EXPLORING THE DATA LANDSCAPES OF FIRST NATIONS, INUIT, AND MÉTIS CHILDREN'S EARLY LEARNING AND CHILD CARE (ELCC)

Margo Greenwood, Roseann Larstone, Nicole Lindsay, Regine Halseth and Pat Foster

National Collaborating Centre
for Indigenous Health

Centre de collaboration nationale
de la santé autochtone

CHILD, YOUTH & FAMILY HEALTH

Acknowledgements

CONTENTS

CONTENTS CONT.

List of tables and figures

Terms and abbreviations

Aboriginal Affairs and Northern Development Canada (AANDC)
Aboriginal Children's Survey (ACS)
Aboriginal Head Start On Reserve (AHSOR)
Aboriginal Head Start – Urban and Northern Communities (AHSUNC)
Aboriginal Peoples Survey (APS)
Aboriginal Skills and Employment Training Strategy (ASETS)
Assembly of First Nations (AFN)
BC Aboriginal Child Care Society (BCACCS)
Canada Prenatal Nutrition Program (CPNP)
Canada Revenue Agency (CRA)
Canadian Community Health Survey (CCHS)
Canadian Health Measures Survey (CHMS)
Canadian Institute of Child Health (CICH)
Canadian Institute for Health Information (CIHI)
Canadian Institutes of Health Research (CIHR)
Canadian Survey on Disability (CSD)
Community Action Program for Children (CAPC)
Computer assisted telephone interviews (CATI)
Early learning and child care (ELCC)
Employment and Social Development Canada (ESDC)
Fetal Alcohol Spectrum Disorder Initiative (FASDI)
First Nations Information Governance Centre (FNIGC)
First Nations and Inuit Health Branch (FNIHB)
First Nations Inuit Child Care Initiative (FNICCI)
General Social Survey (GSS)
Indigenous and Northern Affairs Canada (INAC)
Indigenous early learning and child care (IELCC)
Indigenous Services Canada (ISC)
Inuit Tapiriit Kanatami (ITK)
Labour Force Survey (LFS)
Manitoba Métis Federation (MMF)
Maternal and Child Health (MCH)
Métis National Council (MNC)
National Inuit Strategy on Research (NISR)
Native Women's Association of Canada (NWAC)
Ownership, Control, Access and Possession (OCAP®)
Public Health Agency of Canada (PHAC)
Survey on Early Learning and Child Care Arrangements (SELCCA)

Strengths-based and culturally relevant indicators that reflect Indigenous worldviews are grounded in principles of balance and harmony and tend toward a holistic view of well-being.

EXECUTIVE SUMMARY

High-quality early learning and child care (ELCC) programs and services are a key component in closing equity gaps for First Nations, Inuit and Métis children in Canada. This document examines academic and grey literature in order to identify relevant conceptual frameworks, along with indicator frameworks including information sources for researchers, policy-makers and practitioners of Indigenous early learning and child care (IELCC). Noting that existing information directly relevant to IELCC is sparse and largely dated, this literature review highlights information gaps in order to provide a starting point and recommendations for future research.

Indigenous peoples have their own ways of understanding and describing ELCC that blend Indigenous and Western concepts and values. Especially given the relative youth of the Indigenous population compared to non-Indigenous people in Canada, ELCC is an extremely important point of intervention, and the Government of Canada has an obligation to prioritize the well-being of Indigenous children. High quality ELCC has distinct features for First Nations, Inuit, and Métis populations beyond those in mainstream definitions, most importantly regarding culture and language learning opportunities.

Understanding ELCC in an Indigenous context requires a unique set of indicators that addresses specific needs and goals for a distinction-based IELCC system. Strengths-based and culturally relevant indicators that reflect Indigenous worldviews are grounded in principles of balance and harmony and tend toward a holistic view of well-being. Although no specific frameworks exist relative to IELCC, frameworks for evaluating the health and well-being of Indigenous children and families provide useful examples of the types of indicators that could be used in developing a purpose-built framework for IELCC.

A review of information sources about First Nations, Inuit, and Métis populations reveals an extensive but uneven collection of data sources, some of them more detailed and relevant to IELCC than others. However, much of the information collected in the population surveys reviewed is out of date, and none of the surveys are universal, sampling all First Nations, Inuit, and Métis populations living on and off reserves. As a result, findings for different population groups are uneven, making comparisons across studies difficult. Administrative data from reporting requirements of federal programs for Indigenous children potentially provide contextual information focused on program operations and funding accountability.

When mapped against the IELCC Framework's (2018) nine principles for a distinction-based IELCC system, the frameworks and information sources reviewed provide some useful data, but this exercise reveals significant gaps in knowledge and available information. The information landscape for First Nations, Inuit, and Métis ELCC can thus be characterized as a thin patchwork with gaping holes and dated information from sources that are diverse in construction, intent, and measure - none of them designed to support the development of an IELCC system. Especially given the marked lack of information specifically about Inuit, Métis, and off-reserve First Nations populations, further research is required to address these gaps. Considerations for future research are outlined in the concluding section.

1.0 INTRODUCTION

The health and well-being of Indigenous[1] families and their children, communities, and Nations in Canada are fundamental to renewed nation-to-nation relationships. First Nations, Inuit and Métis children continue to experience significant health inequities associated with the historical, economic, socio-political, and environmental realities in which they are situated (Young et al., 2015a). Many of these inequities are the result of diminished quality of life resulting from the historical and contemporary impacts of colonization, including poverty, poor quality and overcrowded housing, high rates of child apprehension and family violence, poor access to educational opportunities and health supports, and in many communities, food insecurity and lack of clean water—all of which have adverse impacts on child health and development (Ball, 2008). High-quality early learning and child care (ELCC) programs and services for Indigenous children are a key

component in closing equity gaps. As a large body of evidence has demonstrated, ELCC programs confer benefits over an individual's lifetime (Halseth & Greenwood, 2019). The early years (from birth to the age of 6) are critical in setting the stage for healthy development and well-being throughout the course of an individual's life. Early experiences and environments exert profound influences on brain development, including emotional, behavioural, and cognitive functioning; emerging competencies; and general well-being, which in turn affect health status, relationships, behaviour, and learning throughout the life course (Bick & Nelson, 2016; da Silva, de Mello, Takahashi, & de la Ó Ramallo Verissimo, 2016).

The purpose of this document is to provide an overview of information sources, including specific indicators in those sources, that focus on the health and well-being of young Indigenous children and their families. This document builds

on the Indigenous Early Learning and Child Care Framework (Employment and Social Development Canada [ESDC], 2018; described in more detail in Section 4.4), which was the result of an extensive process of consultation with First Nations, Inuit, and Métis, early learning and child care experts, families, and communities. The IELCC Framework sets out a shared vision, principles, and a path forward for a coordinated system of ELCC programs for First Nations, Inuit, and Métis children and families that is led by First Nations, Inuit, and Métis values. The Framework identifies nine principles that "aim to offer a foundation to collectively strengthen Indigenous ELCC" (ESDC, 2018, p. 5). These nine principles, provided in full in Section 5.4, provide a schema for assessing existing knowledge relevant to the implementation of an IELCC system in Canada, identifying gaps, and suggesting directions for future research, as outlined in the concluding section.

---

[1] The term 'Indigenous' is used throughout this document to refer to the original inhabitants of Canada and their descendants, including First Nations (referred to as Indians in Canadian Constitution), Inuit, and Métis peoples as defined by Section 35 of the Canadian Constitution of 1982. Where appropriate, specific Indigenous groups are named.

This document is thus meant to inform a national research and data strategy that will support implementation of the IELCC Framework by reviewing the landscape of knowledge about IELCC, including relevant academic literature, existing frameworks, and information sources. The review is divided into ten sections. Sections 1 and 2 are a short introduction to the overall review and an overview of definitions of common terms used throughout the document. Section 3 presents goals and objectives of this landscape review and Section 4 describes the methods used to undertake it. Section 5 is a background section that defines Indigenous early learning and child care (IELCC); provides a demographic overview of First Nations, Inuit, and Métis peoples; contextualizes the obligations of the Government of Canada towards First Nations, Inuit, and Métis children; and describes the IELCC Framework (ESDC, 2018). Section 6 reviews academic and grey literature regarding definitions of quality in early learning and child care programs serving First Nations, Inuit, and Métis children and families, and reviews literature relevant to understanding indicators for assessing the quality of IELCC. Section 7 considers a broad range of frameworks for children's health and well-being, which include conceptual frameworks, as well as in some cases,

indicators and measurements for understanding the health and well-being of Indigenous families and children. Drawing from these sources the conceptual considerations that align with what we know about quality and indicators for IELCC, Table 1 presents a list of principles that could be used in the development of a research and data strategy for implementing the IELCC Framework (ESDC, 2018). Section 8 provides an overview of national and provincial/territorial sources of health and population information relevant to IELCC, including select research studies and federal programs focused specifically on IELCC. The final two sections, Sections 9 and 10, present an analysis of the information sources and associated indicators surveyed in this review, concluding with considerations for future directions in developing strategies to address information gaps concerning young First Nations, Inuit, and Métis children and their families.

The most striking finding of this review of frameworks and information sources related to IELCC in Canada confirms what researchers of Indigenous social determinants of health have long found to be a persistent problem: namely, the lack of up-to-date, disaggregated data, in particular for Métis and Inuit populations but also for First Nations. Data that accurately

capture the realities of all the distinct on- and off-reserve First Nations, Inuit, and Métis populations are necessary to support evidence-informed policy for Indigenous people in Canada. While this review revealed a great deal of excellent work around aspirational indicators for the health and well-being of Indigenous children and families, much of it informed if not led by Indigenous communities, the data collection and evaluation side of the equation is still seriously underdeveloped. This is a complex problem, especially given both the urgency inherent in any policy that seeks to meaningfully improve the lives of the very youngest and most vulnerable members of Indigenous communities, and the complexity of data collection, governance, and stewardship of information about First Nations, Inuit, and Métis peoples. These issues are addressed in more detail in the final section of this document.

2.0 DEFINITIONS

In the interests of clarity and consistency, we use the following definitions of key terms and concepts found in this review. We use the terms **data source** and **information source** interchangeably to refer to sources that gather statistical information on a national level. We define a **conceptual framework** as a high-level set of concepts, ideas, principles and themes that organize thinking and guide approaches to understanding the health and well-being of Indigenous children and families.

An example of a conceptual framework for Indigenous children's health and well-being is the Indigenous Connectedness Framework (Saniguq Ullrich, 2019), which draws from Indigenous literature to identify broad themes relevant to understanding Indigenous child health and well-being but does not provide specific indicators or measurements. An **indicator framework** is an organized way to view data from different sources (Public Health Agency of Canada [PHAC], 2017a).

Indicators are defined as a health or well-being characteristic that can be measured. **Measures** are defined as the specific way in which information about the attributes and dimensions of health status and health system performance is captured, while the specific tools used to gather information about population health or the quality of specific programs/services are referred to as **instruments** or **tools**.

3.0 GOAL AND OBJECTIVES

The focus of this document is to review existing sources of information, including frameworks, documents, and data sources regarding ELCC and the health and well-being of First Nations, Inuit, and Métis children and their families in Canada. These include sources that focus on physical, emotional, mental, and spiritual health and well-being, and enablers such as access to services and education. This document is thus informed by a cross-disciplinary and social determinants of health approach that examines the impacts of structural (e.g., legislation, policies/agreements), systemic (e.g., education, health, housing, and child welfare systems that provide services), and service delivery enablers for First Nations, Inuit, and Métis children's early learning and child care.

The goal of this work is to inform the development of research and data strategies to broaden the existing ELCC information and research knowledge base. The objectives of this literature review are as follows:

1. To provide an overview of available data and identify data gaps within First Nations, Inuit, and Métis ELCC;

2. To identify and articulate key measures used to date of First Nations, Inuit, and Métis children's ELCC, including in an international context, where possible;

3. To develop a list of indicator themes that could be used to inform research and data strategies in First Nations, Inuit, and Métis ELCC.

Cross referencing the results of this review with the nine principles of Indigenous ELCC outlined in the introduction (see Table 3 in Section 9.4) provides critical information about existing knowledge and the gaps that need to be filled in order to best support IELCC in Canada.

