EVALUATION OF THE HEALTHY CHILD DEVELOPMENT PROGRAM

Evaluation Scope:

- Covered fiscal years 2013-14 to 2018-19.
- Total materiality over the 5-year scope was ~$536M.

Four implicated sub-programs:

- *Aboriginal Head Start On-Reserve (AHSOR) Program*
- *Maternal Child Health (MCH) Program*
- *Fetal Alcohol Spectrum Disorder (FASD) Program*
- *Canada Prenatal Nutrition Program (CPNP)*

Findings Cover:

- Relevance (Findings 1-3)
- Effectiveness (Findings 4-9)
- Efficiency (Findings 10- 13)
- Sub-program specifics (Findings 14-17)
- Wise practices (Finding 18)
- Cross-Cutting Themes (Findings 19-21)

Indigenous Engagement:
In line with the First Nation and Inuit Health Branch (FNIHB) Engagement Protocol, the Assembly of First Nations was invited to provide comments and feedback on the evaluation scope, methodology, preliminary findings, and final report.

Relevance Findings – All Sub-Programs

1. The HCD program is relevant as there is an ongoing need to support and invest in the well-being of First Nations children and families through early childhood programming. The program also supports broader departmental mandates for supporting healthy individuals and communities and reducing gaps in inequity, and directly aligns with Calls to Action from the Truth and Reconciliation Commission (TRC).

2. First Nations communities and the broader research report ongoing experiences of health and social inequities among children and families – including, nutrition and food insecurity, chronic disease, and poorer birth outcomes. Almost all (89%) community representatives surveyed reported that there is a continued need for programming, and that needs appear to have risen in acuity and complexity.

3. Owing to their unique purpose of supporting maternal health and child development, the HCD programs are not duplicating other programs/services on reserve. Communities may access funding through complementary funding opportunities (e.g., other federal departments, provincial governments) in an effort to enhance ongoing programming and address underfunding.

Effectiveness Findings – All Sub-Programs

4. There were increased efforts to support community-determined training and workforce development throughout the evaluation timeframe. However, recruitment and retention of a trained workforce was identified as a considerable challenge to effective program delivery.

5. Increased investment at the end of the evaluation timeframe supported the HCD program to expand overall program coverage. However, continued effort to achieve universality is needed. On a community level, the HCD programs are reaching community members through providing essential resources/supplies, attending home visits, facilitating referrals, and delivering group-based programming.

6. The available data suggests that the HCD programs are supporting achievements for both families and the community at large. Reporting data also indicates that improvements have been made in breastfeeding rates. However, poor access to the social determinants of health limits the achievement of true behaviour change and long-lasting outcomes for many children and families

7. Two service gaps were identified. Firstly, the lack of universal access to the HCD programs across First Nations communities despite evidence of need. Additionally, limited availability of programming/service interventions to support youth, which may be due to a combination of factors including the entrenchment of historical program parameters, and deficiencies in funding to offer expanded programming.

8. Interconnectivity was assessed in three ways: interconnectivity within ISC, between ISC and communities, and within community. Collaboration within ISC appeared to be generally effective and the division of roles and responsibilities was deemed appropriate. There are opportunities to improve relationship building efforts and increase engagement between regional staff and communities – this would support information sharing and program updates and build understanding of the realities of service delivery. Lastly, programs within community appear to be collaborating effectively, owing to their complementary mandates. Community-based staff may deliver several program areas as one holistic initiative and/or pool funding across program areas to enhance service offerings.

9. The realities of program/service delivery vary across regions as a result of several factors. This includes variation in approaches to funding (e.g., universal or targeted, cluster-based funding), combining of programs, and involvement of regional organizations in program oversight.

Indigenous Services Canada
Services aux Autochtones Canada

Efficiency Findings – All Sub-Programs

10. Program documents and key informants indicated that improvements have been made following the 2014 evaluation, including improved partnership development, increased funding investments, and revised performance measures.

11. The internal program management structure, human resourcing, and financial systems are supportive for the HCD program to achieve its intended results. For example, FNIHB's focus on regionalization is supporting regions to tailor funding and support according to locally identified priorities.

12. Underfunding of programs throughout the evaluation timeframe is a primary barrier to program delivery and the achievement of outcomes. This has a downstream impact on human resourcing and limits the "reach" of programming.

13. There are limitations to the use and design of the community-based reporting template. The evaluation identified opportunities to enhance performance measurement approaches that align with First Nations priorities and support program improvement. For example, narrative-based data collection can provide rich detail on program delivery.

Sub-Program Specific Findings

14. The AHSOR program is supporting the development of a positive cultural identity, improved school readiness, and greater achievement of emotional and developmental milestones. However, the capacity to deliver effective programming is limited by poor infrastructure and stagnant funding against community changes (e.g., population growth, increasing needs).

15. The MCH program is often delivered collaboratively and serves as a vital link to other supportive services available in community. Capacity challenges (i.e., one staff responsible for high caseloads and/or multiple programs), inadequate funding, and incommensurate skill sets against more complex client needs are key factors constraining the program.

