential schools took away”.**

- ❖ Many key informants across various groups have spoken of how the program is Indigenous-led, promotes Indigenous culture and community, and supports intergenerational healing for families.
- ❖ Notably, the program directly answers several Truth and Reconciliation Commission (TRC) Calls to Action, despite pre-dating the TRC by over a decade. For example, AHSUNC, as an Indigenous early development program, directly responds to Call to Action #12 on creating culturally-appropriate early childhood programs for Indigenous families. AHSUNC sites, in enabling access to health services for Indigenous families through site visits or referrals, also responds to Call to Action #20 on addressing health care needs of Indigenous peoples regardless of where they reside.<sup>20</sup>
- ❖ AHSUNC’s work directly aligns with the federal government’s commitment to implement the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). In particular, the Program addresses the promotion of rights to education of Indigenous cultures and languages, to self-determination, and of health and socioeconomic wellbeing.<sup>21</sup>

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<sup>20</sup> Elements of the AHSUNC Program also support Call #1 on reducing the number of Indigenous children in care, Call #19 on closing the gaps in health outcomes between Indigenous and non-Indigenous communities, Call #33 on providing support for children with Fetal Alcohol Spectrum Disorder (FASD) and their families, and Call # 38 on eliminating the overrepresentation of Indigenous youth in custody.

<sup>21</sup> Note: UNDRIP was adopted by Canada on June 21, 2021.



### Case Study Spotlight #1:

#### Le Centre de la petite enfance Premier Pas (La Tuque, QC)

AHSUNC is a very important program to support Indigenous children in childcare centres (Centres de la petite enfance - CPE) in Quebec. For Quebec as a whole, spaces in CPEs are limited and CPEs are rarely well equipped to respond to the needs of Indigenous children and families. The “Culture and Language” component of CPE Premier Pas is one of the most important features of their participation in the AHSUNC Program. The site integrates the component extensively throughout its activities to the delight of families.

For the majority of parents living in urban areas, daycare is an essential service for helping them to keep their jobs or remain in school. Children at CPE Premier Pas can benefit from both half-day AHSUNC programming and a daycare service, as they are located in the same building, with familiar staff and classmates. CPE Premier Pas recently responded to a call for projects to expand its childcare and nursery spaces, which will in turn increase the number of children participating in AHSUNC.

For families at CPE Premier Pas, access to health services is difficult and waitlists are long. However, the preventative interventions developed by the site’s special education teacher, informed by observations of daycare teachers, promote access to resources for young children who show developmental delays. Support for parents is also an essential service that is very well used at the site.

Staff at the site are guided by the priorities of safety and optimal development of the children. This includes providing support and education to parents, foster families, many of whom are not Indigenous, and social service providers who reach out to CPE Premier Pas for advice. Site staff rely on a cultural safety perspective to strengthen the ability of all caregivers to accompany Indigenous children in their journey, rather than to criticize attitudes and behaviours. The site also regularly offers cultural safety training.

Five years ago, CPE Premier Pas adopted an *Enfant Nature* pedagogy, which ensures that children are active in nature at least 60% of program time in every season. *Enfant Nature* is based on the idea that children interacting with nature in a context of free, active, and creative exploration and play promotes all facets of their development. *Enfant Nature* helps CPE Premier Pas put children in contact with their cultural origins and promotes the wellbeing of both children and staff.

### 3.1.2 Program Reach

#### The off-reserve/off-territory and northern Indigenous populations are among the fastest growing populations in Canada.

- ❖ The off-reserve/off-territory, urban, and northern Indigenous populations are among the fastest growing demographics in Canada according to Statistics Canada, and already represent the majority of Indigenous peoples in Canada.<sup>22</sup> From 2006 to 2016, the population of Indigenous children aged 0 to 6 living off-reserve and off-territory increased by 25%, to approximately 150,000 children.<sup>23</sup> This growth is due to both a higher birth rate and to more people identifying as Indigenous.<sup>24</sup>
- ❖ This rapid population growth means that there is increasing need among Indigenous peoples for child and family-centred supports in facing socioeconomic challenges, for ways to connect to culture, and for access to high quality early childhood education.

*From last April to this coming April, we estimate 200 births in [our community]... Already, our programs can't accommodate 200 children. It's a lot of pressure, to be the only program in the community.*

– AHSUNC Site Staff

#### AHSUNC sites reach over 4,200 children per year and are in communities that need them. However, more communities could benefit from an AHSUNC site.

- ❖ A 2021 Statistics Canada study found that most AHSUNC sites are in communities with a critical mass of Indigenous children aged 0-6 years, and in communities with lower socioeconomic status or lower relative child developmental health and school readiness, when compared to other communities.<sup>25</sup>
- ❖ Yet, the AHSUNC Program is not reaching a significant proportion of the off-reserve/off-territory and northern Indigenous children and families who may benefit. This is due to population growth, lack of sites in communities in need and limited space at existing sites. AHSUNC enrolls approximately 4,200 to 4,300 children per year. This represents just under 3% of the approximately 150,000 Indigenous children aged 0 to 6 years living off-reserve/off-territory in Canada.<sup>26</sup> In interviews, many key informants noted that there are not enough AHSUNC sites. Many communities, especially ones that have grown in the number of Indigenous families since the founding of the Program, are being missed.

<sup>22</sup> Statistics Canada. 2017. "2016 Census of Population, Statistics Canada Catalogue No. 98-400-X2016154." Statcan.gc.ca. October 25, 2017.

<https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng.cfm?LANG=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=0&GK=0&GRP=1&PID=110443&PRID=10&PTYPE=109445&S=0&SHO WALL=0&SUB=0&Temporal=2017&THEME=122&VID=0&VNAME=&VNAMEF=>

<sup>23</sup> Statistics Canada Health Analysis Division, *Aboriginal Head Start in Urban and Northern Communities (AHSUNC): A geographic planning profile*, 2021 (internal technical report prepared for PHAC)

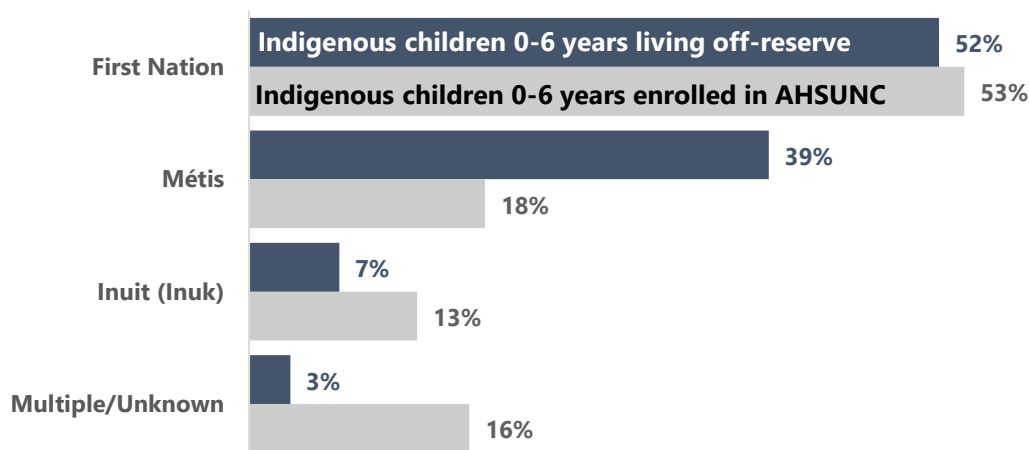
<sup>24</sup> Halseh, R., & Greenwood, M. (2019). Indigenous early childhood development in Canada: Current state of knowledge and future directions. National Collaborating Centre for Aboriginal Health, 68, cited in Hickey, J., Powling H, et. al (2021)

<sup>25</sup> A very small number of sites were in communities that had neither of these characteristics, but it is important to note that the AHSUNC Program is the primary program in Canada that offers culturally appropriate early childhood education to Indigenous children and their families off-reserve/off-territory. Statistics Canada Health Analysis Division, *Aboriginal Head Start in Urban and Northern Communities (AHSUNC): A geographic planning profile*, 2021 (internal technical report prepared for PHAC)

<sup>26</sup> Health Analysis Division, Statistics Canada. 2016. "Early Childhood Education Programs and Associations with Aboriginal Children's Outcomes in Canada: Closing the Gap?" Statistics Canada. Internal report prepared for PHAC.

- ❖ In response to gaps in program reach, many key informants suggested that the Program should create more sites “to meet families where they are”<sup>27</sup> by embedding AHSUNC into more Friendship Centres, introducing the curriculum into existing provincial and territorial ECE or childcare programs, or using provincial and territorial funding to expand current sites like what has been done in British Columbia.
- ❖ Finally, among the children enrolled in the AHSUNC Program in 2017-18, 18% identified as Métis. However, this is an underrepresentation when compared with the 39% of young Indigenous children living off-reserve/off-territory who were identified as Métis<sup>28</sup> in the 2016 Census (see Figure 4). As such, there is an opportunity for the Program to reach more Métis children and families.<sup>29</sup>

Figure 4. Representation of Indigenous groups enrolled in AHSUNC compared to total off-reserve/off-territory population, 2017-2018



### Site enrolments vary due to differences in site capacity and accessibility

- ❖ Performance measurement information showed that 66% of sites had waitlists in 2019-20, though about 40% of sites were at full capacity each year.
- ❖ Despite the demand shown by the presence of waitlists, persistent limitations were found that prevent sites from enrolling all families who would like to participate, including lack of staffing, limited physical space, and limited capacity to support children with special needs.<sup>30</sup> Other obstacles to enrolment include half-day programming at some sites being unsuitable for parents with full-time work or school who need full day childcare. Plus, there are unique barriers associated with geographic location. For example, weather is a common barrier cited by sites in the North.

<sup>27</sup> Many key informants also recommended that, in order to enrol more children, sites need support to expand their capacity in terms of physical space and number of staff. A few key informants saw an opportunity to use the new distinctions-based funding to help with building capacity and reaching more families, including more Inuit and Métis families.

<sup>28</sup> Health Analysis Division, Statistics Canada. 2021. “Aboriginal Head Start in Urban and Northern Communities (AHSUNC): A Geographic Planning Profile.” Statistics Canada. Internal report prepared for PHAC.

<sup>29</sup> A few interviewees suggested that some Metis families are not being reached or that some may feel that AHSUNC is not designed for Métis children.

<sup>30</sup> CPPMT data shows that, between 2017-18 and 2019-20, a “high number of children with special needs” jumped to become the main reason why some sites were unable to enrol as many children as they had capacity for.

- ❖ Families choose to enrol their children in the AHSUNC Program in part thanks to its accessibility: it is free and offers transportation for participants in most cases. While the last evaluation of the AHSUNC Program recommended funding for transportation to support program participation<sup>31</sup>, several documents and interviewees continued to flag transportation as a barrier to enrolment and attendance, particularly in remote and northern regions, where families may not have access to personal or public transportation, or may not live along a site's existing bus route.

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<sup>31</sup> Office of Audit and Evaluation Health Canada and the Public Health Agency of Canada 2017.

## 3.2 Evaluation Findings:

# Program Impact

“When I arrived here I was a disabled single Métis mom with no family. **The program literally saved our lives....** It reduced my social isolation and I developed a sense of family and community. I got stronger and started sharing my cultural teachings. I became the Family Networker for a while. A cultural teacher and now an Elder. **I teach all over the planet and know I am valued and loved by my community.**”

- AHSUNC Parent

“The AHS program helped me **become the person I am today.** The encouragement and love they give children is priceless.”

- AHSUNC Graduate

“Our young Inuk, Métis, and First Nations kids are **getting an education and coming back to work in their communities...** My oldest is 27, and she went to Head Start. Now she has a MSW and works for the [local Indigenous government]. Her daughter, my granddaughter, is going to AHS... **You see great successes in our communities.**”

- AHSUNC Site Coordinator

### 3.2.1 Impact on Children, Families and Communities

#### **AHSUNC sites are recognized for providing holistic programming that “embraces the entire family and community, not just the child”.**

- ❖ Documents, survey responses, and interviews have described highly positive feedback about the impact of the AHSUNC Program for not only young Indigenous children, but also “the community and the parents and everything that comes into making up the little ones' world”. These sources refer to how AHSUNC goes beyond mainstream preschool programs by offering holistic programming that addresses the education, wellbeing, and development of the entire family. This community-embedded and family-centred model of early development is being recognized as an emerging best practice in the early learning and childcare sector, even though AHSUNC has been promoting this model for the past 27 years.
- ❖ As well, the AHSUNC Program’s approach is consistent with public health best practices. According to the social ecological model of public health, a person’s health is the result of factors at multiple levels: the level of the individual, their relationships, their community, and the organizations and policies in their society.<sup>32,33</sup> In this model, activities to promote the health of a population need to address as many levels as possible to produce effective, lasting, and fair outcomes for everyone.<sup>34</sup> As described below, there is evidence to show the AHSUNC Program has had impacts on multiple levels: the Program has produced benefits for children (individual level), their families (interpersonal relationship level), and their communities (community level).

*AHS has always been set up to support that “whole child” embeddedness perspective. AHS is not playing catch up, which is what a lot of our mainstream centres are doing now.*

– Early Childhood Development Researcher

#### **Benefits for children: school preparedness, supports for children with special needs, regular health promotion activities**

- ❖ As found in past evaluations, the AHSUNC Program continues to be an effective early learning program. The 2021 survey of AHSUNC parents and caregivers found that “Education and School Readiness” was one of the highest rated programming components. Among caregivers who responded, 92% indicated their child learned about basic colours, shapes, letters and numbers as a result of attending the program, 83% agreed their child was prepared to transition to kindergarten, and 80% agreed their child could communicate and share their needs. There were no significant

*You can see as soon as they start school just how far our kids are.*

– Site Staff

<sup>32</sup> Golden, Shelley D., and Jo Anne L. Earp. 2012. “Social Ecological Approaches to Individuals and Their Contexts.” *Health Education & Behavior* 39 (3): 364–72. <https://doi.org/10.1177/1090198111418634>.