4.0 METHODS

The literature informing this review was drawn from a search of six academic databases containing peer-reviewed articles within social sciences, education, health, economics and social work disciplines as follows: Education Source, Education Resources Information Centre (ERIC), Online Education Database, Social Services Abstracts, MedLINE, and EBSCO. Google and Google Scholar search engines were used to locate grey literature. Federal, provincial, and territorial (F/P/T) governmental and non-governmental department, agency and organization websites were also searched for grey literature, including reports, discussion papers, and policy frameworks. Online resources including those published by national Indigenous organizations (i.e., Inuit Tapiirit Kanatami [ITK], Assembly of First Nations [AFN], Métis National Council [MNC], and the First Nations Information Governance Centre [FNIGC]) were also searched.

Given the volume of literature on these topics, the academic literature search was limited to

Canadian literature over a ten-year window (2009-2019), though some seminal articles predating this range are included in this document. Articles published in languages other than English, non-peer reviewed publications (e.g., theses and dissertations), and articles falling outside the scope of the topic and search terms were excluded from further analysis. Sources were hand-searched to identify additional information sources and references within retrieved articles, with emphasis on Canadian sources.

Appendix A lists the frameworks reviewed and analyzed for their relevance to IELCC. Table 1 in Section 7 identifies 12 conceptual considerations or principles to consider when developing frameworks for IELCC, and refers to specific frameworks where examples of these principles can be found.

The primary literature identified through the search process above formed the basis for understanding the range of relevant indicators, examples of which are provided in Appendices B-I. Inclusion of indicators into

the analysis was guided by the following parameters: 1) relevance to children between the ages of 0-6 years; 2) relevance to First Nations, Inuit, and Métis people; 3) specificity to early learning and child care, and 4) focus on child and family health and well-being. The literature review yielded a large amount of information from a total of 39 different sources (i.e., federal government sources, national Indigenous organizations, provincial/territorial initiatives, research-based sources, and international sources).

National data sources reviewed included the following government data holdings: Statistics Canada surveys including the Aboriginal Children's Survey, Aboriginal Peoples Survey, General Social Survey – Family, and Survey on Early Learning and Childcare Arrangements. National non-government information sources included the First Nations Information Governance Centre's (FNIGC) First Nations and Inuit Regional Health Survey (RHS; Phases 1-3) and First Nations Regional Early Childhood,

Education and Employment Survey (FNREEES). Appendices B-I provide details regarding themes (e.g., physical health; mental health; language and culture) and indicators drawn from national data sources. Review of the information contained across these sources revealed inconsistencies in terms of the sources of data, target populations, and geographic locations in which data were sourced. Manual frequency counts conducted by topic, theme, subthemes, indicators and measures were conducted in order to articulate the parameters of the overall ELCC data landscape. Further sources of information to supplement this landscape include administrative data from federal ELCC programs such as Aboriginal Head Start in Urban and Northern Communities (AHSUNC), First Nations Inuit Child Care Initiative (FNICCI) and Aboriginal Head Start On-Reserve (AHSOR).

Young children hold a special place in Indigenous cultures, and their care is considered a sacred responsibility in traditional societies.

5.0 BACKGROUND: SETTING THE CONTEXT FOR IELCC IN CANADA

This section defines IELCC and provides context for understanding the environment from which the IELCC Framework (ESDC, 2018) evolved.

5.1 IELCC in Canada

Young children hold a special place in Indigenous cultures, and their care is considered a sacred responsibility in traditional societies. As a mainstream Western concept, early learning and child care (ELCC) refers to "any programs, activities, and/or experiences intended to promote the overall health and education of children under the age of nine years" (Mayfield, 2001, as cited in Preston, 2014, p. 3). Indigenous peoples have their own ways of understanding and describing ELCC that blend Indigenous and Western concepts and values.

The Assembly of First Nations (AFN), for example, notes that ELCC is "meant to be an encompassing term that covers the span of a young child's life

from birth until they enter into a formal education system…. Early learning… refers to all the learning the child undertakes from the time they are born" (AFN, 2017a, p. 2). Formal ELCC encompasses an array of educational services and programs including daycare, family support programs and resources, pre-school, prekindergarten, kindergarten, Head Start programs, and before- and after-school programs that are designed to support the development, learning and cultural identity of young First Nations, Inuit, and Métis children aged 0 to 6 (Preston, 2014; ESDC, 2018). However, given that much early learning and child care takes place in the context of the family and not in a formal ELCC setting, IELCC should also support culturally-based language, emotional, intellectual, spiritual and physical development of young children in the context of their families and communities, reaching from before conception to school age.

Historically, ELCC programming for Indigenous children in Canada has been rooted in mainstream approaches of child development and early intervention, although the suite of programs for First Nations and Inuit children that emerged in the 1990s involved Indigenous consultation and participation in development and design to varying degrees. Greenwood (2009) provides an overview of the development of the first federally funded ELCC programs: the First Nations Inuit Child Care initiative (FNICCI; 1995), the Aboriginal Head Start Urban and Northern initiative (AHSUNC; 1995), and the Aboriginal Head Start On Reserve program (AHSOR; 1999).

FNICCI had a mandate to create 6,000 child care spaces in First Nations and Inuit communities. The vision for the initiative was to model a new way of working with First Nations and Inuit peoples insofar as "(t)he programs were to be delivered and managed by communities,

so that communities could develop services in a way that reflected their culture, values, traditions, and priorities. The program was to be First Nations and Inuit directed, designed, and delivered from the start" (Greenwood, 2009, p. 117). The Joint First Nations/Inuit/Federal Child Care Working Group that was established to design FNICCI included experts from First Nations and Inuit communities and was co-chaired by the three national Indigenous organizations and Human Resources Development Canada (HRDC). While the FNICCI program was developed based on principles of First Nations and Inuit leadership, control, and design, implementation of the program (including licensing requirements, standards and regulations) restricted the ability for programs to include First Nations beliefs and values, protocols, and traditions (such as serving traditional foods or having mixed-age groups of children) (Greenwood, 2009).

Ten years into the program, Greenwood (2009) observed that full control of the FNICCI program still had not been handed over to First Nations and Inuit communities. Greenwood (2009) further observed that:

There remains no emphasis on a holistic culturally-based approach to programs for children. Rather, there continues to be a focus on parental support for employment and or

education. This positioning of a decade ago was not the intent envisioned by the technical working group. They saw a program designed to support families' and communities' visions for the optimal growth, development, and well-being of their children. The principles and values underlying the program speak to a holistic approach steeped in culture, language, and values of the people. However, given the political direction of the day and its emphasis on employability and education, the FNICCI was positioned in its proposal to cabinet as a support to parents who wanted to be employed or participate in educational activities. This positioning was meant to ensure cabinet approval of the program. Today this emphasis remains…. [E]ven though the program was (and continues to be) implemented by First Nations entities at the provincial level, implementation processes continue to be challenged by their inadequate funding (to meet the needs of communities) and overall lack of First Nations community involvement and direction. (p. 120)

The AHSUNC and AHSOR programs were designed with less direct involvement from First Nations and Inuit local experts than FNICCI, but they were similarly implemented and managed in alignment with mainstream priorities for ELCC (specifically, a focus on school readiness) and licensing, standards and regulations, with the addition of First Nations and Inuit culture and language components

(Greenwood, 2009). AHSUNC and AHSOR were both modelled on the US Head Start system, which has as its core rationale a deficit view of the need for early intervention for at-risk children and families. Greenwood (2009) notes that such an approach "often results in masking individual and collective strengths [and what] is not necessarily focused on or structurally supported is the cultural diversity of the children and families the program serves" (p. 123). The addition of language and culture to AHSUNC and AHSOR programs provides opportunity to address cultural diversity, but Greenwood (2009) points out that in implementation there is a "focus on non-Aboriginal skills and knowledge rather than on the enculturation of children into their collective culture" (p. 124).

These programs provide an important foundation to build upon, as well as opportunities to address challenges moving forward. The following sections discuss in more detail the demographic and social-political context in which IELCC is currently situated before turning to a more detailed discussion about quality in Indigenous ELCC.

5.2. Demographic context: A young and growing population

The Indigenous population in Canada is younger and growing faster than the non-Indigenous population. The total population of Canada in 2018 was estimated to be 37 million (Statistics Canada, 2018a). In 2016, the total Indigenous population was 1,673,785 people, or 4.9% of the total Canadian population (Statistics Canada, 2017). Of the total Indigenous population, 977,230 individuals identified as First Nations, 65,025 individuals identified as Inuit, and 587,545 individuals identified as Métis (Statistics Canada, 2017). Children under age five comprise 5% of the total non-Indigenous population while comprising 9.5% of the First Nations, 7.2% of the Métis, and 11.3% of the Inuit populations (Statistics Canada, 2018b).

5.3. Political context: Undoing the harms of colonization

The early childhood programs and services described above emerged from a growing political awareness in the 1990s of the need to address the inequalities experienced by First Nations, Inuit, and Métis children that are a direct result of the intergenerational harms of colonization. Residential schools, forced re-location, loss of language and culture, membership identified outside of self, imposed government structures – all of these losses together represent a systematic and intentional deconstruction of First Nations, Inuit, and Métis families and communities. This contextual reality impacts contemporary creation and operationalization of programs and services. The following paragraphs provide an overview of key events and initiatives in the past two and a half decades that anchor many of these realities.

First Nations, Inuit, and Métis peoples in Canada, like those in other colonial countries, have since the earliest contact with European colonizers, struggled to reclaim their nationhood and assert their inherent right to be self-determining peoples (Alfred & Corntassel, 2005; Corntassel, 2012). In Canada, Indigenous peoples have fought racist and oppressive policies aimed at eliminating their cultures, languages, identities, and legitimate claims to lands and resources for over 150 years. Many of these policies were aimed at the cornerstone of Indigenous nations - the children (de Leeuw, Greenwood & Cameron, 2010). These targeted, oppressive actions are largely responsible for the fractured relationships between Indigenous peoples and newcomers to Turtle Island,[2] leaving us with fragments of relationship and truth that successive generations will struggle to repair, heal, and reclaim.

However, the ongoing historical and contemporary struggle for self-determination, healing, and well-being by First Nations, Inuit, and Métis children, families, communities, and Nations is bolstered by formal obligations to which Canada is a signatory. In 1991, Canada ratified the United Nations Convention on the Rights of the Child (Canada, 2017a). Article 30 of the Convention outlines the rights of minority and Indigenous children, stating that:

> *In those States in which ethnic, religious or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practise his or her own religion, or to use his or her own language (United Nations General Assembly, 1989, n.p.).*

---

[2] Turtle Island is a name for the continent of North America used by many Indigenous peoples. It originates from creation stories of First Nations in the northeastern part of North America.

In that same year, 1991, the federal government established the Royal Commission on Aboriginal Peoples (RCAP) (RCAP, 1996). The RCAP took a comprehensive look at all aspects of Indigenous peoples' lives, envisioning a "circle of well-being" in which self-government, economic self-reliance, partnerships of mutual respect with Canada, and healing of social and cultural wounds would feed into one another, together working towards the elimination of persistent inequities between Indigenous and non-Indigenous populations in Canada. Some of the recommendations of the RCAP final report released in 1996 focused specifically on the well-being of Indigenous children and families, including a recommendation that all levels of government and Indigenous groups work together to develop an integrated early childhood funding strategy for Indigenous children and families.

The Truth and Reconciliation Commission (TRC) was formed in 2008 as one of the outcomes of the Indian Residential School Settlement (IRSS) agreement in 2006 (Truth and Reconciliation Commission of Canada, 2015). The IRSS agreement also called for a public apology from the federal government for the abuses and traumas inflicted upon Indigenous children in the residential schooling system. The TRC heard testimony from residential school survivors at hearings across the country, and documented its summary findings in a 380-page final report released in 2015, along with 94 Calls to Action. The closing words of the report remind Canadians that reconciliation will be hard, but it is necessary work to try to make things better for our children and grandchildren (TRC, 2015).

In 2015, a federal Liberal government was elected on a platform centring on "a renewed nation-to-nation relationship with Indigenous peoples based on recognition, rights, respect, co-operation and partnership," (Liberal Party of Canada, 2018, n.p.), with the new Prime Minister Justin Trudeau emphasizing relationships with Indigenous peoples as those most important to address in Canada. Part of this commitment to renewed relationships was realized in 2016, when the federal government fully endorsed the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) (INAC, 2017). Also in 2015, Canada become a signatory to the 2030 Agenda for Sustainable Development, a 15-year global framework focused on a group of 17 Sustainable Development Goals (SDGs) and associated indicators (Canada, 2018). Through the adoption of this international framework, Canada has expressed commitments to equity, social justice, and sustainable development,

including to "ensure equal access to all levels of education and vocational training for the vulnerable, including… Indigenous peoples" (United Nations General Assembly, 2015, p. 5).

