DOCUMENT RESUME

ED 468 507   RC 023 663

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TITLE   Appropriateness of Outcome-Based Framework for Aboriginal
                 Child Care.
SPONS AGENCY   Human Resources Development Canada, Ottawa (Ontario).
PUB DATE   2002-05-00
NOTE   157p.; Study sponsored by the Assembly of First Nations,
                 Office of the Regional Vice Chief.
AVAILABLE FROM   For full text: http://www.indianeduresearch.net/
                 greenwood1.pdf.
PUB TYPE   Reports - Research (143)
EDRS PRICE   EDRS Price MF01/PC07 Plus Postage.
DESCRIPTORS   *Canada Natives; *Child Care; Community Involvement;
                 *Cultural Relevance; Early Childhood Education; Foreign
                 Countries; Indigenous Personnel; Reservation American
                 Indians; Self Determination; State Regulation; *Tribally
                 Controlled Education
IDENTIFIERS   *British Columbia; *Day Care Regulations; Outcome Based
                 Performance Measures; State Tribal Relationship

ABSTRACT
                 A study examined the appropriateness of outcome-based
regulation for Aboriginal child care in British Columbia (BC). Interviews
were conducted with 15 key informants selected from five BC regions. Focus
groups held in four BC regions included Aboriginal leaders, Elders, policy
makers, provincial licensing officers, frontline workers, and parents using
child care services. Among the results and recommendations were that child
care services for Native children should be holistic and age- and
developmentally appropriate, reflect the children's home environment, help
with the transition from home to school, transmit Native culture and
language, and be accountable. Administration and delivery should be decided
by First Nations communities and involve Elders, community members trained in
early childhood education, and extended family. Although they represent a
starting point, standards and regulations developed by the province have no
cultural accountability and limit services in First Nations communities.
First Nations people should develop First Nations standards and regulations
that are culturally appropriate and reflect developmental principles.
Monitoring should be an annual community process that involves regional and
national bodies. Outcome-based regulations are subjective and require
individuals that are knowledgeable of child development. Outcome-based
regulations must be implemented respectfully, fairly, and equitably. They
must be based on the needs and priorities of individual communities.
Implementation begins with Chief and council and the community. Appendix A is
an annotated bibliography containing 126 entries. Other appendices present
participants and study materials. (TD)

APPROPRIATENESS OF

OUTCOME-BASED FRAMEWORK

FOR ABORIGINAL CHILD CARE

Margo Greenwood

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May, 2002

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Acknowledgements

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CHAPTER 1

INTRODUCTION

1.1 Background

At no time in Canadian history has Aboriginal[1] child care received more attention from federal and provincial governments. Through the support of the Child Care Initiatives Fund in 1988 Aboriginal child care services, curriculum materials, needs assessments and demonstration projects emerged. These initiatives, however, were of a pilot nature and received either limited or one-time funding. The 1990's saw an increased commitment by the federal government to the establishment of ongoing Aboriginal child care services both on and off reserve. This commitment was realised in 1995 through the First Nations[2] Inuit Child Care Program and the Urban and Northern Aboriginal Head Start Program. In 1998 the First Nations Head Start Program was announced for children and families residing on reserve.

As Aboriginal child care services were established on reserve the federal government insisted on services being licensed. While the federal government has a constitutional and a fiduciary responsibility to Indian people to provide and fund on reserve child care services, child care is a provincial responsibility. As a result, provincial governments were required to go on reserve. At the same time, Aboriginal governments began to examine the role of provincial governments on reserve and the appropriateness and sensitivity of provincial child care legislation to Aboriginal culture and needs.

Currently, on reserve child care funding through the First Nations Inuit Child Care Initiative is contingent upon services being licensed by the province with the exception of Saskatchewan. In each of the provinces, Aboriginal governments have discussed and sought ways to license their own services. Some regions have developed their own legislation and were granted "equivalency" by the province, i.e. Saskatchewan, others have developed legislation within the provincial framework, still others have explored licensing from an inherent jurisdiction standpoint. Modern day

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[1] The term Aboriginal in this paper is meant to signify status and non-status Indians, Metis and Inuit peoples.
[2] The term First Nations in this paper refers to status Indians.

agreements and treaty processes provide other ways to examine licensing requirements.

Provincial governments have also struggled with licensing. Provincial child care legislation has been criticised for being prescriptive, restrictive and inflexible thereby unable to meet the unique needs found in multicultural Aboriginal societies. One approach to addressing this criticism is to examine ways in which standards and regulations can more effectively meet those needs. An outcome based approach to legislation is a model that may provide such a way.

> The outcome based regulatory model involves a shift from a rule-oriented to a more goal-oriented approach. This change involves moving away from a system in which legislation and regulations are specific, prescriptive and technical to a more user-friendly, outcome oriented system. An outcome based approach focuses on what is or needs to be achieved as opposed to the prescriptive approach which focuses on the specifics of how something is done. (Analysis of "Child Care Regulation Review – Working Document", 1998)

Given that an outcome based approach focuses on what needs to be achieved, it is likely that such an approach can address a variety of needs in a variety of settings. Whether the unique needs of Aboriginal communities and desires of First Nations governments can be addressed by an outcome based approach warrants serious consideration.

Of particular interest to all stakeholders (including Aboriginal communities, federal, provincial and Aboriginal governments) involved in delivering Aboriginal child care services is the look of outcomes based regulations in relation to:

*   provincial laws and regulations;
*   Aboriginal laws and regulations;
*   treaty making initiatives in British Columbia and
*   federal constitutional and other related responsibilities for First Nations people.

1.2 Utility of This Study

This research is intended to be useful to First Nations and provinces in Canada for several reasons. First, the method adopted for this research study has its roots in community development enabling communities to articulate how they want services developed that will impact their daily

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lives. This process may be applied in any Aboriginal community and by any Aboriginal government.

Second, research results will support Aboriginal governments to ensure child care services are culturally sensitive and community appropriate. As federal and provincial governments devolve responsibility for services to Aboriginal governments, they will need to inform themselves on processes that attain and support community driven services. The results from this research study will provide Aboriginal governments with background information for the implementation of an out-come based regulation.

Third, regardless of what authority First Nations desire in child care, an outcome based regulation process can be implemented. This process can be incorporated within the existing constitutional division of powers, while at the same time have the ability to be incorporated into the notion of child care as an Aboriginal right as confirmed in s.35 of the *Constitution Act, 1982.*

Last, research results will inform provincial authorities on alternatives to provincial regulatory processes, which for the most part adopt a prescriptive approach to achieving quality child care. In this sense Aboriginal governments that adopt an outcome based regulatory approach to child care can serve as leaders for provincial authorities.

For all these reasons the examination of outcome based regulation is therefore timely and useful to all governments involved.

1.3 Purpose of This Report

This study is designed to examine the appropriateness of outcome based regulation as a framework for Aboriginal child care. The purpose of this study is to document recommendations from Aboriginal communities and individuals and analyse frameworks that have adopted an outcome based regulatory process.

1.4 Goals and Objectives

The primary goals of this study are to provide First Nations communities with:

> 1. implementation models for the development of First Nations quality child care programs and

2. options for First Nations jurisdiction in child care.

The specific objectives include:

1. to examine current provincial and Aboriginal child care legislation from across Canada;
2. to explore the purpose and goals of current child care legislation in British Columbia;
3. to identify the applicability and effectiveness of current child care legislation in BC First Nations communities;
4. to analyse legislative frameworks that have adopted an outcome based regulatory process; and
5. to identify community expectations for child care laws and regulations.

1.5   Chapters in This Report

There are five chapters in this report including this one. They are:

Chapter 1 – Introduction
This chapter presents a rationale for examining the appropriateness of outcome based child care regulations for First Nations communities in British Columbia. How communities may benefit from an outcome based approach is also included.

Chapter 2 – Literature Review
There are few examples of outcome based regulations in Canada. No child care regulations utilize this approach. Examples of outcome based regulations from different disciplines are reviewed for overall approach and applicability to First Nations child care.

Chapter 3 – Methodology and Applicability to First Nations Child Care
Processes and methods used in this study to conduct the research are described. Some of these include:

1. establishment of an advisory committee,
2. selection of a sample,
3. development of survey instruments,
4. collection of data,
5. data analysis, and
6. development of the final report.

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Chapter 4 – Results
The results of this study are divided into four major categories:

- child care services
- standards and regulations for child care
- outcome based regulations and
- First Nations authority.

Each of these major categories is further divided into several subcategories and related themes.

Chapter 5 –Conclusions and Recommendations
This chapter is divided into specific sections that include a discussion about key results and subsequent recommendations and considerations for regulatory approaches and processes in First Nations communities.

CHAPTER 2

LITERATURE REVIEW

This chapter contains four primary sections. Section one examines child care regulatory schemes. Section two examines Aboriginal child care. Section three describes governing options for aboriginal child care, and section four examines outcome based models – a definition.

2.1 Introduction

The importance of quality child care to the overall health of children has come to be recognized as a significant indicator of social, economic and political well being. Proponents of such assertions argue that where society has invested in quality care for children that investment has in turn resulted in healthier economies and societies. (Cleveland and Krashinsky, 2001)

The link between quality child care and the overall health of children is well documented in population health and neuroscience research. (Townson, 1999; Keating and Hertzman, 1999; Browne et al., 1998) The results of this research have been reflected in international human rights movements where early childhood care and education have been articulated as a fundamental human right (United Nations *Convention on the Rights of the Child*, 1991, and *Convention on the Elimination of All Forms of Discrimination against Women*, 1979) At the same time experts in economics, health, education, and social welfare have argued that early childhood care and education are good public policy. (Friendly, 2000; Kent, 2001; Cleveland and Krashinsky, 2001)

Of recent time child care as good public policy has been understood to mean "a coherent, well-designed, inclusive system of services that can provide both care and early education for all children, and support for their parents both in and out of the paid workforce." (Friendly, 2001) Child care therefore is not seen as merely a service for working parents or parents attending school, but rather a full complement of services that are child centered, directed at children and based on the needs of children so that, in turn families and communities are supported.

There is little disagreement among child care experts that child care policy in Canada is disparate, lacks organized leadership, and is in jeopardy without national government intervention to ensure a commitment for the continued delivery of services. It is in this framework that much work around the National Children's Agenda has been done. Many proponents of such an agenda argue for universal child care that is accessible, affordable, of high quality, and accountable.

If there is to be any hope for a National Children's Agenda that is based on good care of children as the ultimate goal, social policy experts warn that child care advocates must be able to respond to recent trends in government toward accountability. The social policy agenda in Canada has shifted to a "stronger focus on measurement and evaluation of the public reporting of outcomes." (MacLeod, 2001)

In this study we have examined the notion of outcome based approaches as the very framework within which child care regimes may operate. It is our contention that legislative structures within which child care systems have evolved in Canada, do not support child care services that are accessible, affordable, high quality, or accountable.

Moreover, existing child care structures fail to address diversity, community desires for child care services, and a clear vision of the role that child care can play in the evolution of a society with diverse interests. This is particularly true for Aboriginal children, families and communities, where the concept of children's well being is central to Aboriginal ways of knowing. Existing legislation structures are not equipped or designed to accommodate Aboriginal ways of knowing and being.

We call for a new approach to the licensing and regulation of child care services in Canada, one which is flexible, inclusive, community based, and child centered that also includes principles of accessibility, affordability, quality and accountability. Such an approach should be sufficiently broad so that it is able to accommodate diverse world views.

As our reference point, we have focused on the experiences of the Aboriginal community in its desire to develop child care services that reflect the unique needs of children, families and communities. Specifically, we have examined the experiences and desires for child care services of the Aboriginal community in British Columbia. This report is devoted to the results of our findings. To better understand the findings the following literature review provides both a context and a link between individual's words, thoughts and ideas.

2.2 Child Care Regulatory Scheme – British Columbia

A review of the milestones in the development of child care services in British Columbia is important to an understanding of the current structure under which child care services are developed and delivered in the province.

Child care services in British Columbia have a relatively long history that spans almost one hundred years. One of the first child care initiatives in the province was the establishment of the City Creche in Vancouver in 1910 which operated as a child care service and employment agency. Twenty years later in 1930 the Vancouver Day Nursery Association was established under which an employment service for women and a system for family day home were created. (*Child Care in Canada,* 1997)

While legislation was passed in 1937 to govern the licensing of "Welfare Institutions" it wasn't until 1943 that the legislation was amended to include child care services. *The Welfare Institutions Licensing Act,* S.B.C. 1937, c. 78, was designed to license welfare institutions for safety, cleanliness and sanitary conditions (section 7). Welfare institutions was defined to include a boarding home for children, an orphanage, a maternity home, a refuge or shelter for "underprivileged persons", or a hostel to serve unemployed persons. The 1943 amendment included day-nursery, play school, and kindergarten in the definition of welfare institutions. (*An Act to Amend the "Welfare Institutions Licensing Act"* S.B.C. 1944, c. 71)

After 1943 the licensing of child care facilities in the province was the responsibility of a board established under the *Welfare Institutions Licensing Act.* Licenses were issued annually, while enforcement of the legislation and accompanying regulations was vested in a Chief Inspector and Deputy Inspectors appointed under the *Civil Service Act.* The 1943 amendment was the start of a long history of a board exercising authority for the issuing of licensing for child care services in the province.

In 1969 the *Community Care Facilities Licensing Act* was passed. Under the new Act the Community Care Facilities Licensing Board replaced the Welfare Institutions Licensing Board and responsibility for administering the new Act was moved to the department of health. This reflected a shift in provincial government policies from treating child care services as a welfare or ameliorative service to one of service based on the needs of working parents, or parents engaged in educational opportunities. In 1976 the Community Care Facilities Licensing Board split into two distinct

bodies: the Provincial Child Care Licensing Board and a licensing board for adult care facilities.

In 1988 the *Community Care Facilities Act* was passed, and one year later complementary regulations were enacted which specified minimum criteria for the delivery of services in child care settings. The Act and Regulations set out various categories of licensed day care and program standards by giving the physical requirements, maximum hours of care, number of children, children groupings, and staff-to-child ratio for each category.

The practice of appointed boards exercising licensing authority existed well into the early 1990's when legislation was amended to divest this responsibility to Medical Health Officers in the province. Amendments to the *Community Care Facilities Act* reflected a further shift in child care policy in the province. The shift to Medical Health Officers assuming greater responsibility for the licensing and monitoring of child care services, reflected a government policy emphasis on health and safety considerations as the principle indicators of quality child care services. This shift also reflected a desire for streamlined child care licensing services in the province.

In 1991 the Task Force on Child Care reported that only 5% of children in British Columbia between birth and the age of 3 years who needed care by someone other than their parents were able to access a licensed child care space. The Task Force also noted that no one ministry within the province was solely responsible for the "overall coordination, planning, monitoring, evaluating, or expansion of [child care] services." (*Showing We Care*, p. 8 and 12)

One of the significant recommendations arising from the work of the Task Force was recommendations that:

- The provincial government accept as its mandate the responsibility to develop, deliver and coordinate an adequately funded, comprehensive, high quality child care system that is accessible and affordable to British Columbia families;

- Women's Programs be identified as the lead ministry responsible for overseeing the implementation of the short and long term goals identified in the report and that this role be reviewed in five years;

- An authority such as a board, commission or council with representative community input, reporting to the Minister

Responsible for Women's Programs, be created. And that the authority be given the overall responsibility, accountability and adequate staff resources to expand child care including: establishing provincial priorities, planning, program development and implementation, development of a comprehensive data collection and analysis system, monitoring and evaluation; and,

- The provincial government work toward enshrining its child care and delivery system in legislation. (*Showing We Care*, p. 21)

In 1992 the position of Director of Community Care Facilities was created as a part of the ministry of health and mandated to carry out the recommendations of the Task Force. Today a child care council reports to the Minister Responsible for Women's Programs. Recommendations for a comprehensive, high quality child care system that is accessible and affordable and one which is enshrined in legislation have yet to be implemented.

In 1997 the Provincial Health Officer reported that one in every five children in the province live in poverty. For children living in single parent homes almost 65% live below the Statistics Canada low income cut-off. (*Annual Report*, 1997, p. 28) The Provincial Health Officer also noted that while provincial funding for child care has increased significantly in recent years, with up to 60% of 1997 child care funding being used to subsidize child care costs for low income families, government funding covers only 15% of the total cost of child care services. (Ibid, p. 170)

The Provincial Health Officer identified a need to identify and monitor the outcomes we aim to achieve from child care programs and services. The Health Officer offered three reasons to invest in early childhood development: increase the efficiency of primary and secondary education; contribute to future productivity and income; and, reduce costs of health and other public services. (Ibid, p. 173)

With respect to early childhood development the Provincial Health Officer made the following recommendations:

- Adopt the principle that all children in British Columbia should have access to quality care that optimizes their growth and development

- Where parents or guardians elect to provide care for their children at home, they should be supported in their child-rearing efforts through

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tax credits or other incentives, opportunities to develop parenting skills, and other supports

- Where parents elect to place their children in non-parental child care arrangements, all children in British Columbia should have access to quality child care without financial barriers. The implementation of this policy could be pursued as a partnership with the federal government, local health authorities, and the corporate sector

- Encourage family-friendly workplace policies such as on-site child care, parental leave, and policies that allow employees to retain skills and contacts during extended leaves

- Develop standards for quality in child care settings that can be used as guidelines for parents and providers in informal settings and as a means for appraisal in licensed child care facilities

- Develop a system for identifying all at-risk children and proactively offering good quality child care as part of a comprehensive program to assist at-risk families

- Encourage further research into the outcomes associated with good quality child care compared to home-only care

- Routinely assess all children for school readiness and provide these data on regional basis, so that parents are aware of progress in the provision of good care in early childhood. (Ibid, p. 178)

More recently the British Columbia legislature has proposed changes to the Community Care Facilities Act, Bill 16, 2002 (first reading) that purport to adopt an outcome based approach to the delivery of child care services in the province. The proposed legislation incorporates a section permitting the director to delegate his/her powers or duties, creates a board to hear appeals, expands the authority of the medical health officer, and clarifies the roles of provincial and local authorities.

In her address to the legislature on February 12, 2002 the Honourable Iona Campagnolo noted that "the Community Care Facility act will be substantially improved to establish a more responsive, results-based framework for community care that provides greater flexibility for individual care and consistent care standards."

2.2.1 The Legislative Framework (British Columbia)

A review of the existing legislative structure for child care in British Columbia reveals that to a large extent, it reflects child care legislative models used by provincial child care authorities across Canada. Much of the legislation and accompanying regulations are based on the notion that the following factors are indicators of quality child care services: staff qualification, staff to child ratio, centre specifications, child care programming, and group size.

The *Community Care Facilities Act* and *Child Care Regulations* specify minimum requirements for staff to child ratios, caregiver qualifications, maximum hours of care, physical requirements of facilities, number of children, and age groupings. The staff/child ratio and group size for British Columbia is as follows:

AGE	STAFF/CHILD RATIO	MAX. GROUP SIZE
0 - 3 years	1:4	12
30 mos - 6 years	1:8	25
Preschool	1:10	20
School Age	1:10 - 15	20 - 25
Special Needs	1:4	16 - 20

It is important to note that provincial regulations do not consider children in multi-age group settings. In fact the regulatory scheme requires children to be cared for in specific age groupings, where each age grouping has a designated space in a child care centre. This is reflected in the categories of age groupings in the above table.

Supervisors in child care centres must have completed basic Early Childhood Education i.e. 10 months of training, and 500 hours of supervised work experience. If supervisors are working with infants and/or toddlers they must also have specialized training in infant/toddler care and education.

Staff qualifications for special needs/resource educators include an ECE diploma, a post secondary school program related to children with special needs, and a first aid certificate. Special needs educators are required to complete specialized training related to children with special needs.

The regulations also specify staff requirements for age groupings in child care centres. The regulations require that there be one staff with ECE

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training and one infant/toddler educator for each group of children under 36 months; one staff with ECE training and one assistant for each group of children 30 months to school age; and, one special needs educator for every group of four special needs children or fewer, plus an assistant for groups larger than four children.

The regulations do not specify or require parental involvement in the delivery of child care services.

Family day homes are also regulated by the child care regulations. The maximum number of children that can be cared for in a day home in British Columbia is seven. Greater emphasis is placed on the number of children allowed in a day home based on age groupings. There can be no more than five preschoolers and two school age children, three children under three years of age and only one child under one year old in family day home settings.

Staff in family day homes must be 18 years of age and have completed first aid training. Family day homes are monitored in the same way that child care centres are monitored (usually involving annual visits).

The province of British Columbia licenses on reserve child care by invitation. As of September, 1995 there were 14 licensed child care centres on reserves. The *First Nations Inuit Child Care Initiative* (1994) has created 678 new child care spaces as of January, 1999. By September, 1998 there were a total of 58 licensed child centres on reserves, and approximately 20 awaiting license approval. (*BC Aboriginal Child Care Society*)

The (BC) *Community Care Facility Act* and related regulations govern licensing of child care services. Expenses for on reserve child care services are funded primarily through the *First Nations Inuit Child Care Initiative* (1994), while most centres also access provincial grants and subsidies for service delivery. Provincial grants and subsidies are governed by the *BC Benefits (Child Care) Act*.

2.3 Aboriginal Child Care Services

While provinces developed child care services they did not extend those services to Indian reserves. The *Canada Assistance Plan*, no longer existent, offered a way for on and off reserve services to work together however, relationships between communities and provincial and federal governments were never defined to the satisfaction of all parties. The

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federal government continues to argue that service to Indians is a provincial responsibility, while the province argues that Indians are a federal responsibility. The province will not provide services on reserve unless they are reimbursed. (McKenzie, 1991) Caught in the middle of this legal and jurisdictional debate are the Aboriginal children and families who must live the reality of the ambiguity.

In 1995 two Aboriginal specific child care initiatives were announced by the federal government. The First Nations and Inuit Child Care Initiative promised to create 6,000 new child care spaces in First Nations and Inuit communities with a financial commitment of $72 million in the first three developmental years and $36 million ongoing thereafter. The Aboriginal Head Start Initiative, a Health Canada initiative, is designed to develop an early intervention program for Indian, Metis and Inuit children and families living in urban centres and large northern communities. This program was not offered on reserve lands.

These new initiatives were precipitated by over 20 years of lobbying, writing and speaking for Aboriginal child care services by both Aboriginal and non-Aboriginal political and non-political organizations and groups. The following paragraphs highlight some of the political and governmental activities related to the creation of today's Aboriginal child care services.

The Hawthorne Report (1966) was one of the first federal government inquiries to explore the need for child care services on reserve. This report noted the inequity of service availability and accessibility between Indians living on reserve and the rest of Canadian society.

In 1965 a landmark agreement between the province of Ontario and the federal government was struck. The 1965 Canada/Ontario Agreement Respecting Welfare Programs for Indians made Ontario the only province with parental subsidies for child day care accessible to on reserve First Nations parents in need. This Agreement gave credence to First Nations communities' expression of need for on reserve child care as well as set a model for how services could be funded like those of non-Aboriginal parents living in mainstream Canadian society.

Some 20 years later, in 1984 the Liberal government's National Task Force on Child Care gave nation-wide recognition to the need for Native child care. The report of the Task Force, headed by Katie Cook, was released in 1986. This report recognized that Native communities had similar needs for child care support to those of the general population. The report also stated that,

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quality child care services would not only enable parents to pursue employment and education, but would also help preserve Native language and culture. (p.87)

The need for Aboriginal child care was also made public by the Native Women's Association of Canada in their presentation to the House of Commons in 1986. They described the critical need for Aboriginal child care services as "a way to break cycles of poverty and alcoholism but more importantly to pass on values, language and culture". (p. 7)

In 1987, the Liberal government was replaced by a Progressive Conservative government. This new government created the *Special Committee on Child Care*. This committee, also known as the Shirley Martin Committee, produced a report entitled, *Sharing the Responsibility*. The primary focus of this report was child welfare and little attention was directed to child care.

In the same year, 1987, the Progressive Conservative government announced a *National Child Care Strategy*. The strategy included the *Canada Child Care Act* - Bill C-144, a cost sharing arrangement between the federal and provincial governments; the *Child Care Initiatives Fund*; and a last minute commitment to Aboriginal child care. Bill C-144 died in the senate. Nothing came of the commitment to Aboriginal child care. The *Child Care Initiatives Fund* was carried forward.

The *Child Care Initiatives Fund* (CCIF) began in 1988 and continued until 1995. CCIF was a seven year contributions program designed to encourage and evaluate child care innovations and to enhance the quality of child care in Canada. It was not intended to cover the costs associated with the delivery of child care services. Demonstration, development and research projects were funded. Priority areas included: Aboriginal child care, infant/toddler care, out of school care, rural care, and special needs care. Approximately 21% of all funding went to Aboriginal groups, that is, approximately $16.6 million on 98 community based projects. CCIF supported a variety of Aboriginal projects including: national child care inquiries, regional and community based needs assessments, development of formal training programs, program support materials, culture and language curriculum, and a wide range of service models.

CCIF funding has enabled some [Aboriginal] communities to test and develop community and culturally appropriate standards for child day care services. Other projects have shown how language and culture are not only critical elements

of Aboriginal child care programs, but also a means of reviving and retaining language and culture in communities. Most significantly, these initiatives have shown how child day care can play a role in achieving community wellness. (Government of Canada, 1994, p.1)

Despite this activity, most Aboriginal communities did not reap the benefits of the limited funding available nor was federal funding allocated for the development of Aboriginal child care services.

While the Progressive Conservative government's announcement of a National Child Care Strategy in 1987, failed to make any reference to Aboriginal children, $60 million was allocated to Aboriginal child care in 1988. Unfortunately, this allocation was withdrawn in 1989.

In the same year, 1989, *The National Inquiry into First Nations Child Care* was prepared by the Assembly of First Nations (AFN). This report stressed the importance of First Nations child care in providing First Nations children with an early sense of security, stability, motivation and pride. It also stated that child care should be regarded as a basic social service available to all parents.

Furthermore, the report regarded child care in a holistic manner and saw its intent as not only addressing economic barriers to employment and training but also having the potential to be a vehicle for social change.