<sup>33</sup> Blas, Erik, and Anand Sivasankara Kurup, eds. 2010. *Equity, Social Determinants and Public Health Programmes*. Geneva: World Health Organization. [https://apps.who.int/iris/bitstream/handle/10665/44289/9789241563970\\_eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/44289/9789241563970_eng.pdf?sequence=1&isAllowed=y).

<sup>34</sup> Golden and Earp 2012.

differences in these outcomes by gender. Interviews and responses from the 2017 AHS community survey also shared stories about how the Program successfully prepared children for school, including cases of elementary school teachers being able to identify students who graduated from a Head Start program thanks to their great level of preparedness.

- ❖ Furthermore, 20% of interviews pointed out how a strong early learning program like AHSUNC has positive impacts on the rest of a child's life, especially if any learning issues or special needs are identified and addressed early in life.
- ❖ Children attending AHSUNC programming receive regular education on various topics related to health promotion and nutrition, which are two of the six Program components. According to 2019-20 performance data collected from sites in the provinces, almost all sites ran programming addressing healthy weights and nutrition (98%), mental health (92%), and physical activity (92%). Additionally, in 2019-20, 96% of all sites provided oral health education.
- ❖ Finally, there is evidence that AHSUNC has helped to bridge inequities in social determinants of health faced by Indigenous children and to promote positive health and education outcomes later in life. A 2016 study by Statistics Canada found that children and youth who had participated in Indigenous-focused early childhood development programs such as AHSUNC experienced similar health and education outcomes as their peers in elementary, middle, and high school, despite being more likely than their peers to face socioeconomic disadvantages.<sup>35</sup> Similarly, a 2015 survey-based study of the impact of AHSUNC on children and family outcomes found that all children saw benefits to their health and social development outcomes after attending AHSUNC, regardless of the family's sociodemographic characteristics, such as household income or parental educational levels.

### **Benefits for parents and families: strengthened parenting skills and knowledge, opportunities for professional development, and improved mental health**

- ❖ In past surveys and studies, parents described how being a part of the Program helped them feel happier and less stressed, in part thanks to sites being seen as a safe and non-judgmental space where parents can heal from intergenerational trauma and build resiliency and positive mental health. This aligns with the result from the 2021 Parent and Caregiver Survey, which found that almost all caregivers who responded (91%) felt welcomed at their local site.

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<sup>35</sup> Health Analysis Division, Statistics Canada 2016.



- ❖ Additionally, being a part of AHSUNC programming appeared to help many parents gain skills and confidence in their parenting and the ability to support their children's education. These outcomes are likely the result of finding positive role models in site staff and Elders and from the many parenting workshops and services co-located at AHSUNC sites. Moreover, numerous community members have shared stories of how the Program has had lifelong impacts on parents who, after attending the program, became employed as staff at sites, or went on to pursue a career in early childhood education.
- ❖ Parents and caregivers expressed a variety of motivations for bringing their children to an AHSUNC site. Although there is no cost to participate in the AHSUNC Program, the 2021 Parent and Caregiver Survey noted that other factors were even stronger motivators for participation: supportive staff and a welcoming environment; the desire for children to develop culture and language, learning, and social and emotional skills; and positive experiences from previous participation, such as having had an older child in the program.
- ❖ One area for improvement appears to be the Nutrition component of the program. The 2021 AHS Parent and Caregiver Survey found just over half (56%) of caregivers felt they learned more about childhood nutritional needs and less than half (41%) responding they learned more about gathering, preparing, and cooking of both traditional and non-traditional foods. The 2021 LOVIT Way PEP Report also reported relatively low Nutrition component scores, though it was noted that pandemic-related restrictions, which limited food handling, likely suppressed these scores.
- ❖ As one site director described, the AHSUNC site staff "honour and acknowledge parents are first and most influential teachers of a child's life." By offering holistic programming that supports not only children, but also their families, there is a compounding impact on the wellbeing of children that can lead to immediate and future positive outcomes in the lives of those children and of subsequent generations.

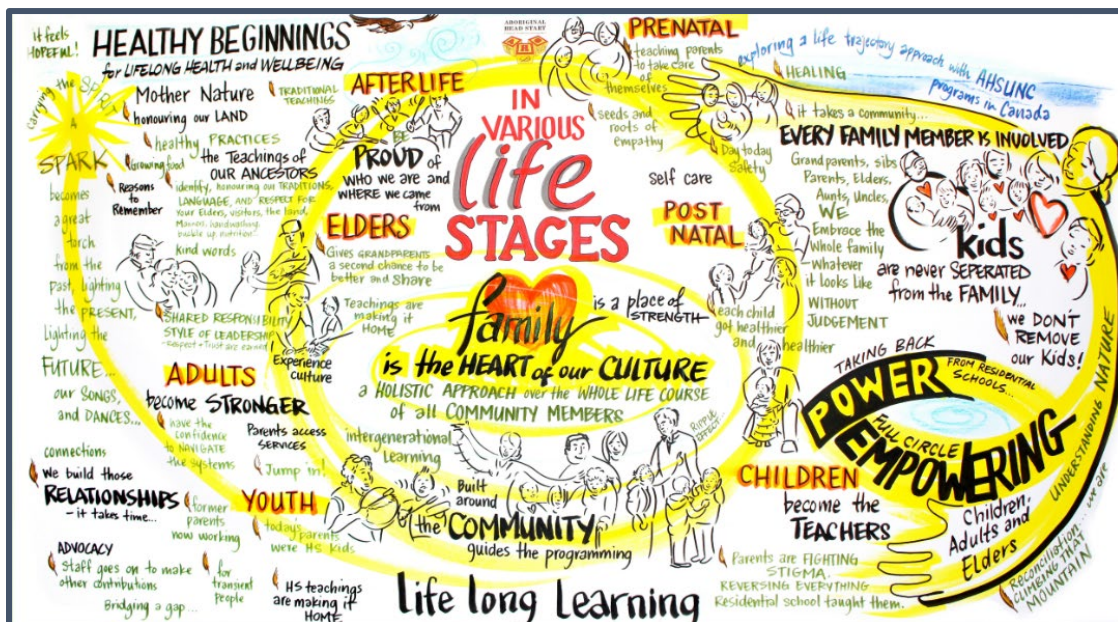
*They have been very helpful and supportive throughout the whole process of getting my child assessed for autism and they are helping us prepare for kindergarten.*

– AHSUNC Parent

### **Benefits for communities: community connection creates a sense of safety and belonging for Indigenous families**

- ❖ Videos, interviews, research studies, and documents commonly describe how AHSUNC sites are a safe and inclusive space, and that the Program creates a sense of community among off-reserve/off-territory Indigenous families. Sites regularly host events like feasts and graduations that are open to the entire community. Sites have been shown to "embrace the whole family, whatever it looks like, without judgement" (see Figure 5), including aunties and foster parents, and welcoming Indigenous families regardless of their status under federal law, band association, or ancestral community. Community sources emphasize that no judgment is cast on the families who attend and parents are honoured as the primary teachers of their children.

Figure 5. Aboriginal Head Start – Lifelong Intergenerational Wellbeing  
(Illustrated by Stina Brown; © 2018 AHSABC)



- ❖ Throughout the *Our Voices/Our Vision* evaluation video project, “Thriving Communities” was one of three key themes that emerged. Graduates featured in the videos talked about how participating in AHSUNC led to lasting friendships. For them, the program site continues to be a space of belonging and connection years after they completed the program. The 2021 AHS Parent and Caregiver survey found a similar result: 94% of respondents said their child had developed friendships in the Program.
- ❖ The 2021 LOVIT Way PEP Report found that AHSUNC sites were particularly strong in providing social support. Knowing that many families who attend AHSUNC face many socioeconomic barriers, AHSUNC sites help to meet their needs, such as by providing food, clothing, and transportation, or by supporting families in accessing health care, employment, and housing. Performance measurement data of sites located in the 10 provinces found almost all (97%) of sites located there offered at least one type of support service, with the most common being access or referrals to health professionals and access to technology, such as phones and the internet. The 2021 AHS Parent and Caregiver survey found that almost all caregivers who responded (89%) felt they could go to AHS staff for questions and support, and almost all (91%) felt welcomed at the site.

*What we do is we focus on the community and the parents and everything that comes into making up the little ones' world and being. And in doing that, we create a culturally sensitive environment that they can be, that they feel a sense of belonging, that they're valued, that they're safe, that they're loved here.*

– Site Staff

- ❖ There were many examples cited in interviews and documents of site staff building supportive and trusting relationships with families. For example, staff would go beyond what is typically expected of early childhood educators by accompanying families in need to appointments, including driving them if they lacked access to transportation. Furthermore, because most site staff are Indigenous and are from the community in which they work, they are familiar with both the strengths and needs of their communities.
- ❖ Notably, sites often extend these supports to members of the broader community, not just children and their families enrolled in AHSUNC, signifying their commitment to the wellbeing of their surrounding community.
- ❖ In a virtual screening for the *Our Voices/Our Vision* videos, many site coordinators reflected on “full circle stories” where multiple generations of families have both attended and contributed to their local AHSUNC programs as volunteers or employees. It is therefore not a surprise to hear AHSUNC sites described as a “second family” or a “home away from home” by participants. Community members have also affectionately described AHSUNC sites as an “urban village” or “urban res.”

### 3.2.2 Cultural Impact

#### **AHSUNC sites help participants to build cultural (re)connections to their traditions and language, resulting in greater understanding and pride in their identities.**

- ❖ According to nearly every data source in this evaluation, cultural programming is one of the greatest strengths of the AHSUNC Program, namely in its impact on children and their parents or caregivers. Indigenous cultures and languages are interwoven throughout all the programming at AHSUNC sites. Several key informants highlighted how sites adapt programming under all six program components to reflect the contexts and cultures of their local Indigenous communities.
- ❖ AHSUNC programming has played a particularly important role in revitalizing Indigenous languages. In the 2019-20 school year, almost all AHSUNC sites (98%) provided children with Indigenous language education or exposure. Meanwhile, among provincial sites, the percentage of enrolled children who spoke an Indigenous language at an age-appropriate level increased from 22% in 2017-18 to 33% in 2019-20.
- ❖ Many sites also boast successful land-based or outdoor programming that helps children and families connect to nature and traditional foods.
- ❖ Participation of Elders and Traditional Knowledge Keepers is seen as crucial to delivering cultural activities. Elders serve as positive role models for families, help meet families' desire to reconnect with their culture and community, and contribute to healthy development of children by promoting pride in their identity and imparting traditional knowledge.
- ❖ However, surveys, community-led evaluations, performance data, interviews, and case studies have all indicated involvement of Elders is an area for improvement. According to front-line staff, some have difficulties in recruiting Elders, either because some communities have too few Elders available or because of lack of funding to provide Elders with compensation for their time. Lack of funding was also cited by many sites as a barrier to acquiring necessary materials to facilitate cultural and language programming, although a few sites were able to benefit from capital funding or strategic funding to address this gap. COVID-19 further reduced Elder participation, although as the pandemic becomes resolved, staff hope Elder participation could increase.
- ❖ Many documented stories and interviews describe children and parents who didn't have culture in their own households, but after attending an AHSUNC program, these families have begun to use their traditional language in the home. Children and parents talked about how they value the way language connects them to their heritage and community, and how they have developed pride in their Indigenous identity. In this way, AHSUNC sites provide a safe space for families to make the cultural connections they desire.

*Our language and culture program continues to be the biggest success in our program... It really exemplifies the values of aboriginal head start and our center all in one beautiful event.*

– Site Staff

*Our kids are absolutely in love with their culture!*

– Site Staff



### Case Study Spotlight #2:

#### Mi'kmaq Child Development Centre: Our Children and Our Way (Halifax NS)

The Mi'kmaq Child Development Centre (MCDC) is situated within the Mi'kmaq Native Friendship Centre in Halifax, Nova Scotia. The MCDC delivers programming through a Family Resource Centre model providing wrap-around child and maternal health services and parent and caregiver support. The MCDC engages with 125 to 175 children and families each year in AHSUNC-related programming.

The strong determination to create a sense of belonging, culture, and strong spirit is evident through MCDC's staff, programming, physical space, and virtual offerings. Parents shared stories of how a non-Indigenous family who have adopted Indigenous children was welcomed and supported without judgement. The parents explained that organization *"knows our children, the girls would not have culture if it wasn't for MCDC."* Another family illustrated that they would not have access to their culture if it wasn't for the organization, and that they *"have been able to get their footing as an Indigenous person"* through involvement at MCDC. The MCDC is truly an *"inclusive, welcoming space that breaks cycles"* and even *"break cycles for non-Indigenous and other traumas."*

The MCDC ensures that every program applies a holistic Indigenous approach to their health promotion work. Staff emphasize the importance of land-based activities, such as the Kujimuk Camp for children aged four and up, where children are exposed to the elements of fresh air and nature, and are taught about sacred medicines and value of sacred water. These learnings are just as important as ensuring that physical and dental hygiene is taught and modelled. Parents indicate that nutrition programs, such as "Nutrition Bingo", help to mitigate food insecurity, while also allowing children, parents, and caregivers to learn the Mi'kmaq language. The environment encourages children to access program materials and tools on their own, which increases autonomy and advocacy skills. Staff remark that *"the children routinely ask to smudge and know where and how to pick medicines."*

The organization shines in language revitalization by embedding language into all programs for both caregivers and children from *"drumming with Mom in Prenatal to speaking Mi'kmaq every day in the 4+ classroom."* In 2017, the MCDC staff organized a Cultural Retreat for parents and caregivers, focused on understanding traditional parenting in today's world. The two-day retreat was assisted by an Elder. Staff recounted the immeasurable impacts of the retreat in that *"Parents left feeling more knowledgeable of traditional practices and how they can implement them in their family's life."*

Through the stories shared, the impact and importance of the MCDC is unmistakable, as one parent described the *"centre is our medicine."*

### 3.2.3 Challenges to Program Impacts

#### **COVID-19 severely curtailed AHSUNC site operations and affected the wellbeing of frontline staff, Indigenous children, and families.**

- ❖ Since the start of the COVID-19 pandemic in early 2020, many AHSUNC sites have had to cancel, alter, or limit their programming due to outbreaks or public health measures.
- ❖ Community-led data sources and interviews with site staff showed that the pandemic most severely affected parent and family involvement, nutritional activities, and cultural programming due to concerns for health and safety. The limitations on gatherings, as well as family and Elder involvement, were particularly challenging for AHSUNC because being able to gather in person is a key part of wellness for many Indigenous communities.
- ❖ Furthermore, most site-level key informants and some PHAC key informants spoke about how the pandemic negatively affected the wellness and mental health of site staff. Staff faced increased stress from fear of illness and from having to constantly adapt their work to maintain public health protocols.
- ❖ The pandemic also led to increased stress, anxiety, and poor mental health among parents and children, according to various interviews and documents. Many interviews noted that COVID-19 exacerbated existing needs and inequities faced by Indigenous families, including job loss and financial hardship, increased domestic violence, and increased food insecurity. Furthermore, many key informants spoke of how the closure of AHSUNC sites, as well as other services, left families isolated and without important supports, especially as many households lacked the internet service or technological equipment needed to access virtual services.