While these commitments and other efforts have been made to lay the groundwork for renewed relationships, 20 years after the RCAP report called for the elimination of persistent inequities, deep systemic injustices continue to exist for First Nations, Inuit, and Métis children and families in Canada. For example, in 2007 the federal government became involved in legal action at the Canadian Human Rights Tribunal over its underfunding of child welfare services for First Nations children (Canadian Child Welfare Research portal, n.d.). The Tribunal ruled in 2016 that the federal government had discriminated against First Nations children living on reserves by failing to provide them with the same level of child welfare services that existed elsewhere in the country. Specifically, the Tribunal found that the First Nations Child and Family Services Program delivered by Indigenous and Northern Affairs Canada (INAC; dissolved in 2019; formerly known as Aboriginal Affairs and Northern Development Canada or AANDC), its related funding models and federal-provincial agreements were discriminatory.

The Tribunal ruling also found that INAC's failure to properly implement Jordan's Principle, a measure to ensure First Nations children receive the public services they need when they need them, was discriminatory on the grounds of race and national ethnic origin (Canada [Human Rights Commission] v. Canada [Attorney General], 2012).

In 2019, the Government of Canada dissolved INAC and formed a new department called Indigenous Services Canada (ISC), which delivers health care, child care, education, and infrastructure services and support to First Nations, Inuit, and Métis communities, with an overall vision to "support and empower Indigenous peoples to independently deliver services and address the socio-economic conditions in their communities" (ISC, 2020a, para. 1). In 2020 the Government of Canada passed Bill C-92 (*An Act respecting First Nations, Inuit and Métis children, youth and families*), which was co-developed with Indigenous, provincial, and territorial partners, and affirms the rights of First Nations, Inuit, and Métis peoples to exercise jurisdiction over their own child and family services (ISC, 2019).

This policy and program reform is still unfolding, but it is a step toward addressing the crisis of Indigenous child welfare in Canada, characterized by

extraordinarily high rates of child apprehension. Based on Statistics Canada data, Indigenous children comprise 7.7% of the population under 14 years of age, but account for over half (51.2%) of foster children (Statistics Canada, 2018c). The reform of the First Nations Child and Family Services aims to reduce the number of Indigenous children in care by implementing the orders of the Canadian Human Rights Tribunal to "[fund] the actual costs of First Nations child and family services agencies [and work] to make the system truly child centred, community directed and focused on prevention and early intervention" (ISC, 2020b, n.p.). ISC is also working with provinces, territories, First Nations partners and service organizations to ensure implementation of Jordan's Principle through funding for urgent services and local service coordinators to help families access supports (ISC, 2020c). ISC's Inuit Child First Initiative aims to ensure that Inuit children and families can access essential services (ISC, 2020d).

5.4 Building a new ELCC system for Indigenous children in Canada: The IELCC Framework (2018)

The Indigenous Early Learning and Child Care Framework (IELCC Framework; ESDC, 2018), co-developed by the Government of Canada and Indigenous partners, sets the stage for Indigenous governance of high quality, culturally specific, and well-supported ELCC programs and services that are specifically designed for First Nations, Inuit, and Métis children, families, and communities. The distinction-based approach to IELCC respects the specific priorities of First Nations, Inuit, and Métis peoples in separate sections of the Framework document. Appendix A summarizes the distinction-based frameworks contained within the broad, overarching IELCC Framework. As a whole, the IELCC Framework "describes an overarching vision for a comprehensive and coordinated early learning and child care system led by Indigenous peoples, establishes shared principles, and includes specific gender and geographic considerations that represent the views of all Indigenous children and families" (ESDC, 2018, p. 2).

The nine principles of IELCC articulated in the Framework arose through national and regional engagement with First Nations, Inuit, and Métis communities across Canada. These principles provide a foundation for collectively strengthening IELCC. They are as follows:

1. Indigenous knowledges, languages and cultures

IELCC is rooted in the knowledges, languages, and cultures of the First Nations, Inuit, and Métis peoples it serves.

2. First Nations, Inuit and Métis determination

First Nations, Inuit and Métis are distinct peoples with the right to control the design, delivery and administration of an Indigenous ELCC system that reflects their unique needs, priorities and aspirations.

3. Quality programs and services

Culturally appropriate and distinct ELCC programs and services are grounded in Indigenous cultures and delivered through a holistic approach that supports the wellness of children and families in safe, nurturing and well-resourced programs and environments. This includes culturally competent and well-educated, trained and compensated early childhood educators in healthy, equitable and supportive work environments.

4. Child and family-centred

The child is understood in the context of family and families are directly involved in the delivery of a continuum of programs, services and supports, from prenatal to school age and beyond. Families are supported in healing from past and present trauma.

5. Inclusive

ELCC programs include a range of supports to respond to children's, families' and communities' diverse abilities (including physical, psychological and developmental abilities), geographic locations and socio-economic circumstances.

6. Flexible and adaptable

ELCC programs and services are flexible and responsive to the unique needs of each child, family or community.

7. Accessible

ELCC programs and services are available and affordable for all Indigenous children and families who require them.

8. Transparent and accountable

ELCC programs are designed, delivered and funded in ways that are accountable to children, families, communities and partners; data is shared in transparent and ethically appropriate ways, with reciprocal and mutual accountability between those who are collaborating to design, deliver and fund services.

9. Respect, collaboration and partnerships

Indigenous peoples lead the way in strengthening and fostering new and emerging partnerships and collaborations at multiple levels, across sectors, with numerous players in program design and delivery to achieve shared goals. Networks of supports based on community needs help Indigenous families and communities care for their children in comprehensive, holistic, effective and efficient ways.

In Section 9.4, these principles are used as a schema for assessing existing information and indicators relevant to IELCC, outlining the gaps that still exist and need to be addressed in order to move toward an IELCC system that meets the needs and desires of First Nations, Inuit, and Métis children, families, and communities in Canada.

The next section reviews literature focused on quality and indicators in IELCC to provide a foundation for the review of frameworks (Section 7) and information sources (Section 8) forming the data and information landscape for IELCC in Canada.

Over the past thirty years, rigorous evidence has consistently demonstrated the positive impact of high-quality early learning and child care on children's cognitive and social-emotional development

(Garon-Carrier, 2019; Yoshikawa et al., 2013).

6.0 LITERATURE REVIEW: QUALITY AND INDICATORS IN IELCC

This section reviews academic literature and research studies focused on defining quality in IELCC and identifying appropriate indicators for measuring quality in IELCC. Although important and relevant to IELCC, research focused on quality in mainstream ELCC programs and systems provides only part of the picture. In order to adequately address how quality should be understood and measured in the context of IELCC, this literature review draws as much as possible from sources rooted in First Nations, Inuit, Métis, and other Indigenous perspectives. These sources include grey literature from First Nations, Inuit, and Métis groups, as well as academic literature and studies focused on assessing Indigenous children's health and well-being.

6.1. Understanding quality in Indigenous early learning and child care (IELCC)

Over the past thirty years, rigorous evidence has consistently demonstrated the positive impact of high-quality early learning and child care on children's cognitive and social-emotional development (Garon-Carrier, 2019; Yoshikawa et al., 2013). Studies have reported characteristics, correlates, and measures of quality at structural, system, and program/process levels in ELCC (Friendly, Doherty, & Beach, 2006).

Definitions of ELCC quality often distinguish between process and structural components, and the constituent elements of each that are purported to support healthy child development (Slot, Leseman, Verhagen, & Mulder, 2015). Process quality "refers to the child's day-to-day experiences in ECEC [early childhood education and care] settings and encompasses the social, emotional, physical, and instructional aspects of children's activities and interactions with teachers, peers, and materials, that are seen as the proximal determinants of child development" (Slot et al., 2015, p. 64). Indicators of process quality include: emotional, instructional and organizational interactions between educators and children; child care providers' warmth, respect, regard for children's perspectives and sensitivity; development-focused and developmentally appropriate curricula; staff capacity to organize physical and social environments that meet the

needs of children; and positive interactions with children and parents (Bigras et al., 2010; Garon-Carrier, 2019; Slot, 2018; Slot et al., 2015). ELCC curriculum refers to how learning opportunities are created through designing and implementing learning-rich educator-child interactions, relationships, and environments (Healthy Child Manitoba, n.d.). The Canadian Child Care Federation (2005) emphasizes the importance of curriculum, describing it as a "key dimension of high quality child care… elevat[ing] activities from simple time-fillers to stimulating learning experiences that enhance children's healthy development" (n.p.).

Structural features of ELCC are found at system, organizational, setting and staff levels and include characteristics such as group size/composition, space and physical environment standards; licensing; staff qualifications; working conditions and child-to-instructor ratios (Howes et al., 2008; Slot, 2018; Slot et al., 2015). Structural quality and process quality are inextricably linked in that smaller child-to-teacher ratios and highly qualified staff are presupposed to lead to greater process quality and, in turn, to healthy child outcomes (Slot et al., 2015). However, the literature suggests that although structural quality helps to provide the conditions necessary to achieve process quality, this is not guaranteed to occur (see Garon-Carrier, 2019;

Perlman, et al., 2017). Indicators of structural quality include group composition (child to instructor ratios), existence of quality monitoring systems, higher pre-service qualification, participation in continuing professional development, years of service, and working conditions (i.e., wages and working hours) (Garon-Carrier, 2019; Goelman, Doherty, Lero, LeGrange, & Tougas, 2000).

There are several standardized and validated instruments available to assess the quality of ELCC. Structural indicators are typically assessed with questionnaires, checklists, or interviews (Garon-Carrier, 2019). Process indicators are assessed using scales and measures as well as observational instruments to capture and code child care routines within the ELCC setting. Direct measures of process quality include, but are not limited to, the Infant-Toddler-Environment Rating Scale -Revised (ITERS-R; Harms, Cryer, & Clifford, 2006), the Early Childhood Environment Rating Scale-Revised (ECERS-R; Harms et al., 2006), and the Caregiver Interaction Scale (CIS; Arnett, 1986). The ECERS-R, for example, contains 35 items organized into subscales, including space and furnishings, personal care routines, language and literacy, learning activities, interaction, and program structure (Harms et al., 2006). The CIS focuses

on four dimensions of educator behaviour: sensitivity, harshness, detachment, and permissiveness (Arnett, 1986).

Experts suggest that high-quality ELCC systems composed of a series of linked elements (e.g., values, governance, infrastructure, planning and policy development, financing, human resources, physical environment, and data/evaluation) provide the foundation for high-quality ELCC programs (Friendly et al., 2006). Sources of common barriers to high-quality ELCC programs, such as inadequate funding, are often found at the structural or policy level (Friendly et al., 2006).

High quality ELCC in general thus encompasses a broad range of elements, some of which are consistent across contexts and others that are more context-specific. Although some structural elements such as policies and funding schema impact quality across contexts, there is no definitive, one-size-fits-all approach to defining what precisely constitutes quality in ELCC since systems are rooted in the articulation of ideas, concepts, values, and principles that differ across time and geographic location. Different societies and cultures have different ideas, beliefs, and perceptions about children, childhood, and the purpose of ELCC which, in turn, inform the values and vision underlying

"quality" ELCC (Friendly et al., 2006). This is why it is important to consider how the quality of First Nations, Inuit, and Métis ELCC is linked at a high level through policy, funding, and many of the structural and process characteristics outlined above, while at the same time building in the flexibility for local, community- and context-based approaches to delivering and assessing IELCC. These local variations will be rooted in the different values, needs, and desires of First Nations, Inuit, and Métis families and nations.

The consultation process leading up to the development of the IELCC Framework (ESDC, 2018) emphasized the importance of taking a distinction-based approach to developing a policy framework that accommodates variation in definitions of quality care across First Nations, Inuit, and Métis peoples. Although many similarities exist in what constitutes high quality ELCC for Indigenous children in general, First Nations, Inuit, and Métis are distinct groups with distinct values, goals, needs, and ways of framing what defines high quality ELCC.