> First Nations envisage a major role for child care in undoing the damage already done... child care centres as foci for family healing and the nuclei for community health in the best sense of the word.

> Above all, First Nations see the child care centre as the community core. Before Indians became a colonized people, children were at the heart of the community. First Nations would restore them to that place and in so doing restore themselves. First Nations have come full circle as the creator desires. (p. 14)

In 1990, the Native Council of Canada produced *The Circle of Care*, the first national inquiry to explore the child care needs of off reserve status and non-status Aboriginal people. Like the AFN's *National Inquiry into First Nations Child Care* (1989), *The Circle of Care* (1990) views child day care as a potential vehicle for social change and cultural transmission. The report states that,

culturally relevant child day care is crucial for the preservation of First Nations' children's languages, traditions and identity. Child day care can be a vehicle through which cultures can be retained and transmitted from generation to generation. (p. 35)

Like the stated needs of the non-Aboriginal population, *The Circle of Care* (1990) found that families were held back from economic or educational advancement because of a lack of available, affordable child day care services. The enquiry found that child care services are needed to support parents as they pursue educational and employment goals.

In 1992, the *Brighter Futures Initiative* was announced by the federal government. This five year initiative sought to employ a community-determined approach to supporting the well-being of First Nations children and families living on reserve. The primary focus was on the developmental needs of children and youth between the ages of 0 and 23 years of age. Brighter Futures was intended to replace the promised Child Care Strategy, however, there was no direct provision for on reserve child care services. Although this initiative was not specifically directed to support child care services, child care related activities were undertaken. For example, the *Child Development Framework, A Handbook for First Nations and Inuit Communities* (1994) and *How About Child Development, An Introductory Source Book for First Nations and Inuit Communities* (1994) focus on children's development and how parents can be involved in fostering the healthy growth and development of young children.

The counterpart of the *Brighter Futures Initiative* serving Aboriginal children and families living off reserve or outside of Inuit communities is CAPC, *Community Action Plan for Children*. Likewise, this initiative had no provision for the delivery of Aboriginal child care services.

In 1993, the newly elected Liberal government made a commitment to create new child day care spaces in Canada. There was no mention of on reserve child day care, although a promise for an off reserve *Head Start Program* was included.

The *Social Security Discussion Paper* (1994), presented by Minister Axworthy, was a restatement of the federal government's child care commitment. Minister Axworthy stated that part of the $720 million allocated for child care would be designated for First Nations and Inuit communities. It is out of these commitments that the *First Nations and Inuit Child Care Initiative* and the *Aboriginal Head Start Initiatives* were born and

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from which federally supported, Aboriginal child care became a reality in Canada.

The *First Nations Inuit Child Care Initiative* (1994) had a mandate to create 6,000 new child care spaces in First Nations and Inuit communities with a fiscal commitment of 72 million dollars in the first three developmental years and 36 million ongoing thereafter. Also in 1994 the Assembly of First Nations produced *An Overview of First Nations Child Care in Canada*. This document identified critical components of Aboriginal child care services:

1. the preservation of language and culture,
2. parental and community participation,
3. local jurisdiction and control,
4. quality management and human resources and
5. adequate fiscal resources. (p. 20)

The following year (1995) Health Minister Dianne Marleau announced the *Aboriginal Head Start Initiative.* This 83.7 million dollar, four year initiative was the fulfilment of the federal government's commitment for an early intervention program that would serve Aboriginal parents and children living in urban and large northern communities.

The 1996 *Report of the Royal Commission on Aboriginal Peoples* reaffirmed the need for Aboriginal child care services. Child care is seen as a "means of reinforcing Aboriginal identity, instilling values, attitudes and behaviours that give expression to Aboriginal cultures." (p. 449) Aboriginal people want to:

> prepare their children for stronger academic performance, but their concerns go beyond a singular focus on cognitive development. They recognize the need of families for support and respite while they struggle with personal and economic problems. They want to see early identification of children with special needs and provision of appropriate care and parent education in the community. They see high quality child care as a necessary service for parents undertaking training or gaining a foothold in the work force. (p. 449)

In 1997, a second *Aboriginal Head Start Program* was announced. This program was to support Aboriginal children and families living on reserve. The on reserve program was to be modelled after the northern and remote Head Start Program. The primary goal of this initiative is to "demonstrate that locally controlled and designed early-intervention strategies can

provide First Nations preschool children with a positive sense of themselves, a desire for learning and opportunities to develop fully and successfully." (p. 9) Specific components of the program include: culture and language, education, health promotion, nutrition, social support and parental and community involvement.

Currently the *National Children's Agenda* represents a unique collaboration of federal, provincial territorial governments' commitment to support the well-being of all Canadian children. This commitment was established in December, 1997 at the First Minister's Conference. Responsibility for this work was given to the Federal-Provincial-Territorial Council on Social Policy Renewal. One of the first initiatives to take place under the umbrella of the agenda was the *National Child Benefit*. In 1999, a proposed vision, values and goals were developed and presented to focus groups across the country for their feedback and comment. In the *National Children's Agenda, A Shared Vision*, the document presented to focus groups across the country, *Section IV* presents an Aboriginal perspective on the *National Children's Agenda* as presented by the five national Aboriginal organizations (Assembly of First Nations, Metis National Council, Native Women's Association of Canada, Congress of Aboriginal Peoples and Inuit Tapirisat of Canada).

This section of the document speaks to the constitutional rights of First Nations, Metis and Inuit people and the diversity of Aboriginal peoples in Canada. Likewise it speaks to the needs of Aboriginal children.

> Today, Aboriginal children face far greater risk than most non-Aboriginal children since among many things they are:
>
> - twice as likely to be born prematurely, underweight, or die prematurely,
> - three or four times more likely to suffer Sudden Infant Death Syndrome,
> - 15 to 38 times more likely to suffer the effects of Fetal Alcohol Syndrome,
> - three times more likely to be disabled,
> - six times more likely to die by injury, poisoning or violence and
> - six times more likely to take their own life.
> - Aboriginal children are more likely to live in poverty since half of all Aboriginal families live in poverty with one in four being a single parent family often headed by a teenager. (p. 19)

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Outlined below is a summary overview of the milestones in
Aboriginal child care in Canada.

Aboriginal Child Care in Canada - Milestones

1965	Canada/Oritario Agreement Respecting Welfare Program for Indians
1966	Hawthorne Report
1980	Roval Commission on the Status of Women
1984	National Task Force on Child Care
1987	Special Committee on Child Care - Sharind Responsibility
1988	National Commission on Aboriginal Child Care (Native Council of Canada)
1988 - 1998	Child Care INitiatives Fund (HRDC)
1989	The National Inquiry into First Nations Child Care (Assembly of First Nations)
1990	Native Child Care The Circle of Care (Native Council of Canada)
1992	Brighter Futures Initiative (Health Canada)
1993	Social Security Discussion Paper (HRDC)
1994	National Overview of First Nations Child Care in Canada (Assembly of First Nations)
	First Nations and Inuit Child Care Initiative announced (HRDC)
	Aboriginal Head Start Initiative announced for Northern and Remote Communities Off Reserve (Health Canada)
1996	Report of the Royal Commission on Aboriginal People
1997	National Children's Agenda announced
1998	Aboriginal Head Start announced On Reserve (Health Canada)
	National Child Benefit Program

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2.4   Governing Options for Aboriginal Child Care

The following section examines the constitutional context of child care relative to Aboriginal people. The *Royal Proclamation, 1763* the *Constitution Act, 1867* and the *Constitution Act, 1982*, play a significant role in the development and implementation of Aboriginal child care services.

2.4.1 Royal Proclamation, 1763

The *Royal Proclamation*, 1763 is often cited as the first reference to the protection of Aboriginal rights in western legal history. The Proclamation is significant in that it acknowledged the existence of Aboriginal peoples and their right to occupy traditional territories without interruption from the Crown. (Morse, 1985)

The Proclamation is also significant because it set the stage for what ultimately has been called the 'treaty making' process. Lands occupied by Aboriginal people could only be surrendered to the Crown prohibiting individuals from trading with Indians for the purchase of lands. This declaration is clearly the precursor to federal and provincial 'extinguishment' policies. (Slattery, 1992)

Over the next 250 years the British Crown and Canadian government entered into several treaties with Aboriginal peoples on the basis that Aboriginal people would "cede, surrender and forever relinquish..." their Aboriginal right to traditional territory in exchange for reserve lands and other nominal benefits. (Josephy, 1994)

This discussion is relevant to the issue of social services and in particular child care because the authority of Aboriginal governments to pass laws in these areas is arguably a right inherent in the recognition of Aboriginal people occupying their traditional territory. In other words the Proclamation is not simply a recognition of the right to occupy land but also a recognition of the exercise of governance within the lands occupied.

2.4.2 Constitution Act, 1867

The *Constitution Act, 1867* (formerly the *British North American Act*) is the founding document of Canada as a federal state. It sets out the division of law making powers between the federal and provincial governments.

Section 91 (24) grants to the federal government exclusive law making authority over "Indians and lands reserved for Indians." Case law has clearly established that federal authority in this area relates to two distinct powers: the power to legislate over Indians generally and the power to legislate over Indian lands. (Natural Parents v. Superintendent of Family and Child Services (1976), 60 DLR (3rd) 148) Case law has also established that the two powers are not necessarily severable from the other. (Four B v. United Garment Workers (1980), 102 DLR (3rd) 385)

Under this power the federal government has passed the *Indian Act*. While the *Indian Act* and related regulations do not address child care services there is no doubt that the federal government has the ability to pass laws in this area, whether through the *Indian Act* or separate legislation. The *Indian Act* currently defines 'children' for the purposes of the Act and provides for the recognition of traditional adoptions of children. (ss. 2 and 48)

Other provisions of the *Indian Act* are relevant to this topic. In 1952 the Act was amended to allow for the application of general provincial laws to 'Indians' (s. 88). Case law has established that wildlife legislation (R.v. Dick, [1985] 4 CNLR 55), provincial motor vehicle legislation (R. v. Twoyoungmen (1979), 101 DLR (3rd) 618), child welfare legislation (Re: H.I.R , [1984] 3 WWR 223), adoption (Natural Parents v. Superintendent of Family and Child Services (supra) and education laws apply to 'Indians on Indian reserves'. These cases support the notion that provincial child care legislation also apply to Aboriginal people.

The exclusive law making authority of the province is set out in section 92 of the *Constitution Act, 1867*. This section grants to the province authority over "property and civil rights" as well as "all matters of a merely local or private nature". Under these powers provinces have passed child care legislation. These Acts and the regulations passed pursuant to them govern the delivery of child care services throughout the province.

It is often difficult to determine with certainty what level of government has law making authority for the delivery of services to Aboriginal people. While the federal government has exclusive authority to make laws over 'Indians and Indian lands' the province has exclusive authority to make laws over matters of a local or private nature.

Because of the constitutional principle of paramountcy the federal government has exclusive jurisdiction over Aboriginal child care, and the

province would have serious difficulty enacting specific legislation dealing with Aboriginal child care. Nevertheless, the province is able to enact 'general' child care laws that apply to Aboriginal people. (Hogg; 1985) It is also clear that where a province enacts a general child care law it cannot refuse to deliver child cares services to Aboriginal people directed by that law. As early as 1974 the courts have noted that the province has a legal responsibility and duty to provide services to 'Indians' on the same basis that services are provided to other residents in the province. (Director of Child Welfare (Man.) v. B, [1979] 6 WWR 229)

2.4.3 Constitution Act, 1982

Two sections in the Constitution Act, 1982 apply directly to Aboriginal peoples. Section 35 of the Act states that:

s. 35 (1) The existing Aboriginal and treaty rights of the aboriginal people of Canada are hereby recognized and affirmed,

(2) In this Act, "Aboriginal peoples of Canada" included Indian, Inuit and Metis peoples of Canada.

(3) For greater certainty, in subsection (1) "treaty rights" includes rights that now exist by way of land claims agreements or may be so acquired.

(4) Notwithstanding any other provision of this Act, the aboriginal and treaty rights referred to in subsection (1) are guaranteed equally to male and female persons.

Section 25 of the Act ensures that the individual rights and freedoms (set out in the Charter) do not derogate or abrogate from "any Aboriginal treaty or other rights or freedoms that pertain to the aboriginal people of Canada..." including the rights recognized by the Royal Proclamation, 1763. In other words the individual rights set out in the Charter cannot destroy in whole or part existing aboriginal or treaty rights.

These provisions have the effect of preventing the federal government from passing laws that intend to extinguish Aboriginal or treaty rights. The provinces have not been able to extinguish Aboriginal or treaty rights since 1867. (Bell, 1998) Aboriginal or treaty rights can only be extinguished with the consent of Aboriginal people or through constitutional amendment. (Hogg, 1985)

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This discussion is relevant to child care and specifically Aboriginal authority in child care. The constitutional provisions on the existing rights of Aboriginal people suggest that authority over child care may be exercised by Aboriginal governments as an 'aboriginal right' or a 'treaty right'.

Aboriginal governments asserting an Aboriginal right to deliver services may rely on Section 35 and simply pass their own laws. It is also possible that Aboriginal governments may negotiate the right to pass laws directing services through treaties. In either case Aboriginal governments can achieve a level of constitutionally entrenched self-governance in relation to child care.

In 1995 the federal government announced their new policy on the inherent right to self-government titled, Federal Policy Guide: Aboriginal Self-Governance. The policy establishes three categories of matters for negotiations. They include matters:

1.   that are integral to the distinctive culture of an Aboriginal group and essential to its operation as a government;
2.   that go beyond what is integral or internal to the Aboriginal group; and
3.   where there is no compelling reason for Aboriginal governments to exercise law making authority.

The first category may include matters such as service delivery, including education, child welfare, child care, education and the like. It may also include law making authority for the enforcement of aboriginal laws.

The second category may include matters such as co-management of fisheries, divorce (property division on divorce), and gambling. The third category includes matters involving national defense and external/international relations.

The policy is significant because it recognizes the 'inherent right to self-government' as a Section 35 right despite the failure of constitutional accords to include self-government as a Section 35 right. The policy stipulates that the federal government will only recognize Aboriginal governments operating within the Canadian constitutional regime, so as to ensure that the Charter of Rights and Freedoms applies to Aboriginal governments.

As noted above, the Charter sets out the individual rights of Canadian citizens, including the right to be treated equally before and under the law. Federal policy would have it that where Aboriginal governments exercise self-government law making authority, they must not infringe upon the individual rights in the Charter, for example the right to be treated equally.

If Aboriginal laws were to place the collective right of the community over the individual right those laws may be unconstitutional and void to the extent that it infringes on the individual right. In the context of child care the application of the Charter should not pose a problem so long as services are accessible and not restricted to persons on the basis of a prohibited ground (e.g. age, sex, race, national or ethnic origin, colour, mental or physical challenge).

While it is clear that the federal government expects that the Charter will apply to Aboriginal self-governance, the federal policy of recognizing self-governance as a constitutional right is significant for other reasons. Constitutional protection affords Aboriginal self-government a level of protection it has never enjoyed in Canadian history.

It is important to state that the constitutional recognition of Aboriginal self-governance does not prohibit the federal or provincial governments from legislating in this area. In fact federal and/or provincial legislation will be necessary to ensure that negotiated rights of self-governance can be enforced in Canadian law. (Slattery, 1992)

It should also be cautioned that the constitutional recognition of Aboriginal self-governance is far from the concept of a third order of government within the Canadian constitutional regime. Some Aboriginal advocates have argued for a third order of government dedicated exclusively to Aboriginal governments. (Cassidy, 1991; Mercredi and Turpel, 1993; Little Bear, 1984)

A third order of government would enumerate the exclusive powers of Aboriginal governments and prevent other levels of government from passing laws that infringe on exclusive Aboriginal government powers. For example, the constitution may set out that Aboriginal governments have the exclusive power to pass laws over retaining and remitting language and culture. In this scenario federal or provincial law purporting to regulate and certify Aboriginal language teachers, for example, may be unconstitutional because such a law would be inherently connected to the object of retaining and remitting language.

Understanding the difference between a constitutionally protected right and a third order of government is essential to explaining the ways Aboriginal governments can achieve self-governance. A constitutionally protected right requires Aboriginal governments to enforce the right. Essentially it is a shield that would prevent attempts by the federal and provincial governments from extinguishing the right. Constitutional protection does not necessarily confer legislative authority to pass laws.

A third order of government on the other hand would explicitly confer legislative authority on Aboriginal governments. Constitutional principles prohibiting the other levels of government from interfering with the third order would apply. Essentially a third order of government is a sword, capable of being enforced against all other levels of government.

2.4.4 Source and Scope of Aboriginal Authority

As the foregoing discussion demonstrates there are several ways in which Aboriginal governance may be realized. Implicit in the constitutional documents are the options to assert Aboriginal authority as an Aboriginal right or negotiate it through treaties. There are other mechanisms to achieve various levels of Aboriginal authority.

Generally, the mechanisms to achieve Aboriginal authority can be categorized into the following areas:

1. Inherent right to self-determination
2. Constitutional Treaty right
3. Federal and/or provincial legislation
4. Memorandum of understanding, delegation agreements, bi-lateral and tri-lateral agreements.

The source of authority refers to where authority may be derived from. For example, authority may be derived from the inherent right to self-determination which has existed since time immemorial. Authority may also be established within the Canadian Constitution or as a delegation of responsibility from federal/provincial governments.

The scope of authority refers to the extent that the authority is intended to cover. For example, an Aboriginal child care authority deriving from the right to self-determination may encompass all citizens of a particular community and all aspects of delivering the service (such as accreditation

of caregivers, licensing of facilities, and the enforcement of community standards).

2.4.4.a Inherent Right to Self-Determination

The Aboriginal right to self-determination has been defined to include the right to possess in their traditional territories whatever degree of self-government they wish. Specifically, it has been linked to the preservation of Aboriginal culture, language, traditions and way of life. In essence the right to self-determination is the maintenance of cultural and political integrity.

Numerous international conventions and political accords specifically speak to the recognition of self-determination of peoples. The United Nations (UN) Charter, the Universal Declaration of Human Rights, the International Convention on Civil and Political Rights, and the International Convention on Economic, Social and Cultural Rights each refer to the recognition and preservation of the right to self-determination.

There has been considerable debate in the international forum as to whether the definition of 'peoples' includes indigenous or Aboriginal populations throughout the world. For the purposes of this discussion it will be assumed that 'peoples' is intended to include Aboriginal populations.

As the sub-title suggests the Aboriginal right of self-determination is inherent, existing by its very nature and not given by something or someone outside itself. Recent case law and government policy indicate a willingness to recognize an inherent right to self-determination providing that the right relates to a matter which is integral to the distinct culture of an Aboriginal group or essential to the operation of an Aboriginal government.

Aboriginal laws intended to govern customary adoptions (Casimel v Insurance Corporation of British Columbia , [1992] 1 CNLR 84), custom marriages (Connelly v. Woolrich (1867), 1 CNLC 70), and curfews (Eastmain Band v. Gilpin, [1987] 3 CNLR 54) have been upheld by the courts as being valid. In each case the Aboriginal law was considered to be integral to the distinct culture of the Aboriginal group involved.

Weighty arguments can be made that Aboriginal child care is integral to the distinct culture of Aboriginal people. It can certainly be argued that Aboriginal child care is essential to the operation of Aboriginal government: Aboriginal society can only survive with a commitment to children. The distinct advantage to an inherent right of Aboriginal child care is that it can be afforded constitutional protection while at the same time give sufficient

flexibility for individual Aboriginal societies to define the role child care in their communities.

2.4.4.b Constitutional Treaty Right

As noted above an inherent right to child care may be afforded constitutional protection under Section 35 of the *Constitution Act*, 1982. The Constitution also provides for the protection of treaty rights. The constitution uses terminology that envisions the protection of 'existing' treaties and treaties negotiated in the future.

The recognition of future treaty making is important because it opens the opportunity for Aboriginal governments to spell out how they desire to exercise self-governance. Examples of this model include the *Nisga Treaty*, the *Cree Naskapi Agreement* and the *Denee Agreement*. Each of these agreements explicitly identify that they are treaties for the purposes of the *Constitution Act, 1982*. In contract the *Sechelt Agreement on Self Government* does not identify the agreement as a treaty recognized under the Constitution. As such the rights and law making powers conferred in the Sechelt agreement may be limited by federal and provincial legislation in ways that it would not be if the law making powers were recognized as a constitutional right.

Treaty making in Canada has a relatively long history where traditionally Colonial and Canadian governments required Aboriginal people entering into treaties to "cede, surrender and forever relinquish" their rights to Aboriginal territory in exchange for reserve lands, the continued right to hunt, fish and trap in traditional territories and other related benefits. More recently, government has expressed a willingness to consider broader self-government provisions in treaties being negotiated or re-negotiated. While child care has not been specifically enumerated or identified as an area that an Aboriginal group is interested in exercising law making authority, it is plausible that future treaties will specifically identify child care as an area of interest to Aboriginal governments.

It is important to note that if child care is recognized as an Aboriginal or treaty right, and thereby afforded constitutional protection, it may still be subject to scrutiny by the courts to ensure the service does not violate the Charter (for example the right to equality before and under the law as per section 15 of the Charter). Recent case law creating "Aboriginality residence" as a ground for invoking the equality provisions of the Charter suggest Aboriginal chid care would be unconstitutional if the law restricts the service to those living on Indian lands. (see <u>Corbiere v Canada</u>, [1997] 3 CNLR 21) This may have significant fiscal and human resource

considerations for Aboriginal governments thinking about exercising law making authority over child care.

It is also important to underscore that the exercise of law making authority in child care as an Aboriginal or treaty right does not necessarily prohibit federal or provincial governments from passing laws that impact on the Aboriginal child care law. While there is no doubt that constitutional principles of paramountcy (i.e. laws enacted pursuant to Constitutional enactments are paramount over subordinate legislation) will apply to prevent many federal and provincial laws from infringing on an Aboriginal or treaty right to enact child care legislation, other constitutional principles may operate to incorporate federal or provincial legislation into Aboriginal child care legislation where there is a significant gap in the later. For example, Aboriginal child care laws that do not prescribe the qualifications required of caregivers may result in provincial laws regarding the accreditation of caregivers being incorporated into Aboriginal child care laws.

2.4.4.c Federal and/or Provincial Legislation
One approach to the exercise of an Aboriginal authority in child care is through provincial and federal legislative reform. Provincial child care legislation may be amended to provide for opportunities allowing Aboriginal communities to exercise responsibility for child care through delegation agreements. Such an approach would be similar to child welfare legislation, where the relevant child welfare authority is authorized by legislation to delegate his authority and responsibilities to others.

The delegation model has been used extensively in child welfare, education and health legislation. This model permits non-governmental and community authorities to exercise and carry out legislative responsibilities. For example, the legislative responsibility to protect children is often delegated to individuals and whole communities or agencies dedicated to ensuring children are safe and protected.

It is important to note that any exercise of delegated authority is limited to the actual authority set out in the legislation authorizing delegation. In other words, delegated individuals or groups are prohibited from exercising the delegated authority in a way other than prescribed by legislation (for example, in child care delegated authorities would be required to enforce provincial regulations for age groupings, staff to child ratios, caregivers qualifications and group size).

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If provincial child care laws were reformed they should provide for: Indian controlled child care authorities, community rights of child care, upholding positive cultural values (including traditional foods), recognition for and protection of Aboriginal languages, processes to facilitate strengthening families, and recognition of extended family kin and child rearing practices. It should be cautioned that many Aboriginal communities do not see provincial child care legislative reform as a viable means of achieving any level of autonomy in child care.

Aboriginal leaders view the application of provincial child care legislation in their communities as an intrusion on their rights of self-determination. Any current application of provincial child care legislation on reserve lands is tolerated only to access much needed federal funding for child care centres and programming. Current funding arrangements for child care services require the recipient to comply with provincial child care regimes.

Another approach to exercising Aboriginal authority in child care is to amend or create federal legislation so that jurisdiction over child care is exercised by the federal governments. Such an approach would mean that the federal government has occupied the field of Aboriginal child care, and ventured into an area that is clearly within the constitutional purview of the provincial governments. For this reason alone it is not likely that such an approach would be undertaken by the federal government.

Nevertheless, the federal government has the ability to pass child care legislation or amend the *Indian Act* to include child care. In fact there are several provisions in the *Indian Act* that address children and services to children. The custom adoption of children is recognized for the purpose of registering children as Indians under the Act. Similarly, numerous sections of the *Indian Act* address the delivery of education services to Indian children, the requirement that children attend school and penalties for absence from school.

Others have argued for a more encompassing approach to Aboriginal self-government. The Special Committee on Indian Self-Government (otherwise referred to as the *Penner Report*) recommended three legislative enactments:

1. The enactment of an *Indian First Nations Recognition Act* committing the federal government to recognize Indian governments (who would be accountable to their own people);

2. Legislation authorizing the federal government to enter into agreements with recognized First Nations governments, as to the jurisdiction that each government would occupy; and

3. Legislation under the authority of Section 91(24) of the *Constitution Act*, 1982 designed to occupy all areas of competence necessary to permit Indian First Nations to govern themselves effectively and to ensure that provincial laws would not apply on Indian lands except by agreement of the Indian First Nation government.

While the *Penner Report* recommendations are dated they are useful to consider as a benchmark for federal initiatives involving Aboriginal self-governance. That being said, it is not likely that the federal government would exercise the kind of authority envisioned by the writers of the *Penner Report* for the same reasons it would not amend the *Indian Act*.

2.4.4.d Memorandum of Understanding, Bilateral and Trilateral Agreements

Another way that Aboriginal governments may exercise authority in child care is through negotiated memorandums of understanding and bilateral or trilateral agreements. Essentially administrative in nature, these types of agreements do not necessarily involve an exercise of law making authority but more typically address responsibility for the delivery of services and costs associated with service delivery. Many of these types of arrangements are desirable for Aboriginal governments that wish to express an interest in law making authority, however are not prepare to take on that responsibility or wish to ensure adequate resources are available before assuming that responsibility.

It goes without saying therefore that, while not a true assertion of law making authority, memorandums of understanding and bilateral or trilateral agreements serve a very functional purpose in the negotiation of Aboriginal law making authority. Such arrangements can give notice of a desire to exercise law making authority, and the need for adequate resources (fiscal, human and otherwise) before such an authority is assumed.

