

Stepping into the Future

***Early Childhood Development and
Early Learning and Child Care Initiatives
Progress Report
2005 and 2006***

Message from the Minister

On behalf of the Government of Newfoundland and Labrador, I am pleased to present this progress report of the Early Childhood Development and Early Learning and Child Care initiatives for fiscal years 2004-05 and 2005-06. The report provides the public with program and expenditure information on years four and five of the Early Childhood Development initiative, and on years two and three of the Early Learning and Child Care multilateral framework. Also contained in this report is data on a selection of child well-being indicators.

This progress report reflects our ongoing commitment to the Early Childhood Development and Early Learning and Child Care initiatives, and to the importance of strengthening programs and services for young children, their families and communities in Newfoundland and Labrador. These two initiatives are important investments in our youngest citizens.

With our partners in the Department of Education and the Department of Human Resources, Labour, and Employment, I would like to acknowledge and thank parents, organizations, individuals, and service providers who continue to contribute and support early childhood development programs and services in this province.

Ross Wiseman
Minister of Health and Community Services

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Introduction

The Government of Newfoundland and Labrador is committed to supporting the development of young children and to assisting families and communities in their role of nurturing our youngest citizens. An important aspect of this commitment is the implementation of the Early Childhood Development (ECD) and the Early Learning and Child Care (ELCC) initiatives. This progress report for 2005 and 2006 provides a profile of the achievements and expenditures made possible by these two initiatives. It also includes a section that reports on child well-being indicators.

In September 2000, First Ministers formed an agreement to invest new federal funding for the ECD initiative, with the recognition of the significance of the early years of children's lives and the important role parents play. Four areas of action were identified:

- promotion of healthy pregnancy, birth and infancy;
- improving parenting and family support;
- strengthening early childhood development, learning and care; and
- strengthening community supports.

The agreement involves the annual transfer of incremental and predictable federal funding to the provinces and territories to improve and expand early childhood development programs to address the four areas of action. The agreement also involves the commitment to publicly report on the progress of the initiative, including a report biennially on outcome indicators of child well-being using an agreed upon set of common indicators.

In March 2003, Ministers Responsible for Social Services agreed to the ELCC multilateral framework. This initiative builds on the third action area of the ECD initiative in that it focuses on the enhancement of regulated early learning and child care services for children and their families. Similar to the ECD initiative, the ELCC multilateral framework involves an annual transfer of funding to provinces and territories for investment in programs and services for young children and their families.

Further information on the ECD agreement and ELCC multilateral framework can be found at <http://www.ecd-elcc.ca>.

This report illustrates the continuing improvement and expansion of early childhood services in Newfoundland and Labrador. It provides an update of program activities and expenditures for the ECD and ELCC initiatives in fiscal years 2004-05 to 2005-06, and outcome indicators of child well-being. Both initiatives are designed to support the age group from birth to age six. This focus on the early years recognizes the importance of the growth and development that occurs during these years and the important contribution this period provides to life-long health and learning.

Description of Programs and Services

This section of the report highlights the description and activities of the programs and services that were supported by the ECD and ELCC initiatives in fiscal years 2004-05 and 2005-06.

Promotion of Healthy Pregnancy, Birth and Infancy

Mother Baby Nutrition Supplement

The Mother Baby Nutrition Supplement (MBNS) is a \$45 monthly benefit payable to all eligible low-income pregnant women and families with children under the age of one year residing in the province. The MBNS was initiated in December of 2001 and replaced and expanded the Mother Baby Food Allowance that was previously only available to women and families in receipt of Income Support.

The benefit provides financial support to assist with the additional nutritional costs of eating healthy during pregnancy and throughout a child's first year of life. Through referrals to community health nurses and family resource programs, the MBNS also enhances access to information and community support for pre-natal and post-natal care. Individuals/families are eligible for the MBNS if their income in the previous year was below the maximum income threshold for the Newfoundland and Labrador Child Benefit (NLCB) (currently at \$22,397), or the individual/family is presently in receipt of Income Support.

In July 2004, the Mother Baby Nutrition Supplement was enhanced with the introduction of an additional one-time benefit of \$90 provided to pregnant women during the month in which they have their child.

In 2004-05, the program supported approximately 1,700 families per month (1,300 post-natal and 400 pre-natal). In 2005-06, there were approximately 1,660 families supported per month (1,260 post-natal and 400 pre-natal).

Other program activities that were undertaken during this reporting period include:

- distribution of educational materials for applicants regarding healthy lifestyles and nutrition;
- distribution of program brochures and posters and advertising;
- the establishment of linkages with related community service providers and an information exchange on programs and services available for families;
- referrals to Public Health Nurses and Healthy Baby Clubs; and
- the provision of information on federally administered child benefits.

For information about the MBNS, call 1-800-508-4788.

Healthy Baby Clubs

Healthy Baby Clubs (HBC) actively promote and support healthy lifestyles for eligible women during and after pregnancy. The service is offered by resource mothers through community-based family resource programs. Public health nurses and regional nutritionists further assist by offering professional support to these programs. The objective of Healthy Baby Clubs is to support a positive pregnancy outcome including a healthy birth weight. Healthy birth weight is defined as between 2500 to 4000 grams.

Healthy Baby Clubs offer a number of services and support, including:

- opportunity for peer interaction;
- information and skills training relating to healthy pregnancy and lifestyle, birth, and parenting;
- breastfeeding information and help;
- food supplements; and
- positive environments for pregnant women and families with newborns.

In 2004-05 and 2005-06, the Department of Health and Community Services provided ECD and provincial funding to 14 family resource programs to support the operation of Healthy Baby Clubs. This is an increase from 7 programs funded in 2003-04.

In 2004-05, the funding supported 513 women to access the program. In 2005-06, the number who accessed the service increased to 537 women. Of the women who participated, there were 281 births in 2004-05 and 333 births in 2005-06. Of these participants, Table 1 shows the percentage of babies delivered by birth weight.

Table 1: Percentage of babies by birth weight delivered in 2004-05 and 2005-06

Year	< 2500 grams	2500 – 4000 grams	> 4000 grams
2004-05	7 percent	67 percent	26 percent
2005-06	6 percent	82 percent	12 percent

During the reporting period the province continued to work in collaboration with the Public Health Agency of Canada and the Regional Integrated Health Authorities to provide ongoing support, networking and professional development opportunities for Healthy Baby Clubs.