For example, in the *National First Nations Early Learning and Child Care (ELCC) Policy Framework* (2017), developed by the Assembly of First Nations National Expert Working Group on First Nations ELCC, high quality First Nations ELCC programs are describe as those that are "diverse and …

emulate the distinct languages and cultures in which they are situated" (AFN, 2017a, p. 3). The document further states that high quality First Nations ELCC is "evident [in] children's learning and physical environments, education and remuneration of early childhood educators, inclusion of Elders, and family and community engagement" (AFN, 2017a, p. 3), going on to describe high quality ELCC programs for First Nations children and families as including those that:

> contribute to the strengthening of communities insofar as they support lifelong development and learning of cultural identity and belonging to family, community and peers during the critical period of early childhood…. [H]igh quality ELCC programs and services can help ensure improved health and well-being for children, particularly those who experience poverty and disadvantage…. Quality ELCC programs foster development of self-confidence, mental health, and social skills that can help children sustain relationships and resolve conflicts, foster an interest in learning and academic success, develop successful parenting skills, and be less prone to becoming involved in criminal activities - ultimately leading to better life. (p. 7)

This perspective of high quality First Nations ELCC is confirmed by results of a national study in the late 1990s that explored First Nations communities' perspectives on what constitutes quality child care (Greenwood & Shawana, 2000). Key informant interviews and focus groups conducted in First Nations communities in British Columbia, Saskatchewan, and Ontario revealed common themes related to the physical environment, caregivers, caregiver training, children's programming, content of teaching, parent/community involvement, and child grouping. These themes included the need for materials and equipment to reflect the community and enhance child development (physical environment); the importance of enlisting the help of many people in child care, including qualified early childhood educators, community members, Elders, family, and children's caregivers; and the need to develop First Nations-designed early childhood training programs. Additional themes related to quality ELCC in a First Nations context point to the importance of programming that reflects the traditional values and beliefs of the community and provides opportunities for children to participate in traditional activities, integrating language into learning activities and parent involvement. Overall, high quality child care was characterized as being:

a safe place where children learn, have fun and feel loved…. [Q]uality child care is a service where everyone involved is satisfied: where there are happy children, satisfied parents, and staff who are content with the service they are delivering. It is important to have qualified staff and volunteers. The service should involve people who are nurturing and healthy mentally, spiritually, emotionally and physically…. The purpose of quality child care is to reassure parents that the program is good and their children will be safe. A quality child care service meets the needs of children, parents and the community. (Greenwood & Shawana, 2000, pp. 84-85)

The description of high quality Inuit ELCC described in the *Inuit submission to Employment and Social Development Canada regarding National Indigenous Early Learning and Childcare Framework* (Inuit Tapiriit Kanatami, Pauktuutit Inuit Women of Canada & Tungasuvvingat Inuit, 2017) has a similar emphasis on the importance of culture, language, traditions, and values. It describes high quality Inuit ELCC as taking a holistic approach to supporting the well-being of children through a distinctly Inuit pedagogy. High quality Inuit ELCC is thus:

created by Inuit, rooted in Inuit culture, traditions and values and is provided in Inuktut.… [Quality care supports] the spiritual, intellectual, emotional and physical wellbeing of children and has educational learning as a foundation for all programming. It uses observation and *silatuniq*[3] as pedagogy and teaching tools…. [H]igh quality includes basics like clean, safe, warm and nurturing space to learn and grow, [but] it is broader and more holistic than health and safety regulations. It recognizes parents and families as the child's first teachers within programs that are rooted in Inuit knowledge and societal values. This translates into programs, services and organizational structures that are grounded in community-specific Inuit values, culture, and practices. (ITK et al., 2017, p.8)

In *Atuaqsijut: Following the Path, Sharing Inuit Specific Ways*, a resource for service providers who work with parents of Inuit children in Ontario, recommended best practices (i.e., methods and techniques used to maintain quality) in ELCC include but are not limited to:

· [inviting] Inuit Elders and grandparents to assist in programs for Inuit parents [as] Elders can assist Inuit who want to decolonize and reclaim cultural practices….
· [building] Inuit societal values into programming, services, and supports…
· [accepting], understand[ing], and listen[ing] to Inuit parents suffering from trauma and/or culture shock, without judgement, to help them feel safe and understood…. [and]
· [supporting] parents of foster/adoptive Inuit children to maintain cultural ties in order to strengthen cultural identity. (Best Start by Health Nexus, 2019, p. 45).

Within the IELCC Framework, the Métis Nation described a "vision for ELCC in which Métis children and families throughout the Homeland are provided with culturally-relevant, self-empowering ELCC programming and services… [that will] promote the healthy growth and development of children and families through experiences grounded in Métis culture and community ways" (ESDC, 2018, p. 18). Regarding quality, Métis Nation ELCC principles articulate characteristics of early learning and child care programs as those that are guided by, among other factors, strengthening

---

[3] Silatuniq is translated into English as "respectful state of being in the world."
 See https://www.erudit.org/en/journals/etudinuit/2014-v38-n1-2-etudinuit01719/1028851ar/

Métis culture, language and community; self-determination in identifying ELCC priorities and in program development; and ensuring ELCC programs support improved health, social, and educational outcomes for Métis children (ESDC, 2018, p. 19). Following the release of the IELCC Framework, on March 6, 2019, the Government of Canada and the Métis Nation signed the Canada-Métis Early Learning and Child Care Accord, which will invest a total of $450.7 million over ten years[4] to enhance ELCC for Métis Nation children and families. In response to the Accord, the Métis Nation of Ontario (MNO) developed the Early Learning and Child Care Program to "improve access to culturally grounded learning opportunities" for young Métis children, families and communities (Métis Nation of Ontario, 2020, para. 1). According to the MNO, this includes access to Métis-specific ELCC programming and providing opportunities for Métis children to "learn off the land and grow within their culture" (Métis Nation of Ontario, 2020, para. 5), highlighting these elements of quality IELCC programming for Métis families.

In many contexts, it will be necessary to address IELCC quality for a mix of First Nations, Inuit, and Métis children and families, which can be done without taking a pan-Indigenous approach. The BC Aboriginal Child Care Society (BCACCS) describes quality care as that which incorporates the following elements: Indigenous world view, teaching respect and care for the environment, cooperative relationships, Elder involvement, promoting respectful relationships with families, adopting a holistic view of development, incorporation of Indigenous languages, preparation for future responsibilities, inclusion, multi-age grouping, respect and recognition for child care personnel, research, delivery models, collaboration, local authority, and accountability to Indigenous parents and communities (BCACCS & AFN, 2005). Quality Indigenous early childhood education also incorporates elements such as Indigenous pedagogy, Indigenous languages and culture, Indigenous educators, and empowerment of Indigenous parents and communities (Preston, 2014). In urban contexts, where children and educators may have connections to one or more different First Nations, Inuit, and Métis groups, ongoing and flexible curriculum development should account for these variations.

Quality in IELCC thus encompasses a broad range of elements that includes systemic and organizational supports, cultural dynamics, educator-child interactions, community involvement, Indigenous pedagogy, and other elements. The next section delves into literature about indicators for assessing the health and well-being of Indigenous children.

---

[4] In 2019 federal investments totaling $1.7 billion over 10 years to support/enhance ELCC programs and services for Indigenous children and families were announced ($1.02 billion for First Nations, $111 million for Inuit and $450.7 million for Métis; see https://www.canada.ca/en/employment-social-development/programs/indigenous-early-learning).

6.2 Indicators for IELCC and Indigenous children's health and well-being

As defined above, this review understands indicators as a health or well-being characteristic that can be measured. By identifying characteristics to measure or document, indicators thus provide "snapshots" by which to track progress toward goals or desired outcomes. Since ELCC and the health and well-being of young children and their families are closely related topics, this section reviews literature related to indicators for Indigenous children's and families' health and well-being and discusses their applicability to IELCC.

In the realm of health and well-being, indicators help evaluate a community's overall health, determine whether existing programs and services are achieving their intended outcomes, validate and respond to community needs, and guide communities in decision-making (Goudreau, Wabano, & Stankiewicz, 2019; Pike, McDonald, & FNICYIIWG, 2010). Indicators can be used in policy and funding contexts as an accountability tool, for information collection and sharing, and in research (Crampton et al., 2004). Tracked over time, indicators tell a story of how the health of a population or group has changed, allowing policy makers to identify emerging health issues and inform policy and program development.

Indicators are commonly (but not universally) measured using quantitative data, expressed in percentages, rates or numbers; but they can also be measured using qualitative data such as stories (Geddes, 2015, as cited in Heggie, 2018, p. 8). Indicators can be associated with clinical outcomes, population health, and organizational performance (Crampton et al., 2004). Indicators may be defined as a "single data element – a snapshot of the state, level or measure of something" (PHAC, 2017a, para. 2). Some researchers define indicators as synonymous with or inclusive of measures, with indicators being key statistical measures to "help describe (indicate) a situation concisely, track progress and performance, and act as a guide to decision making" (AIHW, 2008,

as cited in Australian Institute of Health and Welfare, n.d., p. 1; see also Pike et al., 2010; Waddell, Shepherd, & Chen, 2013). Other authors define indicators as the statistical definitions of measures; that is, the closest fit possible to the measurement concept, the data selection criteria, and the available data (e.g., incidence counts, prevalence rates), while using the term "measures" to describe distinct aspects of child and youth well-being in each dimension (O'Brien Institute for Public Health, 2018). Still others define "measure" as the specific tool or instrument that is being used to assess children's health and well-being (Young et al., 2015a, 2015b). Although mainstream frameworks are frequently used to assess the development, health, and well-

being of Indigenous children, as well as parental satisfaction with specific programs and services, the validity and reliability of using these measures in Indigenous contexts has not been established (Ball, 2008). We define "mainstream frameworks" as schemata, or abstract organizational structures consisting of inter-related concepts, themes, measures, and indicators that are applicable to the population as a whole. Mainstream frameworks do not account for Indigenous concepts of health and well-being, which are relational and holistic, nor do they account for the unique contexts of Indigenous children's lives. Culturally relevant measures of health are nearly non-existent within Canada, making it difficult to accurately measure health

outcomes for Indigenous children (Young et al., 2015a, 2015b).

Indigenous peoples conceptualize health and well-being differently from non-Indigenous or mainstream approaches. Mainstream frameworks tend to focus on an individual's physical aspects of health such as illness and disease, focusing on symptoms and typically taking a "deficit" view of health rather than assessing wellness (Ball, 2008; Rountree & Smith, 2016). For example, mainstream frameworks usually measure social and economic well-being using material possessions and income as an indicator, whereas Indigenous populations often use cultural or spiritual knowledge as more appropriate indicators of well-being (Taylor, 2008).

The deficits-oriented focus of mainstream frameworks can be harmful for Indigenous populations insofar as such a focus can reinforce harmful negative stereotyping or become a self-fulfilling prophecy (Geddes, 2015; Heggie, 2018).

Strengths-based and culturally relevant indicators are critical for assessing the health and well-being of Indigenous populations. Indigenous worldviews of well-being are "grounded in balance and harmony in human relationships and the natural and spiritual world" (Rountree & Smith, 2016, p. 207) and also in the balance and harmony between mental, physical, spiritual, and emotional health at individual as well as family and community levels (Heggie, 2018; Pike et al., 2010). Indigenous worldviews recognize children's varying abilities as gifts or strengths that are rooted in connections with family, community, and cultural and spiritual practices (Ball, 2008; Saniguq Ullrich, 2019). Indigenous perspectives on health and well-being are holistic, consistent with a social determinants of health framework that considers the complex and interwoven effects of income, social status, employment, social support networks, education levels, social and physical environments, personal health practices, healthy child development, gender, and culture among other determinants

(Greenwood et al, 2015; Heggie, 2018; Waddell et al., 2013).

Mainstream frameworks generally fail to acknowledge that inequalities are often driven by structural or systemic challenges that are beyond local or individual control. For example, the legacy of colonialism, including removal of children from their families to attend residential schools and disproportionately high rates of child welfare apprehensions, has contributed to high rates of trauma, loss of parenting skills, and poorer health status among Indigenous peoples (Ball, 2008). As such, improving Indigenous children's health and well-being requires not only a focus on addressing the challenges they face, but also on enhancing their strengths, including reinforcing a strong sense of cultural identity and relationships with family, community, and cultural and spiritual practices (Ball, 2008; Rountree & Smith, 2016).