2.4.5   Discussion

As can be seen from the foregoing discussion there are many facets to exercising Aboriginal law making authority in child care. What must be said of all potential ways to achieve such an authority is that adequate resources are required to take on such a large task and responsibility. It cannot be expected that Aboriginal governments will readily take on law

making authority for child care without assurances that the cost to build an adequate law making infrastructure is in place and guaranteed through cost sharing or transfer agreements.

Recent trends in the courts to acknowledge Aboriginal government initiatives to service members regardless of residence are an indication that Canada and the provinces must be prepared to acknowledge the law making authority of Aboriginal governments for years to come. The acknowledgment of Aboriginal law making authority in child care necessarily involves recognition of the diverse ways that Aboriginal governments may approach child care, including models that view child care in an integrated way as one part of a full complement of services directed to the health and well being of children and families.

While indeed the overall intent of current provincial child care legislative structures is to provide child care services that promote the health and well being of children and families, the prescriptive nature of those structures often operate to undermine similarly directed efforts. The very fact that child care legislative structures have adopted a prescriptive approach itself results in the creation of minimum standards, and thereby supports a model that is based on the least amount of resources, commitment and dedication necessary to achieve the stated purposes.

Moreover, prescriptive models create benchmarks that are based on a singular set of needs and desires intended to reflect all sectors of society, presuming that differences between culturally specific groups in any one society can be reconciled by a focus on the similarities of the specific groups in that society. This approach fails to account for the distinct values and belief systems that may be inherent within each specific cultural group of a society, such as the distinct values and beliefs held by Aboriginal societies.

The prescriptive model also sets standards which tend to undermine innovative and new approaches to effective service delivery. In the case of child care, minimum standards result in a set of expectations that, when faced with culturally based desires treat those desires as exceptions to the rule, relegating culturally relevant services as being outside the norm and therefore undermining such approaches as viable options for 'mainstream' child care service.

It is therefore imperative that Aboriginal leaders and child care providers develop child care services based on governing structures

that guide culturally relevant, integrated and community based services. If current legislative child care structures do not support these innovative approaches, as we content is the case, it is timely to consider alternative approaches that ensure cultural integrity for all peoples invested in the delivery of child care services.

Such an approach may be found in the development of outcome based child care regulatory processes. The next section of this report addresses outcome based regulatory models and definitions.

2.5 Outcome Based Regulations – A Definition

Outcome based regulations have been defined in as many ways as there are disciplines willing to consider alterative ways to address divergent views on the delivery of relevant services. One of the first disciplines to consider an outcome based model was the field of education.

While the bulk of discussion in the education discipline about outcome based approaches is around competency based instruction and evaluation of student success, this discourse is relevant to broader questions of governance. Some of the earlier work on competency based teacher education by Houston and Howsam (1972) describes the essential characteristics of such as approach as including "precise learning objectives", "accountability", and "criterion-referenced rather than norm-referenced evaluation." Houston and Howsam identify that competency based instruction emerged from "the emphasis on goal-orientation and individualization [where these goals]...can be made explicit by and for the learner."

In a guide prepared for the American Medical Educators Association, Harden and Crosby (1999) describe outcome based education in medicine as a shift from "how/when" to a focus on "what/whether", where the criteria for deciding on outcomes is a process that results in a "vision" of clear, unambiguous, manageable and specific results.

One of the most well known and documented experiments with outcome based education models are the municipal preschools and infant-toddler centres of Reggio Emilia, Italy. In these municipal preschools and infant-toddler centres students and teachers work closely together to decide end goals for their activities. The relationship between child care facilities and communities is

highlighted, where decision making processes are at the local level and goal setting is flexible. Krechevsky and Stork (2000) argue that such outcome based approaches are effective, and challenge commonly held assumptions about assessment of child success in learning. These authors content that child assessment is about how children learn and make meaning as well as the products and outcomes of that learning.

Another discipline that has been active in the application of outcome based models is the area of social service programming.
In the state of Vermont (US) social services have been organized and delivered using an outcome based approach for many years. Vermont's social services are intrinsically linked to the well being of the state's population. The desire is for a responsive program that sees "through the ever-shifting economic and social trends of social policy and political rhetoric." In developing outcomes three main questions are asked: who is being serviced, how are they being serviced, and to what end are people being serviced.,

State legislators in Vermont have embarked on a process to improve outcomes through creative solutions; regional and state partnerships; diverse involvement; community strength; and connecting social, physical, education and economic systems. Local groups, consumers, citizens, and state providers of services give data that is collected yearly in order to learn "what works" within communities. Indicators and outcomes from that data are used to allocate resources at the community level.

While not nearly as sophisticated as outcome based approaches to social services in Vermont, another discipline where outcome based approaches have been applied is in the field of health services. Osbourne-Argue (1994) identifies outcome based approaches as an alternative to traditional models of health services that are based on technical, prescriptive, rule based formal regulations which have no flexibility, adaptability, or responsive mechanism for change.

Osbourne-Argue asserts that there is a need to adopt an outcome based approach to health services that is goal oriented and which requires a reduction of regulations, alternatives to strict compliance with standards, and self-regulation. The desire then is for services that are more community based and responsive to the needs of individual communities.

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Similar approaches have been advocated for early intervention programs offered by the Ministry of Health and Ministry Responsible for Seniors (British Columbia). In a report on child development and rehabilitation prepared for the Ministry of Health and Ministry Responsible for Seniors, "inclusion" and "community" are identified as key factors in providing support to children needing extra services. The report argues for development and rehabilitation programming that measurably reduces or eliminates a child's disability, ensures family participation, provides educational information, and assures inter-agency coordination of services.

There are common threads in each of the outcome based examples from the disciplines and service areas discussed above. One of most cogent statements on outcome based approaches has been offered in a working document prepared for the Ministry of Health (British Columbia).

> The outcome based regulatory involves a shift from a rule-oriented to a more goal-oriented approach. This change involves moving away from a system in which legislation and regulations are specific, prescriptive and technical to a more user-friendly, outcome-oriented system. An outcome based approach focuses on what is or needs to be achieved as opposed to the prescriptive approach which focuses on the specifics of how something is done. (Analysis of "Child Care Regulation Review – Working Document", 1998)

A more detailed listing of the literature on various outcome based initiatives can be found in the Annotated Literature Review at Appendix "A" of this report.

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CHAPTER 3

METHODOLOGY

An overriding purpose of this research is a desire to give voice to community, and to provide First Nations communities with information and options for developing regulatory processes specific to their unique needs. As a result, this study focuses on soliciting community perceptions and opinions about outcomes based regulations. The following paragraphs describe how this study was conducted.

3.1 Advisory Committee

A project advisory group was established at the onset of the project. The advisory group included individuals from across North America. See Appendix B for a list of steering committee members. The mandate of this committee was to:

1. provide advice and guidance throughout the project;
2. provide technical advice, review and comment on the project documents; and
3. provide advice and support on the appropriateness of the principles, goals, and application of the research.

3.2 Project Participants

Participants from throughout British Columbia were involved in the study. Aboriginal leaders, Elders, policy makers, provincial licensing officers, frontline workers and parents currently using child care services participated. Participants shared diverse perspectives and viewpoints reflecting their relationship to child care services.

The three data collection phases of the project are described in detail below including the participants for each stage.

3.3 Data Collection

Several methods of data collection were used to ensure the success of this study. They included a literature review, key informant interviews and focus groups. The collection of data was done in three separate stages so

that each stage could inform the next thereby ensuring sensitivity to the communities' needs and enhancing the depth of the study

3.3.1 Stage One – Literature Review

The first stage of the study was an in-depth literature review. The goals of the review were to:

1. examine provincial child care regulations from across Canada;
2. identify and analyse existing Aboriginal and provincial legislative frameworks; and
3. examine the application of outcome based regulations in Canada and the United States.

This literature review was used to guide specific aspects of the research process for example, findings from the literature review directly influenced the development of questionnaires for key informants and focus groups.

3.3.2 Stage Two – Key Informant Interviews

There were 15 key informants selected from within five regions of BC to be involved in the study. Personal and professional network systems of individuals with a vested interest in child care were used to generate a list of potential key informants. Once identified this list of potential key informants was further refined based on geographic location and relationship to child care. Potential key informants included politicians, policy-makers, administrators, service providers and parents.

3.3.2a - Initial Contact
The potential key informants were contacted initially by telephone followed by a letter detailing the project, its purpose and utility to communities. See Appendix C for a copy of the letter. Finally potential key informants were asked if they would participate in the study. A list of key informants was finalized. See Appendix D for a list of key informant participants.

3.3.2b - Conducting the Interview
Face to face interviews were conducted with key informants in their communities; place of work and designated meeting places. Key informants were first introduced to outcomes based regulation and its intent. The researchers recorded responses. Each key informant was given a copy of the questionnaire to follow as they responded to the questions orally. See Appendix E for a copy of the key informant questionnaire.

3.3.2c - Follow-up to the Interviews

Responses given by the key informants were typed and returned to them along with consent forms. See Appendix F for a copy of the consent form. An attached letter invited key informants to review their interview transcripts and send in any additions, deletions or changes they might have. Key informants were also asked to sign the consent forms affirming their permission to include their words in the study.

3.3.3 Stage Three – Focus Groups

Focus groups were held in four regions of British Columbia, the north, southeast, Vancouver Island and the lower mainland. Although there was no focus group held in the northwest, representatives were included in the lower mainland focus group. Participants included community and regional administrators, parents, policy makers and frontline workers. A similar process as that used for key informants was undertaken.

3.3.3a - Initial Contacts

Using personal and professional child care networks individual community hosts were identified. Community hosts were initially contacted by telephone. A follow up letter requesting their assistance in conducting a community focus group was e-mailed or faxed to them. See Appendix G for a copy of the introductory letter.

3.3.3b - Conducting the Focus Groups

Introductory packages including questions were distributed to focus group participants. See Appendix H for a copy of the focus group introductory package. Questions covered the same themes as those of the key informants but were reduced in number. See Appendix I for a copy of the focus group questionnaire. Researchers recorded responses.

3.3.3c - Follow-up to the Focus Groups

Focus group participant responses were typed and returned to participants for their review and feedback. Consent forms were included for affirmation of their permission to record their words.

3.4 Stage Four - Data Analysis

The data was read through to get an overall sense of the information. Notes were made of possible broad thematic categories. These notes were compared with the original categories on the questionnaires. The data was then sorted according to these thematic categories. Descriptive

summaries, comprised of many sub-themes for each larger category denoting the complexity of the themes were written. It is important to note that the theme summaries attempt to be as inclusive as possible of the information that was given by study participants.

3.5 Stage Five - Final Report

Upon completion of the analysis a final report was developed. It presents all aspects of the study.

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CHAPTER 4

RESULTS

4.1 INTRODUCTION

The results of this study are derived from two specific data collection stages. The first stage, key informant stage, involved the use of a questionnaire with 15 key informants. In the second stage, the focus group stage, information was gathered through four regional focus groups. Details of the key informant interviews and focus groups are discussed in the methodology chapter. Samples of the questions and consent forms can be found in the appendices. The study results presented in this chapter reflect the words of the respondents. These are divided into four major categories:

- child care services
- standards and regulations for child care
- outcomes based regulations and
- First Nations authority.

Each of these major categories is further divided into several subcategories and related themes, as identified below.

4.2 Child Care Services

4.2.1 Purpose of Child Care

Respondents consistently noted seven themes when asked what they thought the purpose of child care ought to be. The following paragraphs describe those thoughts, ideas and beliefs.

<u>Theme 1:</u> *Child care is to provide a safe, healthy and caring environment for children.*

The environment of a child care setting should be free of threats of any kind. The level of care should be the "best" it can be. As such child care allows parents to feel comfortable about leaving their children as they pursue their education, employment the need for respite or engage in traditional or cultural activities. This does not mean that child care can

replace parents', nor can it replace their responsibility for the care of their children.

Theme 2: _Current regulations or some other authority are regarded as important to creating a safe environment in child care settings._

Regulations or some other authority play a role in creating a safe environment. New child care programs have an opportunity to address prohibitive regulations such as multi-age groupings and training. The government of British Columbia also has a responsibility to be involved in the care of Aboriginal children and their families.

Theme 3: _Child care is a multifaceted capacity-building tool that brings community together through a focus on children._

The development of strong, healthy children is not only viewed as an investment in the community's future, but also as a way to build community capacity. Viewed in this manner, child care may be regarded as a manifestation of the community's values and desires. Some regard it as a direct extension of the family.

Child care is also viewed as a critical support to parents' opportunity and ability to work outside the home. This is especially important for single parent families. Likewise, the child care centre itself may become a place of employment for some community members. Child care may also enhance the individual parenting skills of parents.

Capacity may also be built outside the community. Child care as a resource and service for community members who live outside their original home may provide children with the culture and language of their community while at the same time supporting families in their economic and academic endeavours.

Theme 4: _Child care can help children with the transition from home to school._

In schools, much of the information that children learn is not specific to their community, or is foreign to them. For example, words such as kiwi and cantaloupe may be difficult. Child care can introduce children to these kinds of concepts and to school routines in preparation for their attendance at school.

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Theme 5: _Child care can act as a vehicle for the transmission of culture and language to the children._

Child care is often viewed as a way for children to learn their culture, language, traditions and ceremonies. As seen by some, it can be a way of ensuring these values in the future. In this regard, child care should not be viewed as a business nor as simply a place for children to be housed while parents are away from them. Rather it should be seen as support for families.

Theme 6: _Child care can enhance children's development._

Child care should provide opportunities for children to learn and grow, to develop to their full potential in all areas of their development. This should include physical, social, emotional and intellectual development. To facilitate this, children should be given every opportunity to learn and evolve through developmentally appropriate activities that are fun and inviting.

Theme 7: _Child care may take many different forms._

There are many different forms of child care, including but not limited to: pre-school programs that run three hours per day; day care that offer services 10 hours per day; infant toddler programs that vary in length; and a variety of early intervention programs. These programs may be in part or wholly specialized, for example, infant toddler programs and language development programs.

On a related theme, many of the families participating in the program may have limited financial resources. Given high demand and thus the high cost of child care spaces, special consideration must be given to these children and their families should be given for these children and their families.

4.2.2 Administration and Delivery of Child Care Services

Respondents reported consistently in at least seven theme areas when asked about the administration and delivery of child care services. The following paragraphs describe those thoughts, ideas and beliefs.

Theme 1: _First Nations communities decide how and who should_
administer and deliver child care services in their communities, and the
manner in which this is done.

Administration of child care services should be region or community-
specific. These services should be administered in accordance within the
community's governance structure and accountability perspective. Child
care services could be administered by a board of First Nations people
representing different sectors of the community. They may be
administered by a band tribal council, by a committee or a society along
with an advisory committee made up of parents who have children in the
child care setting.

In some cases it is good for the first Nations administration to deliver
services. There must be commitment from both Chief and Council, and by
the community for service delivery to be successful. The First Nation must
be committed to child care for the sake of children's well-being and not for
economic or political gain.

Others believe that child care services should be delivered by an
independent society made up of different community members, parents
and Elders. This society's governance structure should be independent
from that of the First Nation, so that political interference is minimized.
Policy for service delivery will ideally be developed by First Nations people
from the community.

Theme 2: _Knowledge of provincial child care legislation and policy is_
essential for effective administration of child care services.

First Nations child care administrators must be knowledgeable of provincial
legislation and administrative structures. Currently in British Columbia child
care is split between three independent ministries. One must be familiar
with these ministries in order to access support and services when
necessary. If administrators are not familiar with them, they should be
provided with training and information particularly for dealing with provincial
licensing officers. It was also noted, by respondents, that licensing officers
could likewise benefit form cross-cultural training.

Theme 3: _Child care administrators and service providers must have_
accountability.

There are many kinds of accountability. Child care administrators and
service providers must be accountable to the children, parents and

community for the quality of the services and finances. There must be a commitment to providing quality services as defined by the community, along with an understanding of what comprises those services. Administrators and service providers should also be accountable to the political leaders of the community.

Theme 4: *Child care service delivery involves the community.*

Child care services should reflect the wants and needs of the community, thereby ensuring a stronger community in the end. Community involvement includes staff and professionals from other service areas, such as, Child and Family Services. These individuals are knowledgeable about when and why a child is in need of protection. They are very likely knowledgeable about when and why a child is in need of child care services.

Knowledgeable groups or individuals should work with First Nations to develop the skills and training necessary to enable First Nation communities to control service delivery, thereby building capacity within the communities they serve.

Theme 5: *Community members who are trained in Early Childhood Education should be involved in the delivery of child care services.*

Child care services should be delivered by men and women who are healed and gifted with children. They should be trained in Early Childhood Education, culturally sensitive, and well anchored in the tradition of the people they serve. Whenever possible child care staff should be from the community, or from other First Nations communities. Given that we live in mixed society, there should be people of diverse ancestry, background and upbringing. These individuals and others who are not from the community should be provided information and training specific to the community they will be working in.

Training does not have to be mainstream education. Existing First Nations training programs could incorporate traditional teachings along with an understanding of the challenges First Nations have faced closer to the parent day, including: colonization, oppression and the welfare state, and residential school abuses. Training enhances people ability to provide optimum care and education for children and families.

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Theme 6: Community members, especially Elders and extended family should be involved in the delivery of child care services.

Elders pass on traditions and language and show children their history. This history includes the oral stories they have carried from generation to generation. Extended family is also a part of the community and its traditions and ways of life. It too is an important teacher in a child care setting. The richest environment is a mixed one - where Elders are an integral part of the program and where extended family and other community members are involved in service delivery.

Theme 7: There is a need for more child care services both on and off reserve for Aboriginal children and their families.

Many First Nations children attend mainstream child care centres. Often times this is not by choice. People who live outside the community may be there as a result of family dynamics, lack of housing and/or the influence of social and economic pressures.

Just as there is a need to serve children residing off reserve, there is an equal need to serve children residing on reserve. Many communities do not have child care services. For those who do, many are only meeting a small percentage of the need.

4.2.3 Nature of Child Care Services

Respondents reported consistently in four theme areas when asked what they thought the nature of child care services ought to be. The following paragraphs describe those thoughts, ideas and beliefs.

Theme 1: The curriculum offered in the program is holistic; age and developmentally appropriate; and reflects the children's home environment.

All aspects of the child care program must support children's overall development. The children's program should be developed within a holistic framework that supports the intellectual, emotional, physical, and cultural/spiritual development of the child. The children's program should also include: culture, language and knowledge of traditions, for example the bathlats or potlach. Activities, for example going to a smoke house, watching a skin being tanned, and watching fish nets being brought in need to be included. There should be games and traditional stories with opportunity for exploration of the stories.

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Curriculum resources should be culturally and locally appropriate; they should be determined by the community and they should reflect the goals of the community. All materials should be a strong affirmation of the children and their heritage. Play equipment for centres should be determined by child care service providers and members of the community, for example, having a 'little' big house or child size dugout canoes. With culturally relevant equipment children can play out their culture or learn about someone else's culture. Cultural materials, equipment and activities provide opportunities for children to see themselves in music, stories, pictures and manipulative toys.

Programming decisions and delivery should have opportunities for parents, Elders and extended family to be involved whenever appropriate.

Theme 2: *There is a need to combine formal training and knowledge with that of the community.*

Planning children's learning requires a solid knowledge base focussing on children's development. It is no longer enough to just like children. There is an understanding in Aboriginal communities, by Chiefs and Councils, of the need for this knowledge to be present care givers. First Nations people want good care for their children - the need for knowledge and training builds upon that desire. Principles of child development are matched by Elders' knowledge, for example, of the importance of talking to your baby and teaching by example. In this regard, caregivers must also include the community's culture and language in the children's program or at the very least be aware of community resource teachers.

Theme 3: *Child care programs can network and create linkages with many diverse programs thereby enhancing and expanding their service delivery.*

Involving all segments of the community in delivery of child care services can create linkages with other programs. Family support and preventative services including: needs assessments, child and youth services counselling, in-home support, respite care, parenting programs and services to children who witness family violence are important and related programs. Child care can support children who are temporarily in continuing care by way of a voluntary care agreement or court order. Child care services could also include preventive programs such as parenting skills and have mechanisms in place for determining additional services that children might need, for example health and nutrition services or related early intervention services.

Theme 4: _Child care services can support the goals of the greater community._

Child care committee meetings can be held to share information and learn from community members about child care. Child care is a program that can support the healing of the community. It can promote a sense of community and offer a well rounded daily program for children and families that is reflective of the community. This programming needs to include support for special needs children and their families as well.

It is also important to get exchanges going between different nations so that each can share their cultures and ways of addressing community goals.

4.2.4 Parental Involvement

Respondents reported consistently in three theme areas when asked about parental support. The following paragraphs describe their thoughts, ideas and beliefs.

Theme 1: _Parents should be involved in the child care program in every way they can._

Child care needs to have an open door policy for parents, who can go into care centres. There should be opportunities for parents to be involved in a significant and meaningful way in the children's program. Parents could be involved in special events, for example an open house, or children's birthdays, or participate in menu planning or co-ordinate special events, for example traditional ceremonies.

Parents in the centre can also provide role models for employees and children. Employees need to be open to learning from parents and to work with them.

Theme 2: _Parents involvement is important in decision making and governance of child care services._

Parents should be involved in the decision making related to the child care service. Parents act as monitors of the child care system through their feedback and input into the child care service, as well as being involved in the direct care of the children. They may participate in an advisory group where they might bring forward issues for discussion, i.e. playground

repair, administrative activities and program monitoring. Parents should also be directly involved in the children's program curriculum.

Theme 3: Supports for parents are a key to successful child care programs.

Child care services should meet the diverse needs of parents. Policies need to be sensitive and flexible. For example, if parents can't be involved then there should be opportunities for other family members to be involved in a significant way.

There should be learning opportunities and sharing of information with parents so they are informed and not viewed as coming from a deficit. If possible it is important for learning opportunities to occur in a local building. Opportunities may include: parenting classes, counselling, opportunities for parent networking, general adult education classes, parenting and life skills classes. Child care centres and caregivers can also support parents by helping them to help their children with homework, providing breakfasts for children, listening to their concerns and being role models for them and their children.

Communication is also key to working with parents. Most importantly, parents and their children need to be treated with respect. For example, if a family experiences trouble, like a Mother needing help to control her anger, mechanisms should be in place to provide the family, including the Mother, with help and support. Transitions between home and the child care setting can be made easier through ongoing two-way communication between the child care centre and parents. Parents should be provided with ongoing feedback about their child's daily activities along with other useful pieces of information, such as, nutritional pamphlets and nutrition guides.

4.2.5 Community Involvement

Respondents reported consistently in five theme areas when asked about community involvement. The following paragraphs describe their thoughts, ideas and beliefs.

Theme 1: The community can define how the day care fits into the community.

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Theme 2: Communities should be involved meaningfully in the child care setting.

Opportunities for community involvement should be meaningful and not token. An open door policy for community members is essential for recruiting employees from the community or encouraging potential employees to live in the community.

Theme 3: Community may be involved in the child care program in many different ways.

Child care settings should mirror the community with gatherings, feasts and celebrations, so that these become times when community can be directly involved in the child care centre. These gatherings can be opportunities for community agencies such as schools, health centres, and social service departments to collaborate with the child care centre. Community agencies could jointly sponsor things like the National Child Day, injury prevention week or a missing child ID program. They could also support events such as grand-parents breakfast, games night for parents, and field trips in the community. Further, community agencies could be a part of a staff support system or they could participate in the child care centre as resource people.

Individual community members could be involved in child care activities, such as providing hot lunches for children, harvesting a Christmas tree, and hosting community lunches. Community members could also undertake work placements with students at the high school, or establish reading buddy programs.

Theme 4: It is important to have community members participating directly in the child care program.

The involvement of all community members reflects First Nations cultures and values. Involvement of community members in the program may be as simple as inviting them to an open house. It is important to let parents know who is coming into the child care centre. Often community members can be a significant source of information about the community and its members.

Ideally the child care centre would be a community centre where interactions between children, older children, adults, and Elders could take

place. It would be a place for Elders and community members to drop in --
Elders could teach just as they would at home.

Theme 5: Communities set the outcomes for child care regulation.

Child care services are currently far too institutional. An important on this
would be if child care was more like a home environment. There should be
lots of volunteer opportunities for community members to participate on
boards and committees or to donate time and resources for the benefit of
all children. It is very important for the community to take ownership of child
care services.

4.3 Standards and Regulations for Child Care

4.3.1 Standards and Regulations

Respondents consistently identified five themes when asked about child
care standards and regulations. The following paragraphs describe those
thoughts and ideas.

Theme 1: Child care standards and regulations play a critical role in ensuring
the health, safety and well-being of children.

Standards and regulations are in place to ensure the protection of the young and
to assure parents they don't have to worry. Everything that involves the health,
safety and well being of First Nations children should be included in the
standards and regulations. Parents also want strong assurances that their child
care program is of high quality and that the standards are the same as for any
other child care centre. People well versed in the care of children and in the
standards and regulations should give assurances to the community that the
program is appropriate.

Care for children should be a transparent process so parents can see what is
going on. It was felt that criminal records checks provide a way for parents to be
involved in a safe way, but criminal records checks are a challenge to
encouraging community involvement at present. Criminal record checks may be
currently the only way to stop unsafe people from coming into the centre, but
smaller communities can also monitor people and prohibit unsafe individuals
from entering centres. Children should be safe but we can't assume everyone
knows what a safe environment is.

Theme 2: _Standards and regulations can not be dictated from outside the community._

The important questions to ask are "who is going to determine the standards and regulations," "do the people making the determinations understand regulations," and "why are they in place, and are the standards and regulations in keeping with Aboriginal cultures?" For example, separate age groupings are required by provincial regulations, yet our children learn from each other regardless of age. Another example is Canada's Food rules, which are inappropriate to many First Nations communities, especially northern and remote communities which rely on traditional foods. The requirements around the number of toilets, sinks, child to staff ratios and so on are also not appropriate. "Who in the region sets First Nations standards?