Improving Parenting and Family Support

Early Intervention Services

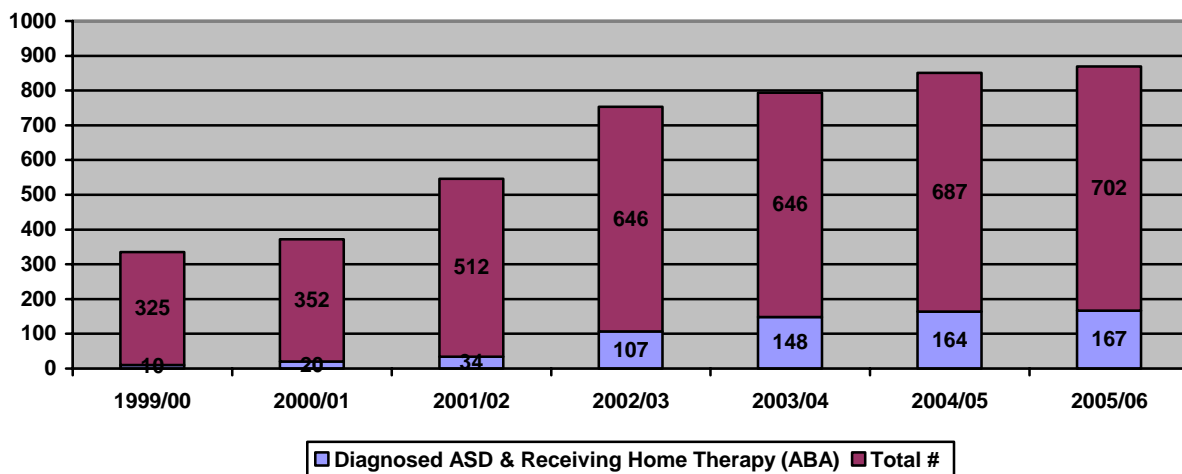
Home-based early intervention services are available in the province to families with infants and pre-school-aged children who are at risk or have a developmental delay. The services are provided through the Direct Home Service Program and the focus is on four major goals:

- enhance families' knowledge in the area of their child's strengths and needs as it relates to their child's developmental disability and/or diagnosis;
- provide information on the availability and utilization of community resources;
- strengthen parental skills in many areas, including advocacy, skill development, appropriate and effective discipline, and applied behavior analysis; and
- work in partnership with families so each child can reach his or her fullest potential in all developmental areas.

In 2004-05, a total of 687 children received the Direct Home Service Program as compared to 646 children in 2003-04. The number of children who received the service in 2005-06 increased to 869. The change in numbers is largely due to increased availability of specialized intervention positions with Regional Health Authorities.

The Direct Home Service Program is funded through provincial and ECD sources. The ECD funding has helped to support the expansion of intensive intervention services for children with Autism Spectrum Disorder (ASD). The number of children receiving intensive intervention services has steadily increased from 10 children in 1999-2000 to 167 in 2005-2006. Table 2 provides a seven-year profile of the total number of children receiving the regular home-based and the intensive early intervention services from the Direct Home Service Program.

Table 2: Number of children receiving the Direct Home Services Program (1999-2000 to 2005-2006)



Support for projects in 2004-05 and 2005-06 was ongoing and continued to focus on raising public awareness about the importance of early identification, diagnosis, and services to support children with special needs. Funding has also enabled the province to support training and certification of local professionals in discrete trial teaching/applied behavior analysis which is an important component of the home-based intervention services offered to pre-school and kindergarten aged children diagnosed with ASD.

Strengthening Early Childhood Development, Learning and Care

Early Childhood Learning Grants

Each year eligible organizations submit proposals to the Early Childhood Learning Grant Program Funding Committee for review and consideration. In 2005-06, early childhood learning grants were provided to 40 non-profit, community-based organizations. This is an increase from 34 grants awarded in 2004-05 and 33 in 2003-04.

Information about the distribution of grants in 2005-06 is provided in table 3.

Table 3: Distribution of Grants in 2005-06

Type and number of organizations funded	
Schools	14
Community groups	14
Libraries	7
Provincial organizations	1
Family Resource Centres	4

Size and number of grants to organizations	
\$2,500 or less	12
\$2501 to \$5000	15
\$5,001 to \$10,000	6
More than \$10,000	7

The grants funded early childhood learning programs for children up to six years and their families. Programs for children focused on providing learning experiences that promote the development of literacy and numeracy. Programs for parents provided opportunities and resources to enhance and support their children's learning. School-based programs, in addition to helping children make a smooth transition to school, provided parents with the opportunity to make connections with the school prior to their children entering kindergarten. Further information about the grants can be found at <http://www.ed.gov.nl.ca/edu/early/grants>.

KinderStart Program

KinderStart is a provincial orientation program developed by the Department of Education for children and their parents in the year prior to entering kindergarten. The program objective is to provide opportunities for children and their families to make connections with the school before school entry, as well as to provide resources for use at home during the pre-kindergarten year. Approximately 5400 and 4800 children and their parents/caregivers participated in *KinderStart* in 2004-05 and 2005-06, respectively.

KinderStart consists of up to eight in-school sessions for children accompanied by their parents/caregivers. Separate orientation and information sessions are held for parents to familiarize them with kindergarten and school routines, environment, and expectations, and to develop family-school links. A kit of supplies and resources is provided to each parent or caregiver and child to support learning experiences at home and additional resources are provided to each *KinderStart* classroom. In 2005-06, each school district received funding to offset costs related to the implementation of the program. A copy of the program guide and description of resources can be found at <http://www.gov.nl.ca/edu/early/kinderstart/main.htm>.

Feedback from parents, teachers and principals has been positive. The materials in the *KinderStart* kits provided to parents/caregivers and the children have received the highest percentage of positive responses from parents. The parent/caregiver information sessions, teachers' guide, session plans, and the opportunity to have parents/caregivers and children become familiar with the kindergarten and school environments were also highly praised. Teachers reported they appreciated the opportunity to get to know the children and their families prior to school entry.

Child Care Services

Child care services in Newfoundland and Labrador are supported by provincial, ECD and ELCC sources. The funding supports the child care system in promoting children's development in all areas and helping to meet the child care needs of families. The following provides a brief account of the achievements in 2004-05 and 2005-06 made possible with the addition of the ECD and ELCC funding. Where applicable, data is profiled over several years.

Child Care Services Subsidy Program

This program provides financial assistance to support access to regulated child care services. Policy and standards are provided by the Department of Health and Community Services and the program is administered by the Regional Health Authorities. Through ELCC the income grid for full eligibility for subsidy was increased in 2005 from \$13,800 to \$20,280 net per annum. Table 4 shows the number of children/families who accessed the Subsidy Program in March of each year from 2001 to 2006.