Since each community has its own unique definition of wellness and its own unique geographic and social circumstances, cultural factors, access to health and social services, and challenges and assets, "one size fits all" approaches to improving Indigenous children's health and well-being are ineffective (Ball, 2008). In order to ensure relevance, indicators of Indigenous well-being must be developed, informed, and

monitored by and for Indigenous communities so as to best align with their own unique needs, priorities, goals and circumstances (Ball, 2008; Goudreau et al., 2019; Heggie, 2018). As Ball (2008) notes, Indigenous-specific frameworks must be family-focused, culturally responsive, and based on a community development approach using Indigenous criteria rather than on top-down, imposed criteria. Thus evaluation must be based on the extent to which community-driven programs have achieved community-defined objectives. Shifting power from colonial governments to Indigenous communities in the collection of health data is also an important step towards Indigenous data sovereignty and decolonized approaches to Indigenous health monitoring (Heggie, 2018; First Nations Information Governance Centre [FNIGC], 2014).

Given the unique needs and aspirations of First Nations, Inuit, and Métis communities, criteria for informing the creation of IELCC frameworks will differ from ELCC for the general population. Indigenous-specific frameworks must include concepts that will support effective Indigenous-specific themes and indicators of child and family well-being. Effective Indigenous-specific indicators incorporate the following characteristics:

✓ They are meaningful and relevant to children, families, and communities;

✓ They incorporate strengths-based elements that minimize risk factors and enhance protective factors that promote resiliency;

✓ They are relational and communal, recognizing the interconnectedness of a child's health with aspects of their environment, their family and community well-being, ancestry, culture, spirituality and country (land/environment);

✓ They involve harmony in social and spiritual relationships and aspects of the physical environment;

✓ They have a holistic focus on determining well-being that involves balancing physical, emotional, spiritual and mental aspects of life;

✓ they account for and consider Indigenous culture and language acquisition; and

✓ They adopt a social determinants of health perspective that recognizes inequities that exist in relation to the determinants that affect children's health and well-being (Alberta, 2019; AFN, 2006; Ball, 2008; Canadian Institute for Health Information [CIHI] & Office of the Provincial Health Officer, 2016; ESDC, 2018; Marmor & Harley, 2018; Mitic & Leadbeater, 2009; Pike et al., 2010; Prout, 2012).

7.0 CHILD AND FAMILY HEALTH AND WELL-BEING FRAMEWORKS

This section considers diverse frameworks that organize ideas and/or ways to examine data from different sources in relation to the health and well-being of Indigenous children and families. Some of the frameworks reviewed are Indigenous-specific and some are not. Given the sheer volume of literature on this topic, this section does not contain an exhaustive list or review of all relevant frameworks, but is rather based on a review of the ones selected for relevance (see Appendix A for a full list).

Conceptual and indicator frameworks are closely related but not synonymous. While we have sometimes combined conceptual and indicator frameworks under the term "frameworks," it is important to note the uniqueness of each if we are to discuss them independently. A conceptual framework may be defined as an analytical tool that provides an overall picture that organizes ideas and makes conceptual distinctions. The IELCC Framework (ESDC, 2018) is an example of a conceptual framework.

An indicator framework is an organized way to view data from different sources. Indicator frameworks are generally more detailed and specific than conceptual frameworks. Indicator frameworks inform users how to measure inputs (e.g., concepts or intended outcomes) and where to locate data to operationalize the framework. In some cases, frameworks include indicators and data sources. As described in the next section detailing data sources, indicators are associated with specific themes (e.g., physical health, mental health, education, early learning, culture and language).

A framework can thus be seen as a broad conceptual container for ideas, indicators, and measures specific to a particular topic. The frameworks considered in this review contain varying degrees of relevance to IELCC, but all of them are relevant to the health and well-being of First Nations, Inuit, and Métis children and families. The primary purpose for examining these frameworks is to ascertain elements that could inform the development and/or

review of a framework specific to IELCC. A full list of the frameworks reviewed, including brief summaries and tables listing select indicators, is found in Appendix A, contained within a separate Appendices report.

The frameworks examined in this review include those that are specific to Indigenous children, those that focus on family and community well-being, and those that are for Canadian children in general but hold applicability to First Nations, Inuit, and Métis children's health and well-being. Sources include works by provinces and territories, research centres, and Indigenous organizations. International frameworks were also reviewed for those elements applicable to the Canadian context of health and well-being for Indigenous children and families. Table 1 (pp. 36-7 of this report) lists conceptual considerations or principles found across the frameworks reviewed.

These principles guide the selection of specific indicators that would constitute, for

example, an IELCC data framework. While the IELCC Framework (ESDC, 2018) sets forth guidelines and principles to help "guide the design, delivery, and governance of Indigenous ELCC that is anchored in self-determination, centred on children and grounded in culture, through new policies, processes, partnerships, authorities, capacities, programs and investments that will strengthen Indigenous ELCC in Canada" (ESDC, 2018, p. 5), it does not contain strategies for implementation. Data is key to ensuring and monitoring progress in the implementation of the IELCC Framework. Thus, the work presented in this section (and continued in Appendix A) is located in a larger context that will lead to and inform implementation frameworks, strategies, and indicators for IELCC.

Each of the frameworks listed in Appendix A is unique in its context, scope, purpose, focus and audience, as well as the age of children considered. While the breadth of diversity precludes direct comparison between frameworks, it points to some common conceptual considerations or principles that can inform the creation of Indigenous-specific frameworks and indicators. These principles are listed in Table 1, along with references to specific frameworks containing these principles that could be used as examples.

Some of the frameworks referenced in the table and within Appendix A have linked the conceptual principles listed in Table 1 to proposed indicators. We should note that not all frameworks listed in the table above and within Appendix A have collected data to track progress against indicators (where identified). The next section provides an overview of the information and data sources and the most common indicators that, together, form the landscape of current knowledge about First Nations, Inuit, and Métis children's and families' health status and IELCC.
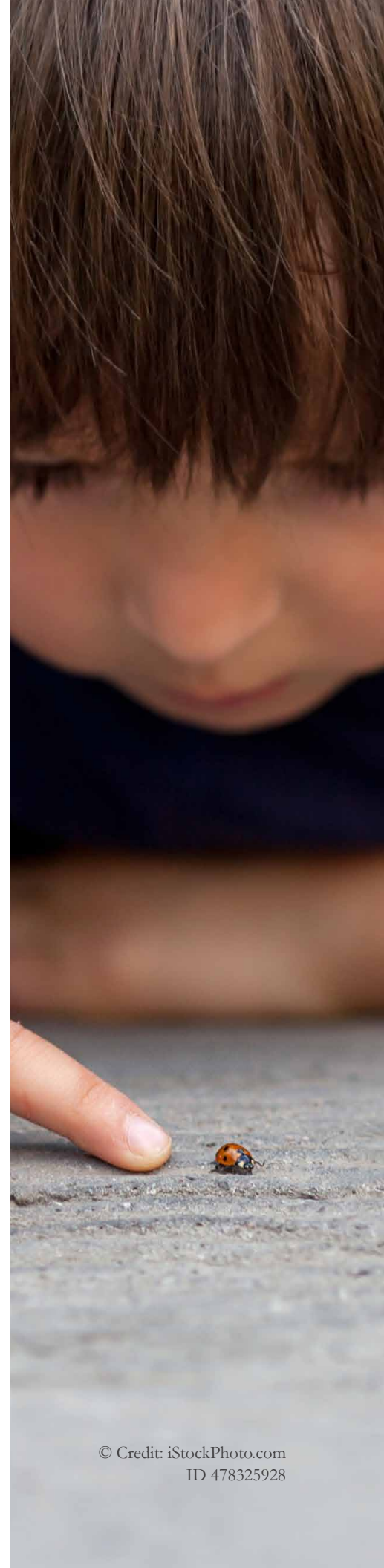
TABLE 1: PRINCIPLES TO INFORM IELCC FRAMEWORKS

Principle	Frameworks
Indigenous created and led	• Aaniish Naa Gegii: Aboriginal Children's Health and Well-Being Measure (2011-2012) • Ktunaxa Nation (2015) • Métis National Council Conceptual Framework for Métis Nation Health and Well-Being (2006) • Indigenous Connectedness Framework (Saniguq Ullrich, 2019)
Developed in partnership between Indigenous and non-Indigenous organizations, and or governments	• Alberta Government's Well-being and Resiliency Framework (2019) • Our Health Counts (Smylie et al., 2017)
Holistic	• Aaniish Naa Gegii: Aboriginal Children's Health and Well-Being Measure (2011-2012) • Ktunaxa Nation (2015) • British Columbia's Child and Youth Health and Well-being Indicators Project (2013) • UNICEF Canada: Canadian Index of Child and Youth Well-being (2019) • National Framework for Protecting Australia's Children (2009) • Overcoming Indigenous Disadvantage (2003-2016) • Our Health Counts (Smylie et al., 2017) • Métis National Council Conceptual Framework for Métis Nation Health and Well-Being (2006) • Indigenous Connectedness Framework (Saniguq Ullrich, 2019)
Social determinants of health approach	• Raising the Village (2013) • Foundation for Child Development Child and Youth Well-being Index (CWI) • National outcome measures for early childhood development: Development of an indicator-based reporting framework (2011) • Overcoming Indigenous Disadvantage (2003-2016) • Our Health Counts (Smylie et al., 2017) • Métis National Council Conceptual Framework for Métis Nation Health and Well-Being (2006)
Strengths based approach	• Raising the Village (2013) • Ktunaxa Nation (2015) • Alberta Government's Well-being and Resiliency Framework (2019) • UNICEF Canada: Canadian Index of Child and Youth Well-being (2019) • A Population Health Framework for Children's Mental Health Indicators (Waddell et al., 2013) • National Framework for Protecting Australia's Children (2009) • Métis National Council Conceptual Framework for Métis Nation Health and Well-Being (2006) • Our Health Counts (Smylie et al., 2017) • Indigenous Connectedness Framework (Saniguq Ullrich, 2019
Recognition of multiple systems of knowledge	• Raising the Village (2013) • Alberta Government's Well-being and Resiliency Framework (2019) • Indigenous Connectedness Framework (Saniguq Ullrich, 2019) • Our Health Counts (Smylie et al., 2017)

Focus on relationships	• Raising the Village (2013) • UNICEF Canada: Canadian Index of Child and Youth Well-being (2019) • A Population Health Framework for Children's Mental Health Indicators (Waddell et al., 2013) • Indigenous Connectedness Framework (Saniguq Ullrich, 2019) • Our Health Counts (Smylie et al., 2017)
Child in the context of family and community	• Raising the Village (2013) • First Nations and Inuit Children and Youth Injury Indicators (2010) • First Nation's Health Development: Tools for Program Planning & Evaluation – Community Health Indicators Toolkit (2006) • Ktunaxa Nation (2015) • Alberta Government's Well-being and Resiliency Framework (2019) • UNICEF Canada: Canadian Index of Child and Youth Well-being (2019) • Overcoming Indigenous Disadvantage (2003-2016) • Indigenous Connectedness Framework (Saniguq Ullrich, 2019) • Our Health Counts (Smylie et al., 2017)
Cultural identity, connectedness to culture	• Urban Indigenous Wellness Indicators – Healthy City Strategy, City of Vancouver (2018) • Alberta Government's Well-being and Resiliency Framework (2019) • Social, Cultural and Spiritual Well-being Indicators for Indigenous Children in Care (2007) • Indigenous Connectedness Framework (Saniguq Ullrich, 2019) • Our Health Counts (Smylie et al., 2017) • Métis National Council Conceptual Framework for Métis Nation Health and Well-Being (2006)
Sense of place	• Urban Indigenous Wellness Indicators – Healthy City Strategy, City of Vancouver (2018) • National Framework for Protecting Australia's Children (2009) • Social, Cultural and Spiritual Well-being Indicators for Indigenous Children in Care (2007) • Our Health Counts (Smylie et al., 2017)
Individual, system and structural level indicators	• Government of Ontario's Indicators for the Child and Youth Mental Health System (Yang et al., 2016) • National outcome measures for early childhood development: Development of an indicator-based reporting framework (2011) • Our Health Counts (Smylie et al., 2017) • Métis National Council Conceptual Framework for Métis Nation Health and Well-Being (2006)
Child specific indicators	• UNICEF Canada: Canadian Index of Child and Youth Well-being (2019) • Human Early Learning Partnership (HELP) – Toddler and Early Development Indicators • Our Health Counts (Smylie et al., 2017) • Indigenous Connectedness Framework (Saniguq Ullrich, 2019)

8.0 OVERVIEW OF INFORMATION SOURCES FOR IELCC

This section provides an overview of national data sources for information relevant to IELCC, including data holdings from Statistics Canada and national non-government data sources such as the First Nations Information Governance Centre (FNIGC) and the Canadian Institute for Health Information (CIHI). The latter portion of this section describes provincial/territorial sources of information on IELCC and information held by federal programs serving First Nations, Inuit, and Métis children and families. For greater ease of reference, lists of indicators relevant to IELCC from each of the sources can be found in Appendix B, contained in the separate Appendices document.