Most communities currently far exceed provincial regulations in their staffing and programming. Standards and regulations could be administered by First Nations communities and involve the community in their development and maintenance. By establishing community standards, the participation and involvement of community and family would support First Nations values and encourage capacity building in communities.

Theme 3: _First Nations standards and regulations should reflect developmental principles, and they should be culturally and community appropriate._

It is important to have common regulations applied to all child care centres, but standards need to be flexible enough to apply to different communities. Standards should support the development of a caring environment that promotes health, safety, culture and language and overall development of children. The standards also need to recognize cultural differences in Aboriginal communities, including the importance of traditional foods and inclusion of traditional equipment and materials in the playground, for example, a mini smoke house or totem poles.

Accreditation of caregivers and others involved in the children's program, the centre's hours of operation, acceptance of the centre's regulations, etc., should also reflect community needs. Standards should likewise focus on monitoring, certification of centres, and the interface of the child welfare authority and the child care centre. There should be principles designed by parents outlining their participation. After all, it is their centre.

Theme 4: There should be standards regarding the training and qualifications of staff as well as the acknowledgement of the work of community members.

There should be standards around training and qualifications of care givers. If there are no minimum expectations there will not be any level of consistency in the work. Standards should reflect and acknowledge work done by community members and should not be prohibitive. First Nations communities should have an opportunity to extend Early Childhood Education training that is relevant and appropriate to as many community members as possible.

4.3.2 Development of First Nations Standards and Regulations

Respondents consistently identified three themes when asked about the development of First Nations child care standards and regulations. The following paragraphs describe those thoughts and ideas.

Theme 1: A group of First Nations people who have an investment in and experience in child care should develop First Nations standards and regulations. They should be people from a wide range of backgrounds including the provincial ministry, Elders, qualified care givers and health professionals.

Any development of standards and regulations should evolve out of a community-based process within a framework which would include some foundational knowledge of what children need in order to thrive. The framework should be developed by a group of people from the region, well grounded in First Nations culture, child and family development, and community. This group should also be knowledgeable in child care. Individuals who work directly with First Nations children, in particular, qualified First Nations child care professionals, should be part of the development. This development group could also include people from within and from outside the community, ensuring a richness of diversity, experience and expertise.

Theme 2: First Nations communities want standards and regulations for their child care services that are not less than those of broader society but that are different.

First communities must determine to what extent they want to adhere to current provincial standards and regulations. In reality most communities

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do not have the time or the resources to develop their own standards and regulations from scratch.

If First Nations communities were to develop their own standards and regulations community involvement in the development would allow them a better understanding of the standards and regulations and liability issues of service delivery as well as promote compliance with the standards. Community involvement, including parents, elders, school employees and Chief and council, will also ensure that community needs are respected and best met. Standards and regulations should be open to change and modification as the community changes.

Different tribal groups could develop standards and regulations, but it would be good to standardize them throughout the region. A base model or template may be required for communities to examine and adapt to meet their needs. Tribal Councils and First Nations governments could support a centralized agency that would work with individual First Nations to create and implement the regulations and standards.

Theme 3: _There are many considerations to be openly discussed before developing our own standards and regulations._

There are many considerations in the development of First Nations standards and regulations including learning from each other and from other regions and their accomplishments. Other considerations and questions include: who will monitor the services; do the same groups set the standards and regulations; what will the impact of treaties be on child care standards and regulations; how do we account for urban and rural differences as well as cultural diversity and are outcome based regulations a better way to go?

4.3.3 Implementation of First Nations Standards and Regulations

Respondents consistently identified three themes when asked about the implementation of First Nations child care standards and regulations. The following paragraphs describe those thoughts and ideas.

Theme 1: _On a daily basis, the director and staff of the child care facility need to know the rules and what is expected to maintain a healthy, safe environment for children._

The staff of the child care facility is responsible for the daily implementation of the standards and regulations. Other community groups and members

also play a role. Some believe that Family and Child Services should be administratively responsible. In time the whole community would have a role to play in implementation of the standards and regulations.

Theme 2: Implementation of the child care standards and regulations should be undertaken by the community and tribal group.

Some believe that while communities have the capacity to understand and implement child care services, they are not equipped at present to undertake implementation of standards and regulations. Many communities are just learning about child care centres and how to access resources.

One option for implementation is to develop a comparable system, similar to the province, in First Nations communities, where there are separate people delivering services, people developing policy, and those that administer. However, respondents felt that communities should implement their own standards and regulations. Ideally each tribal area would have a worker responsible to support each community in monitoring standards and regulations. Implementation at the community level would include community leaders, boards responsible for child care services, whatever community structures the community deems relevant. There should also be a monitoring component to implementation that would assess whether the community is attaining the direction it wants to go. For example, whether or not children are developing responsibility to one another.

Theme 3: Implementation of standards and regulations should be undertaken by a regional or provincial body.

First Nations governments need to be responsible for implementing First Nations child care standards and regulations. It should be a regional process, whereby tribal areas share needs, issues and resources. People who hold a Contribution Agreement for child care services should be involved in the implementation and monitoring of the standards and regulations in some way. They should ensure the standards and regulations are adhered to. The ideal situation would be to have a First Nations provincial board that would have its own director of licensing including First Nations licensing officers. There would be a band committee or board that would make sure that the child care centre was adhering to the standards and regulations.

Implementation should be done by a First Nations provincial body, like the Aboriginal Child Care Society. This would ensure all communities are networked. There could be different standards and common regulations

throughout the First Nations in the province. First Nations could share information with each other about their different standards.

4.3.4 Provincial Standards and Regulations

Respondents consistently identified four themes when asked about provincial standards and regulations. The following paragraphs describe those thoughts and ideas.

Theme 1: _Provincial standards, if modified and if they said what First Nations people wanted them to say, could serve as a starting point for developing First Nations standards and regulations._

Child care centres on reserve must be provincially licensed in order to be eligible for funding by the First Nations Inuit Child Care Program. Provincial standards and regulations are a good default model, but they are too prescriptive, intrusive and inappropriate. They do not take into account the realities of First Nations communities nor are they based on an extended family community model. For the most part provincial regulations are based on "worst-case" scenarios from which children may or may not need to be protected. Despite these faults provincial standards and regulations provide some utility and accountability. They are better than nothing.

There are some provincial standards and regulations that could be useful to First Nations communities. Why re-invent the wheel? Some basic health and safety standards and regulations are useful. One would have to go through the regulations one by one and determine their utility. Those deemed useful would be kept. Others turfed. As the community gains more experience they will determine what they want and the best mechanism for administering and implementing them. They do not want to wait 2 to 5 years for approval of their regulations and standards.

Theme 2: _Provincial standards and regulations have no cultural accountability._

There is no emphasis on cultural accountability. The need for cultural accountability is illustrated in Dr. Michael Chandler's report on Native youth suicide that clearly sets out the dramatic affect of culture on youth. Communities with self-government, land claims, educations services, health services and cultural facilities had far fewer suicides.

Provincial requirements make it challenging for First Nations in licensing.
First Nations develop standards around cultural beliefs, values and
practices. Their standards and regulations should be respectful of all the
beliefs and cultures of all nations and should be flexible. For example,
those who want to smudge can, and those who do not don't. It is wrong to
enforce standards and regulations that are not applicable.

Theme 3: _There are a number of standards and regulations that limit_
services in First Nations communities.

Some provincial standards and regulations are prohibitive for First Nations
communities. For example, the tanning of hides, involving the use of
brains or guts, would be prohibited under provincial regulations, even
though this is a culturally relevant practice. Elders involved in child care
centres are often frustrated and want to quit because of licensing. Other
licensing barriers include: limiting the number of community members
allowed in the centre at one time, and prohibitive space requirements.

Theme 4: _In some instances there may be a need for prescriptive_
standards and regulations such as those offered by the province.

There may be need for provincial standards in areas like first aid. In some
cases it is easier to be prescriptive. At the most basic level there must be
some bottom lines for children's health and safety. However there is no
reason why standards and regulations could not be more descriptive, while
at the same time being prescriptive.

4.3.5 Monitoring First Nations Child Care Services

Respondents reported six broad themes when asked about monitoring of
First Nations child care services. The following paragraphs describe their
ideas and thoughts.

Theme 1: _Persons from the community who are experienced and who_
have a child care background should monitor services.

Monitoring child care services should be done by someone in the
community with experience, someone who knows the program and
services and who can go in and help determine whether the program is
meeting its outcomes. The ideal would be to have someone who has a
child care background.

Monitoring could be done by staff from other centres. It is important for staff to go to other centres and observe their practices. Our talents can be shared between centres. It would be helpful to have someone facilitate the information sharing process.

Monitoring could also be undertaken by an Aboriginal child care accreditation body. Ideally, a First Nations licensing board with First Nations licensing officers who are trained and experienced in child care would monitor child care services on reserve.

Theme 2: *Monitoring involves many different specific processes and tools. However, the overall goal of monitoring is to support communities to realize success.*

There should be a template for monitoring developed by parents that would blend regulations and community needs together. During the development of monitoring tools and processes, plenty of focus groups should be held to gather information. The tools and processes developed should reflect the community driven perspective, that is, from the ground up rather than top down. Likewise there should help empower communities to succeed.

There are many different ways to undertake the monitoring of child care services. One way is to interview staff and parents during biannual on site visits to the centre and community. Monitoring could also involve informal, drop-in visits. Yearly evaluation focus groups, annual self-assessment tools and community standards meetings may also be part of the monitoring process.

Theme 3: *Monitoring should occur at different times for different reasons but for the most part monitoring should occur on a yearly basis.*

Generally, services should be monitored more during development than during set-up. They should be monitored yearly thereafter. Assessments of quality should occur yearly within the first three years and then every three to five years thereafter. In other instances monitoring should be done as often as the centres request it.

Theme 4: *Monitoring serves many functions including: ensuring quality control, setting basic safety standards and addressing liability issues.*

Monitoring measures a program's outcomes, and whether or not community is taking action to achieve its outcomes. Monitoring is an evolving process that can help identify challenges and barriers to

implementation. Monitoring should be regarded as a resource for the staff as they seek to ensure the health, safety and well-being of children. Monitoring should be a program support function, not a policing function.

Theme 5: Monitoring First Nations child care services requires accountable and responsible individuals and groups.

Accountability and responsibility play a role in ensuring respect and safety for children and families utilizing child care services. Monitoring of those services should be a shared responsibility. An individual or group has to have the authority to ensure quality of services and standards and regulations are adhered to. Multiple players can form a broad base of authority which is preferable to a singular authority. There is room for many individuals and agencies in the monitoring of child care services.

However monitoring is undertaken it needs to be less intrusive and more compatible with outcome based regulatory models. Outcomes-based models are currently being implemented by the Ministry of Education, and Schools of Social Work accreditation bodies. Monitoring should be guided by a policy framework similar to these examples and should include regular assessments.

Theme 6: Monitoring First Nations child care services require national, regional and community, as well as individuals' involvement.

Monitoring may be undertaken using a variety of structures and processes. It may include a national body set up to monitor child care services and communicate different approaches. A First Nations person should head up the organization. Communities would be assisted not criticized by monitors who would at the same time support communities in attaining the next step in their development.

First Nations communities could also adopt a centralized body, that is, a First Nations tribal group or independent First Nations agency that would monitor child care services using standards and regulations. Another consideration for who should monitor at the community level is the idea of peer monitoring, that is, First Nations care givers and project coordinators could monitor each other. It is important to keep the monitoring role separate from the funding role. Monitors would also provide advisory services while working with child care directors. If necessary monitors would work with community agencies e.g. Chief and Council, to amend, suspend or cancel facilities' certificates to operate.

There should be a chain of command in the monitoring process: community coordinators would report to supervisors, supervisors to the community and external regulatory board like the BC Aboriginal Child Care Society (ACCS). The ACCS could undertake the formal monitoring in partnership with the community. The community would be involved in the monitoring through advisory boards, involvement in annual evaluations of the centre, and regular input from parents.

4.4 Outcome Based Regulations

4.4.1 Outcome Based Regulations

Respondents consistently identified three themes when asked about outcomes-based regulations. The following paragraphs describe those thoughts and ideas.

Theme 1: Outcome based regulations are subjective and require that individuals are knowledgeable of child development.

Outcome based regulations require a lot of subjective decisions. People must be up to date in the field of child development in order to make the best decisions they can make. In outcome based regulations if something doesn't fit or isn't right there is room for flexibility.

Theme 2: Outcome based regulations must be implemented respectfully, fairly and equitably.

The process of implementation involves the setting of regulations, the monitoring of regulations and the follow-up of monitoring. To implement outcome based regulations there needs to be respect and consistency, so that the overall umbrella of care is constant and not changed at someone's whim. Regulations need to be applied with equity and fairness, within set boundaries and parameters.

Theme 3: People have different ideas on the care of children.

There is a concern that outcome based regulations may not ensure a healthy, safe environment for children's daily care. People have different ideas on what is okay, for example, in guidance and discipline based on ideas of "a firm and judicious parent." Some parents will say "I got a smack on the behind and it didn't hurt me." In the regulations there is no spanking, no belittling, no emotional harm. There is now a *Guidance and Discipline Handbook* that identifies ways to guide children's behaviour. In outcome

based regulations positive strategies for dealing with children's behaviour should reflect the recommended practices of the community. What is good for children and families are activities that are based on cultural awareness and cultural input from the community.

4.4.2 Specific Outcomes for an Outcome Based Regulatory Model

Respondents identified specific considerations for an outcome based regulatory model in the following theme areas: safety and environment; health; culture; language; traditional teachings, programming and activities; care giver qualifications; child development, including: intellectual, social, emotional, physical, and spiritual development.

Theme1: _Safety and Environment_

- Children are in an environment that:
    - is free from safety and health hazards, and
    - has fire and earthquake safety plans and adequate safety equipment to respond to both.
- Children have opportunities and routines for:
    - toileting,
    - naptime,
    - sleep time, and
    - play time.
- Children have enough space to allow for freedom of movement.
- Children have developmentally appropriate equipment, including accessible toilets and sinks.
- The ground cover of the play area reflects the geography and climate of the area.

Theme 2: _Culture_

- Schools, communities, educators and students are culturally healthy.
- Children are exposed to culturally appropriate activities and environment.
- Culture is evident throughout the program.
- Children understand and participate in the Bathlats system.

Theme 3: _Language_

- Children feel equally comfortable expressing themselves in both their language and English.

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- Children speak the language of their preference.
- Children are exposed to a language rich environment.
- Children have opportunities to become familiar with their traditional language through multiple senses, that is, more than just speaking.
- Children are provided opportunities to become fluent speakers.
- Children should have access to language speakers and programs.

Theme 4: Health

- Children are provided opportunities to develop good health, for example, daily outdoor activities, and walks.
- Children are encouraged to be as healthy as possible, within the parameters of each individual child.
- Children have opportunities to understand the teachings their own traditional medicine and how to cure some of our current diseases.
- Children have access to medical and dental care on a regular basis.

Theme 5: Traditional Teachings

- The community articulates the traditional teachings they want their children to learn.
- Traditional teachings are the core of the children's program.
- The teachings of the community and the children's parents are supported and promoted.
- Children learn how to show respect for the animals, to hunt, and to fish.
- Children have access to Elders for guidance and other cultural programs.

Theme 6: Programming and Activities

- There is designated time and resources to design the children's program and activities.
- The program meets the needs of children.
- The program supports children in achieving and surpassing their developmental potential.
- Children are prepared to be successful in formal non-Aboriginal settings.
- Activities, materials and equipment are age and developmentally appropriate.
- Children have opportunities for challenging self discovery.
- Program activities are culturally appropriate.

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- Activities offer opportunities for children to be involved in both individual and group work.
- Children have the opportunity to participate in cultural activities e.g. mini Bathlats.
- Children learn about the outdoors.
- The children's program undergoes continuous revisions including identification of needs and gaps.

Theme 7: Caregiver Qualifications

- Caregivers adhere to both licensing requirements in the mainstream and community goals, for example, community language teacher training would be useful to care givers.
- Care giving practice is First Nations oriented, for example, involving an Auntie raised in the community participating in the day care.
- Community standards are recognized.
- Aboriginal Early Childhood Education is a requirement for caregivers.
- Care givers should have knowledge and skills relevant to Early Childhood Education and Care and look for ways to acknowledge their prior learning. "What is it that you need in your program - education may be only one thing." There should also be an expectation of professional development for care givers. Support should be provided for those people who do not have the educational requirements.
- Care givers have a minimum of a grade 12 education.
- Caregivers have problem solving skills and life skills.
- Care givers have a natural ability to care for children.
- Community members are encouraged to be care givers.
- Appropriate training is provided to caregivers.

Theme 8: Child Development

Children are challenged in all areas of their development.

Intellectual Development
- Children's intellectual development is fostered.
- First Nations child development pre-screening assessment tools are developed.
- Children have opportunities to develop all aspects of their intelligence.
- Children have opportunities to foster their intellectual development on a daily basis.

Social Development
- Children's social needs are met.
- Social activities reflect the child's home life.
- Children have opportunities to be with children of different ages.
- There are opportunities for children to be in small and large groups.
- Children have opportunities to learn responsibility and sharing in an atmosphere that is cooperative and supportive.
- Children have opportunities to participate in community events and activities and interact with community people.
- There are opportunities for the community to come into the centre.
- Children have opportunities to participate in culturally appropriate social activities.
- Children and their friends participate in community programs that are age appropriate.
- Children learn to respect their family and in turn, the community.
- Children learn to help other community members in the community, for example, the Elders.

Emotional Development
- Children have an emotionally stable environment they can rely on and be happy in.
- Adults respond to children's needs in an appropriate way.
- Children to respond to each other in a positive manner.
- Community families and children share with each other.
- Children are exposed to new and different experiences so they can develop confidence.
- Families are supported with information and resources to assist them when needed.
- Children have freedom from fear and frustration.
- Children have access to services as needed.
- Children learn to understand folklore; listening to stories eases the mind.

Physical Development
- Children's physical needs are met.
- Children are challenged to build on their own skills.
- Children have opportunities for diverse experiences.
- Children have proper food, clothing and shelter.

Spiritual Development
- Diversity of spiritual beliefs are recognized for each child.
- Children see themselves in their own environment.

- Children have the opportunity to explore their world in a way that is good for them.
- Children feel good about who they are.
- Children have access to cultural teachings and family history.
- Children have access to Longhouses, churches, or any other spiritual teachings.

4.4.3 Implementation in First Nation Communities of Outcome Based Regulations

Respondents consistently identified five themes when asked about the implementation of outcome based regulations. The following paragraphs describe those thoughts and ideas.

Theme 1: _The community must be directly involved in the development of the outcome based regulations._

Getting started means setting standards and regulations, identifying community responsibilities within standards and regulations, developing a standardized framework based on the community that articulates how community standards are to be judged, and identifying who should implement and monitor standards and regulations. Outcome based regulations move away from prescriptive regulations in that they do not regulate for, or quantify, quality.

The community needs to design outcome based regulations. Without a specific core identified by a community, it will revert to what it has learned, for example, residential school learning. Development should involve a consultative process with the whole community including, Chief and Council, Elders, hereditary chiefs and community members. All stakeholders must agree on the outcomes. These could include provincial standards. There should also be opportunities for communities to share their own best practices.

Theme 2: _Best practices can play a role in the development of First Nations outcome based regulations._

There should be no one best practice. However there should be opportunities to share and develop best practices. One of the challenges to using best practices to develop outcome based regulations is its failure to accommodate the diversity of communities and nations. Even at the community level there must be a recognition of diversity in the development of programs based on children's needs.

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Best practice approaches need a whole lot of work in their structures. One way to identify best practices is to use a thoughtfully applied generative approach. This approach takes into account the fact that identifying best practices is a dynamic process that is always changing. Because of this there can be no standardization of practices. The generative approach assumes best practices evolve over time. Likewise it is impossible to describe every situation and response. Best practices however they are generated serve as a guide, not a prescriptive manual. A mixture of outcomes and prescriptive standards and regulations would be most effective in communities.

Theme 3: _Implementation of community based, culturally relevant child care programs must be based on the needs and priorities of each individual community._

There needs to be considerable thought put into the timing and implementation of the outcome based standards and regulations. Implementation of any standard should be one step at a time so as to encourage the growth of the program. Community participation, that is, parents and community members involved in the development of child care centres, is also important to implementation. In this way the child care centre ends up being a community responsibility with the community determining how best to meet outcomes.

Theme 4: _Implementation of outcome based regulations begins with the Chief and council and the community._

At the community level implementation of outcome based regulations could be undertaken by the Chief, Council and the community. Responsibility for implementation could be undertaken by a community child care board and staff. On a day to day basis, the director and caregivers of the child care centre would implement the child care regulations. They would also assume responsibility for the implementation. It is also key that the day care program be integrated with community programs especially the health department using the development wheel. Another option is to have outcome based regulations implemented regionally.

Theme 5: _Monitoring of outcome based regulations is a community process that involves regional and national bodies._

The community or group from within the community should monitor child care services. Currently, monitoring of the provincial child care regulations

is done by the regional health authorities. Regional health authorities have primary responsibility for licensing. They can recognize other partners and delegate authority to them, for example, to a First Nations community. A First Nations licensing officer could partner with a regional licensing organization. Provincial organizations need to work with communities and support them.

Monitoring could be done by tribal groups or a provincial organization through site visits. This would include a provincial person that could go to all tribal areas offering support and consultation services. There also needs to be some standardization, like a provincial framework that would identify specific requirements, e.g. safety outcomes that have to be met.

Monitoring ensures all requirements are being met, a safety net for caregivers is in place and the well being of the community. Monitoring is both about the on-going and cumulative evaluation of whether or not the outcomes are being reached as well as a continuous gathering of information.

4.4.4 Benefits and Challenges to Outcome Based Regulations

Respondents thoughts and ideas about outcome based regulations are divided into two main theme areas: benefits and challenges.

Theme 1: Benefits

Outcome based standards and regulations:
- are goal oriented with a long term planning approach;
- create opportunities for the community to work together, helping each other to create a safe community;
- determined by the community foster ownership and responsibility for them;
- provide an opportunity for provincial Aboriginal organizations to monitor, thereby providing an independent approach while building capacity and goals set by the community;
- may result in a universal set of outcomes around food, safety and health codes, staff child ratios, space requirements, caregiver training requirements, child care worker qualifications, operational policies, building regulations, and guidance policies;
- foster a more culturally sensitive program;
- clarifies the expectations of child care and orients the community to the children;

- allows the needs of children and the community to be evident in the regulations; and
- provides flexibility for example, provincial standards and regulations require naptime for children. Napping would not be possible if a group was out berry picking. In a First Nations community the priority is berry picking not naptime.

Theme 2: Challenges

Some challenges to outcome based standards and regulations include the following aspects.
- Setting up the actual structure for monitoring requires a lot more work, more effort than the current system because of specific requirements in each tribal area.
- The cost of this type of regulation is significantly higher than the current system.
- There is a lot of development required by the community as well as by regional or tribal areas.
- There is a significant learning curve for everyone involved.
- Implementation requires people who know what they are doing and why.
- Development requires people with a significant level of understanding in child care.
- Monitoring these outcome based regulations requires high levels of expertise; it can not be done using a checklist to monitor. The monitoring process itself requires more work at the front end.
- Changing cultural norms, for example, the belief that to spare the rod spoils the child, in a positive way.
- Convincing community that outcome based regulations is a valid way to assess and monitor the child care program.
- Some communities will excel and be models for others, but there is a danger of holding one model as the answer for all.
- Outcome based regulations is an approach that requires a different way of thinking - it means you decide in the abstract what you want for every child. It does not look at each child or community individually.
- How to standardize yet maintain the flexibility to meet individual communities' needs.
- Outcomes must be clear so that they are not misinterpreted.
- Relevancy and consistency of regulations to children.
- Outcome-based regulations require a paradigm shift in an individual's monitoring of services.
- Determining who represents the industry and how the regulator endorses codes of best practices is critical.

- All stakeholders in the communication and implementation loop being involved results in time, money and effort.
- Whether or not a regulation model is accepted by the province is a challenge, the province can be very difficult if they want.

4.5 First Nations Authority

4.5.1 Treaties

Theme 1: A First Nations regulatory model is appropriate, not a provincial government one.

Theme 2: treaties are one way to gain authority that allows First Nations communities to develop and implement their own standards and regulations.

Communities with treaties are seen to have options to look at the appropriateness of the direction the province is taking in Early Childhood Education. How treaties specifically accommodate outcome based regulation is not certain, but it may provide an opportunity to start developing and implementing these kinds of regulations. Treaties do give the right to First Nations communities to establish their own programs and that would include developing standards and/or regulations as they see fit. Treaties can accommodate outcome based regulation by having the planning, research and positions made in partnership with child care specialists. Furthermore, monitoring issues may be dealt with through treaties, although treaties do not need to influence codes of practice. It is possible for treaties to set regulations. Capacity has to be there in order to regulate effectively.

Currently treaties are silent on early childhood development. If it is not articulated in the treaties then provincial laws apply. While child care can become part of the treaty process, people will still have to come to understand child care and outcome based regulations. Child care has to be a high priority otherwise it will not be included in treaties. Community members must ensure that Chief and Council are aware and informed. Child care should be written in any treaty, it is the cornerstone of a healthy community, it supports parents and children. Treaties acknowledge the authority to First Nations to develop, monitor and evaluate child care within the Canadian constitutional context. However, treaties are not the only way.

Theme 3: *Treaties should identify governance and implementation structures that build on those existing in the community.*

Inclusion of groups and individuals who have community experience in child care is important. This can be accommodated in treaties by identifying specific tribal government structures relevant to child care along side other social services needs. This also requires developing a federal process, because treaties are agreements between the crown authority and Aboriginal authority. There must be an understanding of each law and where they can help each other.

Theme 4: *Treaties must include sufficient resources to implement them.*

Sufficient dollars to support child care should be committed. If First Nations want full authority, they need sufficient support to make this workable. Likewise, it is not good to shift responsibility from the government to First Nations if there is no commitment by the people to undertake it.

Theme 5: *There is a need for clarity and understanding of the treaty process.*

Some individuals felt that treaties are not really applicable to the question. Furthermore, many were not sure about the treaty process, did not feel qualified to answer question, didn't know about treaties, and were unfamiliar with legislative frameworks around treaties.