Table 4: Number of Child Care Subsidies

Month/Year	Mar 2001	Mar 2002	Mar 2003	Mar 2004	Mar 2005	Mar 2006
Number of Subsidies	1038	1210	1373	1459	1460	1589

Educational Supplement

This supplement is a direct wage contribution to Early Childhood Educators who work with children in child care centres and who have a minimum Level I child care certification. Administered by the Department of Health and Community Services from ECD funding, this initiative serves the purpose of augmenting the income of qualified staff, and it supports

recruitment and retention in the child care field. In this reporting period, Early Childhood Educators with Level I (equivalent to a one-year postsecondary certificate) received \$2,080 per annum and those with Level II (equivalent to a two-year postsecondary diploma) or higher received \$4,160 per annum. Table 5 shows the number of Early Childhood Educators who received the supplement in fiscal years 2001-02 to 2005-06.

Table 5: Number of Individuals Per Year in Receipt of the Educational Supplement

Fiscal Year	2001-02	2002-03	2003-04	2004-05	2005-06
Number of Recipients	320	325	353	335	397

Equipment Grants for Family Child Care

This annual funding of \$500 per regulated family child care provider offsets the cost of quality equipment and play materials to support children’s development. This support from the ECD initiative builds on existing grants that are in place for child care centres.

Family Child Care Start-Up Grants

These grants were introduced in 2005-06. Start-up grants of \$1500 are provided to family child care providers when they become licensed. The funding is to assist providers with the initial costs of licensing the family child care service. In 2005-06, 60 providers were eligible for these grants.

Enhancing Quality and Inclusive Practices (EQuIP)

This program is designed to measure and improve the quality and inclusive practices of child care environments. EQuIP was introduced in the province in the spring of 2005 and is supported by ELCC funding. High quality care is strongly linked to positive, consistent and sustainable learning and developmental outcomes for children. EQuIP uses well-established tools to assess and work collaboratively with child care providers towards enhancing the quality of child care. This program will be implemented in phases and on a voluntary basis for centres who wish to be involved. Program development and master training were conducted in 2004-05, and implementation of the program with the initial group of 12 centres was started in 2005-06.

Inclusion Initiatives

These initiatives are designed to support the inclusion of children with special needs in child care. Inclusion entails much more than children being able to access and be physically present in a child care setting; the program and practices must be able to foster the development of all children, including those with diverse needs, to help ensure their optimal overall development. The objective of this initiative is to enhance child care services for children with special needs by enhancing inclusive programming and practices in child care. In this reporting period, three strategies were introduced through ELCC to help establish and maintain inclusive quality child care: development of a training plan; grants to centres for specialized equipment and to enhance staffing supports; and enhancement of regional consulting by Regional Health Authorities to support inclusive child care.

Strengthening Community Supports

Family Resource Programs

Family resource programs support children and families through the implementation of a variety of community-based programs that emphasize child development, parenting skills, social support and community capacity building. The Department of Health and Community Services assist family resource programs by providing contribution grants from provincial and ECD funding. The department initiated sustainable funding to family resource programs in 1999, expanded the number of programs when the ECD initiative was implemented in 2001.

In 2004-05, the department provided direct funding to 19 family resource programs. These programs provided support to approximately 4100 families (with 5214 children), and offered services in 279 communities throughout Newfoundland and Labrador. In 2005-06, the total number of families accessing the programs increased to 4283 (with 5238 children), and offered services in 289 communities.

During this reporting period the province also supported family resource programs by providing networking, professional development, and policy and program development activities. The province continues to maintain a working committee for family resource programs consisting of provincial and Regional Health Authority representatives. This committee provides support to the provincially funded family resource programs by offering program support to projects and linkages to regional services. Provincial representatives from the Department of Health and Community Services and the Department of Education also participate on the Joint Management Committee overseeing Health Canada's nine *Community Action Programs for Children* (CAPC) and *Canadian Prenatal Nutrition Program* (CPNP) projects.

Expenditures

Table 6 provides expenditures from 2000-01 with further investments made each fiscal year through to 2005-06. In 2004-05, the Federal Government through the Canada Health and Social Transfer provided approximately \$8.2 million for ECD and \$2.4 million for ELCC. In 2005-06, the federal contribution was approximately \$8.2 million for ECD and \$3.6 million for ELCC.

Table 6: Provincial, ECD and ELCC Expenditures by Service/Program areas, 2000-01 to 2005-06

Service/Program	Expenditures (unaudited)					
	Baseline 2000-2001	Fiscal Year 2001-2002	Fiscal Year 2002-2003	Fiscal Year 2003-2004	Fiscal Year 2004-2005	Fiscal Year 2005-2006
Mother Baby Nutrition Supplement	n/a	\$882,000	\$990,000	\$977,000	\$1,651,000	\$1,651,000
Mother Baby Food Allowance	\$780,000	n/a	n/a	n/a	n/a	n/a
Healthy Baby Clubs/Family* Resource Programs	\$1,200,000	\$2,233,239	\$2,304,771	\$3,153,373	\$3,395,991	\$3,558,210
Early Childhood Literacy Programs	\$79,615	\$192,310	\$266,366	\$245,082	\$262,018	\$250,494
KinderStart	n/a	\$192,254	\$198,856	\$201,619	\$213,462	\$198,590
Early Intervention Services**	\$1,638,385	\$2,576,404	\$3,829,334	\$3,832,356	\$3,800,307	\$3,817,724
Child Care Services**	\$7,226,800	\$8,769,030	\$8,711,614	\$11,030,883	\$12,324,325	\$14,086,903
Administration***	n/a	\$193,674	\$238,554	\$ 428,173	\$334,965	\$355,453
TOTAL	\$10,924,800	\$15,038,911	\$16,539,495	\$19,868,486	\$21,982,068	\$23,918,374

* Includes grants to community groups, and provincial expenditures to support the program (e.g., salary, travel, communication, supplies, professional and purchased services)

** Annual expenditures include an approximate amount for baseline staffing resources and provincial expenditures (salary, travel, communication, supplies, professional and purchased services).

*** Includes provincial and ECD expenditures for staffing, travel, communication, professional, and purchased services.

SECTION II
INDICATORS OF CHILD WELL-BEING
2006

This section provides the most recent data available for the common set of eleven indicators of young children's well-being agreed upon by First Ministers in 2002. Where possible, trends over time have been presented. This section also includes data on a number of additional indicators of child well-being which have been developed over the last few cycles.

These indicators pertain solely to children aged birth to five years and are derived from a number of national data sources. In some instances, **data has been suppressed to prevent the reporting of data that may be unreliable** due to the small sample size available for Newfoundland and Labrador (see technical notes). Also, **data for some indicators have changed since the last report** due to changes in how the indicators were calculated (see technical notes). These changes have been re-reported where applicable.