In examining these diverse sources of information, it became apparent that direct, one-to-one, comparisons among sources of information are not possible as each source developed data holdings for different purposes and different audiences, employed different data collection instruments

(e.g., surveys; questionnaires) that were created at different times (in some instances decades apart) for varying purposes, and sampled different target populations. For these reasons, we did not adopt a systematic critique approach, but rather placed emphasis on identifying consistency and relevance of indicators across the sources.

This discussion on data sources is not comprehensive, but rather identifies the primary "go-to" sources for data concerning Indigenous children in Canada age 0-6 years and data that supports IELCC. Some sources have more available information than others; this will be reflected in the description lengths and elements discussed. Statistics Canada is home to several data sources, including the Aboriginal Children's Survey (ACS; 2006), Aboriginal Peoples Survey (APS; 2001), General Social Survey (GSS; 2011, 2017), and Survey on Early Learning and Child Care Arrangements (SELCCA; 2019). Other national data sources include the First Nations

Information Governance Centre (FNIGC), the Canadian Institute of Child Health (CICH), and the Canadian Institute for Health Information (CIHI). CIHI does not specifically engage in data collection activities for IELCC; however, it is a useful information source of health and well-being indicators with relevance to all Canadian children.

8.1 Statistics Canada

Statistics Canada is governed by the *Statistics Act* and has a mandate to collect, compile, abstract, analyze, and disseminate data about Canadians in order to better understand the social and economic conditions that exist within Canada (Statistics Canada, 2016a). This mandate also extends to First Nations, Inuit, and Métis populations. Statistics Canada collects Indigenous-specific data in several ways. Population-level data is collected through the Census of Population, which occurs every five years. The Aboriginal Peoples Survey (APS) is a postcensal sample survey that is undertaken one year following

the Census (Statistics Canada, 2020b). The APS uses the Census to determine individuals who have self-identified as being Indigenous (Statistics Canada, 2020a).

Beyond the Census and the APS, Statistics Canada also collects Indigenous-specific data through ongoing survey work that, although not exclusively focused on Indigenous peoples, does contain a sub-sample that includes First Nations, Inuit, and Métis. Specifically, the Labour Force Survey (LFS), the Canadian Community Health Survey (CCHS), the Canadian Health Measures Survey (CHMS), the General Social Survey (GSS), and the Canadian Survey on Disability (CSD) all collect data from Indigenous and non-Indigenous respondents. A limitation of these surveys is that samples of Indigenous respondents are not large enough to create statistical information specific to the Indigenous population as a whole, much less disaggregated information about First Nations, Inuit, or Métis.

8.1.1 Aboriginal Children's Survey

Data exclusively focused on Indigenous children has not been collected by Statistics Canada since 2006. The Aboriginal Children's Survey (ACS) collected data from the target population of off-reserve First Nations, Inuit, and Métis children under 6 years of age in urban, rural and northern locations (Statistics Canada, 2016b). Although many researchers still use data from the 2006 Aboriginal Children's Survey, the quality and relevance of the survey data has diminished since it was last collected. Nevertheless, the survey still has much to offer in terms of content and the process used in its development as described below. A list of select indicators from the ACS is found in Appendix B.

Background

The ACS was developed in partnership with Human Resources and Social Development Canada (HRDC) and Indigenous advisors from across Canada, in a process that also engaged the direct participation of parents, front line workers, early childhood educators, researchers, and Indigenous organizations (Statistics Canada, 2008). In addition to the regional discussions, Statistics Canada contacted and compiled a list of data requirements from federal, provincial, and territorial government (FPT) departments. The FPT stakeholders were asked to identify program level data requirements and then prioritize those needs. As a result of the regional discussions and FPT analysis, it was clear that there was a need to create new content for the ACS. A team of Indigenous expert advisors from across the country, including Indigenous parents, early childhood front-line workers, early childhood educators, Indigenous researchers, and members of First Nations, Inuit and Métis organizations came together to form the Technical Advisory Group (TAG) who were tasked with developing content for the ACS (see Statistics Canada, 2008).

Unique Features of the ACS Questionnaire Content

One of the unique attributes of the Aboriginal Children's Survey is that there are three versions:

· Aboriginal Children's Survey 2006
· Aboriginal Children's Survey/ Survey of Northern Children 2006
· Aboriginal Children's Survey and James Bay Cree Supplement 2006

While the content for all three versions is identical, the statistical sampling and collection methodology applied to each version was different. For example, *The Aboriginal Children's Survey/Survey of Northern Children* collected data on both Indigenous and non-Indigenous children aged 0-5 living in the Territories due to the small number of children aged 0-5 in that geographical location. Exclusive reliance on data about Indigenous children would have resulted in small sample sizes that could not support the development of data tables as reported by Statistics Canada, particularly when suppressing data to ensure respondents' confidentiality.

The content of the *Aboriginal Children's Survey and James Bay Cree Supplement* is identical to the other two versions of the survey with the screening questions identical to those of the Aboriginal Children's Survey. The difference with this survey was methodological: a larger supplemental sample was used to enable the data to be disseminated at a health region level of geography.

Another uniqueness of the ACS content is its ability to allow data consumers to better understand the differences between First Nations, Inuit, and Métis peoples. The survey also sheds light on the differences that exist between Indigenous and non-Indigenous populations. For example, questions pertaining to nutrition

are not restricted to the Canada Food Guides definitions—rather, the survey also includes questions on traditional/country foods that are specific to First Nations, Inuit, or Métis people's experiences.

The Aboriginal Children's Survey is divided into 3 sections:

Part 1 is the identification section, which serves three different purposes: 1) it enables the interviewer to identify whether the selected respondent (i.e., child) resides in the dwelling, and 2) also helps the interviewer determine whether there is an individual in the dwelling who is knowledgeable about the selected respondent. Third, Indigenous identifiers serve to screen in or screen out participants.

Part 2 consists of all of the child-level questions. Given that the survey was designed to be holistic, the content of the child section consists of numerous domains, themes and associated indicators.

Part 3 is the adult questionnaire, including a parental profile. This is used to determine if the parent or person most knowledgeable about the target child is First Nations, Inuit, or Métis, and if so, whether they are a registered Indian (a band member, status) or non-status Indian. The profile includes questions about current activities to determine whether parents are working, volunteering, or enrolled in school. Questions include parent's highest level of education, residential school attendance, and separation from family by child welfare, church, or government agencies. The final portion of the adult questionnaire measures satisfaction levels concerning housing, social support, job, free time, finance, as well as items assessing the importance of culture and perceptions about the community.

ELCC Content in the Aboriginal Children's Survey (ACS)

There is extensive content pertaining to early learning and child care in the ACS. The early learning portion consists of 21 questions focused on developmental milestones for children aged 0-1. The milestones in this section present an indicator-based approach to measuring early learning and development. For children aged 2-5 years there are 17 questions pertaining specifically to early learning/developmental milestones. The topic of child care is also very well covered through a dual-themed approach, with 17 questions about nurturing and an additional 28 questions specifically addressing child care. This section addresses both those children who are in child care and those who are not.

Strengths and Limitations

One of the major strengths of the ACS is that it was co-developed by Indigenous peoples and Statistics Canada. It is the only survey to have been developed in this manner by Statistics Canada and due to the nature of content development, it contains many strengths-based questions. As such, the ACS provides an extensive bank of questions from which to draw for future studies, as well as baseline data to show change over time. The primary limitations of the ACS are that: (1) it is now dated as it has not been implemented since 2006; and (2) it does not include First Nations people living on reserve.

8.1.2 Aboriginal Peoples Survey

The Aboriginal Peoples Survey (APS) has been conducted since 1991 (Vongdara, Léger, Latendresse, & Budlinski, 2018). The 2017 version of the survey provides data on the social and economic conditions of Indigenous people in Canada (i.e., First Nations individuals residing off-reserve, Inuit and Métis). The specific purpose of the survey is to identify the needs of Indigenous people, and inform policy and programming by focusing on issues such as health, schooling, and language. The APS is administered on a cyclical basis every five years, with a new theme each cycle (Statistics Canada, 2020b). For example, the APS was administered in its fifth cycle in 2017 with a focus on "transferable skills, practical training, use of information technology, Aboriginal language attainment, and participation in the Canadian economy" (Vongdara et al., 2018, p. 5). ELCC indicators from the APS are listed in Appendix C.

This review focuses on the 2001 version of the APS as it collected data on both adults (persons aged 15 years and older) and children and youth (ages 0-15) living on- and off-reserve (see the *Aboriginal Peoples Survey 2001 Concepts and Methods Guide*, Statistics Canada, 2003a). The survey was designed and implemented in partnership with national Indigenous organizations (Statistics Canada, 2020b). For example, the 2001 Métis Supplement was developed jointly with the Métis National Council (Statistics Canada, 2003a, p. 22).

While the APS was not focused on young children, it did contain a section on child care arrangements. Section K in the Children and Youth questionnaire asked five questions of respondents:

- Do you currently use childcare such as daycare, babysitter, or care by a relative or other care giver while you (and your spouse/partner) are at work or studying?
- What is your main child care arrangement?
- For how many hours a week is …. this type of care?
- Do you use any other child care arrangement?
- For how many hours a week is …. [this] other child care?

The APS is administered on a cyclical basis every five years, with a new theme each cycle. For example, the APS was last administered in its fifth cycle in 2017 with a focus on "transferable skills, practical training, use of information technology, Aboriginal language attainment, and participation in the Canadian economy" (Vongdara et al., 2018, p. 5). This version of the Aboriginal Peoples Survey contained no child care content.

Strengths and Limitations

The Aboriginal Peoples Survey provides a wealth of information on a variety of topic areas including education, health, language, employment, schooling, and housing for First Nations on-reserve (123 First Nations communities, 53 Inuit communities in Arctic regions, 43 additional communities; APS, 2001) and off-reserve, Inuit and Métis (APS 2006; 2012; 2017). To enhance the relevance of the data to national Indigenous organizations, the APS was developed via the APS Implementation Committee, a forum which convened representatives from the Congress of Aboriginal Peoples, Inuit Tapiriit Kanatami, Métis National Council, National Association of Friendship Centres, the Native Women's Association of Canada, with the Assembly of First Nations participating until early 2001 (Statistics Canada, 2003a, p. 9). The main limitation is that inconsistency in the themes of the survey and target population means that it is not possible to monitor changes in young children's health and well-being over time.
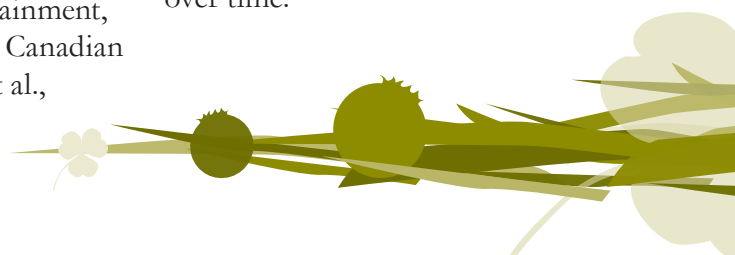
8.1.3. Survey on Early Learning and Child Care Arrangements (SELCCA)

Statistics Canada initiated activity on this survey in 2018 as part of the Government of Canada's investment in early learning and child care (Statistics Canada, 2019c). The data collected provides a snapshot of child care use and barriers to access. Results are intended to inform research, policies, and programs to improve the accessibility and affordability of high-quality early learning and child care (Statistics Canada, 2018d). A list of select indicators from the SELCCA can be found in Appendix D.

The target population of this survey included children who were between the ages of 0 to 5 years, 11 months as of February 28, 2019 living in the 10 provinces and 3 territories. Children living on reserves in the provinces were excluded from data collection. Survey content was created in consultation with external subject matter experts. The sampling unit was the person knowledgeable about the child care arrangements for a child living in their household (Statistics Canada, 2018d).

The sample frame was derived from the Canada Child Benefit and was stratified by province and territory. A simple random sample was selected independently within each province and territory, with sufficient numbers of respondents allocated to each in order to produce provincial- and territorial-level estimates (Statistics Canada, 2018d). An initial sample of 15,000 dwellings was selected and data collected through an electronic questionnaire (EQ) or computer assisted telephone interviewing (CATI).