4.5.2 Federal Constitutional and Other Laws Affecting First Nations Peoples

Theme 1: *First Nations have the right to govern themselves with no attachment to federal or provincial governments.*

The development and ownership of First Nations standards means that Aboriginal communities do not have to rely on the province to "give" them a mandate. It is a part of an inherent right to self-government. Outcome based regulations have an impact when the issue is self-determination. Outcome based regulations empower First Nations people to take over their own services. First Nations standards would be more acceptable to the community than if they are not imposed.

Under First Nations governance communities should have the right to pass legislation effecting all matters concerning First Nations; however, the

reality is that this would be a negotiated authority possibly through co-management or as part of devolution.

Theme 2: Government should always have a fiduciary responsibility to provide services in areas of education, health, lands and trusts services, etc.

The federal government should take responsibility for child care. However fiduciary obligations seem to vary by interpretation, between lawyers and First Nations. For example, respondents felt that if HRDC thought the outcome based model assured program quality and outcomes then they would consider their fiduciary obligation fulfilled. Currently the federal government is not responsible until children are 5 years and older. Outcome based regulations could make communities responsible instead of giving it to the province. The shift of fiduciary responsibility to the First Nation, in the long term this is good and healthy. It is a way out for both of the federal and provincial governments. Historically, Child and Family Services have been implemented by external authorities - why pursue ways which are not working in their own system?

Theme 3: An outcome based regulations model would have no impact on the federal constitution, or its application to First Nations people because it is an administrative task.

There may, however, be an impact on provincial obligations. Others felt that there is no impact on any level of government or that it shouldn't have any impact. Some respondents asked why government would get involved. Outcome based regulations may change the regulatory face, but not federal constitutional responsibilities for First Nations peoples.

Theme 4: There are significant challenges to implementation that will require the participation of all governments.

There needs to be a lot of convincing around outcome based regulations. Federal departments, for example Human Resources Development Canada (HRDC), and Aboriginal institutions would have to be convinced about quality control.

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CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

This chapter contains conclusions and recommendations divided into four major categories:

- Child care services
- Standards and regulations for child care
- Outcomes based regulations and
- First Nations authority.

The conclusions and recommendations are presented in such a way that they provide First Nations communities with considerations for the development of any outcome based approach the community desires in the delivery of child care services.

CHILD CARE SERVICES

This is what the people said about the **purpose of child care** in First Nations communities:

- *Child care is to provide a safe, healthy and caring environment for children.*
- *Current regulations or some kind of authority are regarded as important to creating a safe environment in child care settings.*
- *Child care is a multifaceted capacity building tool that brings community together through a focus on children.*
- *Child care can help children with the transition from home to school.*
- *Child care can act as a vehicle for the transmission of culture and language to the children.*
- *Child care can enhance children's development.*
- *Child care may take many different forms.*

Recommendations:

Ensure that all community constituents and ideas are included in determining and articulating the purpose of child care services in their communities.

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In outcome based child care approaches a statement of the purpose of child care is critical to identification of desired results from the delivery of child care services.

This is what the people said about the **administration and delivery** of child care services in First Nations communities:

- *First Nations communities decide how and who should administer and deliver child care services in their communities.*
- *Knowledge of provincial child care legislation and policy is necessary for administration of child care services.*
- *Child care administrators and service providers must be accountable.*
- *Child care service delivery involves the community.*
- *Community members who are trained in Early Childhood Education should be involved in the delivery of child care services.*
- *Community members, especially Elders and extended family should be involved in the delivery of child care services.*
- *There is a need for more child care services both on and off reserve for Aboriginal children and their families.*

Recommendations:

Support the development of child care components, administrative structure and implementation strategies that reflect the community's direction.

The framework for child care services should embrace principles of quality, community focus, family and child focus, accountability, flexibility, collaboration and early intervention.

This is what the people said about the **nature of child care services** in First Nations communities:

- *The curriculum offered in the program is holistic, age and developmentally appropriate and reflects the children's home environment.*
- *There is a need to combine formal training and knowledge with that of the community.*
- *Child care programs can network and create linkages with many diverse programs thereby enhancing and expanding their service delivery.*

- *Child care services can support the goals of the greater community.*

Recommendations:

Develop and implement children's programming that is holistic, age and developmentally appropriate and reflects the community environment. Holistic child care services should be a reflection of an integrated service delivery model.

Ensure that structures are in place that facilitates the integration of formal training and community knowledge.

This is what the people said about **parental involvement** in First Nations child care services:

- *Parents should be involved in the child care program in every way they can.*
- *Parents' involvement is important in decision making and governance of child care services.*
- *Supports for parents are key to the success of child care programs.*

Recommendations:

Provide parents with opportunities to be directly and indirectly involved with the administration and implementation of child care programming.

Parents should have opportunities to be involved in the direct delivery of child care services. Invite parents to collaborate on the development and implementation of children's activities in child care programming.

This is what the people said about **community involvement** in First Nations child care services:

- *The community can define how the day care fits into the community.*
- *Communities should be involved meaningfully in the child care setting.*
- *Community may be involved in the child care program in many different ways.*
- *It is important to have community members participating directly in the child care program.*
- *Communities set the outcomes for child care regulation.*

Recommendations:

Provide opportunities for community members to be directly and meaningfully involved in the development and implementation of child care programs.

All stakeholders in the child care services (including extended family, care providers, professional staff, leadership, and Elders) have opportunity to engage in the identification of desired results from the delivery of child care services.

STANDARDS AND REGULATIONS

This is what the people said about child care **standards and regulations**:

- *Child care standards and regulations play a critical role in ensuring the health, safety and well being of children.*
- *Standards and regulations can not be dictated from outside the community.*
- *First Nations standards and regulations should reflect developmental principles, as well as, being culturally and community appropriate.*
- *There should be standards regarding the training and qualifications of staff as well as acknowledging the work of community members.*

Recommendations:

Ensure that child care standards and regulations adopted by the community reflect both developmental as well as culturally and community appropriate principles.

Health, safety and well being for children need to be supported as the foundation of effective child care services so that children and families are supported by the services.

This is what the people said about **provincial standards and regulations**:

- *Provincial standards, if modified and if they said what First Nations people wanted them to say, could serve as a beginning point for developing First Nations standards and regulations.*
- *Provincial standards and regulations have no cultural accountability.*
- *There are a number of provincial standards and regulations that limit services in First Nations communities.*

- *In some instances there may be a need for prescriptive standards and regulations such as those offered by the province.*

<u>Recommendations:</u>

Examine provincial standards and regulations as a starting point for the development of First Nations standards and regulations.

Rigorously examine provincial child care standards and regulations for applicability, desired results from child care services, and ability to effectively implement or monitor the standards and regulations without an onerous bureaucracy.

This is what the people said about the development of **First Nations child care standards and regulations**:

- *A group of First Nations people who have an investment and experience in child care should develop First Nations standards and regulations. They should be people from a wide range of backgrounds including individuals from the provincial ministry, Elders, qualified care givers and health professionals.*
- *First Nations communities want standards and regulations for their child care services that are not less than those of broader society but that are different.*
- *There are many considerations to be openly discussed before developing our own standards and regulations.*

<u>Recommendations:</u>

Ensure that there are realistic and flexible timeframes for the development of First Nations standards and regulations.

Ensure that First Nations community members from a wide range of backgrounds are involved in the development of standards and regulations.

Make resources available for the development of First Nations standards and regulations, including but not limited to fiscal, human and technical expertise that will result in a set of standards that are community based.

Standards and regulations developed and adopted by First Nations should be no less than those of broader society.

This is what the people said about the **implementation** of First Nations standards and regulations:

- *On a daily basis, the director and staff of the child care facility need to know the rules and what is expected to maintain a healthy, safe environment for children.*
- *Implementation of the child care standards and regulations should be undertaken by the community and tribal group.*
- *Implementation of standards and regulations should be undertaken by a regional or provincial body.*

Recommendations:

Provide child care staff with information and training around First Nations standards and regulations adopted by the community.

Ensure that there is a role for community, tribal groups and/or provincial bodies in the development, implementation and monitoring of standards and regulations for child care services.

This is what the people said about **monitoring** First Nations child care services:

- *Persons from the community who are experienced and have a child care background should monitor services.*
- *Monitoring involves many different specific processes and tools but the overall goal of the monitoring is to support communities in realizing success.*
- *Monitoring should occur at different times for different things but for the most part monitoring should occur on a yearly basis.*
- *Monitoring serves many functions including: ensuring quality control, setting basic safety standards and addressing liability issues.*
- *Monitoring First Nations child care services requires accountable and responsible individuals and groups.*
- *Monitoring First Nations child care services involves national, regional and community individuals and agencies.*

Recommendations:

Ensure that persons who have a child care background and knowledge of the community monitor child care services.

Critical to effective monitoring systems are clearly stated indicators of desired outcomes from child care services, agreement among stakeholders on what data should be collected to assess outcomes, and clear statements about who is included as part of the community.

OUTCOME BASED REGULATIONS

This is what people said about outcome based regulations:

- *Outcome based regulations are subjective and require that individuals are knowledgeable of child development.*
- *Outcome based regulations must be implemented respectfully, fairly and equitably.*
- *People have different ideas on the care of children.*

Recommendations:

Implementation of child care regulations and standards, including information collected to assess outcomes should be undertaken using the highest ethical standards so that informed consent, confidentiality, anonymity, and principles of fairness, quality, equality, and due process are respected.

This is what people said about **implementation** in First Nation Communities of outcome-based regulations:

- *The community must be directly involved in the development of the outcomes-based regulations.*
- *Best practices can play a role in the development of First Nations outcome-based regulations.*
- *Implementation of community based, culturally relevant child care programs must be based on the needs and priorities of each individual community.*
- *Implementation of outcome-based regulations begins with Chief and council and the community.*
- *Monitoring of outcomes based regulations is a community process that involves regional and national bodies.*

Recommendations:

Ensure that the community defines the preferred outcome for specific services and programs as well as the indicators of successful outcomes.

There should be local control over the development and delivery of services that are flexible and responsive to the specific needs of the community.

Develop holistic services that can be delivered within the context of the values and beliefs of the First Nations community and where attention is given to the social, conceptual, organizational and political structures that influence services.

PRINCIPLES FOR OUTCOME BASED APPROACHES

Outlined below is an overview of principles articulated in a variety of outcome based approaches. These principles encompass and are reflective of what research participants identified. Aboriginal communities engaging in outcome based approaches in child care initiatives may wish to consider incorporating these principles in the framework for meeting community specific desires for child care programs and services.

Quality
Quality is perceived as integral to programs and services developed and delivered using an outcome based approach. Rather than employing traditional definitions of "quality" such as room size in child care services, outcome based notions of "quality" are founded on a broad range of ecological factors within a given community that influence the program or service. Cultural makeup of the community, values and beliefs, ways of knowing, and interconnectedness of the program or service to other programs and services, are examples of ecological factors that outcome based notions of "quality" embrace.

In Aboriginal communities quality may include holistic approaches to services cast within an outcome based approach. Holistic services can then be delivered within the context of the values and beliefs of the Aboriginal community and attention given to the social, conceptual, organizational and political structures that influence services.

Community focus
Almost all outcome based approaches identify a focus on community as a foundation of service delivery. It is the community that defines the preferred outcome for specific services and programs as well as the indicators of successful outcomes. This principle embraces notions of local control over the development and delivery of services that are flexible and responsive to the specific needs of the community.

Aboriginal communities have long advocated for a community focus in the development and delivery of services and programs. As early as 1969 the National Indian Brotherhood (now known as the Assembly of First Nations) strongly argued for a community based approach to "Indian Control of Indian Education." Similar initiatives have been advocated for the delivery of Aboriginal child and family, health, and child care services. (*Royal Commission on Aboriginal Peoples*, 1997)

Family, child, and individual focus

In the delivery of services using an outcome based approach there is a focus on services that accommodate the needs of families, children and individuals. In the case of education outcome based services, children needs are integral to the identification of desired outcomes such as student success in literacy. Family needs for guidance in providing children with the necessary developmental skills may also be accommodated by education outcome based models. Similar principles may apply to a host of services desired by communities.

The underlying concept of outcome based approaches therefore involves recognition of the needs of individual persons, and the development of effective and efficient responses to those needs. In Aboriginal communities, while identification of an individual person's needs is important, that process is not undertaken in isolation of the needs of the overall family, community and society. Development of responses to the needs of an individual person may therefore be undertaken from a holistic perspective.

Early intervention

As discussed in the previous section outcome based approaches most typically involve services suited to the needs of individuals. One of the primary purposes in the development of these services has been an opportunity for early intervention. Early intervention ensures that those most needing services are provided the services in an effective and efficient way. Early intervention also allows for the coordination of a complement of services in such a way that takes advantage of all potential services avoiding overlap and duplication of service delivery.

The development of directed and coordinated services in Aboriginal communities is of critical importance. Too often government sponsored programs are developed in isolation of each other, resulting in a disparate array of services approaching common concerns from very different disciplinary perspectives. Aboriginal community based service providers have called for a better coordinated approach to meeting the needs of

individuals, children, families and communities. Such an approach would involve all potential service providers in identifying indicators and responses to those needing early intervention.

Collaboration

For outcome based approaches to be successful it is necessary that community partners learn to collaborate in effective ways. Definitions of what constitutes a community are therefore important, as is clearly articulating the ways in which communities stakeholders collaborate. Successful community partnerships encourage respect, diversity, and accountability.

In Aboriginal societies communities are defined in a variety of ways. Social, political, historical, and economic influences all impact on the way an Aboriginal society may define its community. Given the diversity of Aboriginal communities there will obviously be a variety of stakeholders that may be different from community to community. A flexible approach is therefore necessary to ensure effective collaboration among community partners.

Accountability

A significant influence on proponents of outcome based approaches has been a desire for accountability. As a driving force behind outcome based approaches, accountability has been translated to a need for services that have measurable results, are cost efficient, and community responsive.

There are serious challenges to incorporating the concept of accountability into outcome based approaches. Not the least of those challenges is the ability of stakeholders to agree on what data should be collected to inform measurable results. Equally difficult are the means in which data is collected, stored, reported, and used. Significant concerns relating to anonymity, informed consent, confidentiality, and the storage of sensitive information have been raised by those currently engaged in outcome based approaches.

A further challenge is the ability of accountability processes to address economic disparity within communities and among fiscal needs for specific services and programs. A legitimate concern among those involved in outcome based approaches is that accountability principles will typically favour cost-efficient services over services that may be costly but are necessary for appropriate intervention. A further concern is that communities with fewer fiscal resources will not be able to afford the necessary expensive service to meet the needs in their community.

In Aboriginal communities there is a desire for service and programming that is accountable. The issue of accountability however is most typically described as "accountable to whom?" While the obvious answer to this question will be the community, there are broader issues of fiscal, managerial, governance and available human resources that cannot be overlooked. Indicators of accountability therefore must be comprehensive and inclusive.

Flexibility
Outcome based approaches are often established so that there is flexibility to respond to the diversity of needs in any given community. The principle of flexibility ensures that all sectors of society within a community are accounted for in the development of outcome based approaches. Flexibility also enables the development of standards for services that are community based.

Divergent sets of community standards will result in complex systems of enforcement, compliance and evaluation mechanisms. Costs to maintain these systems may therefore become out of reach for many communities, and inconsistent approaches to service delivery may unnecessarily impact on the well being of those less advantaged, such as children and women.

APPENDIX A

ANNOTATED BIBLIOGRAPHY

Aboriginal Skills Training and Consulting. (1998). <u>B.C. First Nations Child Care Needs and Training Assessment: Final Report</u>. Vancouver: BC Aboriginal Child Care Society.

Beyond the information provided in the Executive Summary noted below, this Final Report give a full review of then existing research into BC provincial child care policies, on-reserve services, and ECE training. The report incorporates results from focus group discussions and survey information.

Aboriginal Skills and Training Consulting. (1999). <u>Executive Summary: BC First Nations Child Care Needs and Training Assessment Report</u>. Vancouver: BC Aboriginal Child Care Society.

This summary begins by approaching daycare as providing opportunities to children first, parents second, and the First Nations community as a whole third. It examines on-reserve need, assesses training needs and requirements and ECE accessibility to on-reserve First Nations peoples. The findings of this report link First Nations economy and education status with a lack of access to child care services. The recommendation is for funding to reflect the probable fact that child population numbers on-reserve are underrepresented. With respects to child care, the research shows that an increase in exposure to licensed child care results in a greater value placed upon the service by community members.

Assembly of First Nations. (nd). <u>Nishnaabe Bimaadziwin Kinomaadwinan: Teachings of the Medicine Wheel Junior</u>. Author.

The importance of the teachings found in this book are introduced in the letter from Ovide Mercredi. These teachings differ from standard 'instructional methods' by providing a holistic approach to Aboriginal lessons being taught in an Aboriginal setting. This difference in the teachings is part of the teachings themselves as access to this knowledge "maintains a strong identity and strong healthy communities" (1). Lesson goals include increasing Native Language Vocabulary, learning skills such as cooking, learning about sacred days, relatives, etc. These lessons all begin and end within an Aboriginal framework.

BC Aboriginal Child Care Society. (1999). The Caring for Our Children. Newsletter. 3(4).

This newsletter gives background on the BC ACCS including their mandate to endorse services that "reflect traditional Aboriginal values and teachings"(1). They encourage community-wide awareness and understanding with regards to Aboriginal directed and controlled child care services. They also support research directed specifically towards Aboriginal child care services programming. This newsletter, in particular, examines the Seabird Island Day Care Centre and discusses the hands-on experience at a daycare which has only been in operation for six months. The interview with the daycare staff highlights the benefits to the children, parents, and community due, in a large part, to the programs involving traditional activities.

Beach, B.A. (1997). Perspectives on Rural Child Care. (ERIC Document Reproduction Service No. ED 403102).

This document examines the different experiences of child care depending on a rural or urban setting. Beach points out that despite 25% of US children living in rural areas, there are few examples of studies on the actual lived experience of these children. It has been shown that rural living tends to be linked to a greater economic disadvantage and that care is more likely to be informal, home-based/relative care. Literature also notes that regulations tend to be lacking in rural areas and that this indicates an "unknown quality" of care (2). But Beach goes on to state that the sparse nature of research on rural child care issues means that these observations and interpretations "may neglect potential strengths unique to rural settings"(2). These strengths include community connectedness and stability. With regards to regulations, the rural setting can be hampered by specialized credentials, excessive paperwork, and inflexible eligibility guidelines (3). Although Beach offers many interesting observations on the difference between the rural and urban experiences of child care services, her development of new approaches does not cover any significant ground. In the end, though, her work on urban biases is significant for any discussion on child care regulation issues.

Bernhard, J.K. (1999). <u>Reconceptualizing the Field of Early Childhood Education: Questioning Theories and Assumptions in Human Development</u>. Ryerson Polytechnic University, Toronto ON.

This discussion is centred around Bernhard's questioning the underlying assumption in the study of child development and the effect on ECE practices. These questions result in the proposal of an approach that places emphasis on social structures, culture, and context. Bernhard is challenging the "dominant theoretical perspective": that results in a system of judgement geared towards the needs and expectations of dominant groups (4). Alternative policies would not benefit children unless outcomes were considered in a social/cultural context.

Bernhard, J.K., Pollard, J., Eggers-Piérola, C., & Morin, A. (1999). <u>Infants and Toddlers in Canadian Multi-Age, Childcare Settings: Age, Ability and Linguistic Inclusion</u>. Toronto, ON: np.

The authors conducted a project based on questioning how multi-age grouping models could meet the needs of children, parents, caregivers and student teachers in early childhood settings. They sought to "enhance our understanding of the factors affecting quality of child care and outcomes of alternative models of care and education"(7). In the case of Aboriginal child this is especially important due to experiences of "assimilation and cultural genocide"(51) which was directed at the Aboriginal family social structure. The family is where teaching and learning takes place and family groupings (multi-age) within child care services could possibly serve the same function.

British Columbia, (1996) <u>Analysis of "Child Care Regulation Review-Working Document"</u>

This document critiques the British Columbian "inaccessible, inflexible and confining" prescriptive approach to health legislation. The rigid regime leads to regulation exemptions or variance which is inefficient, ineffective, and inequitable. A move to an outcome based regulatory model shifts from rule-orientated to a more goal-orientated approach based on "what is or needs to be achieved". Policy and legal concerns over such a switch include individual regulator inconsistency, lowering standards to reduce cost, and loss of government's "legal clout" to ensure health and safety standards. Key to addressing these concerns are found in a complete set of

policy guidelines to maintain consistency and a "charter" to handle legal concerns.

British Columbia Medical Association. (1999-2000). <u>Community Conversations: The Future of Health Care in British Columbia.</u> Vancouver, BC: Author.

This document begins by establishing that the critical condition of BC's health care system is characterized by long waits and "chronic under-funding"(1). *Community Conversations* were the gathering of 50-70 people in six different communities to enter into a dialogue about the ailing health care system. It was discovered that the general population and community leaders were all thinking along the same track (5). The doctors of BC then concluded that modern expectations, performance, and accountability make up the benchmarks against which future policy decisions can be tested in the hopes of altering BC health care's condition.

Canada. (nd) <u>Gathering Strength: Canada's Aboriginal Action Plan</u>. Ottawa, ON: Author.

This plan was produced by the federal government in response to Royal Commission on Aboriginal Peoples' conclusion about the need for a fundamental change in the relationship between Aboriginal and non-Aboriginal people. This plan outlines numerous steps such as a "Renewed Partnership" which works with the recommendation that Aboriginal people must "participate fully in the design, delivery of programs affecting their lives and communities"(11). It calls for the federal government to develop new and renewed federal initiatives to consider Aboriginal people both on and off reserves for these programs. The plan goes on to recognize the inherent right of self-government for Aboriginal people as within Section 35 of the Constitutional Act, 1982.

Child Care Human Resource Steering Committee. (nd). <u>Our Child Care Workforce: From Recognition to Remuneration. More Than A Labour of Love: Executive Summary.</u> Ottawa, ON: Author.

This summary highlights the importance of caregivers within the child care sector and their relatively low public support, resources, and wages. Key in addressing these issues are coherent public policies and adequate government funding to ensure consistency and quality of care. The report is able to identify shared interests

and concerns of child care providers despite the variation within the group. These include limited child care options, need for career options, and coordination in education and training.

Childcare Resource and Research Unit. (1993). <u>Child Care in Canada: Provinces and Territories.</u> Toronto, ON: Author

This report provides information on provincial/territorial statistics, funding, and municipal roles by providing side-by-side breakdown of regulations, licensing, and funding. The information on BC notes there are eleven licensed native child care centres on reserve which generally do not receive provincial funding. Within the section focused specifically on Aboriginal child care the issues were listed as flexibility/accessibility and cultural integrity. While Aboriginal groups have child populations larger than the national average, Aboriginal children are underrepresented in child care services. This creates a "particular need for a wide range of flexible services" (81).

Childcare Resource and Research Unit. (1995). <u>Child Care in Canada: Provinces and Territories.</u> Toronto, ON.

This report is listed as 1995, but gives information up to 1997 in places. It has a larger introduction which notes that although child care is under provincial/territorial jurisdiction, federal government has had a notable influence on the services. This report describes the historical role of federal government in child care policies up to 1996 in particular. Unlike other health, social and educational programs in Canada, child care has historically only been approached indirectly by the Canadian government. The section on BC states that on-reserve Aboriginal child care is funded and licensed by the province and there are fourteen licensed child care centres and the goal of 703 additional spaces by 1998. Like the 1993 report, there is a section on Aboriginal child care that is slightly expanded to include additional information on spending estimates for the next four years.

Childcare Resource and Research Unit. (nd). <u>Update of Child Care in Canada: Provinces and Territories - Draft.</u>

This update of <u>Child Care in Canada</u> contains information on each province and territory along the same guidelines as the two previous texts listed. The document quickly shows comparable information on the different regions such as licensing. There is no on-reserve

licensing for Saskatchewan, Manitoba, PEI, and New Brunswick. BC funds and licenses twenty-four on-reserve child care and Ontario licenses/funds 153. History of child care in each province/territory is provided as well as statistics on spaces, information on standards and regulations, and funding. As well, the Standards and Regulations sections note that BC allows for larger groups and caregiver:child ratios than Saskatchewan. This report, and the two previous, make it very clear that there is no universal approach to child care in Canada including individual provinces'/territories' stance towards on-reserve care.

Child Care Team. (1998). Provincial Child Care Policy and Evaluation Framework. Draft-For Discussion. B.C. Ministry for Children and Families.

This is a working draft proposal for child care directions in BC that outlines support for regional operating agencies and communities to work together in planning, delivering, and evaluating child care programs. The vision and guiding principles set provincially expected outcomes which will be measured through monitoring and evaluation. This report makes reference to Cleveland and Krashinshy's study listed below and the economic argument that for each dollar invested, quality child care returns two dollars in benefits to children and parents. The draft also includes Appendix D which addresses the need for a partnership between The Ministry for Children and Families and Aboriginal communities (D-2).

Child Development and Rehabilitation Section. (1995) Program Guidelines: School-aged Therapy Program Occupational Therapy and Physiotherapy. Victoria, BC: Ministry of Health and Ministry Responsible for Seniors.

These guidelines examine the needs of BC classrooms to create the flexible environment to meet all students' learning requirements. Under a principle of individualized learning, students work towards learning outcomes at their own pace dependent on their particular abilities. This calls for both an understanding and accommodation of the different ways individuals learn. Such programs require an inter-agency cooperation between physiotherapists and occupational therapists with parents and teachers.

Cleveland, G. & Krashinsky, M. (1998). <u>The Benefits and Costs of Good Child Care: The Economic Rationale for Public Investment in Young Children-A Policy Study</u>. CRRU Publications.
http://www.childcarecanada.org/resources/CCRUpubs/benefits/bctoc.html

The authors examine the cost and benefits of publicly funded early child care and education for all Canadian children aged 2-5 (including those whose mothers do not work). This study finds that for every dollar invested, two dollars return to society in the forms of various benefits. These benefits are both public and private and are identified both in terms of childhood development and economic measurements (social services, welfare, economic productivity, tax revenues, and economic security). Despite the discussion of child welfare in terms of developmental benefits, the conclusion is more direct in its focus on an economic bottom line in terms of Canadian international competition and economic productivity.