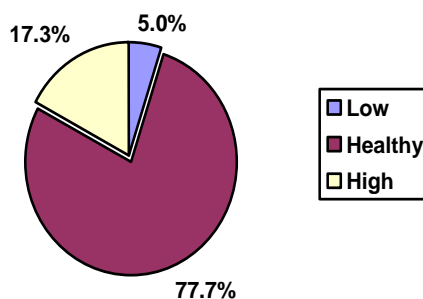
1. Child Related Indicators

A. Physical Health

Healthy Birth Weight

Healthy birth weight is a vital part of a child's health and development early in life. Birth weight is influenced by a number of factors including mother's pre-pregnancy weight, weight gain during pregnancy, socioeconomic conditions, length of pregnancy, and certain lifestyle factors such as smoking. From 2000 to 2002, the percentage of healthy birth weight infants remained relatively consistent in both Newfoundland and Labrador (77.7 percent) and across Canada (81.0 percent).

Percentage Distribution of Birth Weight for Newfoundland and Labrador, 2002



(i) Low Birth Weight

Definition: The percentage of live births with a weight less than 2500 grams.

Low birth weight is an important predictor of infant death. These infants have higher risk for several illnesses and developmental problems. Newfoundland and Labrador had a marginal decrease in the proportion of low birth weight infants in 2002. The rate for the Province (5.0 percent) was slightly less than the national rate (5.8 percent).

Source: Canadian Vital Statistics – Birth Database (Statistics Canada)

Exclusions: Births with unknown birth weight; births to non-Canadian residents.

(ii) High Birth Weight

Definition: The percentage of live births with a weight greater than 4000 grams.

Bigger does not always mean better. Infants with a birth weight greater than 4000 grams are at increased risk of experiencing complications during delivery. High birth weight has also been linked to the development of overweight and obesity later in life. Newfoundland and Labrador and Canada had marginal decreases in the proportion of high birth weight infants from 2000 to 2002. The overall percentage of high birth weight infants in the province (17.3 percent) remains higher than the national rate (13.2 percent). Gender appears to impact on birth weight since male infants in Newfoundland and Labrador and across Canada have higher birth weights than females. In 2002, 21.4 percent of males born in the province were high birth weight compared to 13.2 percent of females.

Source: Canadian Vital Statistics – Birth Database (Statistics Canada)

Exclusions: Births with unknown birth weight; births to non-Canadian residents.

Immunization

Definition: The rate of new cases reported by year for children five years of age and younger.

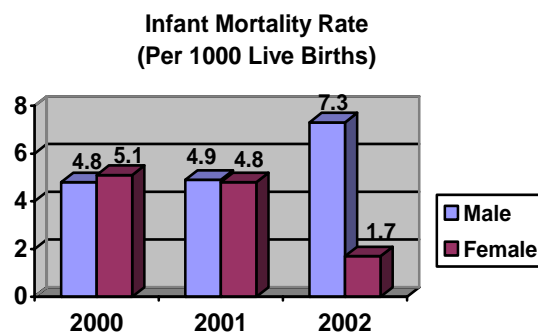
The Government of Newfoundland and Labrador has recently enhanced its immunization program to further improve children's ability to stay healthy and fight illnesses and death from certain serious infectious diseases. Vaccines administered to children in the province protect them against twelve serious infectious diseases including invasive meningococcal group C disease, measles, and haemophilus influenza b disease. Of these, there was only one reported case of meningococcal group C disease for children five years of age and younger in Newfoundland and Labrador from 2000 to 2003.

Source: Immunization and Respiratory Infections Division, Public Health Agency of Canada

Infant Mortality Rate

Definition: The number of infants who die in the first year of life per 1000 live births.

The infant mortality rate has been considered the single most comprehensive measure of health in a society. From 2000 to 2002, there was no significant change in the overall mortality rate in Newfoundland and Labrador (4.5 per 1000) or across Canada (5.4 per 1000). However, in 2002, the mortality rate among male infants in the province (7.3 per 1000) was much higher than among females (1.7 per 1000). Due to the small number of infants that comprise this rate, this indicator will need to be monitored over time to identify a valid trend.



Source: Canadian Vital Statistics – Mortality Database, Summary List of Causes (Statistics Canada)

Exclusions: Births to non-Canadian residents.

Pre-term Birth Rate

Definition: The percentage of live births with a gestational age at birth of less than 37 weeks completed weeks (less than 259 days).

Most infants are born between 37 and 42 completed weeks of pregnancy. Infants born pre-term, or premature, are at risk for serious health problems. The earlier an infant is born the greater the risk for health complications including long-term disabilities and death. Advances in technology and medicine have improved the treatment and care of pre-term infants and survival rates have increased as a result. The percentage of pre-term live births has decreased in Newfoundland and Labrador from 8.0 percent in 2000 to 7.0 percent in 2002. The national rate has remained the same at 7.5 percent.

Source: Canadian Vital Statistics – Birth Database (Statistics Canada)

Exclusions: Births with unknown gestational age and gestational age less than 20 weeks; births to non-Canadian residents.

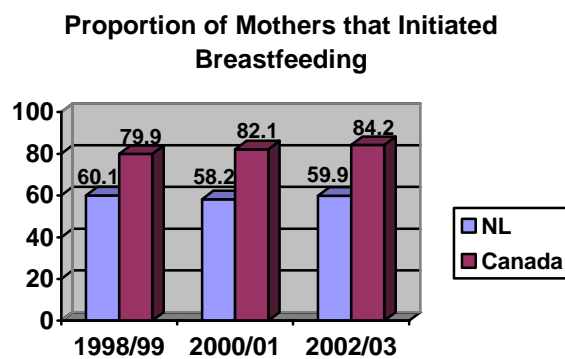
Breastfeeding

Breastfeeding is the optimal way to provide nutrition for an infant. The Canadian Pediatric Society, Dietitians of Canada, and Health Canada recommend that mothers feed infants exclusively with breast milk for at least the first six months of life and use breast milk as a complementary food source for up to two years of age and beyond.

(i) Prevalence of Breastfeeding

Definition: The proportion of children aged zero to three years that are currently being or have ever been breastfed.

Although the proportion of mothers who reported that they had breastfed their children increased for Canada from 80 percent in 1998–99 to 84 percent in 2002–03, the rate remained the same for Newfoundland and Labrador at 60 percent.



Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998-1999), Cycle 4-v2 (2000-2001), Cycle 5 (2002-2003), Child Questionnaire

Exclusions: Children aged 4-5 years; children living in the Territories; children living on reserve; children living in institutions.

B. Early Development

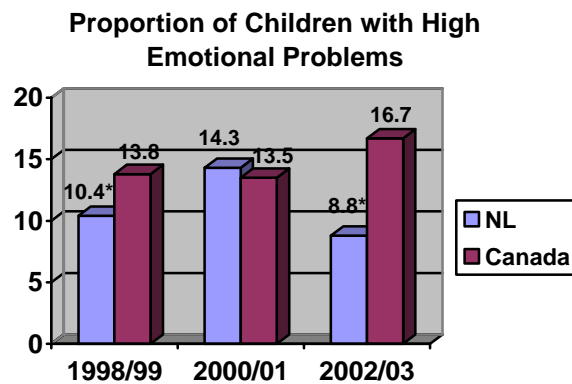
The early years of life are critical in the development and future well-being of children and in establishing the foundation for competence and coping skills that will affect future learning, behaviour and health. This section reports on three areas of early childhood development including: emotional health; social knowledge and competence; and language skills.