*We already have families in isolation and all they had was Head Start, and they lost us, and that was devastating, extremely hard on them, and painful to us to do our work.*  
– Site Director

#### **However, site staff rapidly adapted to remain engaged with families, building on the important role that AHSUNC sites already played in their respective communities.**

- ❖ Despite the barriers and challenges brought on by the pandemic, there were numerous examples of how sites adapted their programming to meet not only the needs of participants, but also of staff and other families in their communities.
- ❖ The majority (82%) of respondents to the 2021 Parent and Caregiver survey indicated that their children continued to be enrolled in AHSUNC during the pandemic, indicating sites' resiliency and commitment to serving families. Furthermore, most respondents (84%) said sites provided additional support by distributing food hampers, care packages, and activity kits. In interviews, site staff specified that they also provided cleaning supplies, masks, hand sanitizer, and rapid tests, as well as conducted home visits. In one instance, a staff person spoke of helping to de-stigmatize the presence of COVID-19 to maintain community cohesiveness.
- ❖ To continue programming affected by the pandemic, like Elder story time or cooking classes, sites opted to run activities online, and in some cases, outdoors. Parent and

caregiver survey respondents gave high ratings (at least 4 out of 5) on their satisfaction with the virtual programming. As noted above, those without reliable access to technology or technological skills, who were among the most marginalized, were not able to access virtual services. However there were examples of sites using the COVID-19 IELCC Emergency Fund to buy technological equipment for staff and families.

- ❖ Sites employed a variety of methods to stay in contact with their families, with phone calls, emails, and social media being most common. These methods appear to have been highly effective, as 94% of parent and caregiver survey respondents reported that sites stayed in touch with them during the pandemic.
- ❖ Several key informants noted that these creative adaptations have, in some cases, increased the engagement of existing and new families. One site director saw increased interactions and closer relationships between staff and parents during the pandemic, while another site director described the benefit of having virtual language classes, since parents could now also attend them. Interview stories and survey respondents described families as being appreciative of the additional outreach and care, with some suggesting this kind of outreach be maintained once the pandemic is over.
- ❖ In this way, the COVID-19 pandemic underlined the important role that AHSUNC sites play in their respective communities as a resource hub and an essential service that is able to understand and provide for the needs of their community members, even in times of difficulty. For example, the Under One Sky Friendship Centre in Fredericton, which hosts an AHSUNC site, launched two new initiatives during the pandemic to address social isolation and rising mental health issues among families and staff.<sup>36</sup>
- ❖ Finally, PHAC key informants also spoke to how the Agency and program offices adapted their ways of working during the pandemic to better support AHSUNC sites in addressing questions, facilitating distribution, or reallocating funding.<sup>37</sup> However, a few PHAC key informants also observed how the pandemic showed clear limitations in the government's administrative processes to be agile during periods of emergency response.

*I think they did an amazing job!!  
There are no other areas we could think of for support, the provided support we didn't even know we needed or would be helpful such as all of the amazing kits that were offered including games, self care and cleaning supplies.  
Everyone did so wonderful given the tough circumstances [of the pandemic].  
– AHSUNC Parent*

### **Parent and family engagement remains an area for improvement for some sites.**

- ❖ International research has identified various factors associated with enhancing Indigenous families' engagement with early childhood programs, including having community governance and ownership, anchoring programs in Indigenous knowledge

<sup>36</sup> Under One Sky Friendship Centre partnered with the University of New Brunswick to acquire funding to provide counsellors and run a family wellness program, as well as developing a respite care program to support parents with additional childcare needs.

<sup>37</sup> Some of these changes included increased communication between the three PHAC offices, as well as between regional offices and site staff.

and practices, fostering long-term staff-family relationships, co-locating programs in community organizations where families are already gathering, being flexible and responsive to families' circumstances, and deferring child development assessments until trusting relationships are well established.<sup>38</sup> AHSUNC clearly demonstrates many of these best practices for family engagement as the Program is run by community organizations, promotes Indigenous culture and language, and has staff that support families through service referrals and by building relationships.

- ❖ Nonetheless, several sources, including a survey of parents and caregivers and the 2021 LOVIT Way PEP Report, identified "Parent and Family Engagement" as a programming component that could be enhanced. A few key informants reported that parents lack the time to participate in AHSUNC due to work or study commitments, while documents suggested challenges were sometimes part of larger issues around intergenerational trauma, shame, and mental illness. Open-ended responses from the 2021 AHS Parent and Caregiver Survey provided similar comments about parents wanting longer or more suitable programming hours, as well as more activities for the whole family. In addition, however, it is relevant to note that parent participation in programming and parent advisory committees were paused during the pandemic, further disrupting their engagement.
- ❖ Still, two aspects of the parental involvement component for which sites scored the lowest in the LOVIT Way PEP were regarding inclusion of parents in planning and evaluation of programming, and of communication to encourage parents in participating in activities. As a result, nearly all sites that participated in the 2021 LOVIT Way PEP committed to improving their parent and family engagement component through over a dozen recommended actions provided by the LOVIT Way PEP.<sup>39</sup>

### 3.2.4 Facilitators of Program Impacts

**AHSUNC sites currently share best practices, ideas, and resources through regional and national networks. Dedicated funding and structures could further promote community-led knowledge sharing.**

- ❖ Community interviews and documents describe how sites are developing many of their own resources specific to Indigenous early learning, such as books, cultural activity materials, grief kits, learning curricula, and program evaluation tools.
- ❖ According to over a dozen community and PHAC key informants, regional network calls or training events appear to be the most common ways sites exchange information and resources that they develop. These meetings, particularly when they take place in-person, are seen by site staff as a useful opportunity to collaborate, develop skills, and network between sites across the region or country. During COVID, sites used network

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<sup>38</sup> Gerlach and Gignac 2019.

<sup>39</sup> Suggestions in the LOVIT Way PEP for improving parental and family involvement included: inviting participation in evaluation, planning, and training events; providing opportunities for the Parent Advisory Committee to guide program planning, development, operation, and evaluation; and sessions for cultural parenting exchanges between Elders and parents and caregivers.



meetings to discuss ways to adapt their programming, such as ideas to run virtual cooking classes.

- ❖ However, not all regions have formal networks, and regional networks vary in capacity and resourcing.<sup>40</sup> For example, many documents and interviews described how AHSABC is an effective regional administrative body in British Columbia, thanks to its continuous contribution funding from PHAC. AHSABC also runs the LOVIT Way Program Evaluation Process and training events, and has invited sites from other regions to participate in these initiatives. However, this kind of body does not exist in any other region.
- ❖ In addition to regional networking between sites, each regional AHSUNC group of sites also sends one AHSUNC staff person as a representative to the National Aboriginal Head Start Council (NAHSC). Many key informants highlighted NAHSC meetings, conferences, or training events as important opportunities for information sharing and networking.
- ❖ Another way of sharing information that emerged from a few interviews and documents was the LOVIT Way Village. The AHSABC created the LOVIT Way Program Evaluation Process (PEP) as a holistic tool to help participating AHSUNC projects to evaluate their activities and identify actions needed for improvement. AHSABC also hosts the LOVIT Way Village website to serve as an online repository of site-level data, as well as a platform for sites to “find and share inspirational resources and participate in Sharing Circles.”<sup>41</sup> In this way, the LOVIT Way Village presents a notable example of community self-determination in data creation and ownership.
- ❖ Several PHAC key informants suggested that information sharing could be improved with more dedicated resources and funding. Though specific recommendations to improve information sharing varied across sources, interviews and documents show an overall desire for more community-led knowledge sharing and exchange of best practices developed by sites, preferably in-person. Recommendations also described different ways to overcome barriers, such as lack of time for staff to engage in knowledge-sharing activities, and differences in language and time zones across the country.

**AHSUNC sites establish and maintain partnerships to help families more easily access social and health services. There are also examples of provincial and territorial partnerships to expand AHSUNC sites and services.**

- ❖ The LOVIT Way PEP Report and interviews confirmed that sites were generally successful at forming local and regional partnerships to help families access the community services they require, either on-site or through referrals. In 2019-20, 81% of sites in the provinces and 100% of sites in the territories reported having at least one community partner. Furthermore, among AHSUNC sites in the provinces where this data is collected, the average number of partners per site almost

*This program is a PILLAR in the Aboriginal community in [our city].*  
– AHSUNC Parent

<sup>40</sup> Note: In the Atlantic region, sites regularly communicate and collaborate but do not have a formal association, although there are plans to develop one.

<sup>41</sup> Hunter, Theresa, and Barry Forer. 2021. “Report on the Online LOVIT Way PEPs.” Aboriginal Head Start Association of BC.

doubled from 25 to 47 partners between 2017-18 and 2019-20. This large increase may indicate either greater need for, or capacity to form partnerships.

- ❖ Despite this success, most sites completing the LOVIT Way PEP in 2021 expressed a desire to improve their connections with community agencies to support parents' information needs, in addition to those of children, and to work more with local schools to organize visits for children and their families.
- ❖ Sites have also formed partnerships to access additional funding or in-kind donations. These include provision of in-kind staff, which almost half (44%) of AHSUNC sites in the provinces received in 2019-20, as well as resources, space, and support to host special events and activities for the children.
- ❖ Partners are also gaining benefits from their collaboration with AHSUNC sites. Several examples provided in documents and interviews with site staff and site partners describe partner organizations becoming more educated, accepting, and culturally sensitive after working with AHSUNC. Several key informants from other levels of government describe how AHSUNC's principles and model for Indigenous early learning have served as a guide or reference for local or regional education and early development policies.
- ❖ A notable example is the 2019 Growing AHS in BC initiative, where the Government of British Columbia and Government of Canada, in partnership with AHSABC, invested Early Learning and Child Care (ELCC) funding to create over 600 new child care spaces in existing AHSUNC sites.<sup>42,43</sup> Furthermore, in 2021, the BC government introduced funding to transform additional Indigenous early learning centres or childcare centres into provincially-funded Aboriginal Head Start sites.<sup>44</sup>
- ❖ However, based on interviews with site staff and regional government representatives, the type of relationship between AHSUNC sites and their respective provincial or territorial government vary across the country. In some jurisdictions, like British Columbia, Alberta, and Saskatchewan, there are strong partnerships to coordinate program delivery and share information. In others, such as Ontario, Manitoba, or Nunavut, the relationship appears to be minimal. In a few cases, certain regional policies, such as the M-30 Act in Quebec governing agreements between public agencies in Quebec and the federal government, or the rollout of junior kindergarten in the Northwest Territories, have had negative impacts on the operation of AHSUNC sites in those jurisdictions.
- ❖ Finally, several site-level key informants described how their partnerships helped to bring greater cultural sensitivity and appreciation of Indigenous cultures to their community, which one person described as a "key piece to Truth and Reconciliation."

*A true and valuable partnership.  
AHSUNC sites know what works  
for their communities and families.*  
– Local Site Partner

<sup>42</sup> Aboriginal Head Start Association of BC. 2018. "AHS | Growing AHS in BC." AHSABC. 2018. <https://www.ahsabc.com/growinginbc>.

<sup>43</sup> BC Ministry of Children and Family Development. 2019. "Over 600 New Indigenous Early Learning and Child Care Spaces for B.C." BC Gov News. July 22, 2019. <https://news.gov.bc.ca/releases/2019CFD0087-001496>.

<sup>44</sup> This is further recognition of the success of the AHSUNC model for early learning, and of the beneficial leadership and support offered by AHSABC as a regional coordinating body in BC. See: <https://www.ahsabc.com/bc-ahs-expansion-2021?msclkid=4fecefb8d07411eca21c914b2c7e6990>



### Case Study Spotlight #3: Prince Albert Aboriginal Head Start (Prince Albert, SK)

The Prince Albert AHS site located in Prince Albert, Saskatchewan, engages with 30 to 46 children and their families annually. First Nations and Métis Indigenous cultures are present at this site, with Indigenous language programming in Dene, Cree, and Michif.

One of the great strengths of the site is its main and satellite (home-based) services. The Prince Albert AHS is a centre-based program with a northern sister site, the Mikisew AHS Program located in Sandy Bay. The Sandy Bay site has home-based programming and provides important supports for its community, children, and families. The staff take the children out for cultural days to teach skills like setting snares, bannock making, and so much more. It is a point of pride that two of their previous AHS students are now working as full-time Early Childhood Educators.

This dual service model proved to be crucial during the height of the COVID-19 pandemic, in which the program staff were able to easily pivot training and supports to families at home, and provide online classes, take-home activities, and meal kits to the families enrolled. These services were beneficial in maintaining relationships, and in fostering the connections program participants have made with one another, so that they might continue to be social, involved, and knowledgeable. Ultimately, the dual service model approach mitigated factors of self-isolation and social distancing as Prince Albert Aboriginal Head Start continued to provide support that translated into the affection that many families appreciate having.

As one former AHS student noted, *"It takes a village to raise a child, and AHS is a part of that village."* The Prince Albert AHS site is well equipped to be that village, and to meet the needs of parents, grandparents, and children by providing a supportive, safe, and nurturing environment. The site maintains culturally relevant programming that strongly supports the positive development of children's learning to ensure they can grow into confident and caring individuals, and are surrounded by a community of parents, grandparents, and staff who also feel and embody a sense of belonging and pride in their culture and identity. The program also provides opportunities for parents, caregivers, and staff to develop personal skills and education, and build positive relationships.