Colbert, J.A. (1996). <u>Childcare Literature Search and Recommendations</u>. Research study prepared for Royal Commission on Aboriginal Peoples. Ottawa, ON: Minister of Supply and Services Canada.

This study is based on a number of questions surrounding child care. In particular, question three deals with models that provide frameworks for local strategies and programs. Models allow service systems to be implemented which can reflect local community requirements for child care that is linked with the wide-scale delivery of services as a whole (93). Recommendations include a Canada-wide Aboriginal Child Care System controlled by Aboriginal peoples and funded on a long-term basis; an Interim Advisory Committee; an Aboriginal Early Childhood Research Institute; and Transition Committees. When literature is examined, most Aboriginal and mainstream focus is on issues of quality in child care. Aboriginal literature, though, also includes a prominent place for discussions of language, culture, and community development. There is a different outcome expected/hoped for from the provision of child care in an Aboriginal community.

Department of Indian Affairs and Northern Development. (1997).
Indian Register Population by Sex and Residence 1997. Ottawa, ON:
Minister of Public Works and Government Services Canada.

This register covers those individuals who, as of December 31,
1997, were registered under the provisions of the Indian Act.
Different distributions are based on residence, sex, age, registry
group, region, and responsibility centre. The purpose of this report
is given to be the recording of names in accordance with the act, not
to provide statistical data. The listing of "What the User Should
Know" speaks to many shortcoming of such a report. In particular,
page ix notes that infants "form a special case' of individuals who are
entitled to be registered but who are underrepresented in the data
until a later date.

Di Gangi, P. & Jones, R. (1998). Social Development and First
Nations Jurisdiction: A Discussion Paper. Ottawa, ON: Assembly of
First Nations Aboriginal Strategic Initiative.

This paper covers the issues which must be considered when
discussing First Nations jurisdiction over social development
practices. In addressing these issues the paper covers historical
events, current situations and conditions, and barriers to future
policy changes and future actions. Importantly, the first discussion
chapter provides definitions of terms and relationships dealing with
social development and programming with regards to jurisdiction.
This includes such issues as responsibility, self-reliance,
decolonization, laws, social policy, and living standards. The
authors make important observations of the dominant statutes given
to Canadian notions of common standards of living based on non-
Aboriginal society. They call for a "pro-active approach, which is
based on First Nations society and practice"(43) which ties in with
Self-Governance since "local governments are the first to respond to
local crisis and they are in the best position to decide which crisis
they should respond to and how"(43).

Doherty, G. (1999). Regulations as a Strategy for Promoting Quality
in Child Care Settings. Paper prepared for the Canadian Child Care
Federation's Partners in Quality Project.

The author's discussion centres around the links between various
provincial levels of regulations and the support of quality child care
in Canada. Although there is no national accreditation system for

child care, Doherty notes there is a cross-country reliance on the "iron triangle" of ration, group size, and care provider ECCE (1). These issues of safety and care are contained within provincial/territorial regulations, but there are limits to the power regulations actually contain for quality assurance. These problems are based on the limits of what is observable or checkable, the difficulties of governmental monitoring of regulations, and the complications of suspending or revoking a license. This examination finds that regulations cannot be expected to operate on their own and would be best supplemented with various educational programs and interactive mentoring practices (3,11).

Doherty, G., Friendly, M., & Oloman, M. (1998). Women's Support, Women's Work: Child Care in an Era of Deficit Reduction, Devolution Downsizing and Deregulation. Ottawa, ON: Status of Women.

The authors link child care with women's equality, where women are both mothers and providers of child care. An overview of the last decade of child care in Canada shows that child care's 'home' in public policy is not secure (2) which leads to an uncertain future for funding and responsibility. A history of cutting federal funding has placed more pressure on the provincial governments (13-14). Child care is vulnerable to tax bases, and thus loses funding as family incomes decrease (24). Lack of subsidies and increased fees are characterized by an increase in vacant regulated spaces, which leads to speculation on an increase in the use of unregulated care (27).

First Nations and Inuit Regional Health Survey National Steering Committee. (1999). National Report 1999. Ottawa: ON: Author.

Using the National Core Data from the 1997 national health survey, this report covers such issues as residential schools and Elder health, chronic disease, tobacco, activity, wellness, dental, and the health of First Nations and Inuit children and youth in Canada. Health is approached as "physical, emotional, social, spiritual, and cultural well-being"(4). An interesting component in the chapter on children's health dealt with knowledge of Native culture as a health issue. Many factors did not make any significant difference with the satisfaction of a child's knowledge of Native culture (age, gender) except the language used by the child in everyday use. Those who spoke an Aboriginal language daily were much more satisfied than those who spoke a non-Aboriginal language (18).

Friendly, M. (1994). <u>Child Care Policy in Canada: Putting the Pieces Together</u>. **Don Mills: Addison-Wesley Publishers.**

This document is based on a definition of child care as a variety of arrangements and policies which balance parental care and parental employment (25-26). Friendly ties her definition, in particular, to the issues of women, paid labour, and poverty. Her vision includes a grouping of child care able to meet the needs of multiple target groups simultaneously. The absence of a "specific national child care policy" is linked to numerous disparities; one such disparity being the uneven development of child care services across the country. Since no province or territory provides a child care program which satisfies the needs of its families (availability, affordability, and quality), Canada "does not really have a child care system"(60). Her call for a national child care program is then linked to "Canada-wide concerns" around the labour force and child poverty (265).

Harden, R.M. & Crosby, J.R. (1999). AMEE Guide No. 14: Outcome-based Education: Part 5—From Competency to Meta-Competency: A Model for the Specification of Learning Outcomes. <u>Medical Teachers</u>. **21(6), 546-552. Retrieved June 4, 2001 from EBSCOhost database (Academic Search Elite) on the World Wide Web: http://search.epnet.com.**

This article examines the use of outcomes-based education in medicine. The ultimate outcomes is based on the desired type of physician/doctor the schools wish to produce. By identifying and then teaching specific skills and qualities, the schools seeks to move from a "how/when" to the "what/whether" focus. The guide lists the criteria for deciding upon outcomes in a general "vision" of clear, unambiguous, manageable, and specific results. The majority of the information provided in this article does not relate to issues of outcome-based regulations and child care, but the *way in which* the guide recommends developing a medical curriculum is noteworthy. The guide outlines the development of an outcome model by means of input from the General Medical Council, review of the approach used by the Association of American Medical Colleges, a literature survey, discussions with a working group, and a meeting with more than 100 National Health Service and university staff and students. This gives a good idea of the research and background work necessary for the development of an accountable outcome-based education system.

Health Canada. Medical Services Branch. (nd). <u>Aboriginal Head</u>
<u>Start-(AHS)- On Reserve.</u> First Nations and Inuit Health Programs.

This program is an expansion of the Aboriginal Head Start Off-
Reserve Program, and targets infants, preschool, and school-aged
children living on reserve. AHS was given a budget of $25 million
annually with the majority of that money going towards the specific
program components at the regional level. The components are
based on Aboriginal cultures and languages, education, health
promotion, nutrition, social support programs, and parental and
family involvement. Challenges include co-ordination between on
and off-reserve and HRCD programs and the need for more
resources for universality. This project is proposal driven which will
be submitted at the regional level. Approval and funding based on
sustainability and size with management and administration of
projects at the regional level as well. Projects will be approved for a
three year period and evaluated after two. Meanwhile, there will be
First Nations input into the development of communications
strategies, handbooks, project selection criteria, and criteria for
approval.

Hogg, P.W. & Turpel, M.E. (1995). Implementing Aboriginal Self-
Government: Constitutional and Jurisdictional Issues. <u>Canadian Law</u>
<u>Review</u> 74(2):187-224.

The authors use elements of the Charlottetown Accord and the
Yukon First Nation Self-Government Agreements to examine the
way to make progress on Aboriginal self-government within the
existing Constitution of Canada. These issues involve the financing
of self-government, resolution of inconsistent laws, and application
of Canadian Charter of Rights and Freedoms to Aboriginal
government. Any uncertainties surrounding the Aboriginal
government use of the *Charter* would be addressed through an
Aboriginal Charter of Rights. Authors find that there are, in fact, very
few Constitutional impediments to the achievement of Aboriginal
self-government. This will be a way to deal with the interaction
between a First Nation's jurisdiction over a particular area where
there is concurrent jurisdiction.

Houston, R.W. & Howsam, R.B. (Eds.). (1972). Change and Challenge. In <u>Competency-Based Teacher Education: Progress, Problems, and Prospects</u>. (pp.1-16). Toronto, ON: Science Research Associates Inc.

This 1972 introduction to competency-based instruction would not usually appear to be linked to the issues of outcomes-based child care regulation. This chapter outlines the essential characteristics of competency-based instruction (precise learning objectives and accountability) and then expands on notions of personalization and shifting of evaluation (criterion-referenced rather than norm-referenced)(4). When this information is placed in context with the direction that the Harris government has gone with outcomes-based education in Ontario, the basic components of these two situations are very similar. Competency-based instruction emerged from "the emphasis on goal-orientation and individualization [where these goals]...can be made explicit by and for the learner"(3). Although there is not the same conceptualization of individual (or student) within the child care regulation formula, individual child care facilities fill the same position as an individual. If each child care facility is to be driven by its individual community and relative to its culture, then the regulation of these child care facilities will be individualized, goal-orientated process where the goals can be explicit by and for the facility.

Human Resources Development Canada. (1996). <u>Growing Up In Canada: National Longitudinal Survey of Children and Youth</u>. Ottawa, ON: Statistics Canada.

This report begins by linking profound social and economic change and sustaining a healthy social environment best for human development. Population health, coping, competence and well-being can all be tied to early childhood experience. The Overview (15-46) gives statistics on Canadian children from locations to health to temperament. Pointing to women's entrance into the work force over the past 30 years, the report lists child care as a new consideration in the organization of family life(25). Availability, quality, and stability of child care are key issues in promoting healthy child development.

Human Resources Development Canada. (1998). Research Findings on Children in Canada from Research Presented at Investing in Children: A National Research Conference, 1998. Ottawa, ON: Author.

Using the National Longitudinal Survey of Children and Youth, this study examines the impact of various factors on the development and well-being of children. These include family structure, parents and work, school, community, and health. In examining childhood experiences the report notes that repeated changes in child care arrangements are "associated with slower verbal development and difficult temperaments among pre-schoolers, especially boys." Therefore it is in a societies best interest to provide stable, reliable care.

Joint First Nations/ Inuit/ Federal Child Care Working Group. (1995). Considerations and Recommendations for the First Nations/Inuit Child Care Program and Funding Framework.

As part of the red book commitment to improving child care quality in Canada, the federal government announced in 1995 that they were placing a priority on child care needs in First Nations and Inuit communities. The end goal was to produce at least 6000 quality child care spaces at the end of a three year period and that child care services for First Nations and Inuit children under 6 years of age are comparable to that available in the general population. Assuring quality and cultural appropriateness, the report "suggests a model in which First Nations and Inuit each develop their licensing and monitoring systems under national First Nations or Inuit guidelines on standards through regional independent First Nations or Inuit authorities"(48).

Krechevsky, M. & Stork, J. (2000). Challenging Educational Assumptions: Lessons From an Italian-American Collaboration. Cambridge Journal of Education, 30(1), pp.57-74. Retrieved June 4, 2001, from EBSCOhost database (AcademicSearch Elite) on the World Wide Web: http://search.epnet.com.

The authors explore what is necessary to create a curriculum of the future and identify key educational assumptions which must be acknowledged and reevaluated. They look to the municipal preschools and infant-toddler centres of Reggio Emilia, Italy for alternative ways to approach child care. Specifically, the Italian

centres have the students and teachers working together to decide end goals for their activities. This highlights the relationship between child care facilities/services and communities. This form of outcomes-based activities places the decision making process at the local level and allows for flexible goal setting. The document also examines the assumption centred around school assessment and learning outcomes. The authors contend that assessment is "as much about how children learn and make meaning as it is about the products and outcomes of that learning"(4)

Lightford, E. (1993) <u>Child Care in the North</u>. Research study prepared for Royal Commission on Aboriginal Peoples. Ottawa, ON: Minister of Supply and Services Canada.

The breakdown of the traditional extended family combined with the interference and exposure to the "dominant white culture"(75) and its economy has led to a demand for organized Aboriginal child care outside the home. The widespread breakdown of the traditional family structure can be traced back to government policy and intervention based on removal of children from their homes. Child care has become a key issues in the healing process with both the Assembly of First Nations and Native Council of Canada conducting national commissions into the topic of Aboriginal child care. To enter into the workforce, parents must either attempt to make unreliable babysitting arrangements or miss out on job opportunities. This continues the cycle of poverty and dependence on the government which could be addressed through training and employment. The specific issues of the North include isolation, lack of resources, high costs and a lack of facilities that would meet provincial and territorial standards and regulations. Recommendations include a universal federal policy which gives control of Aboriginal child care to Bands, the removal of child care from under the umbrella of welfare services, development of user-friendly "how-to" handbooks, training of staff based on incentives rather than being licensed, and translation of legislation.

Mason, M.M. (2000). Meeting the Challenges of Data Collection in Outcome Systems. <u>Education & Treatment of Children</u>. 23(1), 75-96. Retrieved June 7, 2001, from EBSCOhost database (Academic Search Elite) on the World Wide Web: http://search.epnet.com.

With the rise in popularity of outcomes-based approaches to education and social services, there has not been a standardized

method of results measuring. Mason examines the Pressley Ridge Schools argument for a mainstream and "somewhat" standardized use of outcome data in child and family services. Entering into this equation is the increasingly broad spectrum of interest in the outcomes of these services. Whether it is funding from a school board or taxpayers, the motivation of accountability is becoming universal. Mason covers the selection of indicators, a team approach to outcome measurement, validation and reporting of data, and data systems. Other considerations include pragmatic motivation for outcome-based systems, the need for clear boundaries around data collection, and how to use data for social/policy based change.

McDonald, R.A, & Ladd, P, et al. (1999). Sharing Solutions: First Nations Social Security Reform. Ottawa, ON: Assembly of First Nations.

Beginning with a message from the National Chief, this report seeks to show the vision of what a First Nations social security net is and how it is necessary for the "development and empowerment of our Nations". A truly sovereign and healthy Nation will be achieved through capacity building, meaningful exercise of jurisdiction, and partnerships. Aboriginal strategic initiatives will develop a holistic First Nations social security net via active dialogue and continued knowledge development of community based alternative models rooted in First Nations traditions and culture. Continuing problem is that the designs and financing have been developed external to Aboriginal communities and are based on a foreign culture and experience. Any predetermined outcomes are not contextualized.

Ministry of Women's Equality. (1994). 1993-1994 Annual Report. Victoria: Province of British Columbia.

The purpose of this Ministry is to form a link between women's interests with those who make decisions in government. It is significant, therefore, that under both '93-'94 and '94-'95 objectives there are chapters on child care. A lack of quality child care prevents parents from training/education or finding/keeping jobs to support their family. Child care is linked to both the economic and social well-being of BC. At a basic economic level, creating space in a quality child care environment makes good sense. This report approaches that goal as the stabilization of the delivery of child care services and co-ordination of child care policy across government.

Morgan, N.A. (1998). Legal Mechanisms for Assumption of Jurisdiction and Control Over Education by First Nations. First Nations Education Steering Committee.

This paper examines the recognition of the "inherent jurisdiction of First Nations over education and the protection of that right"(1). When faced with both jurisdiction and control, the author found jurisdiction to be the more important legal issues; both issues were important at a practical level. To gain both jurisdiction and control over education, BC First Nations can negotiate free-standing self-government agreements on education under federal self-government policy.

Morgan, N.A. & McGettigan, D. (1999). Integration of Services: From Concept to Reality. Vancouver, BC: First Nations Education Steering Committee.

Self-Government negotiations offer an opportunity for First Nations to address the delivery of social programs. There needs to be both an understanding of the current system which will be replaced. This transition must contain the room for First Nations to redefined and restructured service development and delivery at a fundamental level (2). There also exists the need to address the difficulty in finding a way to adapt a system based so firmly in Western or European models of governance (32). This paper examines the various opportunities for building an integrated model of social service program delivery: existing, medium-term, and long-term under inherent self-government (37,48,50).

Mullins, Garth. (nd). A Profile of Aboriginal Health Policy, Programs, and Devolution in B.C. First Nations Chiefs' Health Committee.

Mullins approaches health as something beyond a simple absence of illness. His holistic view of physical, spiritual, economical, social, and cultural well-being elevates the notion of health to a central economically independent, community level management of this transformation. Individual communities are at various levels and government policy is slowly beginning to recognize the demand from First Nations for greater self-determination.component of BC's First Nations' recovery and rebuilding from the "long, dark winter of colonization" (6). Mullins states that this rebuilding towards health

equality with general population of BC cannot be socially engineered from the top-down.

Murphey, D.A. (1999). Presenting Community-Level Data in an 'Outcomes and Indicators' Framework: Lessons From Vermont's Experience. [Online]. Public Administration Review**, 59(1), pp.76-82. Retrieved June 4, 2001, from EBSCOhost database (Academic Search Elite) on the World Wide Web: http://search.epnet.com.**

Murphey examines the Vermont's Agency of Human Services' use of outcomes or results approach to the delivery of maternal and child health, school readiness and success, youth behaviour, economic vitality, and safety and welfare. Indicators and outcomes are use to determine allocation of resources at a community level. This article provides detailed information on the areas of difficulty in the design and implementation of such a program. It provides background into the evolution of notions such as community, the problems of databases and technology, presentation of data, and issues of context. This article provides important information for any region or group looking to begin employing an outcomes-based system because the major problems are acknowledged and discussed. Specifically, this information has the "power to judge results, made decisions, and allocate resources"(6). Whether or not Vermont's experience is seen as a success is debatable. Within the article's discussions are points of contradiction between individuals' achievements of goal and using averaged data to protect anonymity. But, ultimately, Vermont has begun the paradigm shift and this overview of their progress is noteworthy.

Nawagesic Consulting. (1999). 1999 SLAAMB Childcare Study: Sioux Lookout District. Final Report**. Sioux Lookout, ON: Sioux Lookout Area Aboriginal Management Board.**

This report begins by outlining historical Aboriginal child care arrangements based on extended families and traditional tasks and duties. The study found that there was a great need for more resources to be directed to child care in the Sioux District as only three First Nations communities had an existing licensed day care facility(1). The majority of the respondents to the study stated that quality child care was important both to the economic and social well being of First Nations communities, and that of those who were paying for their child care services were having to use a considerable amount of their household income to do so. Many respondents were willing to pursue alternative to conventional child

care services. Some of these alternatives would consider the current difficulties facing First Nations communities related to child care (32). The report goes on to examine the "budget challenges" associated with a child care strategy (104).

Ontario Ministry of Education. (1997). <u>Excellence in Education. Ontario's Plan for Reform: Better-Educated Students for a Brighter Future</u>. Toronto: Queen's Printer for Ontario.

Beginning with a letter from Ontario's Minister of Education and Training, this document outlines why the Ontario government created a new education plan for education reform. Citing high residential taxes and excessive spending by school boards, the provincial government proposes a plan to eliminate "waste and duplication in our system"(1). The real actions are not expanded on until later in the documents where it is found that these changes are to be based on province-wide standards (based on the poor showing by Ontario schools in International Standardized testing). These standards are presented along with restructured funding that follows students, increased monitoring of teachers and 'education dollars', and a centralization of administration by cutting local school boards. This document finishes with a vision of Ontario's children "at the head of the class, where they belong"(6) but never addresses any of the unplanned outcomes from these regulations (Wien and Dudley-Marling, 2001). As well, these standards do not question what criteria establish the "head of the class" or what will be done about students who can not reach that goal.

Osborne-Argue, K. (1994). <u>Alternative Regulatory Models for Health Legislation: An Outcome-Based Model</u>.

This document discusses alternatives to health legislation because of the dissatisfaction with traditional models; models that are proscriptive, technical, rule-based formal regulations with no flexibility, adaptability, or responsive mechanism for change. The traditional models are criticized as inaccessible and confining regulations which are enforced in a manner which does not allow any room for responding to specific situations. The main criticism is there is no room for discretion. The reforms offered are outcome (goal-orientated) based approaches that call for a reduction of regulations, alternatives to strict compliance with standards, and self-regulation. The report offers legal, policy, and financial

considerations for this reform, and recommends outcome based models for health regulations wherever possible.

Province of British Columbia. (1993). <u>Guidelines for Family Support Workers</u>. Ministry of Health and Ministry Responsible for Seniors. Speech and Language Services and Early Intervention Programs Branch.

These guidelines have been established on the "belief that individuals with special needs are contributing members of society"(1). Outlines the principles taken by the Ministries towards the delivery of family support which include a basis in the community, focus on the family, early intervention, collaborative team approach, and inclusion (2-3). The goals are referred to as functional goals and are based upon the notion of independence within someone's own environment (1).

Province of British Columbia. (1995). <u>Program Guidelines: Early Intervention Program</u>. Ministry of Health and Ministry Responsible for Seniors. Child Development and Rehabilitation Section.

This report outlines the importance of approaching each child as a "individual with a personal, cultural and family background" (3). The role of inclusion and community is stressed for those children who may need extra support. The listed objectives include, in part, to "measurably reduce or eliminate" a child's disability, ensure family participation, provide educational information, and assure inter-agency coordination. Basic principles are quality, community/family/individual focuses, early intervention, and collaborative team approach. Accountability and quality assurance are maintained by evaluating outcomes and monitoring programs both from the outside and through self-assessment.

Province of British Columbia. (1995). <u>Guidelines for the Delivery of Speech and Language Services.</u> Ministry of Health and Ministry Responsible for Seniors. Speech and Language and Early Intervention Programs Branch.

The Speech and Language Services is committed to high quality programs with the needs of the client and family. Services remain flexible so that they may change over time to better meet individual goals and objectives. Monitoring and evaluation are aimed at keeping the highest quality of care as possible. They use such tools

as local level Family-Centred Program Rating Scale and Brass Tacks as well as peer review and the Guidelines established as part of the CASP accreditation.

Provincial Health Officer. (1998). A Report on the Health of British Columbians; Provincial Health Officer's Annual Report 1997. Feature Report: The Health and Well-Being of British Columbia's Children. Victoria, BC: Ministry of Health and Ministry Responsible for Seniors.

The focus of this report was BC's children from birth to the completion of elementary school. The report approaches health as a physical, mental, emotional, and social being. Overall, BC's children are rated as some of the healthiest in the world, but on most issues Aboriginal children do not fare as well as others (iv). Recommended actions for this include Self-Governance and the support of services to develop self-esteem, coping skills, and healthy behaviors. It has been found that the more control people have over their lives and destinies, the more healthy they are (109).

Rhoades, J. & McCabe M.E. (1992). Outcome-Based Learning: A Teacher's Guide to Restructuring the Classroom. Sacramento CA: ITA Publications.

This text is useful for its background information on the links between changes in educational systems and major paradigm shifts within society as a whole. The authors point to the changing nature of future employment as evidence towards the need for an outcome-based educational system(OBE). The text gives further background information on OBE within education theory and goes on to outline three models of OBE: traditional, transitional, and transformational (8). This discussion contains references to such ideas as "expectations and standards", "clarity of focus" and "authentic tasks and assessment"(13). The text goes on to cover the steps for teacher implementation of programs and teaching styles based on the OBE system including rubrics(67) and portfolios(74). While it is stressed that standards and outcomes (products, essential learning) can be set by both the student and the teacher, the authors continually make reference to employment, job markets, and "successful participation in the global society"(18). School had already been linked to industry in chapter one, and chapter four reflects this link by listing both "collaborative worker" and "quality producer" as desirable "exit outcomes"(33).

Royal Commission on Aboriginal Peoples, (nd). <u>Vol. 2 Part 2:</u> <u>Restructuring the Relationship</u>. Ottawa, ON: Minister of Supply and Services Canada.

As part of RCAP's discussion on economic development, a lack of child care is identified as a barrier to employment (953). Problems have included lack of quality long-term services and funding (eased somewhat with the Headstart Program). The Report points to such programs as the Child Care Initiatives Fund (1988-1995) which demonstrated the "variety of creative approaches to child care that communities find appropriate"(954). Current regulations are too inflexible and, especially in non-urban communities, are impossible to meet. As well, some regulations are obviously based on a non-Aboriginal standard and do not leave any room for culturally appropriate alternatives such as the use of traditional hammocks rather than cribs (954). The Commissions recommendations are as follows:

- Agreements between Aboriginal, federal, provincial and territorial governments for roles, funding, and policies so child care needs are met in all communities.
- Federal government resumes funding research and pilot projects
- Aboriginal organizations and governments give higher priority to child care issues
- Provinces and territories amend legislation of monitoring and licensing to be more flexible and take into consideration Aboriginal circumstances.

Royal Commission on Aboriginal Peoples, (nd). <u>Vol. 3: Gathering Strength</u>.
Ottawa, ON: Minister of Supply and Services Canada.

In the report's discussion of Early Childhood Education, the importance of infancy and early childhood is linked to issues of "identity, self-worth, and intellectual strength"(447). ECE is referred to as learning before formal education. Aboriginal families have stated their concerns about this important time, but it goes beyond a "singular focus on cognitive development"(449). There needs to be an early identification of a child's special needs; high quality child care linked to parents' abilities to gain a foothold in the job market; and a reinforcement of Aboriginal culture, values, behaviors, and identity.

Royal Commission on Aboriginal Peoples (1996). People to People, Nation to Nation: Highlights From the Report of the Royal Commission on Aboriginal Peoples. Ottawa, ON: Minister of Supply and Services Canada.

This report documents strategies for movement away from the dependence/dominance relationship with the Canadian government's institutions. This structural change must be achieved in tandem with capacity building; significant focus is placed on Aboriginal control of Aboriginal education. These strategies call upon all levels of all governments to work together to achieve the educational requirements necessary for self-government (86). As well, strategies stress the need for public education with an emphasis on the importance of co-operation, awareness, and understanding, highlighting the importance of a renewed relationship between Aboriginal and non-Aboriginal people (144).