Emotional Health

(i) Emotional Problem/Anxiety

Definition: The proportion of children aged two to five years who exhibit high levels of emotional and/or anxiety problems.

This indicator is a measurement of children's self-esteem, coping skills and overall emotional well-being. Children with emotional problems or anxiety likely experience feelings of nervousness or depression and may cry a lot or appear sad or unhappy. The proportion of children aged two to five years with high emotional problems appears to be decreasing in Newfoundland and Labrador whereas it is increasing across Canada. Due to the high variability of the data, this indicator warrants further consideration over time.



* While this estimate meets Statistics Canada's quality standards, there is a high level of error associated with it.

Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998-1999), Cycle 4-v2 (2000-2001), Cycle 5 (2002-2003), Child Questionnaire

Exclusions: Children aged 0-1 years; children living in the Territories; children living on reserve; children living in institutions.

ii) Hyperactivity – Inattention Score

Definition: The proportion of children aged two to five years who exhibit high levels of hyperactivity and/or inattention.

Parents were asked several questions to help determine if certain behaviours were present or absent in their child's behaviour. Some behaviours that were addressed included a child's attention span for games and other activities, ability to pay attention and sit still for a period of time and if they were fidgety or restless. Revised data for 2000–01 indicates that the proportion of children exhibiting high levels of hyperactivity and/or inattention has decreased since 1998–99 from 12.1 percent* to 3.5 percent*. A similar trend was observed across Canada.

* While this estimate meets Statistics Canada's quality standards, there is a high level of error associated with it.

Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998-1999), Cycle 4-v2 (2000-2001), Child Questionnaire

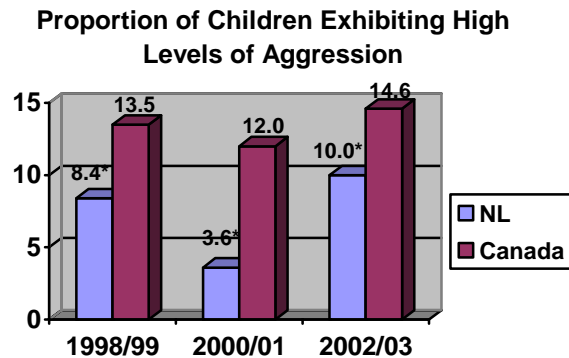
Exclusions: Children aged 0-1 years; children living in the Territories; children living on reserve; children living in institutions.

Social Knowledge and Competence

(i) Physical Aggression/Conduct Problems

Definition: The proportion of children aged two to five years who exhibit high levels of physical aggression, opposition and/or conduct disorder.

Children who exhibit high levels of physical aggression are those who get into fights or act threatening or physically aggressive toward others. The proportion of children aged two to five years in Newfoundland and Labrador exhibiting high levels of aggression appears to have increased from 2000–01; however, this level continues to remain lower than the national rate.



* While this estimate meets Statistics Canada's quality standards, there is a high level of error associated with it.

Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998-1999), Cycle 4-v2 (2000-2001), Cycle 5 (2002-2003), Child Questionnaire

Exclusions: Children aged 0-1 years; children living in the Territories; children living on reserve; children living in institutions.

(ii) Ages and Stages – Personal Social Score

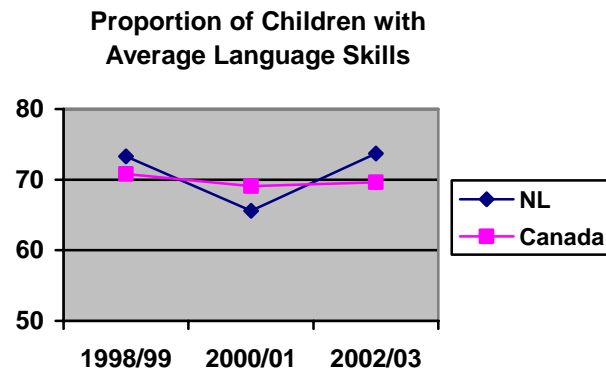
Revised 2000–01 data: 87.4 percent

Language Skills

(i) Peabody Picture and Vocabulary Test – Revised (PPVT-R)

Definition: The proportion of children aged four to five years who have delayed, average and advanced levels of receptive or hearing vocabulary.

From 1998–99 to 2002–03, there were fewer children aged four to five years with delayed levels of receptive or hearing vocabulary in Newfoundland and Labrador. The rate for the province (6.2 percent*) remains much lower than the national rate (13.1 percent). The proportion of children aged four to five years in the province with average language skills remains higher than the national rate. The proportion of children aged four to five years with advanced language skills has increased from 13.9 percent* in 1998–99 to 20.1 percent* in 2002–03. The rate is slightly higher than the national rate (17.3 percent).



* While this estimate meets Statistics Canada’s quality standards, there is a high level of error associated with it.

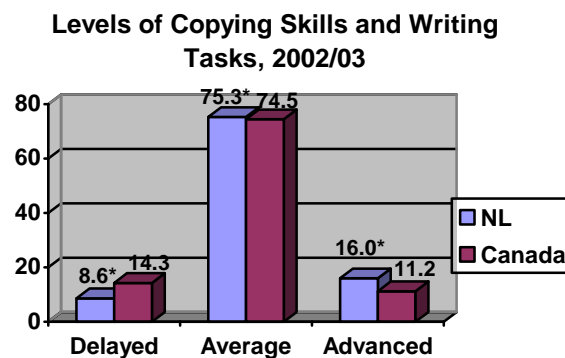
Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998-1999), Cycle 4-v2 (2000-2001), Cycle 5 (2002-2003), Child Questionnaire

Exclusions: Children aged 0-3 years; children aged 4-5 years for whom the PMK did not provide consent for the PPVT-R to be administered; children living in the Territories; children living on reserve; children living in institutions.

(ii) Who Am I? ^{New}

Definition: The proportion of children aged four to five years who display delayed, average and advanced levels of copying skills and writing tasks.

The Who Am I? instrument is designed to assess the ability to conceptualize and to reconstruct a geometrical shape (copying skills), and the ability to use symbolic representations (writing task) such as numbers, letters and words. The assessment consists of an appealing booklet in which the child completes the tasks as the assessor turns the pages and gives instructions. The majority of children in this province and across Canada display average levels of copying skills and writing tasks.