## 3.3 Evaluation Findings:

# Program Organization

“**All the staff here are dedicated and fully equipped to enrich the lives, to instill in the children a lifelong love of learning and living out the Aboriginal culture with pride, a sense of self-worth and a healthy outlook for a better future.**”

- AHSUNC Volunteer and Community Member

“**Aboriginal Head Start gives back what Residential School took away.**”

- Audrey Waite (June 1949 – November 2016),  
Comox Valley AHS

“**AHSUNC is one of the finest programs ever developed by and for Indigenous people.**”

- AHSUNC Site Director

### 3.3.1 Staffing Strengths and Challenges

#### **Site staff are experienced in early childhood programming and are dedicated to implementing the six AHSUNC components.**

- ❖ As described in various documents, including the 2017 survey, site staff are skilled, culturally sensitive, and knowledgeable about the needs and experiences of families, especially since many of them share similar life experiences, or have even attended AHSUNC themselves as children or parents.
- ❖ Staff training appeared to be one of the ways in which AHSUNC supports high-quality service delivery. The 2021 LOVIT Way PEP Report noted that “Leadership and Staffing” was one of the strongest components demonstrated by participating sites. Under this component, most sites were able to ensure that all staff, Elders, Traditional Knowledge Keepers, and volunteers had the appropriate experience, qualifications, and competencies to work with children and families. Plus, based on recent program performance data, almost all AHSUNC sites across the country offered at least one training opportunity for staff each year.<sup>45</sup> Internal documents emphasize how well-trained staff is an important aspect for program quality because these staff are better able to engage with families respectfully and effectively support family wellbeing.

*Welcoming the energy as soon as you step in the room. The support and loving nature of every employee there. The happiness that radiates off the children when they are there.*

– AHSUNC Parent

*It is the most amazing program I have ever been part of. The care from the staff is unbelievable.*

– AHSUNC Parent

#### **However, sites also face persistent challenges in recruiting and retaining staff, and in providing adequate training in early childhood education and special needs support and with program administration.**

- ❖ Staff turnover appears to be a persistent challenge, with almost half of AHSUNC sites in the provinces (47%) citing issues of staff turnover in 2019-20. This challenge was raised in multiple documents, performance measurement reports, and over a third of interviews, and was tied to insufficient program funding. To ensure programs can attract qualified staff who can deliver quality care, sites need to be able to offer employment benefits; working conditions that are safe, healthy, and positive; and wages that are competitive in their respective communities. However, documents suggest this is not currently the case at all sites.
- ❖ According to PHAC and community key informants, many sites do not have enough staff to work with children with special needs or children who have not yet developed certain behaviours like toilet training, which means sites may need to limit enrolment to be able to maintain their quality of care with available staff. Several community-led reports thus

<sup>45</sup> Community key informants often described how partnerships, especially with provincial or territorial governments, provided staff with additional training opportunities.

called for further training opportunities to help staff better support children and families with complex needs.

- ❖ Several documents identified a need to recruit more Indigenous staff who share similar lived experiences as participants and who can provide Indigenous cultural education to children. Additionally, community-led reports, surveys, and interviews have highlighted the need to have funding for training and professional development opportunities for staff, such as ECE certification, trauma-informed practice training, training to work with children with special needs, and training to support families facing complex challenges.
- ❖ Furthermore, according to the 2021 LOVIT Way PEP Report, the component with the second-lowest score on average was 'Accountability and Management.' In general, participating sites identified a need to improve their administrative capacity, including establishing a parent governance body, and being able to conduct regular evaluations of their own site.
- ❖ When asked about priorities for additional program funding, many community key informants pointed to addressing staffing challenges.



#### Case Study Spotlight #4:

#### Maajiishikatoong Zoong Mnidoowin - Kiiwednong Aboriginal Head Start, Toronto, ON

Toronto is home to four Aboriginal Head Start sites that are known as Maajiishikatoong Zoong Mnidoowin (Building Strong Spirits). The Kiiwednong site, the focus of this case study, is located in North York near Downsview Park. The site engages with 7 to 12 children and their families on an annual basis, employing two ECE staff and one education assistant. The Kiiwednong AHS site offers a holistic, supportive, and responsive approach to their wrap-around services that foster a welcoming and safe environment where children and their caregivers enjoy being involved. Staff feel motivated to actively promote *“community, belonging, the extended family, identity, culture, and language while building strong spirits within children”* and view the program as an *“avenue to practise our culture and identity in a healthy way, all the while building strong spirits in children and meeting all their needs in all aspects of health.”*

Unique to the site, Kiiwednong maintains a Four Directions council, which allows parents to take on a program management role in being involved in the planning, delivery, and development of the program. This allows parents to fulfil their roles as first educators and advocates for their child’s educational experience at Head Start. Staff note that parents whose children have been involved with the Head Start Parent and Four Directions council have gone on to being active members of their parent council boards within the Toronto District School board, and who continue to advocate for their children and community’s needs.

Additionally, Kiiwednong has implemented a youth program for former AHS children. Staff indicate that they’ve observed children forming strong bonds with other children during their time in the program. They shared that these strong relationships built in the program carry over the years. Children also travel to the youth program meetings together in pairs or groups.

For staff, the Kiiwednong AHS site provides ample opportunity to learn and grow as well. Staff have the opportunity to take Human Resources (HR) courses, training in child development, connection to language, on the land workshops, and cultural renewal training. Training focuses on Indigenous knowledge and on ways to implement proper story-telling while following traditional protocol, and acknowledges the strengths and resilience of our Indigenous communities.

### 3.3.2 Program Funding

**PHAC's core contribution funding to the AHSUNC Program has not increased since 2002-03, despite the rising costs of site operations. Stagnant funding has resulted in negative impacts on sites, particularly in their ability to recruit and retain staff.**

- ❖ From 2016-17 to 2020-21, the AHSUNC Program budgeted a total of \$182.5 million (M) in planned spending of ongoing funds, averaging \$36.5M annually. In those five fiscal years, the program spent \$175.7M (96%) of ongoing program funding, averaging \$35.1M annually. In addition to this ongoing funding, the Program received one-time G&Cs funding from other federal departments. In 2017-18, Infrastructure Canada allocated \$15.4M to AHSUNC to improve infrastructure at service delivery sites. Meanwhile, in 2020-21, Employment and Social Development Canada (ESDC) provided \$8.8M to the program for the COVID-19 response.
- ❖ The majority of the AHSUNC Program budget (89% to 97% per fiscal year) is allocated to grants and contributions (G&Cs) for 134 sites, which consist of 133 service delivery sites and one non-service delivery organization, AHSABC (see Figure 10). G&Cs funding is used by funding recipients to run AHSUNC programming, maintain their spaces, provide resources to participants, and to compensate staff. The remaining budget is for salaries, as well as operations and maintenance (3% to 11% per fiscal year) for the Program's national office.<sup>46,47</sup>
- ❖ PHAC provides \$32.1M annually in contribution funding to the AHSUNC Program, of which 91% (\$29.1M) is core funding to recipients, while 9% (\$3M) is provided through the application-based Strategic Fund. *See Appendix D for the Program's full financial profile.*
- ❖ Starting in 2018-19, ESDC began transferring funds to the AHSUNC Program as part of the Indigenous Early Learning and Child Care (IELCC) initiative, though PHAC has remained the primary funder. Since fiscal year 2018-19, the AHSUNC Program has spent an average of \$3.7M per year in IELCC funding, which includes an average of \$3.1M in G&Cs funding.
- ❖ Before the introduction of IELCC, the last consistent funding increase occurred in 2002-03, when the AHSUNC Program expanded and opened several new sites. If it had kept pace with inflation, the \$29.1M annual core funding originally allocated in 2002-03 would be \$40.7M in 2020 dollars (see Figure 6).<sup>48</sup>

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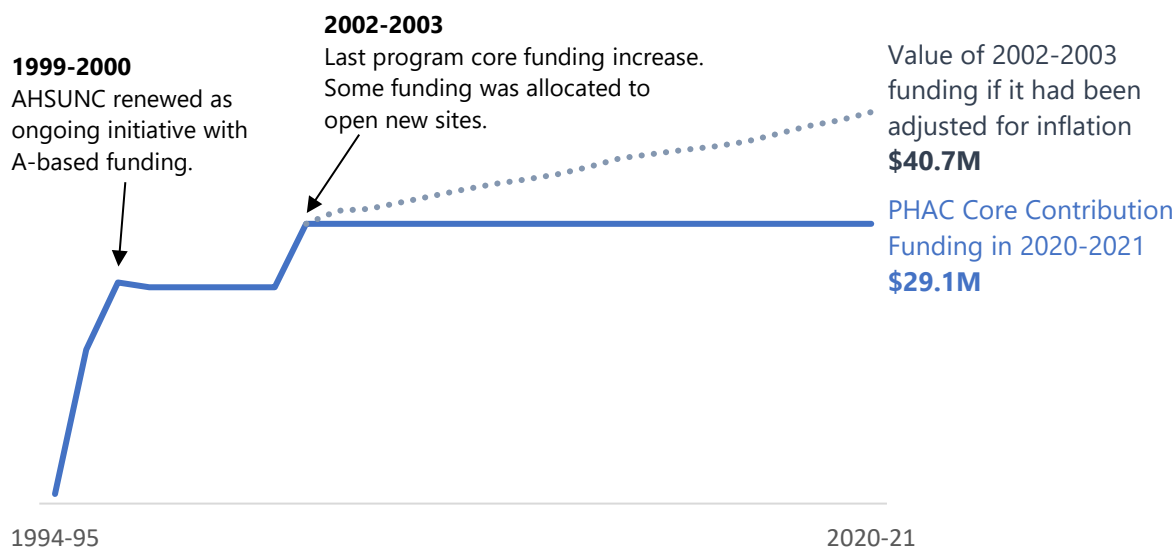
<sup>46</sup> Financial data provided by PHAC's Chief Financial Office and Corporate Management Branch (CFOCMB).

<sup>47</sup> These financial figures exclude salary for PHAC's Regional Operations or CGC, whose staff work on multiple programs and are unable to provide an AHSUNC-specific salary estimate from PHAC and, beginning in 2017-18, from ESDC.

<sup>48</sup> Inflation estimate obtained using Bank of Canada Inflation Calculator, available at: <https://www.bankofcanada.ca/rates/related/inflation-calculator/>.



Figure 6. PHAC core funding to AHSUNC since 1994-95 and impact of inflation



- ❖ Over a third of key informants pointed out that core funding is static and hasn't kept up with increasing operational costs. As a result, many sites cited lack of money as a barrier to hiring and retaining consistent and qualified staffing, acquiring necessary supplies for activities and meals, maintaining the quality of their spaces, and acquiring more cultural education resources, including hiring Elders or other Traditional Knowledge Keepers, to facilitate cultural and language programming.

*I believe this program is a wonderful asset to those who can utilize it. As in any program, funding could be better to help provide more opportunities to grow. With more funding the program could provide more technology and perhaps more teachings to the children.*

– AHSUNC Parent

- This may be especially challenging for sites located in the North, where there are already fewer resources available, both capital and human, and where cost of living and food insecurity are high. Many PHAC and site-level key informants also discussed how the static funding has limited the ability of sites to reach and enrol more children and families due to limited staff and lack of funding to improve or expand classrooms.
- ❖ Interviews and documents showed that other funding streams like the Strategic Fund and Capital Fund offered sites with short-term fixes to address operational gaps such as staff training, purchase of activity supplies, or building repairs. However, these funds are seen as complex and restrictive, which has led to confusion and delays in funding disbursement in some cases. Otherwise, site staff are often stretched thin with both administrative and program delivery work and have limited capacity to apply for and manage other sources of funding.
  - ❖ A predominant message in key documents and interviews has been that the AHSUNC Program is insufficiently funded. This has had negative impacts on program capacity and reach. Instead, key informants would like more long-term and stable funding that meets basic needs, rather than short-term project-based funding.

**It is expected that funding from the Indigenous Early Learning and Childcare (IELCC) Initiative will help to address longstanding AHSUNC operational needs. However, the distinctions-based decision-making structure for the majority of IELCC funding does not directly address the needs of off-reserve/off-territory and urban Indigenous communities.**

- ❖ Several site-level key informants spoke about how recent increases in funding has helped address longstanding needs such as making building repairs, expanding program reach, purchasing more supplies, and hiring more staff.
- ❖ The federal government's Budget 2021 announced increased investments in Indigenous Early Learning and Child Care (IELCC).<sup>49</sup> New investments included incremental funding increases for the AHSUNC Program. Beginning in 2022-23, IELCC will be allocating \$122.9M to AHSUNC over five years, and from 2027-28 onward, existing and Budget 2021 IELCC grants and contributions funding will increase by 3% annually.
- ❖ With newer IELCC funding provided by Budget 2021, key informants expressed the most interest in addressing critical staffing issues and opening new sites in areas of need. However, issues remain in how much of the funding provided through IELCC will be allocated to off-reserve/off-territory Indigenous populations, and in the delays due to transferring funding from ESDC to PHAC for distribution to recipients.
- ❖ Several interviewees and NAHSC documents highlighted how the distinctions-based approach taken by ESDC for the IELCC initiative<sup>50</sup> does not adequately include Indigenous Peoples who live off-reserve/off-territory and in urban communities,<sup>51</sup> given that NAHSC representatives have generally been left out of discussions at regional IELCC decision-making tables. As a result, those sources felt that the current framework does not sufficiently meet the needs of off-reserve/off-territory Indigenous children and families. Furthermore, NAHSC members do not feel that current IELCC allocations for pan-Indigenous funding are proportional to the population of Indigenous peoples living off-reserve/off-territory.
- ❖ This observation aligns with recent reports pointing to a gap in supporting the rights and needs of the urban Indigenous population because of the federal government's distinctions-based approach to Indigenous engagement.<sup>52</sup> In recent years, the Canadian federal government has begun engaging with Indigenous peoples through a distinctions-based approach which "ensures that the unique rights, interests and circumstances of First Nations, Inuit and Métis are acknowledged, affirmed and implemented."<sup>53</sup> According to the report from the National Association of Friendship Centres, the distinctions-based approach limits the federal government's ability to

<sup>49</sup> Department of Finance Canada. 2021. "Budget 2021: A Recovery Plan for Jobs, Growth, and Resilience." *Budget 2021 - Canada.ca*. <https://www.budget.gc.ca/2021/home-accueil-en.html>.