Strengths and Limitations

The strengths of the Survey on Early Learning and Child Care Arrangements (SELCCA) are that it provides a picture of ELCC at both national and provincial levels and offers a survey methodology and content for others to consider. Limitations include sample size and rapid response methodology, which may present a bias due to low response rates. The overall response rate for this survey was 50.3%

(Statistics Canada, 2018d). Usually when response rates are low, data will be imputed using donor (participant) records from either the same data or a secondary data file using respondent data having similar socio-demographic, geographic, and economic characteristics (this method is known as a nearest neighbour method). However, in the case of rapid response surveys, there is no imputation process employed, and adjustments/corrections are based on corrections made to the final weights during the weighting process. Because there are insufficient numbers of donors, bootstrap weights are utilized to simulate additional respondents in order to minimize the effect of missing data on the coefficient of variation (a measure used to calculate data quality). The coefficient of variation is one of the measures used to calculate data quality. As such, data quality may appear to be better than it is.

8.1.4 General Social Survey (GSS)

The General Social Survey (GSS) consists of a series of independent, annual, cross-sectional surveys, each taking an in-depth look at a specific topic. The objectives of the program are "to gather data on social trends in order to monitor changes in the living conditions and well being of Canadians, and to provide information on specific social policy issues" (Statistics Canada, 2019a, n.p.). Annual surveys focusing on GSS themes (caregiving, families, time use, social identity, volunteering and victimization) are repeated approximately every six years. The Family cycle of the GSS occurred in 2011 and 2017. The 2017 cycle "monitors changes in Canadian families [and] collects information on conjugal and parental history (chronology of marriages, common-law unions and children), family origins, children's home leaving, fertility intentions, and other socioeconomic characteristics" (Statistics Canada, 2019a, n.p.). Indicators for the GSS 2011 and 2017 cycles that are specifically and directly related to ELCC are listed in Appendices E and F, respectively.

The 2011 GSS contained three age-based sub-modules that focused on child care in Canada. The first was Childcare for Preschool Children (CPP). This sub-module consisted of the six questions paraphrased below. The second sub-module was Childcare for School-Aged Children (CCS). This section consisted of five questions identical to those asked in the Preschool section; however, the response categories for the two sub-sections were not identical. The questions include the following (also see Appendix E):

· Have you used any form of child care arrangement?
· Did you use this child care arrangement on a regular basis?
· Which type of child care arrangement best describes the one that you used?
· Is this arrangement: center-based or family based with CPE or no CPE? (Not asked of school aged children)
· Where was this child care located?
· What is the relationship between you and the person(s) who looked after your child? (Statistics Canada, 2014)

The third sub-module consisted of 11 questions targeted at pre-school and school-aged cohorts. The questions focused on the reason for choosing the current child care arrangement, hours spent in child care, age of child when first enrolled, cost of arrangement, satisfaction/dissatisfaction, and use of other arrangements.

The 2017 General Social Survey on Families (Cycle 31) undertook a much more detailed look at child care and early learning than did the 2011 version. The survey incorporated various themes and topics related to families, such as the parents' history, matrimonial history, socio economic well-being, family origins, and measures of child care and child care preferences. A sub-module contained questions pertaining to respondent child information including child care, child care arrangements for pre-school and school-aged children, child care preferences and non users or occasional users of child care (see Appendix F).

Data were collected via computer assisted telephone interviews (CATI) and the data was linked to Canada Revenue Agency (CRA) tax files for those who agreed to share income information. The response rate in 2017 was 52.4% (Statistics Canada, 2019a).

GSS-Family data for the Indigenous population

The 2011 and 2017 version of the GSS contained Indigenous identifier questions for both the selected respondent and the spouse/partner of the respondent. The Indigenous identifier questions in the 2017 survey were as follows:

1. Are you an Aboriginal person, that is, First Nations, Métis or Inuk (Inuit)? First Nations includes Status and Non-Status Indians.
2. Are you First Nations, Métis or Inuk (Inuit)?
3. Is your spouse/partner an Aboriginal person, that is, First Nations, Métis or Inuk (Inuit)? First Nations includes Status and Non-Status Indians.
4. Is your spouse/partner First Nations, Métis or Inuk (Inuit)?

Although GSS cycles do include an indicator of Indigenous identity, the telephone-based sample design does not identify people who live either on- or off-reserve specifically. Further, because the number of First Nations persons living on reserve interviewed for the GSS has not been large enough to ensure reliable estimates, First Nations, Inuit, and Métis responses are aggregated for a total Indigenous population (Statistics Canada, 2019b).

Strengths and Limitations

The strength of the General Social Survey (all cycles) is that it is a prolific data source, as the survey began in 1985 and is still ongoing. The survey has gone through several redesigns over the years and yet has consistently followed up on a variety of themes. The end result is a cross-sectional approach and the accumulation of data over time. Although the GSS does not employ a longitudinal design by definition, the duration of survey administration enables users to focus on time series results.

Limitations include considerations in ensuring that data from the GSS surveys remain consistent based on the format used to collect and store the data. In 1985, and for many years after, data was collected via paper questionnaires and manually entered by coders using programming languages and hardware platforms that are no longer supported. Perhaps the biggest limitation in relation to this survey is that although technology has advanced, the survey methodology currently does not ensure collection of a sample size with sufficient power to produce estimates for First Nations, Inuit, and Métis populations, nor for the Indigenous population on an aggregated basis.

8.2 First Nations Information Governance Centre (FNIGC)

The First Nations Information Governance Centre (FNIGC) is an independent non-profit organization that has operated since 2010 with a special mandate from the Assembly of First Nations' Chiefs in Assembly (FNIGC, 2020a). The work of the organization began in the mid-1990s during the creation of a new national survey for First Nations. The vision of the FNIGC is that all First Nations will realize data sovereignty according to their distinct needs, aspirations, and perspectives (FNIGC, 2020b). The FNIGC works in partnership to undertake data collection activities supporting culturally relevant understandings of the lived realities of First Nations people and communities (FNIGC, 2020b).

The First Nations and Inuit Regional Longitudinal Health Survey National Steering Committee, which would later become the FNIGC, articulated the First Nation Principles of OCAP® aimed at protecting and preventing the misuse of data about First Nations peoples and communities. The FNIGC's First Nation Principles of OCAP® are "a set of standards that establish how First Nations data should be collected, protected, used, or shared. They are the de facto standard for how to conduct research with First Nations" (FNIGC, n.d., n.p.). The OCAP® Principles assert that research on First Nations peoples and communities must be undertaken in a manner that respects First Nations' (or a trusted designated steward) ownership of data, control of research and/or analysis of data, determination of access to research data, and possession of research data (FNIGC, 2014).

The FNIGC conducts five different surveys aimed at providing national level data. These are:

· First Nations Regional Health Survey (RHS),
· First Nations Regional Early Childhood, Education and Employment Survey (FNREEES),
· First Nations Labour and Employment Development Survey,
· First Nations Oral Health Survey, and
· First Nations Community Survey.

Given that this document is concerned with IELCC indicators, the First Nations Labour and Employment Development Survey and the First Nations Oral Health Survey are not discussed here as they do not contain IELCC content. Although the First Nations Community Survey does not sample at the level of children, it can be used to provide perspective and additional context for future discussions on First Nations child-level data.

8.2.1 Regional Health Survey (RHS)

The RHS was first administered in 2002/2003 as the First Nations and Inuit Regional Longitudinal Health Survey under the control of the First Nations Information Governance Committee. A few years earlier, in 1997, the First Nations and Inuit Regional Longitudinal Health Survey was undertaken by the First Nations and Inuit Regional Longitudinal Health Survey National Steering Committee. The 1997 survey is often referred to as the pilot for the RHS (FNIGC, 2005). A list of select indicators from the RHS is found in Appendix G.

The RHS focuses primarily on the health of First Nations people living on-reserve and northern communities and takes a holistic approach to data collection. There is a limited amount of data pertaining to early learning and child care. The survey is comprised of three different questionnaires. The child questionnaire focuses on children aged 0-11, with the child's primary caregiver providing responses by proxy. The youth self-report questionnaire is for

individuals aged 12 to 17 years. The third questionnaire is for adults aged 18 years and older.

The content of the RHS Phase 1 questions was developed through an iterative, multi-year process involving expert guidance and input from numerous individuals representing several stakeholder groups, including First Nations Information Governance Committee members, Assembly of First Nations and First Nations Centre staff, Health Canada First Nations and Inuit Health Branch staff, health workers in First Nations communities, researchers, health professionals, and staff/consultants of First Nations regional and national organizations (see FNIGC, 2006, p. 9). The imperative to produce culturally and scientifically valid instruments guided all phases of survey development (FNIGC, 2006). In finalizing item-level content, "a balance was sought between content comparable to questions used in other Canadian surveys (including the Canadian Community Health Survey [CCHS], … the National Longitudinal Survey of Children and Youth [NLSCY] and the 2001 Canadian Census) and questions specifically appropriate to First Nations" (FNIGC, 2006, p. 15). During the initial development of the RHS, the FNIGC created the RHS Cultural Framework in order to guide collection and interpretation of survey information according to a First Nations perspective (FNIGC, 2006). This conceptual framework or model "encompasses the total health of the person within the total environment" (FNIGC, 2005, p. 3) and supports accurate interpretation of the information provided by First Nations communities. Examination of all phases of the RHS survey content reveals several items and indicators that are relevant to IELCC, including children's knowledge of language and culture (see further detail below).

RHS Phase 1

The RHS Phase 1 was conducted in 238 First Nations reserves and other communities between August 2002 and November 2003, with more than 22,000 participants across the country (5.9% of the target population; see FNIGC, 2005, p. 16). The Phase 1 RHS Child Questionnaire asked six questions about education and three questions about child care. The education questions focused on participation in preschool programs, specifically the Aboriginal Head Start program. Other education questions focused on current grade level, parents' perception of child academic performance, and questions about whether the child had skipped or repeated a grade. Further examination of the RHS Phase 1 Child Questionnaire reveals priority topics and items having relevance to IELCC and child health and well-being that are specific to First Nations language (use/interest, comprehension), traditional culture (importance and learning), traditional medicines, foods and activities and health care access (see FNIGC, 2002).

RHS Phase 2

The Phase 2 data collection of the RHS took place from 2008 through 2010. In RHS Phase 2, 72.5% of the target sample of 30,000 individuals in 250 First Nations communities was achieved with a total of 21,757 surveys collected in 216 First Nations communities (FNIGC, 2012, p. 1). The Phase 2 RHS questionnaire asked five education questions that were identical to those in Phase 1; however, the question about the respondent's perception of how the child was doing in school was omitted. The child care questions in Phase 2 were identical to those asked in Phase 1 and similar items pertaining to culture, language, traditional foods/medicines and activities described above were incorporated.

RHS Phase 3

The most recent phase of the RHS occurred in 2015/2016. The sample frame was based on INAC Registry counts (2014) totaling 630 communities and approximately 467,800 people living on reserve or on Crown land (FNIGC, 2018, p. 13). Sample design used complex sampling with a two-stage sampling strategy involving, first, the selection of communities to participate in the survey and, second, selection of individuals within each community (see FNIGC, 2018, p. 13 for

full details). In total, 23,764 individuals from 253 communities were surveyed (FNIGC, 2018). The response rate was 78.1%, and the total number of surveys contained in the completed datasets included 6,062 children (0 to 11 years of age), 4,968 youth (12 to 17 years of age) and 12,137 adults (18 years or older).

The Phase 3 education section was comparable to the first two phases of the RHS, containing a total of six questions. The child care section contained two questions: the first about type of arrangement and the second about the number of hours per week in child care. Questions pertaining to culture, language, traditional foods/ medicines and activities were also incorporated into the Phase 3 Child Questionnaire (see FNIGC, 2015).

Strengths and Limitations

All three phases of the RHS survey, including development, administration and management, were conducted using the OCAP® Principles. The survey has undergone extensive reviews and revision across iterations (FNIGC, 2012). Some content is identical to Statistics Canada surveys, facilitating comparison of results and validation. Documentation of key findings and description of survey methodology is extensive (see FNIGC, 2005; 2012; 2018). An

external review process was used to evaluate all three cycles of the RHS. The survey provides an excellent source of contextual and health related data (e.g., see RHS 2002/03 and 2008 Child Questionnaires), which will prove to be useful for future Indigenous health and IELCC research initiatives.