16. The FASD program is primarily functioning to build awareness and education through community events due to small program budgets. Challenges encountered within the program include difficulty providing case management and ongoing stigma around FASD. Additionally, limited access to diagnostic services is a key barrier to effectively meeting the needs of children with FASD.

17. The CPN Program is successful in increasing access to nutritious foods, building skills, and improving the diets of prenatal and breastfeeding First Nations women. However, the scope of programming is increasingly limited as program budgets have not increased against rising food and supply costs.

Wise Practices

18. Overall, a wide range of distinctive practices and strengths were mentioned, such as offering regular community engagement opportunities to co-identify program activities and priorities, collaborating with other partners in community to holistically serve families, and grounding culture-based practices, ways of knowing, language, and ceremonies into programs.

Cross-Cutting Issues

19. **Climate Change:** The primary impacts of climate change as it relates to the HCD program include limited/reduced access to materials and supplies, disruptions to land-based programming, decreased access to traditional food systems, and poor infrastructure. The impacts of climate change may disproportionately impact remote and isolated communities.

20. **Service Transfer:** Promising practices to advance self-determination have been identified, including clearly defined roles and responsibilities, scalable funding approaches with adequate resourcing, advisory/technical support, and workforce development. Efforts to work towards service transfer is evidenced by a gradual and overall trend in communities moving to more flexible arrangements and improved partnership structures across the regions. However, adequate and stable funding is an important constraint.

21. **COVID-19:** COVID 19 significantly impacted HCD program delivery due to community lockdowns and changing priorities. A key lesson learned from the pandemic is the importance of supporting First Nations to exercise self-determination in responding to emerging needs and priorities. Following the pandemic, an increase in needs among children and families have been reported.

MANAGEMENT RESPONSE AND ACTION PLAN*

Recommendation #1: **Identify mechanisms to improve program access, including through improved understanding of program needs, and identification of partnership opportunities and other mechanisms for increased and sustained program resources.**

Action 1.1: Determine whether the Assembly of First Nations is interested in meeting
to discuss priorities and needs as they relate to healthy child development in communities. (Q1 2024-2025)
Action 1.2: Meet with the Assembly of First Nations or other interested First Nations partners to discuss said priorities (Q2-Q3, 2024-2025)
Action 1.3: Following actions 1.1 and 1.2, have discussions with regional officials, other ISC sectors (e.g., Education) and other federal government departments (e.g., ESDC, PHAC) to explore opportunities for increased support for Healthy Child Development Programs and services. (Q2-Q3, 2024-2025)
Action 1.4: Building on the results of 1.1 – 1.3, work with the Chief Data Officer to improve forecasting of program demand, to inform mechanisms for seeking additional funding and for managing existing funding more efficiently, to better support community capacity to deliver Healthy Child Development services. (Q3-Q4, 2024-2025)
Action 1.5: Develop and report on potential mechanisms for increased flexible and sustainable funding. (Q3-Q4, 2024-2025)

Recommendation #2: **Identify concrete opportunities and mechanisms to support knowledge sharing across the HCD workforce and within sub-program areas to foster capacity building and facilitate diffusion of wise practices and lessons learned.**

Action 2.1: ISC HQ and Regional Staff to discuss and identify mechanisms to support regular communication and knowledge sharing. (Q1, 2024-2025)
Action 2.2: Select and implement opportunities and mechanisms outlined in Action 2.1 (Q3-Q4, 2024-2025)
Action 2.3: Report on the effectiveness of the selected mechanisms after one year. (Q3-Q4, 2025-2026)

Recommendation #3: **Regionally, increase partnership and relationship building efforts with communities (among those who desire) through regular communication, information sharing, and relationship building to support effective program delivery, co-identify solutions/opportunities, and build community capacity.**

Action 3.1: HQ to develop options with regions for different mechanisms to engage communities, make connections, and share information, including potential communications approaches that would benefit communities without adding to engagement fatigue. (Q1-Q2, 2024-2025)
Action 3.2: Regions to invite communities to engage through the identified mechanisms, and explore with participating communities practical ways of continuing to seek feedback on communities' satisfaction with their relationships with ISC. (Q3, 2024-2025)
Action 3.3: HQ to compile a report, with input from regions, on the number of communities responsive to outreach, relationship building efforts, considerations related to establishing a baseline, and support for regions to develop plans to increase and support knowledge sharing across the HCD workforce. (Q4, 2024-25)

Recommendation #4: **Alongside First Nations partners, explore opportunities to revise and innovate performance measurement approaches, built upon appropriate data sources, to improve assessment of program impact, and which aligns with First Nations approaches, while maintaining a focus on reduced reporting burden.**

Action 4.1: Eliminate the CBRT and introduce a new Data Collection Instrument specific to the Healthy Child Development Program. (Complete and implemented for FY 2024-2025).
Action 4.2: ISC-FNIHB to review the results to date of the IELCC Results Framework that will be co-developed with the AFN, ESDC, and other government departments to determine whether aspects of the framework can be adopted to revise and innovate performance measurement approaches within the program to improve assessment of program impact. Results of review to be summarized in a report (Q4 2025-2026)

! This is a condensed version of the MRAP. For a complete copy, please refer to the Evaluation of Healthy Child Development final report.