<sup>50</sup> Principles respecting the Government of Canada's relationship with Indigenous peoples is based on renewing a nation-to-nation, government-to-government and Inuit-Crown relationship with Indigenous peoples. As IELCC is a federal initiative managed by ESDC, it follows these Principles of using a distinctions-based approach for engagement with Indigenous representative organizations on discussions and decisions for the use of IELCC funding. See: <https://www.justice.gc.ca/eng/cs-j-sjc/principles-principes.html>

<sup>51</sup> Assuming that northern territorial communities are not included here, mainly as AHSUNC sites in Inuit communities will be supported by ITK representatives in IELCC decisions on funding directed to Inuit peoples.

<sup>52</sup> National Association of Friendship Centres. 2020. "The Friendship Centre Movement & Canada's Distinctions-Based Approach to Indigenous Self-Determination." *The National Association of Friendship Centres (NAFC)*. Ottawa, ON: The National Association of Friendship Centres. <https://nafc.ca/downloads/the-friendship-centre-movement-and-canada-s-distinctions-based-approach-to-indigenous-self-determination.pdf>.

<sup>53</sup> Indigenous Services Canada. 2021. "Engagement Guide: Co-Developing Federal Distinctions-Based Indigenous Health Legislation." *Sac-Iscc.gc.ca*. July 20, 2021. <https://sac-isc.gc.ca/eng/1626810643316/1626810705013>.

address the multi-faceted realities and needs of Indigenous people living off-reserve/off-territory.

- ❖ NAHSC members do not feel that distinctions-based funding should drive the types of cultural programming available at sites. Each local AHSUNC program typically designs its cultural curricula based on the families enrolled at their site. Including NAHSC or regional AHS associations at IELCC tables could help to advocate for the needs of off-reserve/off-territory and urban Indigenous communities in the distinctions-based structure of the IELCC Initiative. However, PHAC and other federal key informants observed that NAHSC and regional AHS associations could also benefit from having devoted resources and training for staff, as it will require extensive time commitment and expertise to facilitate effective negotiations at IELCC regional tables on behalf of off-reserve/off-territory and urban communities.

### 3.3.3 Contribution Agreement System

**Despite new flexibilities, PHAC's contribution agreement system remains complex and inefficient for site staff and PHAC employees. As such, there is a call for more adequate, flexible and sustainable funding mechanisms that will allow NAHSC and Indigenous communities to address their local needs and preferences.**

- ❖ In 2017, PHAC began piloting more flexible contribution agreement tools for Indigenous funding recipients, following the introduction of similar mechanisms in other departments like Indigenous Services Canada and Health Canada. These flexibilities included giving AHSUNC funding recipients the ability to roll over unspent funds to the subsequent fiscal year and to redirect funding between cost categories without requesting approval. However, based on interviews with key informants from AHSUNC project sites, the program area and the PHAC Centre for Grants and Contributions (CGC), PHAC's funding mechanism is still perceived as complex and inefficient by sites.
- ❖ Furthermore, it appears there are unique challenges for managing contribution agreements with AHSUNC funding recipients because: 1) Current mechanisms do not account for the realities of remote and northern communities where some sites are situated, where there are limited suppliers and contractors available and spending may be constrained by unique factors like shipping seasons; 2) Many sites are run by small, grassroots organizations that do not have accountants to help them complete funding documentation, unlike the institutional funding recipients who participate in other PHAC grants and contributions programs; and 3) The multiple funding streams associated with the program (i.e. core PHAC funding, IELCC, Strategic Fund, Capital Funding) each have different requirements and associated paperwork, resulting in additional administrative burden for all involved.
- ❖ In sum, there is still more work to be done to streamline how funding is provided to sites to reduce administrative burden. The contribution agreement mechanism could also be improved to provide funding in a way that is more sustainable, accessible and flexible to support operating contexts and capacities that vary from site to site.

**Site staff describe supportive relationships with their PHAC regional program consultants, as well as improvements in their relationships with the PHAC national office.**

- ❖ Interviewees and documents described site staff having supportive and positive relationships with their PHAC regional program consultants.
- ❖ While there still appears to be some disconnect between the national office and realities in communities, several community level key informants complimented recent shifts in national office leadership to provide greater advocacy for the program.
- ❖ A few key informants spoke to communication challenges between site staff and the officers at the Centre for Grants and Contributions. Many of these challenges may stem from the CGC officers having limited experience working with small organizations that have minimal administrative capacity, as well as with the unique context around remote, Indigenous communities where AHSUNC sites operate.
- ❖ Finally, several community key informants noted that turnover among PHAC staff at all three offices—national, regional, and CGC—is a hindrance to being able to build trust. Community-led reports suggested that engagement between sites and PHAC leads could be improved through more in-person interactions, holding culturally safe meetings, and more transparent and regular communication around initiatives that impact the program.

### 3.3.4 Program Governance and Indigenous Self-Determination

**In recent years, NAHSC has evolved to become the lead for strategic decision making for the AHSUNC Program, which is seen as an important success.**

- ❖ Being a community-driven program, with community and parent-led governance, is seen as a successful model of program delivery for AHSUNC.
- ❖ All members of NAHSC have over a decade of experience with the program, which speaks to the expertise, institutional history and wisdom available to guide program governance.
- ❖ Key informants from PHAC, other federal departments, and communities applauded recent progress in giving NAHSC a larger leadership and decision-making role in setting program and funding priorities. This shift has coincided with the introduction of the IELCC initiative and aligns with the principle set out in the IELCC Framework to promote “Indigenous capacities to support and govern [Indigenous ELCC]”.<sup>54</sup>
- ❖ In the *Our Voices/Our Vision* video project workshop, one site director described how there has been a major shift in the way public health and government organizations treat AHSUNC sites today versus when they first opened, such as actively seeking to collaborate and showing respect for value that the sites bring to their local communities.

*What I like about AHSUNC specifically is that it's us who create it. We bring our ideas, we run our activities. We are not trying to fit our square into a circle or our circle into a square... We know what we want and what people need.*  
– AHSUNC Site Staff

<sup>54</sup> Employment and Social Development Canada. 2018. “Indigenous Early Learning and Child Care Framework.” Canada.ca. May 10, 2018. <https://www.canada.ca/en/employment-social-development/programs/indigenous-early-learning/2018-framework.html?msclkid=8decaa51ac6c11ec8b0276331061d5c9>.

**Still, there is more to be done to advance Indigenous self-determination for this program, including more equal regional representation on NAHSC and greater support for regional self-governance.**

- ❖ While interviews describe an overall good relationship between regional AHS committees or associations and NAHSC, many internal and community-level key informants observed that not all regions are equally represented on NAHSC. In some regions, differences in culture, language and local needs among the various sites mean that a single representative may not sufficiently represent the interests of all sites, or effectively inform all those sites of updates and decisions from NAHSC. Similarly, internal documents and stories from internal and community level key informants illustrated how regional AHS associations or committees vary in capacity and effectiveness.
- ❖ A few key informants pointed out how the AHSUNC Program does not have formal structures to foster dialogue with provincial or territorial counterparts, like how PHAC's other children's programs do in the form of Joint Management Committees. As a result, we see that the AHSUNC Program is disconnected from provincial and territorial ELCC work while provinces and territories feel left out of IELCC discussions.
- ❖ To address the uneven representation and capacity of regional groups, there appears to be a desire for more local control for program delivery, such as by funding a regional support project like AHSABC in every province or territory. However, community-led reports and several internal key informants emphasized that the future of the program's governance is up to the NAHSC and what works in one region may not be appropriate for others.
- ❖ The most mentioned priorities for growth in the interviews are succession planning and leadership capacity-building for site staff, building NAHSC's capacity to advance self-determination for the program, and finding ways to build the Indigenous ECE workforce in Canada. Internal and community documents also suggested conducting more data collection and assessments to better capture and understand the impact of the AHSUNC Program. There was also a wide variety of recommendations for other future AHSUNC priorities such as expanding health programming, expanding the program to younger children, and increasing local partnerships. The numerous future priorities demonstrate how there is great variety in ideas and needs between regions and communities; one set of priorities or recommendations will not satisfy these diverse needs. As such, some interviewees felt that it is important for Indigenous communities to select their own future priorities.

## 4. Conclusion

The evaluation found that AHSUNC, a community-based program that started in 1995, has accumulated a lot of experience and wisdom over time on addressing the needs of Indigenous children and their families who live in urban and northern communities. The 133 AHSUNC sites around the country are recognized for providing holistic programming that *“embraces the entire family and community, not just the child.”* Collectively, the sites play a positive role in the lives of participating children by preparing them for school, imbuing them with a sense of pride in their Indigenous identity and languages, and equipping them with social and health promotion skills. AHSUNC goes beyond mainstream early development programs by also supporting the development and wellbeing of parents/caregivers by providing opportunities to reconnect to Indigenous traditions and languages, strengthen parenting skills and knowledge, and undertake professional development and improve mental health.

Furthermore, AHSUNC is designed to foster community connection for Indigenous families, creating a sense of safety and belonging in the community that surrounds each child. The program promotes a holistic Indigenous model of wellness and demonstrates best practices in public health action to address inequities in the social and economic determinants of health faced by Indigenous peoples.

Despite these successes, the level of PHAC core funding for AHSUNC has been static since 2002. Inflation and rising operational costs have reduced the capacity of sites to recruit and retain qualified staff. Subsequently, this has posed challenges to expanding site enrolment or offering more support for children with special needs. While some time-limited and project-based funding has been introduced since 2002, these have not been sufficient to meet the ongoing sites operational needs.

Furthermore, local AHSUNC sites are operated by small, grassroots Indigenous organizations, many of which face barriers in navigating the complex funding agreements from PHAC. In addition, the off-reserve/off-territory and northern Indigenous population is one of the fastest growing demographics in Canada. Consequently, there is an increasing number of Indigenous children and families who could enroll in a local AHSUNC program. However, many communities lack either an AHSUNC site or sufficient spaces for all the Indigenous children in that community. Presently, the program reaches a very small fraction of the overall population of Indigenous children who live off-reserve/off-territory or in the north.

Although pre-dating the Truth and Reconciliation Commission of Canada, the AHSUNC Program directly supports several of the TRC's Calls to Action around health and education for Indigenous peoples. For community members, AHSUNC is *“Reconciliation in action”* because the program is operated *“by and for Indigenous people.”* Furthermore, over the last five years, the

community-led program advisory body, the National Aboriginal Head Start Council (NAHSC), has evolved to take on a more prominent decision-making role for the AHSUNC Program. Still, there are calls for stronger regional governance capacity and capacity to support regional and national knowledge-sharing among sites.

## 5. Recommendations

Evidence gathered for this evaluation clearly supported the following two priorities that are already being addressed by the Program:

- ❖ **Create opportunities to reach more Indigenous children and their families in underserved and unserved urban and northern communities;** and
- ❖ **Address critical and long-standing staffing issues at AHSUNC sites, particularly on staff recruitment and retention.**

These strategic priorities point to longstanding operational issues for the AHSUNC Program. NAHSC, AHSUNC regional organizations, and PHAC have started discussions on addressing these priorities, in light of new investments in Budget 2021 through the Indigenous Early Learning and Childcare (IELCC) Initiative that provides incremental funding increases for the AHSUNC Program over the next five years, beginning in 2022-23, totalling \$122.9 million.

The recent governance evolution of the AHSUNC Program also provides an opportunity to consider how to improve PHAC funding mechanisms, strengthen the relationship between PHAC and the local AHSUNC communities particularly to support self-determination, and promote community-led information sharing. These three areas are reflected in the recommendations below.

### **Recommendation 1: Address long-term issues to the program contribution agreement system to make funding more sustainable, accessible, and flexible for communities.**

Within PHAC, efforts to improve the contribution agreement mechanisms for AHSUNC started in 2017. However, the funding mechanisms are still perceived by recipients as complex and inefficient, given the multiple funding streams for the program, and accompanying administrative burden of the individual contribution agreements. This significantly affects small funding recipient organizations where AHSUNC site coordinators bear many responsibilities. Other tools and models exist for supporting Indigenous community-led programs through federal contribution programs, which could be considered. Solutions for AHSUNC sites will need to reflect varying regional realities and preferences.

### **Recommendation 2: Advance Indigenous self-determination of the AHSUNC Program.**

Community members, government staff, and partners have recognized the National Aboriginal Head Start Council (NAHSC)'s role as a lead decision-maker for the AHSUNC Program. There are further opportunities to support the capacity of NAHSC as a governance body as well as to promote succession planning and leadership capacity for site staff. In addition, there is a desire for greater community and regional self-determination, particularly given the cultural and socioeconomic differences between communities and regions, including the nature of AHSUNC site relationships with provincial and territorial governments. These are particularly timely opportunities for consideration given the general alignment of the community-based model of



the AHSUNC Program with the introduction of the IELCC Initiative and its principle of promoting Indigenous capacities to support and govern Indigenous Early Learning and Child Care.

**Recommendation 3: Celebrate and build on the successes of the AHSUNC Program by supporting community-driven knowledge sharing and mobilization activities.**

AHSUNC sites have been sharing best practices, ideas and resources through regional and national AHSUNC networks as well as training events for many years. These communication channels helped sites rapidly adapt their programming in light of the pandemic. However, knowledge sharing is hampered by a variety of barriers, including lack of time for staff and scheduling events across time zones, as well as language differences. Dedicated assistance for national and regional AHSUNC groups could further promote community-led knowledge sharing and mobilization activities.

# Appendix A: Evaluation Questions

## Theme 1: Program Need

What are the current and emerging needs of young Indigenous children and their families living in urban and northern communities? To what extent is the AHSUNC Program reaching young Indigenous children and their families living in urban and northern communities? How does reach vary across First Nations, Inuit and the Métis groups?