* While this estimate meets Statistics Canada's quality standards, there is a high level of error associated with it.

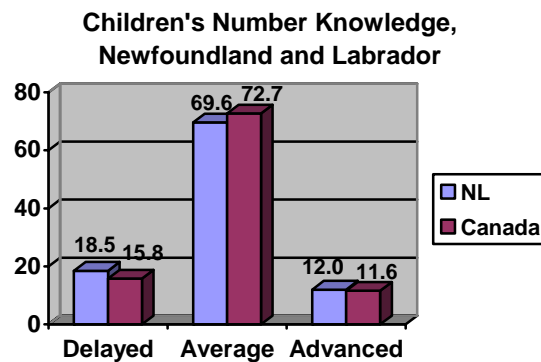
Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998-1999), Cycle 4-v2 (2000-2001), Cycle 5 (2002-2003), Child Questionnaire

Exclusions: Children aged 0-3 years; children living in the Territories; children living on reserve; children living in institutions; children who do not understand English or French.

(iii) Number Knowledge

Definition: Children's intuitive knowledge of numbers through assessment of their understanding of the system of whole numbers.

Four developmental levels have been established for children's understanding of numbers. Knowledge at each level is a prerequisite, or provides the conceptual building block, for knowledge at the next level of the test. Children who exhibit an intuitive knowledge of numbers tend to fare better in school mathematics. In 2002–03, children in Newfoundland and Labrador and across Canada exhibited similar knowledge of numbers. Overall number knowledge has decreased since 2000–01.



Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998-1999), Cycle 4-v2 (2000-2001), Cycle 5 (2002-2003), Child Questionnaire

Exclusions: Children aged 0-3 years; children living in the Territories; children living on reserve; children living in institutions; children who do not understand English or French.

C. Safety and Security

Injury Mortality Rate

Definition: The proportion of children aged zero to four years who die as a result of injury.

Comparable data not available for this reporting period.

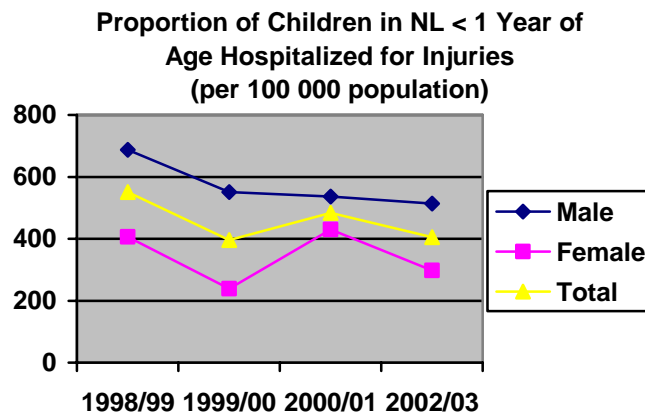
Source: Canadian Vital Statistics – Mortality Database (Statistics Canada)

Injury Hospitalization Rate

Definition: The proportion of children aged less than one year and aged between one and four years (inclusive) who are hospitalized for treatment of injuries.

(i) Children Less than One year of Age

There have been declining rates of hospitalizations for treatment due to injuries among children in Newfoundland and Labrador and across Canada. In 2002–03, the injury hospitalization rate for Canada was 448.6 (per 100,000 population less than one year of age) compared to 405.5 for Newfoundland and Labrador. Male infants continue to have much higher rates of injury hospitalization compared to females.

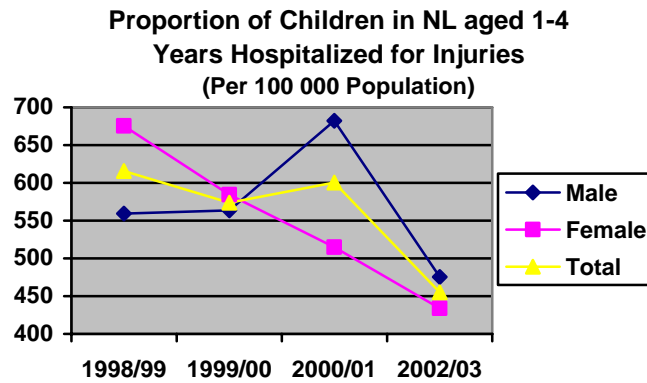


Source: Canadian Institute for Health Information (CIHI) – hospital records

Exclusions: Newborns and Out-patient and Emergency Department visits.

(ii) Children between the ages of one and four years

The injury hospitalization rate for females aged one to four years decreased continuously from 1998–99 to 2002–03. The rate for males fluctuated during this period. The overall rate of hospitalizations (455.2 per 100,000 population) for treatment due to injury has decreased over the past four years yet remains higher than the national rate (393.6 per 100,000 population).



Source: Canadian Institute for Health Information (CIHI) – hospital records

Exclusions: Out-patient and Emergency Department visits.

2. Family-Related Indicators

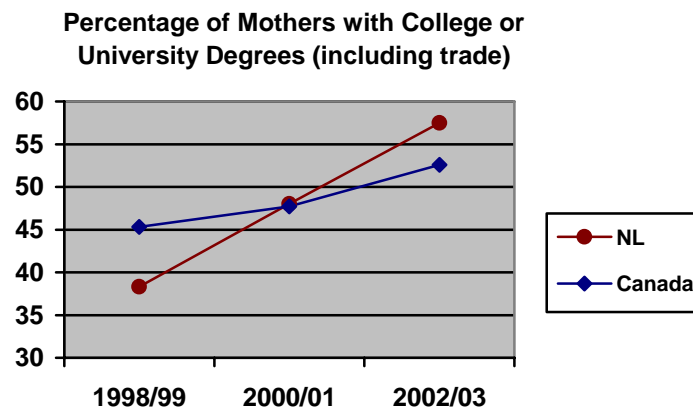
Early childhood development and well-being is greatly influenced by family conditions since families influence the environment in which children grow and learn. This section highlights several indicators which affect child development and well-being.

A. Parental Education

(i) Mother's Highest Level of Education

Definition: The highest level of education attained by the mother of children aged zero to five years.

The proportion of mothers with higher levels of education, most notably college or university degrees, has continued to increase in Newfoundland and Labrador and nationally.