Samuda, R.J. (1995) Assessing the Abilities of Minority Students Within a Multiethnic Milieu. In Roberts, L.W., & Clifton, R.A. Contemporary Canadian Educational Issues (pp. 290-304). Toronto: Nelson Canada.

The author's discussion nature of school populations in Canada since the change in discriminatory immigration policies in 1962. Although dealing with large centres and the needs of "ethnic minority newcomers"(291), this article speaks to the broader issue of anglocentric biases when dealing with non-white student assessment and placement within the school system. In particular, Samuda examines standardized testing and the technical difficulties is assessing minority students whose backgrounds differ from what is considered the norm(193). Culturally relative assessment has been offered as a possible solution (300), but this does not address problems with instruction. Boosting a child's score may give the desired outcome, but the quality of the care/instruction is lost in this equation. The article ends with recommendations that assessment must consider a child's cultural background, identify specific needs, focus on assets and strengths, and be an ongoing process that is not a "static, time-bound event"(303).begins with the increasingly diverse

Saulis, C. (1995). <u>Regional Overview of Aboriginal Child Care in Atlantic Canada.</u> Research study prepared for Royal Commission on Aboriginal Peoples. Ottawa, ON: Minister of Supply and Services Canada.

This report provides information on each of the four Atlantic provinces along with a brief history of child care in Canada and the current Aboriginal issues in the child care discussion. The author points out the linking of child care with women's issues and that this needs to be changed so that this topic will be given its own rightful attention. This needs to be addressed both at the level of Aboriginal communities and provincial politics. Positive changes have been brought about by commitment and dedication to influence Aboriginal leaders. The need for culturally-appropriate child care means that this issues must be approached at the community level firstly, and then move upwards afterwards. As well, the report calls for governmental recognition of the UN Convention on the Rights of the Child (89).

Shawana, P. & Taylor R. (1988). Indian Child Apprehension: A Socio-Legal Analysis. Manuscript.

This paper challenges the assumption within the child welfare delivery system that Indian children cannot receive quality care within their own communities. The actions of this social policy are then linked to a 'hidden agenda' centred around the destruction of the Indian family structure. The authors question the potential use of government initiatives so that "jurisdiction over Indian child welfare is exercised"(63) resulting in Indian control over child care services.

Special Needs Day Care Review Reference Committee. (1993). <u>Supported Child Care: The Report of the Special Needs Day Care Review in British Columbia.</u> Ministry of Social Services.

This report states that families will access child care in similar fashions regardless of the needs of their children. To do so, building blocks are provided with which communities can construct services to meet their needs with a philosophy of inclusion and "principle-driven approach to working with families"(iii). Two specific elements of the proposed framework are a support checklist used to determine if extra support is needed for a child and practices and standards connected to government initiatives already under way. The report acknowledges the multi-leveled impact of such a transition but feels,

ultimately, this increased cost of transition and implementation will be offset by future gains for children needing supported child care.

State of Vermont. Agency of Human Services. (1999). <u>A Guide to State, Regional, and Community Partnerships with Vermont's Children, Families, and Individuals</u>. Waterbury VT: Author.

Subtitled as "Vermont's Framework for Collaboration: Improving Outcomes for Children, Families, and Individuals", this report is a general outline of the outcome-based framework being used for Vermont's delivery of social services. Improving outcomes involves creative solutions; regional and state partnerships; diverse involvement; community strength; and connecting social, physical, educational, and economic systems (1). This report introduces the partnerships involved in this new approach to information gathering, and describes the interaction between different levels of participants. Local groups, consumers, citizens, and state providers of services provide the data that is collected in yearly Community Profiles in order to learn from "what works" within communities. In turn, those outcomes are 'owned' by the individual communities so that they might act in their best interests when deciding what programs to continue in following years. The report includes State Team User's Guide Appendices with definitions, indicators, outcomes, partnership principles, and development assets.

State of Vermont. Agency of Human Services. (2000). Serving Vermonters in the New Millennium. <u>Fiscal Year 2002. Budget and Program Recommendations for the Vermont Agency of Human Services.</u> Waterbury VT: Author.

This report, referred to as the "Blue Book", outlines the ongoing programs and services administered by the Vermont Agency of Human Services. Vermont's services are offered in an outcome-based framework with a mission continually linked to the well-being of the state's population. The hope is that a responsive program will see its way "through the ever-shifting economic and social trends of public policy and political rhetoric" (2). As outlined at the beginning of the report, the three main questions are about who is being served, how, and to what end. All departments and offices of the Vermont agency are updated and their respective indicators and outcomes are listed with the subsequent data. The report included budget information as well as recommended changes to money allocation(26-31). The general framework of the discussion is based

on identifying what has resulted in benefits to Vermont residents and what outcomes still need to be addressed.

Statistics Canada. (1993) Aboriginal Peoples Survey: 1991 Census of Canada.

This survey provides information on the percentage breakdown of the Aboriginal population throughout Canada. As well, the survey provides percentages for First Nations groups on such as health problems, social problems, language, education, employment, and dwellings. These results are sometimes compared between different Aboriginal groups (North American Indian, Metis, or Inuit), different age groups, or to the "Canadian population". Interesting statistics include:
- among Aboriginal individuals over the age of five, 50% do not understand any Aboriginal language (pg.2)
- only 11% of Aboriginal adults (aged 15-49) who attended elementary school were taught in an Aboriginal language compared with 25% of those aged 5-14(pg3)
- nearly 70% of Aboriginal education has been by provincial or territorial authorities with little accountability to or involvement of Aboriginal people/parents (pg.3).

The last page contains information on Sudden Infant Death Syndrome (SIDS) and the increase risk for First Nations infants.

Task Force on Child Care. (1991). Showing We Care: A Child Care Strategy for the 90's. Ministry of Government Management Services and Minister Responsible for Women's Programs.

This document stresses the links between a comprehensive child care system and social and economic benefits to all British Columbians. Viewing children as "our most important resource", professional child care is approached as a "version of the extended family"(1) with the key underlying characteristics of quality, accessibility, and affordability. This system, and other education and health services, should not ever be at the mercy of market forces (2). But at this time, current policy is based upon "outdated assumption" about Canadian families (location of extended family) and basic familial economic realities (working moms generate extra spending money)(4). These assumptions result in policy that is not reflective of the desired characteristics. This report also includes "An Approach to Aboriginal Child Care: Background Paper" prepared by Ardyth Cooper.

Unknown, (nd) Models for Licensing and Monitoring. Tribal Councils as Licensers. Checklist and Recommendations.

This document lists information to be considered when monitoring a child care facility. It covers issues of capacity and enrollment for different groups of children (infants, toddlers, school age, etc); policies and procedures (fire procedures, behaviour management, and disciplinary practices); records (insurance, emergency contact information, and attendance records); ratios; staff qualifications, and facility/equipment requirements. The possibility of a waiver for the facility is mentioned on one page. This states that a waiver, variance, or exemption may be possible if a request is made in writing, "greatly detailed and justified". Guidelines are also provided on self evaluation for individual communities with a 16 point list that covers such actions as setting up an evaluation committee, selecting parameters, defining constituencies, preparing a report, and circulating that report.

Wasteneys, C. (1994) Regional Overview of Aboriginal Child Care in Ontario and Quebec. Research study prepared for Royal Commission on Aboriginal Peoples. Ottawa, ON: Minister of Supply and Services Canada.

Child care plays an important role in Aboriginal communities' social and economical improvement. Certain factors create unique needs within the Aboriginal child care framework. A high rate of single parenthood and issues of substance abuse or violence mean there is more demand for especially healing and nurturing child care. As well, culturally-appropriate child care is seen as a method for the teaching of tradition and language. This report examines Aboriginal child care in Ontario and Quebec and recommends the creation of a clear federal policy on Aboriginal child care, support and funding culturally-appropriate care, coordination between federal and provincial programs, and a review of the child care regulations with respect to First Nations control of such care.

Wien, C.A. &Dudley-Marling, C. (2001) Chapter 4. Limited Vision: The Ontario Curriculum and Outcomes-Based Learning. In J. P. Portelli, & R. P. Solomon (Eds.), The Erosion of Democracy in Education (pp. 99-116). Calgary, AB:Detselig Enterprises LTD.

This article examines the use of outcomes-based learning in response to criticism of public schools in Canada and the US.

Results-based outcomes are observable and measurable, and the use of them seeks to provide province wide consistency within the schools. Authors point to such problems as the wording in "The Common Curriculum" document produced by the Ontario government. Within the document, the repeated use of the phrase "students will..." stressed the authoritarian series of command "for teachers and school boards" with a "production schedule, a set time frame, that all students must follow. Such time schedules ignore the reality teachers face in the classrooms" (101). The authors criticize the system for an integrative philosophy that uses "lists of outcomes or expectations [to enforce] ...a rigid, static system"(101). Nowhere do these strategies on outcome-based learning "deal with unintended outcomes of schooling"(103) which could also be considered the unintended outcomes of child care. The system requires a more complex relationship between curriculum and feedback which would not operate within a linear framework(103). Instead, the Ontario education system has become "dehumanizing and demoralizing, ultimately immoral, because a machine has no responsibility"(104). The standardization which quickly follows allows for more efficient surveillance and control of teachers (community) and students (child care facility) behaviour (105). Further importance is placed in the fact that "curriculum cannot be culturally neutral"(106).

Transcription/Correspondence Based Information:

Brokenleg, M. (1999). <u>Circle of Courage Workshop</u>. University of Northern British Columbia, May 17, 1999. (notes taken at the workshop).

The notes outline the Doctor's discussion on the current problems facing First Nations children and teens. After watching a video about the suicide of Richard Cardinal, an Aboriginal youth, the discussion stressed the importance of not just treating the symptoms in cases like these. The importance of school is linked to the transmission of culture and the point is made that the classroom is most effective when its environment is similar to the home of the child (3). If the language, food, and way of thinking are different from the home, the child will experience dissonance. Brokenleg also makes key points about the important differences between empowerment based on solid self-esteem versus that based on Western public values. This workshop's notes indicate that child care based on First Nations

cultures and values would result in less teen juvenile acts and unplanned pregnancies.

Information on Programs in Hawaii and New Zealand
This information comes in the form of email correspondences, pamphlets, and articles in possession of the author.

Pamphlet. Career Opportunities in Hawaiian Medium Education

Most of the careers are centred around Hawaiian immersion education which had just been encouraged by state and federal policy. The growth in demand for Hawaiian schools resulted in a demand for Hawaiian language books, newspapers, radio and television programs. Under the Native Hawaiian Education Act, Punana Leo (preschools) have been given federal assistance and, with the initiatives of local communities, established in all four Hawaiian counties.

Harby, B. (1993, Fall). Living the Language. Island Scene, 2(2).

This article examines the issues surrounding Hawaiian immersion schooling. Language is examined with reference to culture, identity, and personal choice:E ola mau ka 'ōlelo Hawai'i, E ola mau ka po'e Hawai'i, (The language of Hawai'i will live and the people of Hawai'i will live) Lē'ahi Hall qtd in Harby. In particular, this article stresses the important role that parents have in establishing immersion programs such as those in Hawaii. The success of immersion schools begin and end within the will and actions of parents. Without their support, no amount of planning by teachers or preparing of policy by community leaders can cover the role of active, involved parents.

Heckathorn, J. (1987). Can Hawaiian survive? Honolulu, 21(10), 48-51, 82, 84-86.

There needs to be young people speaking the language for it to survive. Hawaiian is dangerously close to extinction with only about 2,000 native speakers left in the Islands. A unique culture and tradition will be lost if the language dies out. The language was taken away deliberately by the US government in 1898 through schools and children (50-51). And most experts agree that it is through the children again that the language will be saved. The

Punana Leo only allows Hawaiian: 10 hours a day, five days a week. The major problem is finding the money to create Hawaiian language medium schools that will teach beyond the pre-school level. This needs to come from the "heart of the Hawaiian people themselves" (86).

Pamphlet. The Workings of a Punana Leo

The workings begin with an Administrative Support Service that can provide a business under which a Punana Leo can open and be licensed; provide funding, schedules, policies and guidelines for personnel, and insurance; handle banks, taxes, publicity; seek out grants and donations; provide communication between schools to strengthen programs; and establish national and international contacts. Other roles are filled by parents (support goals, pay tuition, monthly meetings, language classes, and 8 volunteer hours/week), Teachers, and Community Support Groups (determines need for Punana Leo, raises funds, works with county and state agencies, building codes, support staff and parents).

Education Review Office. (1997) What Counts as Quality in Kōhanga Reo. New Zealand.

Outlines a program which started in 1996 and provides early childhood education completely conducted in Maori language and culture. The programs are licensed, but the Maori 'extended family' (as translated on available copy) is responsible for all decision making, management, responsibility, and accountability. This service is defined in the Education Act 1989 and the government's interventions include licensing through legislation and regulations, subsidies, capital contributions, ownership of property used by centres, and evaluation with regards to regulations.

Ministry of Education New Zealand. (1993) Draft Guidelines for Developmentally Appropriate Programmes in Early Childhood Services. Wellington, NZ: Learning Media LTD.

The principles of these guidelines are based on empowerment, holistic development, family and community, and relationships. The aims that are set out are well-being, belonging, contribution, communication, and exploration. Each of these aims has three to four goals for their achievement. What results is a system of guidelines that are ultimately based on the outcome (goals).

Email:

A waiver was achieved regarding the hiring of teachers on the basis of language fluency at the Punana Leo. The Hawaiian language medium schools do not have this waiver. There are attempts being made to change this in law. Funding comes from non-profit organizations and, federally, through the Native Hawaiian Education Act. Most efforts have been successful from political pressure rather than law, though.

BC Archives Search Results:

GR-2667. British Columbia. Ministry of Health. Provincial Child Care Facilities Licensing Board records Originals. 1968-1979. 65cm.

This record covers the transfer of responsibilities for private care facilities in BC. The Community Care Facilities Licensing Act replaced the Welfare Institutions Licensing Act in 1969. In 1976 the Community Care Facilities Licensing Board was split into the Adult Care and the Child Care Boards. Records of interest include Regulations Standards and Guidelines: Child Care Federal, Provincial, State; Provincial regulations of day care; Established guidelines of centres under 3; Day Care Information: Federal Government Dept. of Health and Welfare; Public Health Nurses Guidelines: consultations to day care.

GR-2674 British Columbia. Ministry of Health. Provincial Child Care Facilities Licensing Board records Originals. 1971-1979. 12cm

Same summary information as above. Records of interest include Advisory Committee- Early Childhood Education; Child Care Federation; Council of Parent Participation- Preschool Cooperative; Family Day Care; Indian Programs.

GR-2857 British Columbia. Department of Health and Welfare. 1938-1972. 26cm

This file is summarized as the minutes of the Welfare Institutions Licensing Board (1938-1966) and the Community Care Facilities Licensing Board. It also includes Regulations of 1940 and explanatory notes of the Welfare Institutions Licensing Act, 1937.

GR-2864. British Columbia. Chief Inspector of Welfare Institutions. Records of the Chief Inspector of Welfare Institutions Originals. 1937-1970. 39m.

This record traces the various departments responsible for health and welfare programs including the transfer in 1969 when the Community Care Facilities Licensing Act replaced the Act Respecting Private Welfare Institutions and the Ministry of Health took over from the Department of Health and Welfare. The files listed contain information about the development of community care facilities licensing and those who worked in related social service areas. Records of interest could include Regulations Standards & Guidelines: Child Care Federal, Provincial, State; Provincial Regulations of day care; Association of Childhood Education & Council for Human Development; Day Care Information; Indian Affairs.

BC Legislation

BC Benefits (Child Care) Act R.S.B.C. 1996, Chapter 26.

The Act intends to implement a child care system that will promote health, safety, well-being of children in child care, quality child care, access to child care (including children with special needs), and financial help for limited income families. The Act also covers such details as the Provincial Child Care Council that makes recommendations to the minister, child care subsidies and grants, and the power to make regulations residing with the Lieutenant Governor in Council.

House of Commons Hansard's Debate July 22-23,1996 BC Benefits (Child Care) Act

Hon S. Hammell introduces Bill 13 which is the framework for BC Benefits. The intent is to strengthen the social safety net with child care linked to government's investment in jobs and the economy. The second reading goes into further details of increased number of spaces and funding dollars to be given to child care. Reference is made to the UN's Convention on the Rights of the Child. Concerns raised in the debate are all centred around the regulations (9:15) and additional issues included with the Bill, not with issues of quality child care itself. All of the additional information means more government and more Provincial councils.

Community Care Facility Act. R.S.B.C. 1996, Chapter 60.

Establishes the definition of a CCF as any facility that provides care, supervision, training, or therapy to more than three persons not related by blood or marriage. Also defines of the director of licensing, licensing, standards, and variance. Covers who has from sections 1, 15, 17, & 20. This is followed by the legislative history of each section of the Act.power to make regulations, how to make appeals if one does not follow the regulations, and immunity for acts or omissions in good faith. **As well, the Act covers variation of laws. Amendments not in force include citations**

Community Care Facility Act. Child Care Licensing Regulation. 1997. Includes amendments up to BC Reg. 180/97

A legal document covering licensing and staff as well as different Day Care Facilities. There are slightly different requirements for the facilities depending on the ages in the groups, the location (home or centre) of facility, the needs of the children, whether the care is occasional, emergency, family, or residential. The Act's regulations cover a number of possible scenarios.

Welfare Institutions Licensing Act. S.B.C. 1937, c. 78.

Defines welfare institution and creates the Welfare Institutions Board and the Chief Inspector who will "investigate and report to the Board upon every application for a license to operate a welfare institution". Establishes the prohibition of operating a welfare institute without a license. The license can be issued if three requirements are met: applicant is fit and proper person, premises are clean and sanitary and reasonably secure against fire, and the applicant is likely to operate the institution in a manner which would not be detrimental to the "inmates" or gender public interest. The institutions will be subject to inspection.

Welfare Institutions Licensing Act Amendment Act, S.B.C. 1943, c. 71.

Changes of interest are found in Section 2. Section 2 increases the age of children from twelve to fifteen and defines a welfare institution to include creches, day-cares, play-schools, kindergarten or similar setting with children under the age of fifteen for a portion of the day.

Ministry for Children and Families. Child Care Branch. (1998). <u>Child Care Operating Policy Manual</u>. **Victoria, BC: Province of British Columbia.**

The manual covers the Child Care Act, BC Benefits Regulations, and multiple subsidy/grant scenarios. The Child Care Branch is responsible for the implementation of the provincial government's "vision and commitment to child care" (1). These objectives include issues of women's access to education, training, and the labour force; community control over local services; strengthening BC's economy.

Saskatchewan First Nations Day Care Policies and Regulations

Federation of Saskatchewan Indian Nations, (1997) Child/Day Care Centre Licensing Assessment.

A technical form with copies to be forwarded to FSIN, Tribal Council, Band, and Centre. Under the listings of Act (standards of Board and Parent Advisory Committee) and Regulations the monitor has the two options under the heading of Compliance: Yes or N/A. The list includes furnishing, programming, child management, nutrition (Canada Food Guide or Aboriginal Food Guide), health, etc., as expanded upon in the 1997 Saskatchewan First Nations Child Care Regulations.

Federation of Saskatchewan Indian Nations, (nd) Childcare Monitoring Checklist.

This straight forward checklist summarizes the regulations and standards under the headings quality, safety, administration, medical, and nutrition. It covers the same information as the above assessment form, but is in a much more easy-use format since it does not require continual reference back to the regulations (i.e.: to look up what 9(a-d) actually refers to in the policy). This list asks if there is a phone, emergency numbers posted, and other regulated requirements.

Federation of Saskatchewan Indian Nations, (nd) Environmental Health Requirements for Day Care Centres.

The requirements include submitting building plans to the Environmental Health Officer before alterations or renovations. This allows any suggestions for changes to ensure suitability of the facility layout, equipment, etc. Equipment/facility requirements include such items as sufficient lighting, ventilation, ceiling height, toilet facilities, refrigeration for food, heating, and water supply. Operation and maintenance covers washing dishes, diaper changing area, poisons, animals, first aid, play areas, and kitchen workers. These standards appear equitable with other provincial health standards.

Unknown, (nd) Fire Guide for Daycare Facilities.

This guide states that HRDC provides an optional day care inspections for centres on reserve free of charge. The guide covers fire alarm systems, rating rooms (for gas fumes?), emergency lighting, fire extinguishers, and exits. It also makes reference to following the national building requirements (1995).

Federation of Saskatchewan Indian Nations, (1997) Fire Safety Checklist.

This checklist is provided for child care centres licensed under FSIN and is a straight forward yes/no checklist. Items listed include two exits per floor, exits equipped with approved quick-acting or panic hardware, central heating system (if no, then it must be explained in remarks section), good housekeeping practices, and monthly fire drills.

Federation of Saskatchewan Indian Nations, (nd) On Reserve Child Day Care Safety Check List.

This check list covers safety requirements in specific areas such as art, block-building, book, computer, cooking, dramatic play, large motor, manipulative, music, sand/water, science/math, and woodworking areas. In each area, appropriate items are listed with their safety needs. This includes using safety goggles, supervision of scissors, electrical cords, appliances in compliance with local safety codes, and elimination of equipment using small batteries, etc. For general room conditions, the check list asks that floor coverings be unbroken, electrical outlets are covered, accessible fire

extinguishers, appropriate equipment is child sized, outdoor play area fenced in, and adequate supervision. This checklist is extremely clear in its expectations and the necessary steps to ensure a safe child care facility.

Unknown, (nd) Requirements for Approval (On Reserve Family Day Care Homes).

This two page list covers ten areas of requirements for approval. They are child care employees, health, safety, nutrition, equipment, building, fire, sanitation, discipline, and emergencies. Under each of these headings are two to twelve points which reference other safety regulations (fire safety regulations) and general requirements (building must be clean) to specific regulations (separate crib for child younger than 19 months). This list is not as prescriptive as the regulations guides and certain items listed indicate a different level of regulation. An example is 2(L) "ashtrays clean of cigarette butts" which alters from other regulations that state no smoking at child care centres.

Federation of Saskatchewan Indian Nations, (nd) Tribal Council Day Care Compliance Inspection.

This check list covers structures, electrical, ventilation, fire and safety, and heating. The questions are fairly detailed and range from door opener hardware to washrooms, electrical outlets to emergency lighting, exhaust systems in bathrooms and kitchens to smoke detectors, and chimney condition to location of combustible materials. The list is fairly in depth, but it is not overly technical given the nature of the safety inspection.

Federation of Saskatchewan Indian Nations Health and Social Development Commission.(nd). Saskatchewan First Nations Childcare Delivery Models: Licensing, Monitoring, and Supporting Care. Saskatoon, Sask: Author

This discussion paper covers the many different forms of "permission" available for child care centres. These include licensing, registration, and certification as ways of ensuring safety and health standards within the framework provided by Saskatchewan First Nations approval. The paper goes on to discuss alternative forms of accreditation such as a Quality Control Manual for self-evaluation involving children, parents, staff, administration,

and resource. "This is a positive and community based approach"(2.4). The question of community is important and the paper offers ways in which the school system, child care and the community can all be connected to the benefit of the children involved.

Federation of Saskatchewan Indian Nations Health and Social Development Commission. (nd). A Guide to Licensing and Renewal First Nations Daycare Programs on Reserve. Draft. Saskatoon, Sask: Author.

This guide states that services must meet a predetermined level of care in order to be licensed; non-licensed care cannot receive Federal funding. Each licensed facility must have a written philosophy and a policy handbook for parents with the centre's activities, policies and responsibilities. The guide begins with issues of quality, start-up procedures, required documents, and checklists. The last two sections deal with the licensing and Inspection responsibilities. Some of the licensing requirements include attendance records, immunization records, confirmation of staff training, first aid, monthly fire drills, and regular inspections.

Federation of Saskatchewan Indian Nations. (nd). The First Nations Child-Care System: Discussion Document. License/Monitor/Support. Draft.

Using the same language and framework as the Child-Care Delivery Model paper listed above, this document outlines the same arguments around licensing of child care facilities. The report identifies the main problems with the licensing model of quality control; it is based on a punishment model (9). If minimal standards are not met, licenses are revoked. On the other hand, there is no recognition of those facilities which far exceed those minimal standards, so from a business perspective there is no incentive to go beyond the minimal quality standards. The document states that there is a need for "a broader more holistic notion of quality"(9). Supports to the initiatives proposed in the paper include the creation of various services and actions. These include an information office responsible for collecting and distributing all the available information on child care programs, a service organization which provides centres with technical assistance for problem solving or development of their programs, and the discretionary use of funds

for supplemental grants and capital costs under determined guidelines (11).

Saskatchewan First Nations. (1996). <u>Saskatchewan First Nations Child Care Regulations and Discussion Draft</u>. **Author.**

These regulations begin by provides definitions for such terms as child care worker, director, medical practitioner, and operator. The standards for facility certification covers furnishings, equipment, and play materials in much the same way as the provincial standards. The section on programming is slightly different by designating the incorporation of "culturally relevant elements and/or programming objectives", but it does not expand further on what that entails exactly. The section on standards for Certifying centers covers staff-child ratios, space, supervision, responsibilities, staff qualifications, food, equipment, washrooms and fire safety. The section on subsidies outlines the eligibility requirements and payments available from the band. The additional information at the end of the paper covers ways the Working Group can enhance their programs through their regulations. This is the most noticeable inclusion of First Nations centred issues. It covers the design and implementation of curriculum by First Nations peoples as well as staffing and interaction with the centre.

Saskatchewan First Nations. (1997). <u>Saskatchewan First Nations Child Care Regulations</u>. **Author.**

This is the revised edition of the child care regulations based on the work of the First Nations Child Care Working Group's examination of provincial and First Nations child care policies. Specifically, this document is based on the 1992 Touchwood File Hills Qu'Appelle Tribal Council's document listed further below in this bibliography. These standards are ready to be presented to the Health and Social Development Chiefs of the FSIN for their approval. It is noted that there is no subsidization program on First Nations, but if funding becomes possible "certified" centres would be given priority(5.0) The regulations follow the same format as the details listed for the above entry. Additions, though, include more detailed explanations on the roles and responsibilities of the Tribal Council Chiefs with respects to certification and authority. The certification by the Tribal Council is dependent upon a centre's meeting of regulations, letters from fire commissioner or Tribal Council Compliance officer, letter from federal or band health officer, and detailed information on floor

plans and equipment to be used at centre. The remainder of the policy is comparable to other provincial standards.