- 1.1 What are the needs of young Indigenous children and their families living in urban and northern communities? In what ways have these needs changed in the last five years?
- 1.2 What is the importance of a healthy early childhood on the rest of an individual's life?
- 1.3 Why do Indigenous families choose to participate in the AHSUNC Program?
- 1.4 To what extent is the AHSUNC Program reaching young Indigenous children and their families?
- 1.5 In what ways is the AHSUNC Program aligned with federal government priorities and commitments that support the early development of young Indigenous children, as well as Indigenous families living in urban and northern communities?

## Theme 2: Program Impact

How successful has the AHSUNC Program been at:

- Providing accessible, culturally relevant, holistic, inclusive, and flexible activities/services to support early learning and to respond to the needs of young Indigenous children, families and communities?
  - Sharing information and best practices between AHSUNC sites?
- 2.1 In what ways does the AHSUNC Program provide accessible, culturally relevant, holistic, inclusive, and flexible activities/services to support early learning and to respond to the needs of young Indigenous children, families and communities?
  - 2.2 What have been the benefits of the AHSUNC Program for young Indigenous children, their parents/caregivers and families, and communities?
  - 2.3 In what ways have AHSUNC sites collaborated with partner organizations to support the needs of AHSUNC participants? How has AHSUNC influenced policies, procedures or services of partner organizations?
  - 2.4 What have been the impacts of COVID-19 on AHSUNC sites and participants? How have AHSUNC sites and participants adapted to COVID-19?
  - 2.5 In what ways are information and best practices being shared between AHSUNC sites to support their activities and services? What opportunities exist to enhance the sharing of information and best practices between AHSUNC sites and with stakeholders?

### Theme 3: Program Organization

Is the AHSUNC Program organized and delivered in a way that supports high quality, culturally relevant early learning activities and services for young Indigenous children and their families living in urban and northern communities? What opportunities exist to enhance the AHSUNC Program?

- 3.1 In what ways is the AHSUNC Program organized and delivered to support high quality, culturally relevant early learning activities and services for young Indigenous children and their families living in urban and northern communities?
- 3.2 What are the priorities for the growth of the AHSUNC Program? What is needed to help the AHSUNC Program achieve these priorities?
- 3.3 In what ways have the financial resources of the AHSUNC Program supported the organization and delivery of high quality, culturally relevant early learning activities and services?

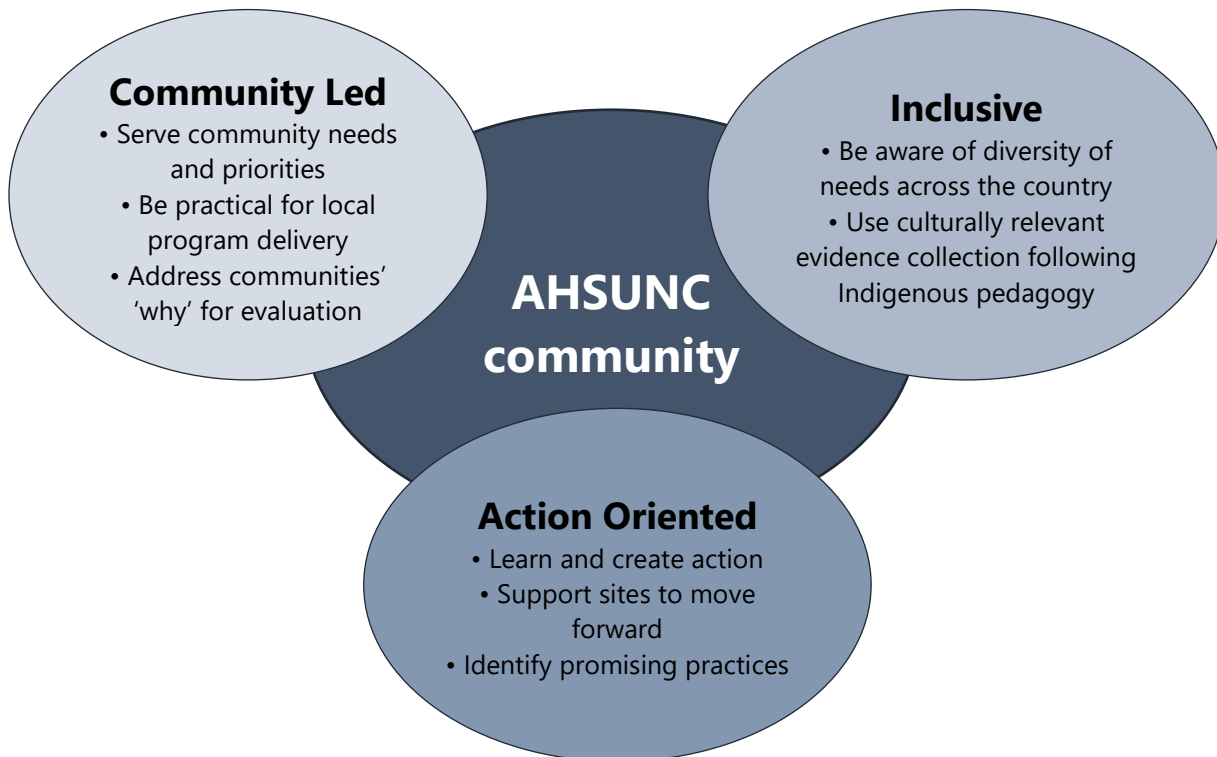
# Appendix B: Evaluation Process, Methods, and Data Sources

## Who was involved in the evaluation?

- The **Office of Audit and Evaluation** (OAE) at the Public Health Agency of Canada (PHAC) organized the evaluation.
- The **Evaluation Working Group** (EWG) guides the evaluation process. The EWG has representatives from the National Aboriginal Head Start Council (NAHSC), PHAC Regional Operations, the AHSUNC national program office, and the OAE evaluation project team.
- OAE hired an **Indigenous evaluation consultant** to lead interviews and case study data collection with Indigenous communities, and to provide a culturally relevant lens to evaluation reporting.

During the evaluation planning phase, the EWG adopted the following three guiding principles:

Figure 7. Evaluation Guiding Principles



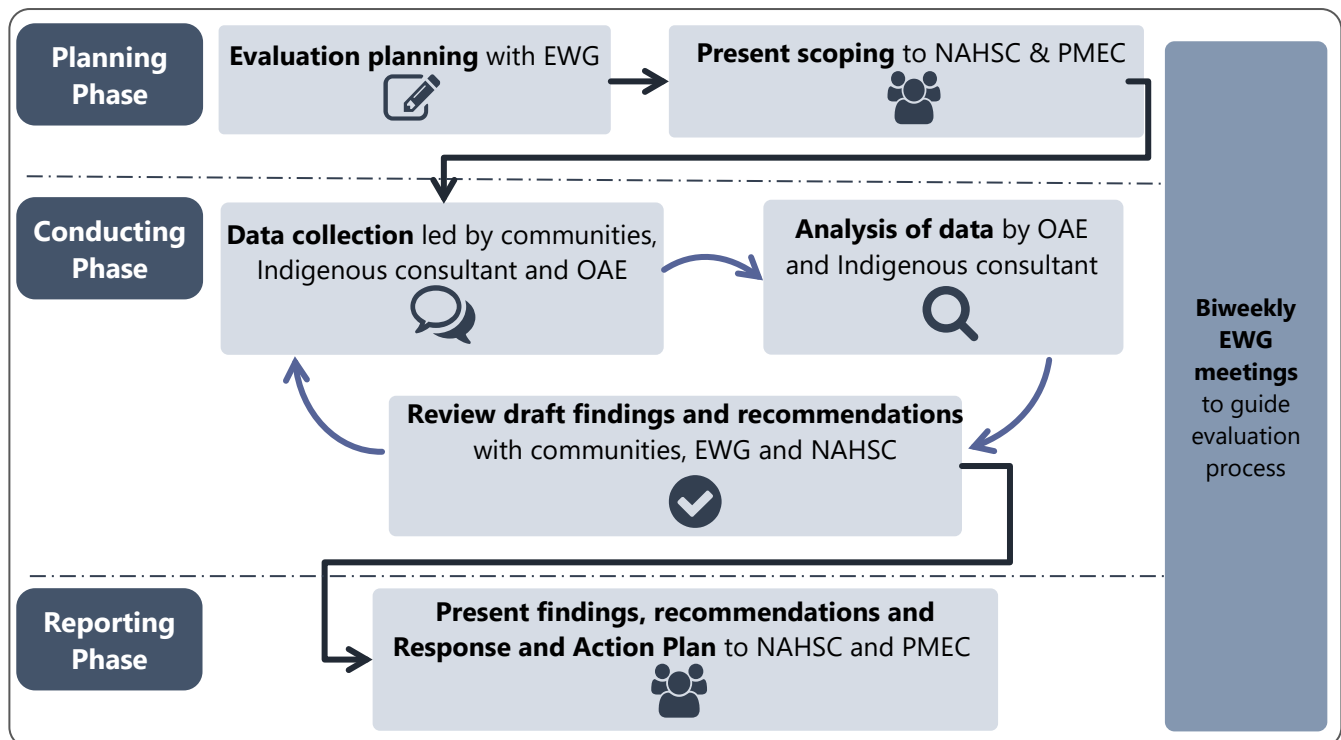
## Participatory Evaluation Process

The EWG met every two weeks throughout the evaluation process, working in a spirit of transparency and building consensus. The EWG was involved in advising on all phases of the evaluation, including planning, conducting, reporting, and developing the response and action plan (see Figure 8).

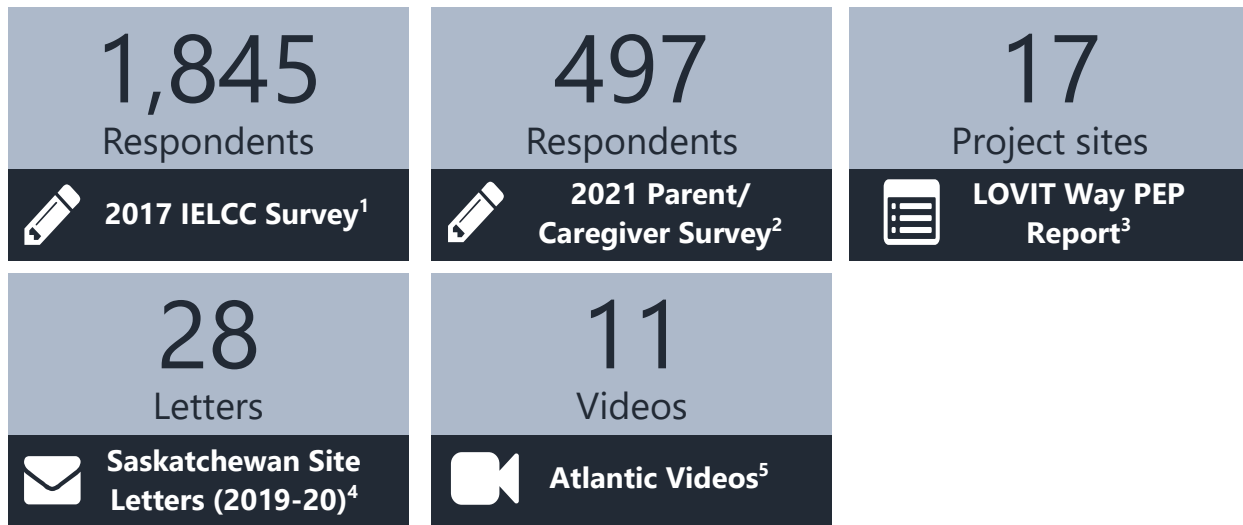
The EWG and PHAC evaluation team responded to **key limitations**, particularly:

- Given the collaborative process, more time was needed to complete the different phases of the evaluation, as compared to a typical corporate evaluation. As such, timelines for the project were extended to allow adequate time for the review and consultation processes.
- To ensure cultural safety for Indigenous participants and that an Indigenous worldview would be applied in analysis and reporting, community participation in the EWG and the hiring of an Indigenous evaluation consultant helped to address this limitation.
- The AHSUNC sites vary widely within and between regions according to the local socioeconomic and cultural contexts, making it difficult to make generalized observations of the program at a national level. This was addressed by using multiple lines of evidence and striving for balanced regional representation.

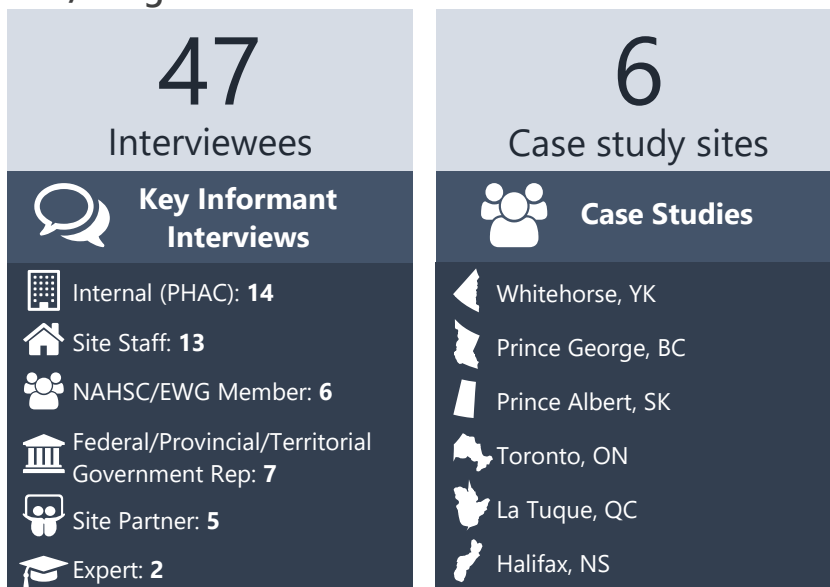
Figure 8. A Participatory Evaluation Process



### Community-Led Data Collection



### OAE/Indigenous Consultant-Led Data Collection with Community Involvement



<sup>1</sup> Survey of AHSUNC site staff and parents and caregivers conducted in 2017 to assess needs for the Indigenous Early Learning and Child Care Framework.