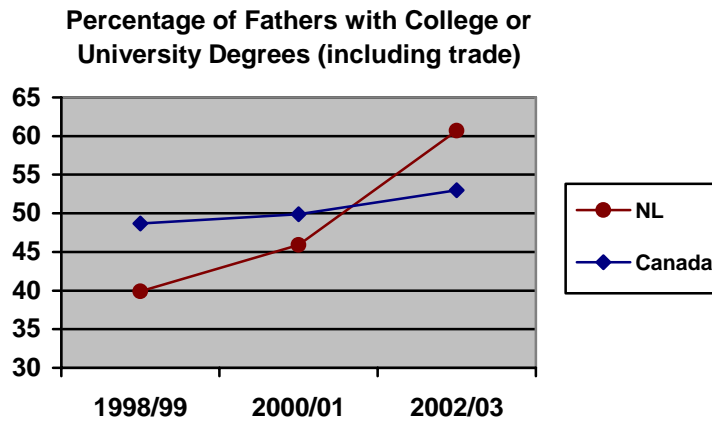
Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998-1999), Cycle 4-v2 (2000-2001), Cycle 5 (2002-2003), Child Questionnaire

Exclusions: Children whose PMK (or spouse of the PMK) is not a biological, step, adoptive or foster mother; children living in the Territories; children living on reserve; children living in institutions.

(ii) Father's Highest Level of Education

Definition: The highest level of education attained by the father of children aged zero to five years.

The proportion of fathers with higher levels of education has also increased considerably in the Province and across Canada.



Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998-1999), Cycle 4-v2 (2000-2001), Cycle 5 (2002-2003), Child Questionnaire

Exclusions: Children whose PMK (or spouse of the PMK) is not a biological, step, adoptive or foster father; children living in the Territories; children living on reserve; children living in institutions.

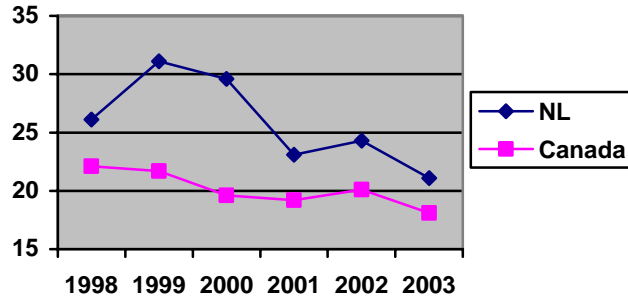
B. Level of Income

(i) Pre-Tax Low-Income Cut-Off (LICO)

Definition: The proportion of children aged zero to five years living below the pre-tax LICO.

The overall proportion of children aged zero to five years in Newfoundland and Labrador living below the pre-tax low-income cut-off decreased by five percent from 1998 and 2003. In 2003, 21.1 percent of children in the province were living below the pre-tax low-income cut-off compared to 18.1 percent of children across Canada.

**Proportion Of Children Living Below
The Pre-Tax LICO**



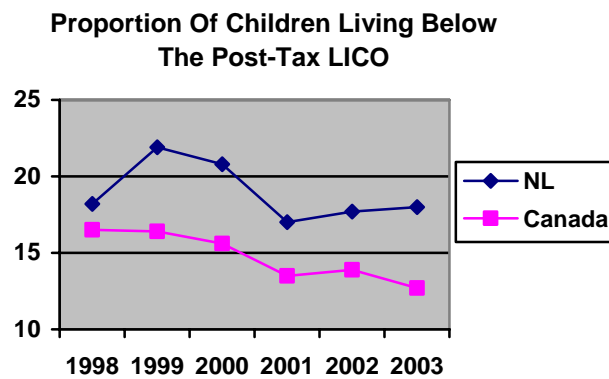
Source: Survey of Labour and Income Dynamics (SLID) – Statistics Canada, Reference Years 1998, 1999, 2000, 2001, 2002, and 2003.

Exclusions: Children living in the Territories.

(ii) Post-Tax Low-Income Cut-Off (LICO)

Definition: The proportion of children aged zero to five years living below the post-tax LICO.

The overall proportion of children aged zero to five years in the province living below the post-tax low-income cut-off has remained relatively the same from 1998 and 2003 at 18.0 percent. Nationally the percentage has decreased from 16.5 percent (1998) to 12.7 percent (2003).



Source: Survey of Labour and Income Dynamics (SLID) – Statistics Canada, Reference Years 1998, 1999, 2000, 2001, 2002, and 2003.

Exclusions: Children living in the Territories.

C. Parental Health – Parental Depression

Definition: The proportion of children aged zero to five years whose PMK exhibits high symptoms of depression.

Although depression is an individual condition it affects the family unit. Children who grow up in a family with a depressed parent are at increased risk for emotional, social and academic problems in childhood and mental or behavioural disorders in adulthood. The proportion of children aged zero to five years whose person most knowledgeable exhibits high symptoms of depression has decreased in Newfoundland and Labrador from 9.6 percent in 1998–99 to 7.7 percent* in 2002–03. A similar trend was reported across Canada.

* While this estimate meets Statistics Canada’s quality standards, there is a high level of error associated with it.

Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998-1999), Cycle 4-v2 (2000-2001), Cycle 5 (2002-2003), Child Questionnaire

Exclusions: Children living in the Territories; children living on reserve; children living in institutions.

D. Family Functioning

Definition: The proportion of children aged zero to five years in families with high levels of dysfunction.

Family functioning refers to how well family members communicate with each other, work together, and treat each other, as well as how well family members function as a unit. Family dysfunction negatively affects childhood well-being and has been linked to aggressive behaviours among children. The overall proportion of children in the province aged zero to five years living in families with high levels of dysfunction has decreased from 9.7 percent* in 1998–99 to 6.1 percent* in 2002–03. The national rate decreased only slightly from 10.9 percent in 1998–99 to 9.8 percent in 2003–03.

* While this estimate meets Statistics Canada’s quality standards, there is a high level of error associated with it.

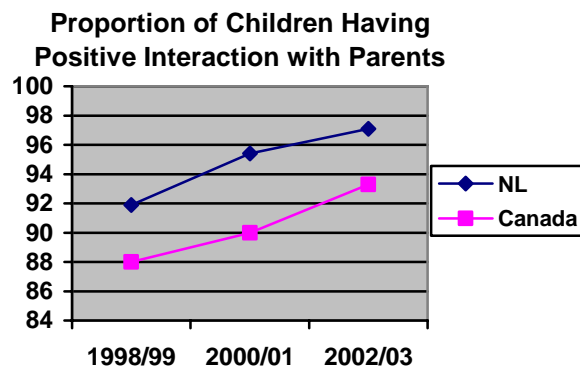
Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998-1999), Cycle 4-v2 (2000-2001), Cycle 5 (2002-2003), Child Questionnaire

Exclusions: Children living in the Territories; children living on reserve; children living in institutions.

E. Positive Parenting

Definition: The proportion of children aged zero to five years whose parents exhibit low positive interaction with the child.

This indicator is an assessment of parenting style and is based on measuring certain parental behaviours such as praising, playing, and doing special activities together. Positive interactions between parents and children are an essential component of child well-being. Almost all (97.1 percent*) parents surveyed in Newfoundland and Labrador reported having positive interaction with their children in 2002–03. The rate for Canada was 93.3 percent.



