

Aboriginal Head Start in Urban and Northern Communities

NATIONAL IMPACT EVALUATION

**Indigenous Child Health
Montreal, April 2007**

PROGRAM CONTEXT

- In 1995 Aboriginal Head Start (AHS) in Urban and Northern Communities was launched by Health Canada (now the Public Health Agency of Canada) as an early intervention and health promotion program for Métis, Inuit and First Nations children and families living off-reserve.
- The health status in Aboriginal Peoples is significantly worse than that of Canadians as a whole.
- Health inequalities in vulnerable families increase risk factors that disadvantage early childhood development.
- Early intervention lessens the risks and the need for later intervention resources.

PROGRAM DESCRIPTION

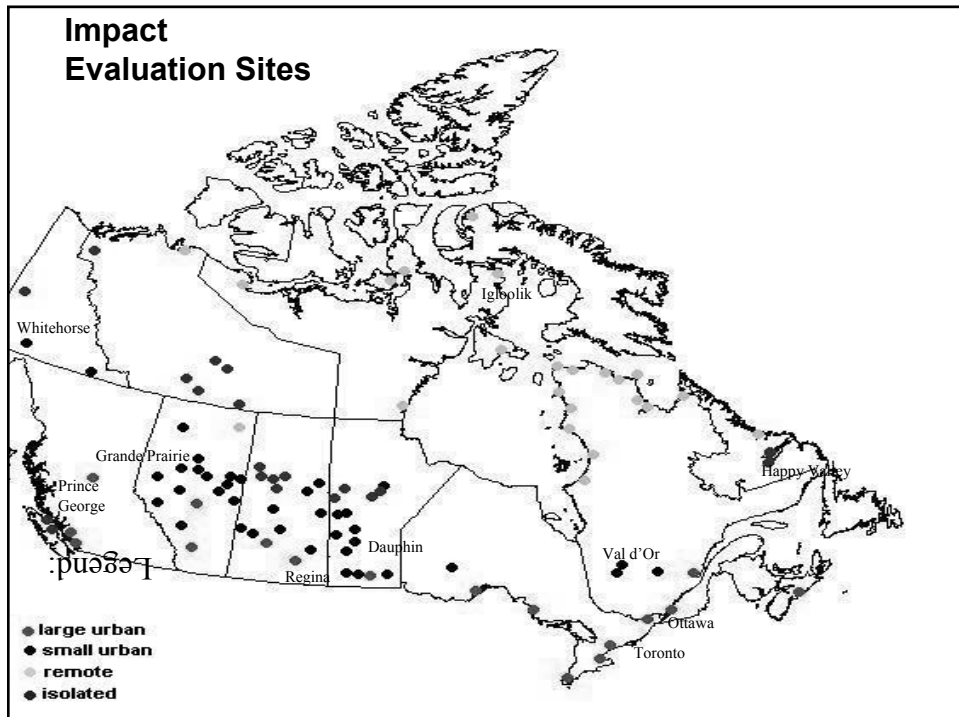
- **AHSUNC is a comprehensive program designed to meet the spiritual, emotional, intellectual and physical needs of the child. Projects are locally controlled and administered by Aboriginal non-profit organizations.**
- **A typical AHSUNC project serves 39 children in a preschool setting, four half-days a week, for ten months of the year.**
- **Each project includes the following six components:**
 - **Culture and language**
 - **Social Support Programs**
 - **Parental Involvement**
 - **Education**
 - **Nutrition**
 - **Health Promotion**
- **Parents and Guardians play a key role in the planning, development, operation and evaluation of the program, and the National Aboriginal Head Start Council advises PHAC to ensure the community perspective is guiding the program.**

SCOPE OF THE PROGRAM

- **AHSUNC serves Métis, Inuit and First Nations preschool children and their families living off-reserve, targeting children in their two years before starting kindergarten.**
- **AHSUNC reaches approximately 4500 children in 130 sites (2005-06).**
- **AHSUNC reaches <10% of 3-5 year old eligible Aboriginal children.**
- **Sites are located in the three Territories and in nine Provinces.**
- **640 people are employed in AHSUNC, and 85% of the full-time employees are Aboriginal.**

EVALUATION CONTEXT

- PHAC reported to Treasury Board with the Phase I Impact Evaluation Preliminary Findings in April 2004, and was required to present the Phase II Final Report March 31, 2006.
- A three-year National AHSUNC Impact Evaluation took place in ten communities, and was completed March 31, 2006.
- The goal was to evaluate the impact of AHSUNC on participating children, families, and communities in each of the six program component areas, using culturally appropriate tools and methodology.
- Findings show that AHSUNC is meeting the requirements of the Performance and Accountability Framework of the TB submission.