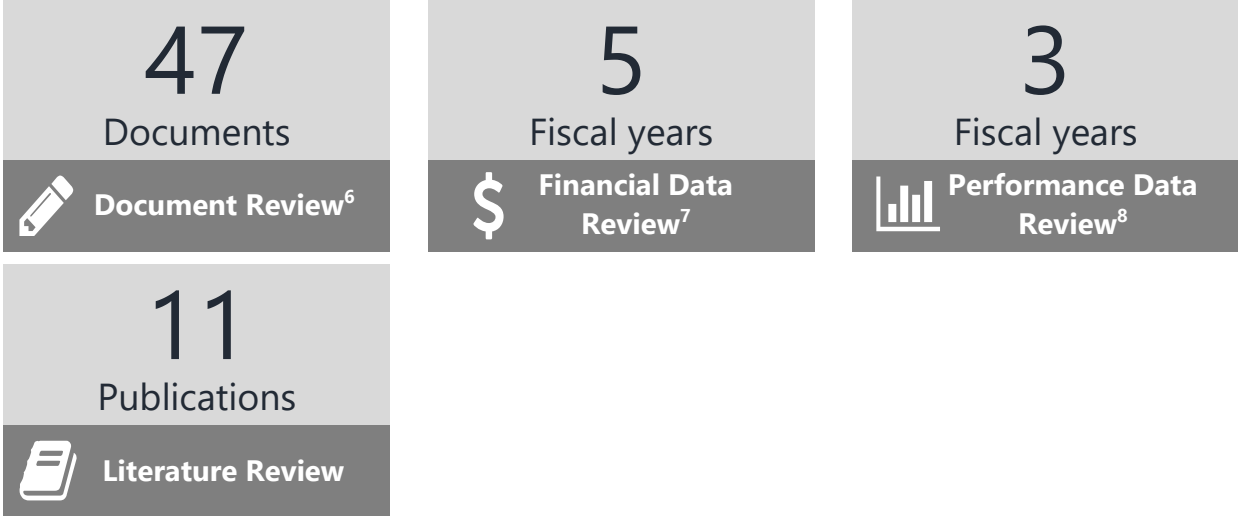
<sup>2</sup> Survey of parents and caregivers conducted in 2021 by the Aboriginal Head Start Association of British Columbia (AHSABC).

<sup>3</sup> The LOVIT Way Program Evaluation Process (PEP) is a culturally sensitive program evaluation process developed by AHSABC to help AHS sites improve program quality and connect with other sites. As of 2021, seventeen AHSUNC sites were participating in the LOVIT Way PEP process. The LOVIT acronym stands for “Learning to Observe, Value, Inspire, and Transform”.

<sup>4</sup> Letters were written to the Prime Minister by families and staff at an AHS site in Saskatchewan.

<sup>5</sup> The “Our Voices/Our Vision” video project produced eleven short videos of AHS graduates and their parents from six Atlantic region sites.

### Historical or Documentary Data



<sup>6</sup> Documents reviewed included key internal documents and external publications from PHAC, NAHSC, and AHSABC.

<sup>7</sup> Financial data for 2016-17, 2017-18, 2018-19, 2019-20, and 2020-21 provided by the Chief Financial Officer and Corporate Management Branch, with supplementary data provided by the Division of Children and Youth (Health Promotion and Chronic Disease Prevention Branch). Financial data on Salary and Operations and Management (O&M) spending are for the AHSUNC Program (HPCDPB) only. They do not include Regional Operations (RO) or the Centre for Grants and Contributions (CGC). Since staff at CGC and RO work on multiple programs at the same time, there is no AHSUNC-specific breakdown available.

<sup>8</sup> The Children’s Programs Performance Measurement Tool (CPPMT) and the Northern Outcome Reporting Template for Health (NORTH) Tool Report are performance measurement tools used by PHAC. Performance data tools vary between sites in the provinces versus in the territories. AHSUNC sites in the provinces complete the CPPMT every other year while sites in the territories complete the NORTH Tool Report annually. The NORTH Tool is a more streamlined tool meant to reduce administrative burden and asks different questions from the CPPMT.

## Appendix C: Six Components of AHSUNC

Definitions taken from [\*Aboriginal Head Start Principles and Guidelines \(1998\)\*](#)



The purpose of the Culture and Language component is to provide children with a positive sense of themselves as Aboriginal children and to build on the children's knowledge of their Aboriginal languages and experience of culture in their communities. More specifically, Projects will enhance the process of cultural and language revival and retention, with the goal that, where possible, children will aspire to learn their respective languages and participate in their communities' cultures after AHS.



The purpose of the Education Component is to support and encourage each Aboriginal child to enjoy life-long learning. More specifically, the Projects will encourage each child to take initiative in learning and provide each child with enjoyable opportunities to learn. This will be done in a manner which is appropriate to both the age and stage of development of the child. The goal is to engage children in the possibility of learning so that they carry forth the enthusiasm, self-esteem, and initiative to learn in the future.



The purpose of the Health Promotion Component is to empower parents, guardians, caregivers, and those involved with AHS to increase control over and improve their health. More specifically, the Project will encourage practices for self care, working together to address health concerns, and the creation of formal and informal social support networks. The goal is for those involved with AHS to take actions that contribute to holistic health.



The purpose of the Nutrition Component is to ensure that children are provided with food which will help meet their nutritional needs, and to educate staff and parents about the relationship of nutrition to children's ability to learn, physical development and mental development. Mealtimes provide opportunities for sharing, teaching, and socializing. The goal is to empower children and parents to develop or enhance nutritional eating habits that will be maintained following the children's AHS experience.





The purpose of the Parental and Family Involvement Component is to support the parents' and family's role as children's primary teachers. The parents and family will be acknowledged as contributors to the program through involvement with a parent body or participation in and/or contribution to classroom activities. This component provides the opportunity to empower parents to bring forth gifts and further develop as role models for children and in their communities. The goal is for parents and caregivers to complete the program being more confident, and assertive and having a deeper understanding of their children than when they began the program



The purpose of the Social Support Component is to ensure that the families are made aware of resources and community services available to impact their quality of life. The Project will assist the families to access resources and community services. This may mean that the Project will work in cooperation with the service providers. The goal of this component is to empower parents to access assistance and services which will support them to be active participants in their children's lives and AHS.

## Appendix D: Financial Profile

Figure 9. Total AHSUNC Program Budget, Expenditures and Difference, 2016-2021 (in \$ millions)<sup>55</sup>

	2016-17	2017-18	2018-19	2019-20	2020-21		Total
<b>Planned Spending</b>	33.21	33.0	38.29	37.38	40.66		182.54
<b>Actual Spending</b>	33.47	31.62	35.84	36.83	37.89		175.66
<b>Difference</b>	.26	-1.37	-2.45	-.55	-2.76		-8.33
<b>% Budget Spent</b>	101%	96%	94%	99%	93%		96%

Between 2016-17 and 2020-21, the AHSUNC Program budget a total of was \$182.5 million (M) in ongoing program funding, averaging \$36.5M per year. Between fiscal years 2016-17 and 2020-21, the Program spent \$175.7M (96%) of ongoing program funding, averaging \$35.1M per year (see Figure 9). In addition to ongoing program funding, the AHSUNC Program also received one-time G&Cs funding from various other federal departments over the past five fiscal years. In 2017-18, Infrastructure Canada allocated \$15.4M to AHSUNC to improve infrastructure at service delivery sites. Meanwhile, in 2020-21, ESDC provided \$8.8M to the program for COVID-19 response.

As described in section 3.3.2 of this report, the majority of the program budget (89%-97% per fiscal year) was for grants and contributions (G&Cs) to 134 sites, which consist of 133 service delivery sites and one non-service delivery organization, AHSABC (see Figure 10). G&Cs funding is used by funding recipients to run AHSUNC programming, maintain their space, provide resources for participants, and compensate staff. The remaining budget is for salary and operations, as well as maintenance (3%-11% per fiscal year) for the PHAC national program office.<sup>56</sup>

Starting in fiscal year 2018-19, ESDC began transferring funds to the AHSUNC Program as part of its Indigenous Early Learning and Child Care (IELCC) initiative. Since fiscal year 2018-19, the AHSUNC Program has spent an average of \$3.7M per year in IELCC funding, which includes an average of \$3.1M in G&Cs funding. However, the majority of funding for the AHSUNC Program is still provided by PHAC (see Figures 11 and 12).

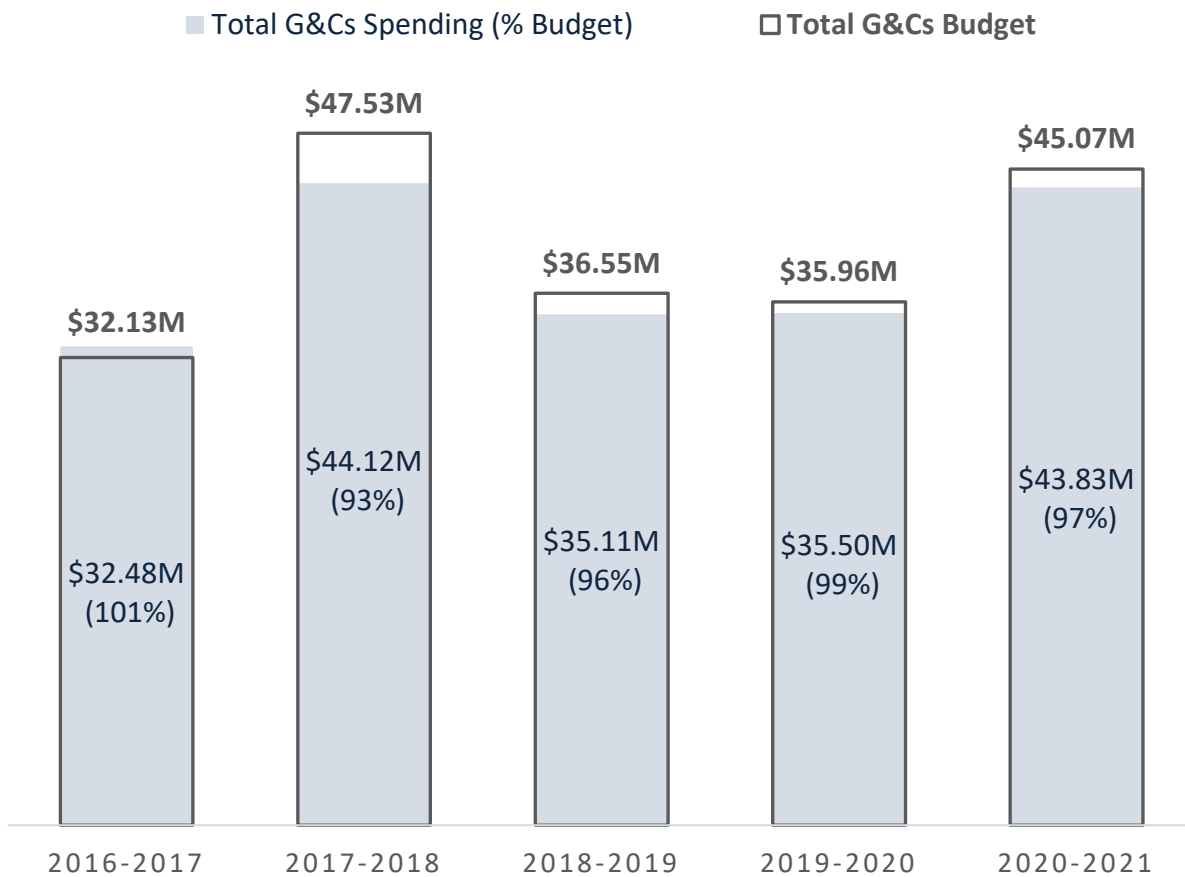
While the Program appears to have underspent from 2017-18 to 2020-21, this coincides with the introduction of IELCC funding. According to AHSUNC program staff from PHAC, located in both the national headquarters and regional offices, IELCC funding from ESDC was sometimes transferred to PHAC later in a given fiscal year. Though sites have shown a need for this new funding, many had limited staffing capacity to rapidly and strategically develop budgets to use the money within the same fiscal year. As a result, some money was rolled over to the subsequent fiscal year, resulting in fluctuations in annual IELCC expenditures. However, the

<sup>55</sup> Numbers *exclude* one-time funding from other departments for infrastructure upgrades and COVID response.

<sup>56</sup> These financial figures exclude salary for PHAC's Regional Operations or CGC, whose staff work on multiple programs and are unable to provide an AHSUNC-specific salary estimate from PHAC and, beginning in 2017-18, from ESDC.

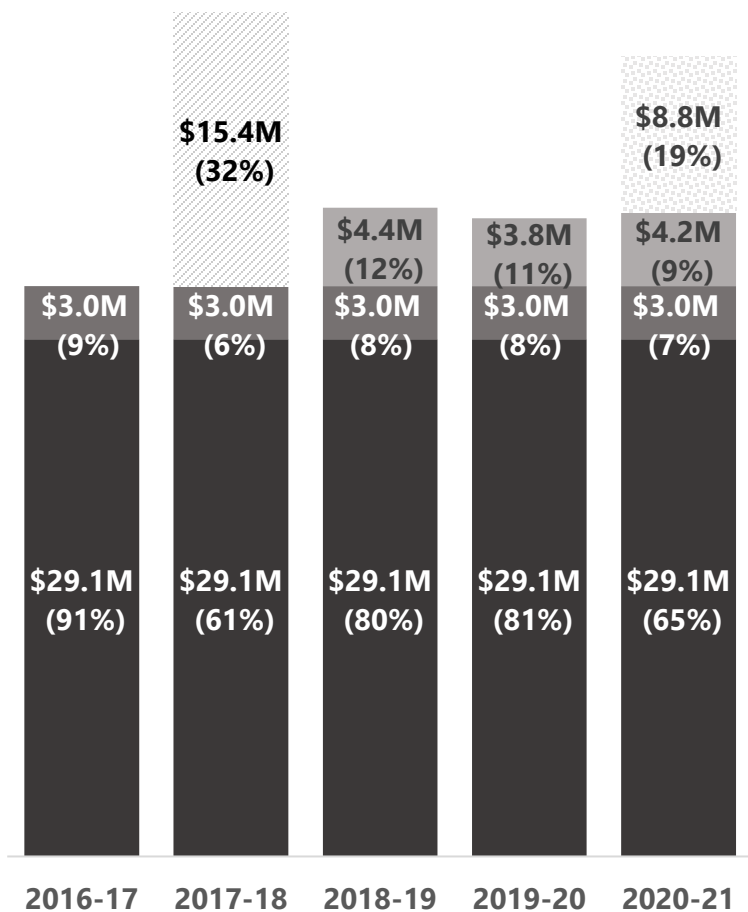
AHSUNC Program spent approximately 100% of its PHAC-funded budget each year. Finally, funding recipients could roll over any unspent contribution funding to the subsequent year, using the Appendix K mechanism, which means the actual available funding for each fiscal year varied depending on the amount rolled over each year.