* While this estimate meets Statistics Canada's quality standards, there is a high level of error associated with it.

Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998-1999), Cycle 4-v2 (2000-2001), Cycle 5 (2002-2003), Child Questionnaire

Exclusions: Children living in the Territories; children living on reserve; children living in institutions.

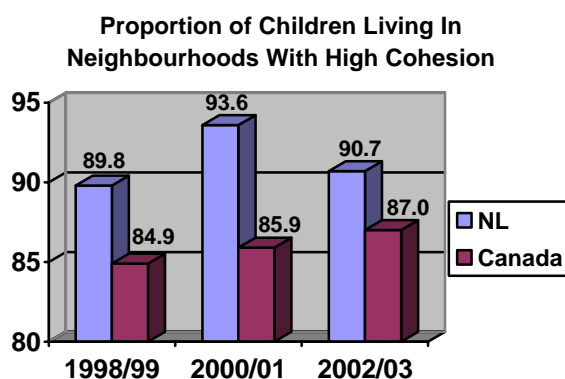
3. Community-Related Indicators

A. Neighbourhood Satisfaction, Safety and Cohesion

(i) Neighbourhood Cohesion

Definition: The proportion of children aged zero to five years living in neighbourhoods with low neighbourhood cohesion, as judged by the PMK.

The neighbourhood cohesion scale assesses certain neighbourhood characteristics to measure the social unity of a neighbourhood. Parents are asked how strongly they agree with statements such as "If there is a problem in the neighbourhood, the neighbours get together to deal with it; There are adults in the neighbourhood that children can look up to; When I'm away from home, I know that my neighbours will keep their eyes open for possible trouble". Children in Newfoundland and Labrador appear to be living in neighbourhoods with higher social unity compared to other children across Canada. In 2002–03, 90.7 percent* of parents surveyed in the province reported that their children live in neighbourhoods with high social unity compared to 87.0 percent across Canada.



* While this estimate meets Statistics Canada's quality standards, there is a high level of error associated with it.

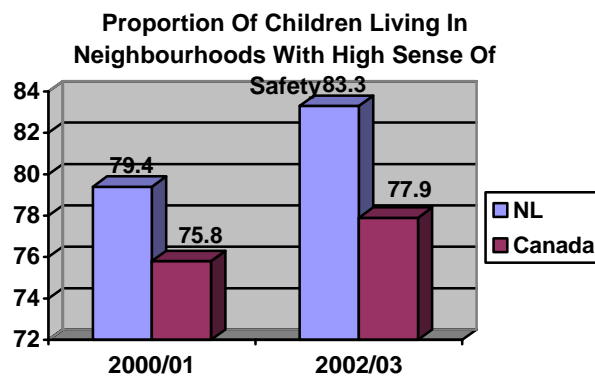
Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998-1999), Cycle 4-v2 (2000-2001), Cycle 5 (2002-2003), Child Questionnaire

Exclusions: Children living in the Territories; children living on reserve; children living in institutions.

(iii) Neighbourhood Safety

Definition: The proportion of children aged zero to five years living in neighbourhoods where there is a sense of a low degree of safety, as judged by the PMK.

This indicator assesses the level of the parents' concern for children's safety in their neighbourhood. Parents were asked about the safety of parks and other play-spaces, crime rates, problems with older children in the neighbourhood, and whether they worried about children playing outside during the day. The proportion of children living in neighbourhoods where there is a sense of a high degree of safety has increased since 2000–01. Sense of neighbourhood safety in 2002–03 was higher in Newfoundland and Labrador (83.3 percent) than across Canada (77.9 percent).



Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998-1999), Cycle 4-v2 (2000-2001), Cycle 5 (2002-2003), Child Questionnaire

Exclusions: Children living in the Territories; children living on reserve; children living in institutions

Technical Notes

➤ **Data Quality of Indicators Based on the National Longitudinal Survey of Children and Youth**

According to Statistics Canada, there are three different quality levels of the estimate:

- 1) “acceptable”: sample size of 30 or more cases and a low coefficient of variation (between 0 – 16.5 percent). For this level, no warning is required.
- 2) “marginal”: sample size of 30 or more cases and high coefficient of variation (between 16.6 percent - 33.3 percent). For this level estimates have been marked with an asterix (*).
- 3) “unacceptable”: sample size of less than 30 cases or a very high coefficient of variation (more than 33.3 percent). Conclusions based on these data will be unreliable and most likely invalid. These data have not been published.

➤ **Sample Size**

In Cycle 5 (2002-03), 682 children aged zero to five were included in the sample for Newfoundland and Labrador. For some variables it is expected that there are only a small number of children, such as children who are reported as delayed or advanced. Data for indicators where the estimate was less than 30 cases was unacceptable and is therefore not included in this report. This pertains to the following indicators: *Physical Health and Motor Development*; *Hyperactivity-Inattention Score*; *Ages and Stages – Personal Social Score*; *Duration of Breastfeeding*; *Tobacco Use During Pregnancy*; and *Reading by Adult*.

➤ **Changes Impacting Reporting of Data from National Longitudinal Survey of Children and Youth**

- 1) **Scale Cut-offs** – Previously, the scales have been analyzed using the 90th percentile as a cut-off point. While technically an appropriate method of analysis, the approach does not allow for comparisons over time. As a result, a different technique has been implemented whereby the 90th percentile cut-off point for Cycle 3 (1998-1999) has been used as a baseline and applied to Cycles 4 and 5 data. It is anticipated that this approach will continue to be used in future reporting.
- 2) **Cycle 4 Weights** – The weights released with the original Cycle 4 data contain errors. To address these errors, a second release of Cycle 4 data was completed in February 2005. The Cycle 4 indicators reported in 2004 have been updated using the Cycle 4-v2 data and have been re-reported where applicable.
- 3) **2003 Historical Revision** – The release of the 2003 data is accompanied by a historical revision for 1990 to 2002 due to an update of the survey weights in both the Survey of Labour and Income Dynamics (SLID) and the Survey of Consumer Finances (SCF). The weighted data now takes into account not only new population projections based on the 2001 Census of Population, but also valuable information on the overall distribution of wages and salaries, a major component of income in Canada. A lot of research has been conducted on the new weighting methodology and it is felt that as a result of this, the ability of these surveys to accurately represent income levels in Canada has been given a

new boost. The quality of the survey data on other topics has also been improved. The impacts of the historical revision, which was applied to the data back to 1990, are quite similar for all years, so that the trends shown by the data remain very similar. But the actual levels of estimates do change in many situations. The estimates are in fact much closer to other reliable sources of information on similar topics. The 2003 historical revision also incorporates revised 1992-base low income cut-offs (LICOs) resulting from a historical re-weighting of the 1992 Family Expenditure Survey.