Onion Lake First Nation. (1996). <u>Onion Lake Day Care Charter</u>. Onion Lake, Sask: Author.

This Charter begins with definitions of such terms as 'child care worker', 'provider', and 'supervisor'. Regulations in the Charter cover cribs, nutrition, child management, hygiene, records, fees, ratios, floor area, staff qualifications, and fire safety. These regulations are similar both in wording and in presentation as those given in any provincial regulations/policy. There are references made to the Canada Food Guide, The Public Health Act, and Medical Health Officer. There is no mention made about First Nations cultures or language, or First Nations education/issues.

Indian Governments of Saskatchewan. (1997). <u>Saskatchewan First Nations Child Care Regulations</u>. Author.

The Saskatchewan First Nations Childcare Working Group formed under the authority of the Health and Social Development Commission of the F.S.I.N. The Working Group consists of representatives from each tribal council and one rep for the unaffiliated First Nations with the goal of drafting Saskatchewan First Nations Regulations and Policies after reviewing other provincial and First Nations child care policies. Three other First Nations child care policies are already recognized and may be used as an equivalent to the Provincial Regulations (TFHQ Tribal Council and MLTC Policy and Regulations, and Onion Lake Daycare Charter). A letter of equivalency from the Minister of Social Services is necessary for some Insurance companies. The regulations put together by this group are intended for the certification of child care centres and cover issues of staff/child ratio, play areas, kitchen and dining facilities, health, nutrition, etc. This includes items such as dishwashers, number of sinks, and the location of toilets. Some wording was altered from that found in the provincial regulations such as "sleeping accommodations" rather than specifying beds. Otherwise, this covered the same regulations as found in other policies.

Meadow Lake Tribal Council. (1991). Meadow Lake First Nations Child Care Policy and Regulations. Meadow Lake, Sask: Author.

Policy identifies the interrelationship between MLTC and MLFN structures in the area of child care. This was needed since there was no established child care policy, regulations, or standards at those levels. Attention is paid to the distribution of roles and responsibilities between the First Nations and Tribal Council levels. The regulations establish the common standards for all facilities as well as particulars for centres and family Day Care homes. These regulations range from financial records to issues of safety and nutrition.

Touchwood File Hills Qu'Appelle Tribal Council. (1992). Child Care Policy and Regulations. Lebret, Sask: Author.

This is an earlier version of the Saskatchewan First Nations Child Care Regulations (1997) listed above under the citation of Saskatchewan First Nations. Compared to the later version, this document points to the authority of the TFHQ Tribal Council Chiefs who will provide the political direction to the policies as well as the final decisions on Indian child care matters(18). These responsibilities include licensing, monitoring and implementation of regulations, and the general operation of the Tribal Council child care program. The policies and regulations were discussed with the Director of the Child Care Branch and her assistant, and approved section by section. A note was made about the three sections that are not written into the provincial standards. These are

- 11(3) any belief of sexual or physical abuse must be immediately communicated to either ICFS or the police;
- I8(d) the equipment of a telephone in working order and the posting of emergency numbers near the phone;
- 19(2) the retention of a child's records should they cease to attend a facility, and the transfer of the ownership of those records to First Nations.

Child care facilities are provincially licensed by the TFHQ Tribal Council through the Indian Child Care Services and the same authority can amend, suspend, or cancel a license (22). It was also noted that subsidization was not available on reserves, but would become part of the policy once funding arrangements became available(25).

Unit for Child Care Research. School of Child and Youth Care. (1998). <u>Saskatchewan First Nations Child Care Program Monitoring Training Guide</u>. The Federation of Saskatchewan Indian Nations.

This guide is a preparation for Program Monitors who will promote quality child care via partnership with child care service staff, parents, and community. The Monitors will ensure compliance with First Nations child care Policies and Regulations and provide culturally appropriate child development through the use of "rating scales". The training is based upon the KSS framework which stresses knowledge, skills and self-awareness in order to produce people capable of monitoring and assessing certified child care programs.

Saskatchewan Legislation

The Child Welfare Act 1965:

Defines such terms as child, parent, born out of wedlock, orphan, foster home, etc. Covers the power to apprehend a child who is deemed to be neglected. Among many other issues, this Act also covers the licensing of rescue, infants', nursing and other homes (4386), Children's Aid Societies (4388), Advisory Committees (4390), and Shelters(4391).

1966 Amendment to The Child Welfare Act.

Changes were made to the sections dealing with Children's Aid Societies (repealed) and Shelters (change in wording).

1967 Amendment to The Child Welfare Act

Most changes were centred around issues of departments and payments. As well, there were changes made with respects to the Juvenile Delinquents Act (Canada) and the committing of a child to a superintendent or industrial school.

1968 Amendment to The Child Welfare Act

Added the term "group home" to Section 2 Clause i. These group homes were then given a section to outline their inclusion in the same regulatory licensing and monitoring as other institutions.

The Statute Law Amendment Act, 1969

Addition of Section 2A: "The Minister may, for the purpose of this Act, designate more than one person to be directors."

The Coming of Age Act, 1970 Sask. Statute. Chapter 8

This Act changed the age of majority from 21 to 19 and gives all the benefits, rights and privileges as well as responsibilities to anyone aged 19-21 as someone who has already reached the age of majority. This includes altering other Acts such as the Child Welfare Act.

The Family Services Act, 1973. Chapter 38

Including a number of the same issues as the Child Welfare Act, 1965, this Act also contains a definition of "child care centre" which is a building providing child care, at the request of parents, for four or more children with the provision that this care is not under the jurisdiction of any other department or agency of the Government of Saskatchewan. The remainder of this document follows a similar format of the Child Welfare Act, 1965. The final section of Part IV General contains Section 86 which covers the Lieutenant Governor in Council's ability to make regulations. 86(e) makes specific reference to those "foster homes or group homes or institutions that have as their primary aim or object the care, custody or treatment of children" and lists the six points on licensing, regulating, and controlling of these institutions. This includes conditions, standards, number of persons, reports, and inspection.

Index listing for Family Services Act, 1973: Day Care Regulations made in September, 1975 and amended April 1976.

1975 Amendment to The Family Services Act, chapter 16
Added Section 85A which allows the Minister to authorize any officer who is a member of the department to perform any of the duties conferred upon the Minister by this Act.

The Child Care Act, 1989

This Act covers children under 15 years of age (with special needs) or 13 years in any other case. It gives definitions for child care

centre, organizations, services, and day care association and centre. For the safety and well-being of children and for the administration of this Act, child care facilities can be inspected or investigated. Subsidies and grants may be issues by the minister if the regulations allow. Section 27 allows the Lieutenant Governor in Council to make any regulations with respect such issues as licensing, standards, hours of operations, personnel requirements, programs/activities, records, number of children, parent advisory committees, insurance, and fees.

Saskatchewan Regulations

Sask. Regulation 165/70

The Child Welfare Act states under Section 66 that the Lieutenant Governor in Council, in the public interest, may make rules and regulations for day care centres. "The Day Care Regulations" state that one must have a license in order to provide day care services, follow the regulations, and demonstrate the community need for such services. The following are listed on the Index of Regulations Published in 1970 under the Regulations Act:
forms and direction respecting contents of, and documents to accompany, certain forms:
166/70- Deleting health certificate
167/70- Deleting Form 4

Sask. Reg. 911/68 as amended by SR 180/79 and 88/85.

The Diseases of Animals Act, 1966 allows for the "Regulations Governing the Inspection of Meat in Domestic Abattoirs". In this unofficial consolidation, amendments have been incorporated into the document. These regulations are two pages in length and cover application for inspection, standards of domestic plants (animals free from disease, standards of sanitation, compliance with Humane Slaughter of Food Animals Act), and the certificate of inspection that states the premise has been inspected and approved by the Minister.

Sask. Reg. 948/90

The Child Care Act in Section 27 allows for "The Child Care Regulations". The regulations cover licensing, standards, grants, and subsidies. For the purposes of the Act certain services are not

considered child care services. This include facilities licensed under The Residential Services Act, services for less than three hours a day, casual services, camp, recreation programs, foster care. This is a very detailed list of regulations that range from food to hygiene to lighting. Similar to other provincial regulations, this document covers ratios, supervision, staff qualifications, etc.

Sask. Reg. 66/92

"The Child Care Amendment Regulations, 1992" makes such changes as Section 68 subclause (ii) is altered to break down grant amounts depending on whether a child is an infant, toddler, preschool, or school-age child. Other situations are added to those who can receive a grant such as one-third of the tuition paid for a child care worker's education at an approved institution, development of employer-sponsored child care services, and child care specifically for teen-aged parents attending high school.

Sask. Reg. 29/95

"The Child Care Amendment Regulations, 1995" makes further changes to the funding portion of the original Child Care Regulations. The subsidies a Minister may pay have been broken down into different amounts depending on the child and the facility (child care centre or Family child care home). Originally this was a flat rate of $235.
- Toddler: centre for child care services $245
- Infant: centre for child care services $285
- Toddler or Infant: family child care home $265
- School-age and preschool: either facility $235

Sask. Reg. 77/96

"The Child Care Amendment Regulations, 1996" breaks down the earlier funding groups even further. Monies given out now depend on the time of the year as well. July and August are singled out. More regulations are added about the subsidies to centres located near a high school that provides care exclusively for teenaged parents.

The Public Health Act, The Public Eating Establishment Regulations, 1988.

Outlines the licensing of a public eating establishment. To establish, construct, operate, etc. a public eating establishment, one must apply for and receive a license. The regulations state that hazardous food must be stored safely, food must be prepared safely, and that the establishment is not unsanitary. With respects to the staff, the regulations stipulate that workers must have successfully completed a course in food sanitation.

Sask. Reg. 543/96

The Public Health Act, 1994 under Section 46 allows for "The Milk Pasteurization Regulations, 1996". Various options are offered to result in the safe, sanitary pasteurization of milk intended for human consumption. The regulations are based on the testing of milk for such things as bacterial content and antibiotics. General guidelines cover the milk plant (must be sanitary), prohibits sources of milk, and various qualities of milk allowed to be pasteurized and sold. Rather than regulating the number of cows, size of their stalls, what they can eat, or how to milk the animals these regulations cover the final product: milk.

Saskatchewan Health. (nd). Provincial Public Eating Establishment Standards.

These standards have been established to 'guide industry in meeting the requirements of the Public Eating Establishment Regulations, 1988"(forward). While these standards are not law, they are legally binding when tied as a condition or term of a license to operate. Deviation from these standards can be allowed for "situations to which the standard may not be reasonably applied"(forward), and alternate methods may be used to meet health goals. The standards cover such issues as food preparation, cooking, and delivery; dishwashing; washroom facilities; staff requirements; and vermin. They do not expand on what situations would allow for deviation from the standards or what alternatives would be permitted.

Ontario Legislation

An Act Respecting Day Nurseries,1946.

This Act allows for local municipalities to use a by-law within The
Municipal Act to permit the establishment of day nurseries for the
care of young children. Under this Act, the local council of the
municipality is responsible for the "efficient and satisfactory
operation thereof and for furnishing to the Minister such reports and
other information as he may require". The section on regulations
states that the Lieutenant-Governor in Council may make regulations
which can be applied generally or restrictively.

Day Nurseries Act. RSO 1990, c.D-2

This Act contains the regulations for child care of more than five
children. These institutions are then licensed and monitored by the
Ministry of Community and Social Services. The Act outlines the
various duties of an Appointed Director, the establishment of
nurseries by municipalities, applications, hearings, payments,
licenses, grants, and appeals. This document covers the
interactions between the Ministry, municipality, and institution.

Day Nurseries Act: Regulation 262 [1990]

The Act covers, in part, management, buildings, equipment,
playground, safety, health, nutrition, records, staff and group sizes,
grants, costs, arbitration, and licenses. Compared to above, this
document is based more on the actual daily running of the day
nursery and the regulations that need to be followed.

All the following Regulations made under the Day Nurseries Act:
458/91

Significant alterations are the revoking of 1 day nursery from the
exemption list and the addition of two to the list.

708/92

Significant alterations are based on revoking the definition of
"charitable corporation" and the addition of information to clarify the
regulations for a non-profiting corporation to operate a day nursery.

583/94

Significant alterations are the revoking of 3 day nurseries from the exemption list.

667/94

Changes are based on Sections 44,45,46, and 47. These deal with "behaviour management" and are altered from restricting certain corporal punishments to restricting all corporal punishments.

112/97

Changed definition of operational costs to include administrative costs; changes to the Section 68 on the Computation of Provincial Grant.

482/97

Changes include definitions added for "prescribed board", "provider enhancement grant", and "wage subsidy". A Section is added to cover Prescribed Services which are mainly in-home services. Other changes are based on Sections 67 and 68 and include issues of payments and subsidies.

Day Nurseries Act. Day Nursery Licensing Checklist. 1995

A detailed list of the requirements that must be met for licensing by the Ontario government. Regulations range from finances and management issues to food storage and nutritional value. Displays the extent to which the child care facilities are regulated. The final page states that the child care licensing poster must be placed in plain view of parents. Monitoring is encouraged from the government, the facility itself, and parents.

APPENDIX B
STEERING COMMITTEE MEMBERS

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LIST OF STEERING COMMITTEE

Sandra Griffin

Debbie Jette

Marie McCallum

Betty Jones

Jane Middelton-Moz

Mary Thomas

Marg Shawana

Dixie Shilling

Gloria Murdoch-Smith

Mabel Louie

Warner Adam

APPENDIX C

KEY INFORMANT LETTER OF INVITATION

KEY INFORMANT LETTER OF INVITATION

ADSHAW MANAGEMENT SERVICES
506 - 550 Victoria Street
Prince George, BC   V2L 2K1
Telephone: (250)564-1026
Fax: (250)564-1027

(DATE)

(ADDRESS)

Attention:

Dear:

RE: **APPROPRIATENESS OF AN OUTCOME-BASED REGULATIONS FRAMEWORK FOR ABORIGINAL CHILD CARE**

Further to our recent telephone conversation we are engaged in a national research project entitled, Appropriateness of an Outcome-Based Regulations Framework for Aboriginal Child Care.

This project will analyse legislative frame works for implementation of processes that identify barriers and supports that existing legislation and policy present for developing First Nations quality child care programs and responses to those barriers identified.

Enclosed for your review is an overview of our project with a brief definition of outcome-based regulations.

The research will be undertaken in British Columbia. The first phase of the project involved a comprehensive literature review which is now substantially completed.

The second phase of the project involves interviewing "Key Informants". Key Informants have been identified on the basis of their experience and/or involvement with Aboriginal child care and will include Aboriginal leaders, policy makers, provincial licensing officers, parents who are current users of child care services, child care workers and Elders. Interviews are expected to take approximately one to one and one-half hours. We would appreciate your participation in the study as a Key Informant.

All responses to key informant questions will be kept confidential. Any publication of key informant responses will be anonymous and edited to avoid identification of the informant.

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In the event you wish to be identified in relation to your responses that may be subsequently published, please advise us of your decision at our meeting.

Please advise us prior to our interview if you are agreeable to your interview being recorded by a recording device or whether you would prefer to have your interview recorded by some other means.

We appreciate your willingness to participate in our project as a key informant and hope you are available to meet with us on   . We expect that we will take between 60 – 90 minutes of your time to complete the interview. Please telephone or fax Perry Shawana or Margo Greenwood at:

Telephone:	**(250)564-1026**
Toll Free:	**1-877-564-1026**
Fax:	**(250)564-1027**

to confirm your availability and to suggest a suitable meeting place.

We look forward to seeing you in the near future.

Sincerely,

MARGO GREENWOOD   **PERRY SHAWANA**
Principal Researchers
MG/PS/mj

APPENDIX D

LIST OF KEY INFORMANT PARTICIPANTS

KEY INFORMANTS

Darrel McLeod

Al Lawrence

Linda McDonell

Andrew Hazelwood

Kirsten Johnston

Grand Chief Edward John

Wilf Adam

Gloria Wilson

Gloria Murdoch-Smith

Gail Davies

Addie Pryce

Ramona Baxter

Kelly Terbasket

Charlotte Diston

APPENDIX E

KEY INFORMANT QUESTIONNAIRE

KEY INFORMANT QUESTIONNAIRE

A.   BACKGROUND

Name:_____

Personal background:
_____
_____
_____
_____

Current position: _____

A.   CHILD CARE

1.   What is the purpose of child care?
_____
_____
_____
_____

2.   Who should deliver child care services in First Nations communities?
_____
_____
_____
_____

3.   Who should administer child care services in First Nations communities?
_____
_____
_____
_____

4.   What should be included in child care services for First Nations communities?

a)   in the children's program_____
_____
_____
_____

b)   for supporting parents_____
_____
_____

c)   for involving community_____

_____
_____
_____

A.   AUTHORITY IN CHILD CARE

1.   What standards and regulations for First Nations child care services are necessary in First Nations communities? Why?

_____
_____
_____
_____

2.   Who should be responsible for developing First Nations child care standards and regulations? Why?

_____
_____
_____
_____

3.   Who should be responsible for implementing First Nations child care standards and regulations? Why?

_____
_____
_____
_____

4.   Are provincial child care regulations applicable to First Nations child care services? Is the prescriptive regulatory model appropriate?

_____
_____
_____
_____

5.   Who should monitor First Nations child care services?

_____
_____
_____
_____

a)   Why should it be monitored?

_____
_____
_____
_____

b)   How should they be monitored?

_____
_____
_____
_____
_____

c)   When should it be monitored?

_____
_____
_____
_____

A.   OUT COME BASED REGULATIONS

1.   What outcomes should be reflected in and out come based regulatory model in the following areas?

a) _____
_____
_____
_____

b) Child Development
   i) Intellectual

_____
_____
_____
_____

ii) Social

_____
_____
_____
_____

iii) Emotional

_____
_____
_____
_____

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iv) Physical

_____
_____
_____
_____

v) Spiritual

_____
_____
_____
_____

c)   Culture

_____
_____
_____
_____

a)   Language

_____
_____
_____
_____

b)   Health

_____
_____
_____
_____

c)   Traditional Teachings

_____
_____
_____
_____

d)   Programming and Activities

_____
_____
_____
_____

e)   Caregiver Qualifications

_____
_____
_____

1. How would out comes based regulations be implemented in First Nations communities? Who would be responsible for implementation of the regulations?

_____

_____

_____

_____

_____

2. What are the benefits / challenges or out come based regulations? Who should monitor outcomes based regulations? How should this be done? Is the best practices approach appropriate?

_____

_____

_____

_____

3. How can treaties accommodate out comes based regulations?

_____

_____

_____

_____

4. How would out come based regulations impact on federal constitutional and other responsibilities for First Nations people?

_____

_____

_____

_____

APPENDIX F

CONSENT

CONSENT

APPROPRIATENESS OF AN OUTCOME-BASED REGULATIONS FRAMEWORK FOR ABORIGINAL CHILD CARE

CONSENT FORM

I,   , AGREE THAT THE PRINCIPAL RESEARCHERS OF *APPROPRIATENESS OF AN OUTCOME-BASED REGULATIONS FRAMEWORK FOR ABORIGINAL CHILD CARE* PROJECT HAVE MY CONSENT TO INCORPORATE THE RESULTS OF MY INTERVIEW WITH THEM INTO A NATIONAL REPORT AND SUCH OTHER DOCUMENTS THE PRINCIPAL RESEARCHERS DEEM APPROPRIATE. I ***DO/DO NOT*** WISH TO HAVE MYSELF IDENTIFIED AS A KEY INFORMANT AND MORE SPECIFICALLY TO BE QUOTED IN ANY DOCUMENT PREPARED BY THE RESEARCH TEAM.

_____

SIGNATURE

_____

PLEASE PRINT NAME

_____

DATE

APPENDIX G

FOCUS GROUP LETTER OF INVITATION

FOCUS GROUP LETTER OF INVITATION

ADSHAW MANAGEMENT SERVICES
506 - 550 Victoria Street
Prince George, BC V2L 2K1
Telephone: (250) 564-1026
Fax: (250) 564-1027

(DATE)

(ADDRESS)

Attention:

Dear

**RE: Appropriateness of an Outcome-Based Regulations Framework
for Aboriginal Child Care**

Further to our recent telephone conversation please let me take this opportunity
to provide you with a brief outline of our study and thank you for agreeing to host
a focus group in your area on June B, 2000. We are currently engaged in a
national research project entitled, *Appropriateness of an Outcome-Based
Regulations Framework for Aboriginal Child Care.* This project examines
legislative frameworks for implementation of processes that identify barriers and
supports that existing legislation and policy present for developing First Nations
quality child care programs and responses to those barriers identified. Enclosed
for your review is an overview of the project and a definition of outcomes based
regulations.

The project is being undertaken throughout British Columbia. The first stage of
the project was a comprehensive literature reviewed that is currently being
finalized. The second stage key informant interviews with participants across the
province. The third stage, the focus group stage, is being conducted in five
different areas throughout the province in early June, 2000.

As we discussed, given your familiarity with the area we would rely on your
guidance in identifying participants. One source of those participants could be
child care centres in your area. We have included a focus group *Draft Agenda*
for you to distribute to potential participants. Focus groups of 10 - 15 participants
seems to be ideal for discussion of this topic. We therefore request a like
number of participants who may be care givers, Elders, policy makers,

community politicians, parents and/or other interested community members be invited. The focus group session is intended to run for three hours. The best time would be from 9:00 am to Noon, that way we can provide lunch for the participants.

To facilitate participation in the focus group we would like to offer each participant a $50.00 travel allowance to offset their expenses. We realize that this likely does not cover all costs but hope that it may encourage people to participate. Likewise we have some funds to cover reasonable catering and room rental costs. We would be happy to plan these specifics with you and support in any other way that we can. Please call us at the above number to confirm the date of the focus group and to discuss logistic details.

Thank you for your support in making this project a success.

Sincerely,

MARGO GREENWOOD   **PERRY SHAWANA**

APPENDIX H

FOCUS GROUP INTRODUCTORY PACKAGE

APPROPRIATENESS OF AN
OUTCOME-BASED REGULATIONS
FRAMEWORK FOR
ABORGININAL CHILD CARE
NOVEMBER 2000
MARGO GREENWOOD and PERRY SHAWANA

PRIMARY GOALS:

1. IMPLEMENTATION MODELS FOR THE DEVELOPMENT OF FIRST NATIONS QUALITY CHILD CARE PROGRAMS.
2. OPTIONS FOR FIRST NATIONS JURISDICTION IN CHILD CARE.

OBJECTIVES:

1. To examine current provincial and aboriginal child care legislation from across Canada;
2. To explore the purpose and goals of current child care legislation in British Columbia;
3. To identify the applicability and effectiveness of current child care legislation in BC First Nations communities;
4. To analyse legislative frameworks that have adopted an outcomes based regulatory process; and
5. To identify community expectations for child care laws and regulations.

DEFINITION OF OUTCOMES BASED REGULATIONS

The outcome based regulatory mode represents a regulatory reform involving a shift from a rule-oriented to a more goal-oriented approach. This change involves moving away from a system in which legislation and regulations are specific, prescriptive and technical to a more user-friendly, outcome-oriented system. An outcome based approach focuses on what is or needs to be achieved [for the care of children]. The prescriptive approach focuses on the

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specifics of how something is done. (Analysis of "Child Care Regulation Review – Working Document, 1998)

RATIONALE FOR ALTERNATIVE REGULATORY MODELS:

- On reserve child care funding is contingent upon services being licensed by the province or some other regulatory body.
- Aboriginal governments have discussed and sought ways to license their own services
- Modern day agreements and treaty processes provide other ways to examine licensing and regulatory models.
- Provincial child care legislation has been criticized for being prescriptive, restrictive and inflexible thereby unable to meet the unique needs found in multicultural Aboriginal societies.
- There is a need to examine ways in which standards and regulations can more effectively meet the needs of Aboriginal communities.
- Of particular interest to all stakeholders involved in delivering Aboriginal child care services is how outcomes based regulations may look in relation to:
  - a. Provincial laws and regulations
  - b. First Nations laws and regulations;
  - c. Treaty making initiatives in British Columbia;
  - d. Federal constitutional and other related responsibilities for First Nations people.

NATIONAL IMPLICATIONS

- The method adopted for this research study has its roots in enabling communities to articulate how they want services developed. This process may be applied in any Aboriginal community and by any Aboriginal government.
- Aboriginal governments will ensure that child care services are culturally sensitive and community appropriate. Aboriginal **governments require**

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the background information for implementation of an outcome-based regulatory model.

- Regardless of the type of authority First Nations desire in child care an outcome-based regulation process can be implemented.
- Research results will inform provincial authorities on alternative to provincial regulatory processes. Aboriginal governments that adopt an out-come based regulatory approach to child care can serve as leaders for provincial authorities.

APPENIDX I

FOCUS GROUP QUESTIONNAIRE

FOCUS GROUP QUESTIONS:

1. WHAT IS THE PURPOSE OF CHILD CARE SERVICES IN YOUR COMMUNITY?

2. WHAT STANDARDS AND REGULATIONS FOR THE CARE OF YOUR CHILDREN ARE NECESSARY? WHAT WOULD THESE LOOK LIKE IN AN OUTCOME BASED FORMAT?

3. WHO SHOULD BE RESPONSIBLE FOR THE IMPLEMENTATION OF REGULAROY MODELS IN YOUR FIRST NATION?

4. WHO SHOULD MONITOR FIRST NATIONS CHILD CARE SERVICES UNDER AN OUTCOME BASED REGULATORY MODEL? WHY, HOW AND WHEN?

5. WHAT DO YOU SEE AS THE BENEFITS AND CHALLENGES TO OUTCOME BASED REGULATIONS?

6. CAN AN OUTCOME BASED REGULATORY MODEL BE THE VEHICLE FOR YOUR VISION OF THE CARE OF CHILDREN IN YOUR COMMUNITY?

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