Figure 10. Planned vs Actual Program G&Cs Funding, 2016-2021 (in \$ Millions)<sup>57</sup>



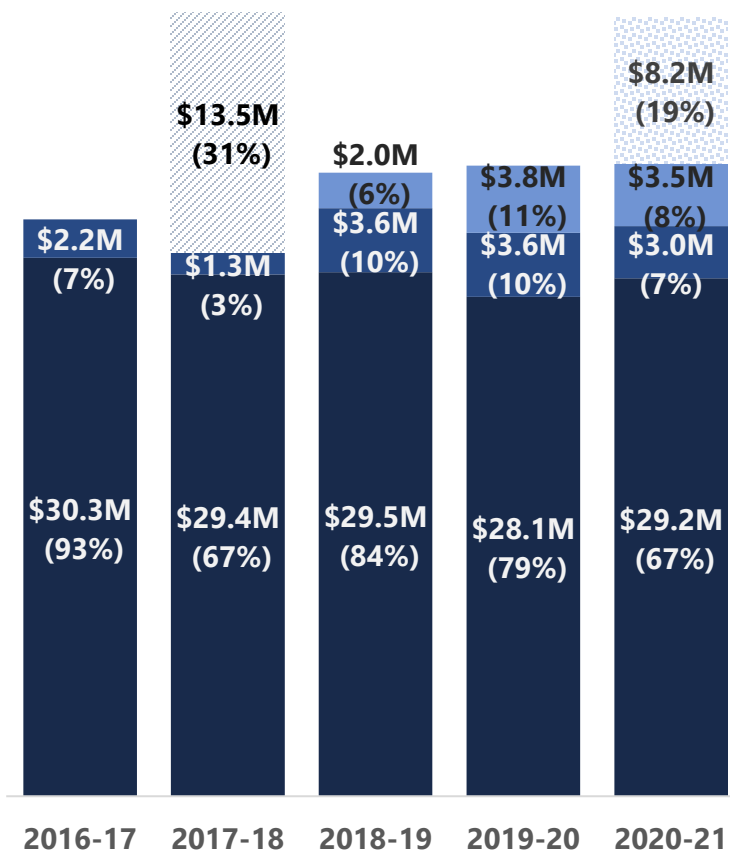
<sup>57</sup> This chart contains all G&Cs funding available to the program over the past five fiscal years, including a one-time transfer from Infrastructure Canada in 2017-2018 for infrastructure improvements, and from Employment and Social Development Canada in 2020-2021 for COVID response.

Figure 11. Program G&Cs Budget by Funding Stream  
 (in \$ Millions, % Total G&Cs Budget)



- ▨ Planned - Social Infrastructure Fund (INFC)
- ▨ Planned - IELCC COVID-19 G&Cs (ESDC)
- ▨ Planned - IELCC Pan-Indigenous G&Cs (ESDC)
- ▨ Planned - Strategic Fund (PHAC)
- ▨ Planned - Core G&Cs (PHAC)

Figure 12. Program G&Cs Expenditures by Funding Stream  
 (in \$ Millions, % Total G&Cs Expenditures)



- ▨ Actual - Social Infrastructure Fund (INFC)
- ▨ Actual - IELCC COVID-19 G&Cs (ESDC)
- ▨ Actual - IELCC Pan-Indigenous G&Cs (ESDC)
- ▨ Actual - Strategic Fund (PHAC)
- ▨ Actual - Core G&Cs (PHAC)

## Appendix E: Our Voices/Our Vision: Amplifying the voices of Head Start graduates in Atlantic Canada

### Head Start Evaluation Video Pilot Project, 2021 – 2022

#### About the project

##### Purpose

The goal of the pilot project was to demonstrate the impact that the six Aboriginal Head Start sites in Atlantic Canada have had on program graduates, their families, caregivers, and urban and northern Indigenous communities. Furthermore, these videos were created to present and celebrate an Indigenous evaluation methodology, namely through visual storytelling, and pave the way for using video narratives in future AHSUNC evaluations.

##### Project Team

The project was produced by Dr. Verl  Harrop of vHarrop & Associates Inc. and administered by Patsy McKinney at the Under One Sky Friendship Centre, with support from the Atlantic Regional Office of the Public Health Agency of Canada (PHAC).<sup>58</sup> Leads at all six AHS sites in the Atlantic region offered significant support for the creation of the videos. Indigenous filmmaker Jennie Williams of the First Light St. John's Friendship Centre recorded and edited the videos into their final form, with cultural sensitivity to the pace and focus of the storytelling. WaterWerks Agency contributed to post-production of the videos.

##### Process

Site Leads recruited two AHS graduates, parents, and Elders to participate in the videos for each location. Interviewees gave consent to share their stories in their own voices. The creation of the videos followed the Urban Aboriginal Knowledge Network's Guiding Ethical Principle, which promotes Indigenous self-governance and self-determination. As such, the resulting videos are owned and controlled by the interviewees and their AHS sites.

##### Deliverables

1. Eleven<sup>59</sup> videos, which underscore AHS's lasting impact and which capture youth's, families' and organization's take home messages about the Head Start Program;
2. A community celebration via Zoom for community members from each site, which took place on March 23, 2022; and
3. A screening and knowledge translation workshop via Zoom for educators and policymakers at all levels of government, which took place on March 30, 2022.

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<sup>58</sup> Funding for the Our Voices/Our Vision project was provided by PHAC through the AHSUNC Program.

<sup>59</sup> A 12<sup>th</sup> video was planned, but could not be completed due to a surge in COVID cases.

## Summary of the videos

At the screening and workshop on March 30, 2022, the videos were presented under four themes and were followed by reflections from leaders at each AHS site in the Atlantic region.

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*At the workshop, Elder Sharon O'Brian advised the participants to hear the voices in the videos with open hearts and minds, that there are many teachings in few words. The Elder quoted Chief Dan George: "If the very old remember, then the very young will listen."*

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### Theme 1 - Parental and Community Engagement

Three videos showed how AHS programs promoted a positive sense of Indigenous culture in children, while welcoming parents and caregivers to take part, for example in preparing traditional foods, creating art, and participating in ceremonies. This inter-generational engagement strengthens the connections of children to their own families and communities through shared experiences of culture at school, building on activities, and values learned at home. It also promotes respect in children for Indigenous values such as respecting the gifts of the earth and other people, and listening to the stories of Elders.

### Theme 2 - Thriving Communities

Graduates in three different videos spoke of finding connections to community through AHS, including life-long friendships and a lasting sense of welcoming and belonging at their AHS site. That sense of AHS as a 'home away from home' was shown to inspire the graduates in different ways: to keep learning Indigenous language and participating in traditions, to delight in watching younger members of their families thrive in AHS, and even to return to the AHS community as a parent with a child of their own. There are many such full-circle stories and stories of personal transformation, such as graduates or parents becoming early childhood educators. These stories have been made possible by AHS sites creating welcoming, diverse, and non-judgemental community spaces for over two decades.

### Theme 3 - Governance and Reconciliation

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*"Education is a powerful tool, but in the past used against Indigenous people as weapon of mass destruction. This program, which has been around for 27 years, is undoing some of that."*  
– AHSUNC site director

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A parent and two graduates in three different videos spoke of connecting to land, language and culture through the AHS site programs and in the company of family. This included accompanying Elders to pick sweetgrass, harvest and cook traditional foods, and learning an Indigenous language as a child and continuing to practice it as a young adult. A parent who found community and support through her local AHS site is now on the site's Board of Directors. AHS supports parents and caregivers as the most influential teachers in each child's life. Each site's programming is guided by the community through parent and caregiver involvement,

according to the needs and capacity of each community; the AHS curriculum is not 'etched in stone'.

#### **Theme 4 - Head Start is prevention**

Two videos each featured a graduate who spoke about how AHS had a deep influence on how they see themselves positively today, with a strong foundation in their culture and enabled to act as positive influences in their own community. "The teachings, friendships, bonds that I got from AHS - these will stick and last with me forever."

#### **Issues raised in discussion of the videos**

AHS site directors discussing the videos observed that their work to support families in coping with poverty and the removal of children from their families by social services could feel overwhelming. As well, they saw that many parents and caregivers had limited availability to become involved in the AHS community. However, they stated that relationships are best built by 'meeting families where they are at'. Adults might start to become engaged by simply coming in for a meal. Group outings on the land have also proven popular. Over time, many parents and caregivers develop a lasting sense of community that becomes a source of support for themselves and others. At the same time, organizational relationships built by AHS staff over many years have enabled social services and public schools to learn how to support Indigenous families in a more positive way.

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*"When I first started, none of the non-native organizations wanted to work with me. 'We' were problematic. Over the years, AHS has changed that outlook."  
– AHSUNC site director*

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#### **Impact of the video project**

For Atlantic AHS communities, the videos:

1. Made the work that the AHS sites do visible and validated;
2. Underscored the fact that AHS is prevention writ large and should be made available to every urban and northern Indigenous child in Canada;
3. Told the stories behind the numbers presented in a traditional evaluation;
4. Manifested as a Reconciliation-in-action project;
5. Strengthened relationships between participating urban and northern Indigenous organizations in the Atlantic region; and
6. Increased video production and editing capacity at the First Light Friendship Centre.

#### **Conclusion**

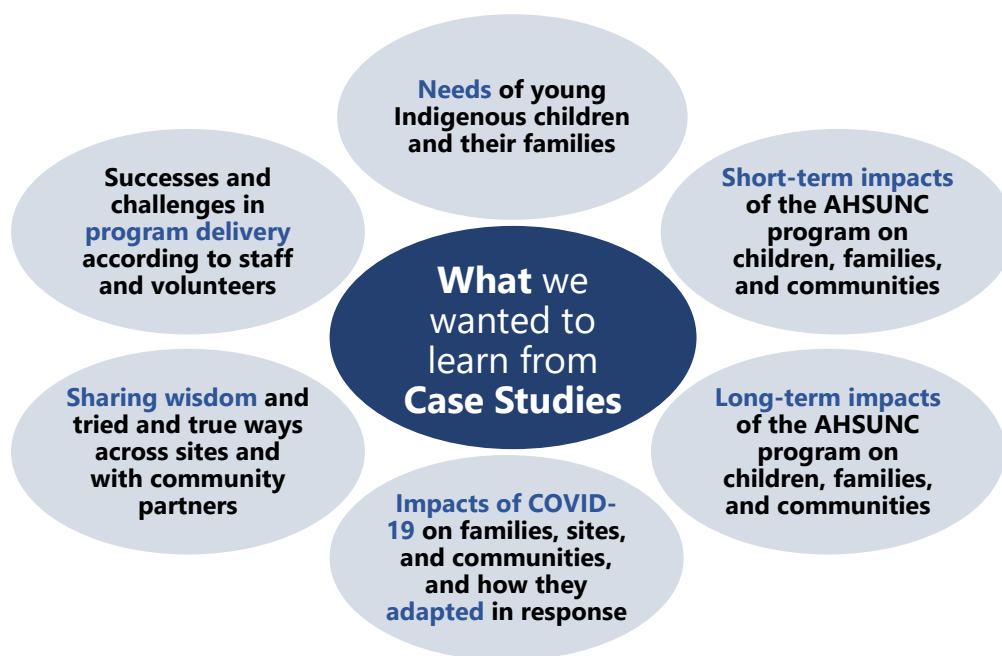
It has taken years for AHS sites to build a sense of Indigenous community in urban areas, off-reserve, and outside of traditional territories. The eleven Our Voices/Our Vision videos express the feeling that exists for participating families that "AHS is community, AHS is culture, AHS is connection."

## Appendix F: About the case studies

### Purpose of the case studies

The case studies were conducted to collect first-hand stories illustrating programming and multi-generational impacts on families and communities at different sites across the country. The case studies were also an opportunity for communities to gather, reflect, and share their experiences of participating in the AHSUNC Program, and to receive a report that would document their experiences. Finally, the case studies sought to identify best practices and lessons that could be shared with other AHSUNC sites.

Figure 13. Types of topics and questions discussed for the case studies



### Case study sites

The case studies took place at six Aboriginal Head Start sites across the country. The sites were selected to bring a diversity of voices based on the geographic region, the type and size of community where the site is located, and the site's enrolment capacity (see Figure 14).

Of the six case studies conducted, four sites were able to complete the collection and validation of their data in time for inclusion in this report. These were: Halifax, NS; La Tuque, QC; Toronto, ON; and Prince Albert SK. The two remaining sites will still have the opportunity to complete their case study activities. All sites will be able to participate in any knowledge-sharing activities involving case study information that take place beyond this evaluation.



Figure 14. Case study sites



### Community-centered data collection and ownership

The case studies used a mixed method approach. Case studies incorporated quantitative data from site-level performance measurement reports from 2016 to 2021, and qualitative information from conversations with staff, parents, caregivers, and grandparents from the case study sites. An Indigenous evaluation consultant, Andrea L.K. Johnston, led the initial data collection using culture-based evaluation tools that incorporate a holistic approach to data collection through visual and oral storytelling. Participants at the six sites completed storyboards to document their own journeys, as well as those of children, in the AHSUNC site programs.

Subsequently, five out of the six sites planned an additional event for parents, caregivers, and staff to share more stories from their AHSUNC communities in the format they wished. Activities included sharing over communal meals, story-sharing circles, and outreach to individual parents, caregivers, and former students. Each site then proceeded to develop and validate their own report, either independently or in collaboration with the consultant, respecting the preferences of each site. The unique approaches to data collection and reporting taken by each case study site demonstrate an important application of the evaluation's guiding principles of being community-led, inclusive, and action-oriented.

Finally, in respecting principles around Indigenous data sovereignty, each AHSUNC site participating in the case study retains ownership over their data and individual case study report. The information highlighted in the body of this evaluation report from four of the case studies has been included with the permission of the individual sites.