Methodology

- **The AHS Evaluation Framework** and its **indicators of program success** were developed by the Aboriginal community. An Aboriginal contractor, Johnston Research Inc., conducted the impact evaluation.
- **The participatory, culturally appropriate evaluation methodology and tools** were developed by a team of experts in evaluation, child development and Aboriginal culture, and were pilot-tested in five communities.
- A standardized Child Observation Tool, the **Work Sampling System (WSS)**, administered by trained AHSUNC staff, measured **Change** in participating children.
- Trained Community Evaluators administered questionnaires, designed for specific key informant groups, to gather data on **Perceptions of Change** in children, families and communities in the six AHSUNC component areas.
- Findings from different data sources are triangulated. The *Enviroview* provides a cultural context for understanding outcomes.

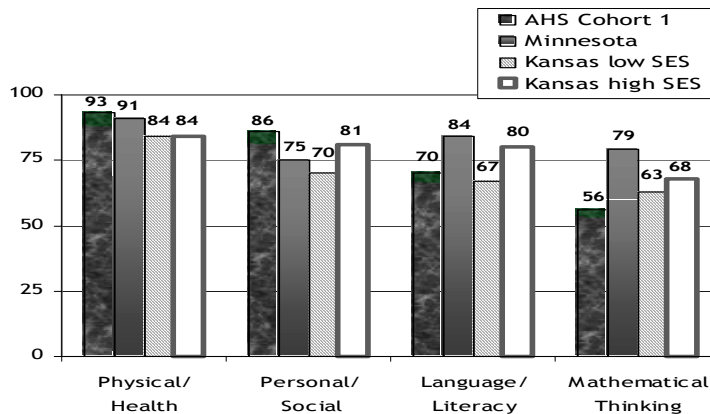
KEY FINDINGS

- **All six AHSUNC program component areas are contributing to the health and social development of Aboriginal children and their families.**
- **WSS data show the most significant gains are in the Physical Development and Health, and Personal and Social Development domains.**
- **Kindergarten teacher interviews report high levels of personal and social development in AHS children, corroborating WSS findings**
- **School readiness findings are comparable to outcomes reported in similar early intervention studies**
- **Parents report positive changes in family nutrition and health practices, in particular:**
 - serving more nutritious foods in the home,
 - children improving dental and other hygiene practices.

Work Sampling System Findings

- **Physical Development and Health** showed high ratings of proficiency at three and at four years of age.
- **Personal and Social Development** proficiency ratings are also high at three and four.
- **Language and Literacy** proficiencies are moderate at three and four.
- **Mathematical Thinking** showed the lowest number of proficient children for three and four year olds.
- **Baseline** scores for **Language and Literacy** and **Mathematical Thinking** were lower than the other domains.
- Children with **special needs** or infrequent attendance had lower overall proficiency rates (24%) than other children (40%).
- Children with **physical limitations**, (38 in total), showed lower overall proficiency (32%) compared to other children (44%).
- 38% of four year olds were assessed as proficient **in all four domains**

Comparison of proficiency ratings on four domains for four year old AHSUNC children with four year old children in comparable studies



FINDINGS: PARENTS, COMMUNITIES

- Parents cite improved parenting and relations with their children (55%), and 78% of community members report similar observations for parents.
- About half of the parents, AHS staff and community members report gains by AHS children in the practice of Aboriginal culture and traditions, and in Aboriginal language acquisition.
- 86% of parents report positive changes for themselves through AHS participation, and 34% of parents report increased involvement in cultural activities for themselves.
- Volunteer, training and employment opportunities have led to more people being employed and/or employable and contributing to the local economy.

NEXT STEPS

- **Develop a communications plan that includes the publication of the highlights of the evaluation findings.**
- **Visit the participating communities to present impact evaluation outcomes.**
- **Engage the AHSUNC Evaluation Steering Committee to review findings and Recommendations and to recommend future evaluation activities.**
- **Contract with experts to review the WSS findings and methodology with particular attention to the Contractor's Recommendations and the lower proficiency rates for Literacy and Mathematical Thinking.**
- **Address lower proficiency rates for Literacy and Mathematical Thinking through staff training, enriched curriculum and additional educational resources.**
- **Prepare articles and presentations for early childhood education, evaluation and Aboriginal Health journals and conferences describing the unique methodology and the findings of the AHSUNC evaluation.**