The RHS may present some limitations with respect to data accessibility and availability of custom tabulations for publicly available data documented in the reports and online data tool (see https://fnigc.ca/dataonline/). That said, custom tabulations, including disaggregated data for children between the ages of 0-5 years, are available from the FNIGC's First Nations Data Centre (FNDC) upon request (see https://fnigc.ca/fndc).

Adjustments to item-level wording between cycles poses a minor difficulty in comparison of results. Given that the primary focus of the RHS is health, the small number of questions pertaining to IELCC specifically is a limitation. In terms of sampling, the FNIGC surveys (RHS and FNREEES) are representative only of First Nations living on reserve and in northern communities, which aligns with the mandate of these surveys.

8.2.2. First Nations Regional Early Childhood, Education & Employment Survey (FNREEES)

The FNREEES is a cross-sectional survey that measures the status of early childhood development, education, and employment among First Nations children, youth, and adults living on reserves and in northern communities across Canada. FNREEES has three age-specific versions of the survey: child (0-5 and 6-11 years), youth (12-17 years), and adult (18–54 and 55 and older; FNIGC, 2016). Relevant indicators for the FNREEES are listed in Appendix H.

The FREEES was administered by First Nations community members who received training from regional partner organizations and used Computer Assisted Personal Interviewing (CAPI) to conduct surveys in respondents' homes between November 2013 and May 2015. A total of 20,428 surveys (9,428 adults, 3,842 youth, and 7,158 children) across 243 First Nations communities were completed (FNIGC, 2016).

The FNREEES contained questions focused on the early experiences of children aged 0-11 living in First Nations reserves and northern communities across Canada. Many of these questions were based on the First Nations Holistic Lifelong Learning Model. The First Nations Holistic Lifelong Learning Model articulates a First Nations perspective on learning and guided the development of the survey (FNIGC, 2016, p. 9). This model "reflect[s] the cyclical, regenerative nature of holistic lifelong learning and its relationship to community well-being" (p. 11). Learning is seen as a lifelong process beginning before birth and extending throughout the life cycle, including intergenerational knowledge transfer. In this context, learning is experiential, rooted in First Nations languages and cultures, spiritually oriented, communal, and integrates First Nations and Western knowledge (FNIGC, 2016).

Survey questions covered topics and themes regarding children's care and learning experiences, as well as questions focused on contextualizing the environments in which First Nations children live and learn.

Although the age grouping of 0-11 years falls outside the scope of IELCC (0 to 6 years of age), the demographic variables in the FNREEES master file could enable FNIGC to create a subset of data for those children between the ages of 0-5 years. As with the RHS, custom tabulations including data for age subsets are available from FNIGC's First Nations Data Centre (FNDC) on request. Some information regarding the experiences of young children are documented in the *National Report of the First Nations Regional Early Childhood, Education and Employment Survey* (FNIGC, 2016) in that the report details select child care statistics for children aged 0-5 years (i.e., reasons for not accessing regular child care).

Appendix H indicates those indicators/themes contained in the FNREEES that are directly relevant to child health and early child development. The Appendix also identifies those themes from the FNREEES that extend to all family members and those that help to provide contextual information about the environment in which survey respondents are situated.

Alignment between FNREEES and the Aboriginal Children's Survey (ACS)

During the development of the FNREEES child survey, a National Advisory Committee (NAC) was formed to provide cultural advice, guidance, and input, and to identify domains and themes to generate survey content that would be meaningful to First Nations communities (FNIGC, 2016). The NAC was comprised of experts in First Nations early childhood development, education and employment; contributions and feedback regarding content were

also provided by regional advisory committees, regional coordinators and regional data analysts. Given that the FNREEES and the ACS contain similar content, the results of each are comparable, facilitating greater understanding of Indigenous children's experiences on- and off-reserve. Appendix H shows the areas of overlap between FNREEES and ACS indicators.

Strengths and Limitations

FNREEES is methodologically strong and culturally appropriate, having been developed specifically for the target population (First Nations people living on reserve and in northern communities). It is also holistic in nature, and its content is guided by the First Nations Holistic Lifelong Learning Model (FNIGC, 2016), which represents the link between First Nations lifelong learning and individual and community well-being and reflects the specific needs and aspirations of First Nations. The ACS does not have questions for individuals over the age of 5 years; thus, the missing content from the ACS are those school-related questions for the 6-11 year old children in the FNREEES survey population. The main limitation of the FNREEES is that the scope of its mandate focused on First Nations people living on reserve and in northern communities, and thus does not capture data for Inuit, Métis, and First Nations people living off reserve.

8.3 Canadian Institute for Health Information (CIHI)

The Canadian Institute for Health Information (CIHI; https://www.cihi.ca/en) was established in February of 1994 as a follow up to recommendations made in the 1991 Wilk Report, which called for the creation of a national health information coordinating council and an independent institute for health information (CIHI, 2019). CIHI is an independent not-for-profit organization that provides information on Canada's health system and the health of Canadians in general. When CIHI was launched, the organization began with three databases, and as of 2019 had 28 data holdings. CIHI's vision and mandate are focused on improving the availability of high-quality data to inform decision-making and accelerate improvements in health care, system performance, and overall population health in Canada (CIHI, 2019).

Although CIHI-held data is not focused on early learning and child care of Indigenous children, it does contain information that could be used to understand the context in which Indigenous children and families live (see data availability for CIHI data holdings and Indicator Library page for more information: https://www.cihi.ca/en/access-data-and-reports/make-a-data-request/data-holdings). The

Measuring Health Inequalities Toolkit offered by CIHI (see https://www.cihi.ca/en/measuring-health-inequalities-a-toolkit) is designed to assist researchers to identify health inequalities at provincial and national levels by stratifying data into different socio-economic categories based on geography and accessibility to health related resources, thereby highlighting disparities in health status and outcomes between Indigenous and non-Indigenous populations.

Strengths and Limitations

Although CIHI draws from an extensive list of provincial and national databases focused on health data with a substantial amount of Indigenous data, few databases contain information about Indigenous children aged 0-6 or ELCC. Of the 17 sources used by CIHI, only the Census of Population/National Household Survey, Early Development Instrument (EDI), and the Survey of Young Canadians (SYC) contain indicators relevant to ELCC. However, the capacity and data access are available to create data sets containing the 0-6 age group. CIHI's commitment to future projects focusing on Indigenous populations, including children and youth, indicate that this organization could be an important source of data for future research on IELCC. The Health Inequalities Data Tool provides awareness and helps researchers focus on the inequalities that exist between

Indigenous and non-Indigenous populations. CIHI's data holdings are for the most part, derived from Statistics Canada holdings, including administrative data used to create information on vital statistics.

8.4 Canadian Institute of Child Health (CICH)

The Canadian Institute of Child Health (CICH) was a national non-profit organization founded in 1977 and closed in 2019. It focused on health promotion for children and youth in Canada (CICH, 2020a). The CICH was known for their history of developing and implementing initiatives to enhance public awareness and understanding of issues impacting children's health, carrying out research, making policy recommendations, and helping communities to develop their resources and improve the health and development of their children.

The Canadian Institute of Child Health Profile

The Profile is the signature publication of the Canadian Institute of Child Health, providing a comprehensive assessment of the health and well-being of children and youth in Canada. Its development is overseen by committees comprised of more than one hundred Canadian health and social science experts, ensuring high quality and scientific

integrity in its analysis and reporting on the context of children's lives, including their health and developmental outcomes (CICH, 2020b). Since 2012, the Profile has been published as an interactive and accessible web-based document. New modules are developed and launched on a regular basis as new data becomes available, although as of 2020, it is unclear whether the Profile will continue to be updated.

Module 7 – Indigenous Children and Youth

Module 7 of the Profile provides the most comprehensive and accessible overview of information about Indigenous children and youth in Canada currently available, gathering information from a broad range of primary data sources and providing discussion and analysis to contextualize that information (see https://cichprofile.ca/module/7/). The module uses a social determinants of health (SDOH) approach to examine the impacts of structural, systemic, community and family enablers on the health and well-being of Indigenous children.

Module 7 is divided into seven broad sections. Section 1 provides an introduction to a determinants of health model for Indigenous children. Section 2 is a general overview of and introduction

to each of the three Indigenous groups in Canada: First Nations, Inuit, and Métis. Section 3 discusses structural enablers of well-being, including Indigenous acts, treaties and governance; Indigenous F/P/T jurisdiction and self-governance; Canadian Indigenous organizations; and conventions, principles, and commissions protecting Indigenous children and youth. Section 4 covers systemic enablers of well-being, including information about health services and interventions, education, child welfare, housing, justice, and environment. Section 5 focuses on individual health and well-being for children aged 0 to 5, and brings together a wealth of information and data on the following topics: demographic information (including information about living arrangements and knowledge of Indigenous languages); family income, education and employment; healthy eating and food security; housing; community well-being; family well-being; maternal behaviours; physical health; education and child care; child welfare; and environmental risks and conditions. Section 6 is focused on individual health and well-being for the middle childhood years (ages 6-14), while Section 7 is focused on individual health and well-being for youth (ages 15-25).

Strengths and Limitations

The CICH Profile Module 7 is the most comprehensive and accessible collection of information about Indigenous children 0-5 years of age currently available. Section 5 of Module 7 brings together data from a wide range of sources, eliminating the work of combing through other sources described in this section in order to find data focused on the realities of young Indigenous children in Canada.

Overall, the CICH could be seen as the top go-to resource for information about Indigenous children under the age of 5. One limitation of this resource, however, is that it is a secondary source of information relying on primary sources like Statistics Canada and FNIGC, so data quality is impacted by the limitations discussed in the sections above—the most significant being a lack of recent data. Thus, much of the information collected in the CICH Profile relies on Statistics Canada data from 2006 or from the FNIGC's RHS data collected in 2008/10.

Perhaps the most significant and concerning limitation is that CICH no longer exists as an entity. The CICH Profile is still available online and has been acquired by Families Canada (see https://familiescanada.ca/

resources-and-publications/). At this point it is unclear whether this valuable resource will be maintained and updated as new data becomes available.

8.5 Government of Canada's Public Health Infobase

The Government of Canada tracks First Nations and Inuit health and wellness indicators annually and provides this information to the Public Health Infobase managed by the Health Promotion and Chronic Disease Prevention Branch at the Public Health Agency of Canada (PHAC, 2019). The Public Health Infobase provides tools to enhance access to public health data drawn from various sources. Topics include mental health, risk/protective factors, chronic diseases, and social determinants of health (Public Health Agency of Canada, 2019). Data tools and indicators, including indicators specific to First Nations and Inuit health and well-being, are available online at: https://health-infobase.canada.ca/fnih/

First Nations and Inuit health and indicators are categorized into four domains: demographic, health status and outcomes, determinants of health, and health system performance (PHAC, 2018). These domains encompass a social determinants

of health approach, but contain no spiritual, emotional, or mental indicators of health and well-being. Complete lists of indicators for First Nations and for Inuit are located online at: https://health-infobase.canada.ca/fnih/doc/inuit.pdf and https://health-infobase.canada.ca/fnih/doc/first_nations.pdf (PHAC, 2018).

Some of the indicators are specific to an early childhood development context, such as infant mortality rate; proportion of infants born either small or too large for gestational age; average number of decayed, missing, and filled teeth (ages 3-5 years); and proportion of children at age 2 years with up-to-date measles, mumps, and rubella vaccinations. Other indicators may have relevance to young Indigenous children because they encompass the social determinants of a child's environment or they are inclusive of all children (e.g., hospitalization rate for unintentional injury), although it remains uncertain whether these latter indicators have disaggregated data available for children 0-6 years.

Strengths and Limitations

The focus of the data contained in the Public Health Infobase is Indigenous specific, but it is primarily related to health. Most of the available indicators are specific to ages beyond the

scope of IELCC. There are very few examples of indicators that pertain to children less than age 6 years. Those that do apply to this age group relate to infant mortality, birth weight, and oral health.

8.6 Nunavut Inuit Child Health Survey

In 2007-2008, the Nunavut Inuit Child Health Survey was conducted in 16 selected communities of the 25 communities in Nunavut as part of a larger International Polar Year Inuit Health Survey (see Egeland et al., 2009 and Egeland, Faraj, & Osborne, 2010 for a description). This cross-sectional survey included a total of 388 Inuit children between the ages of 3-5 years, representing 26% of all 3-5 year old children in the 16 communities (Egeland et al., 2010). Indicators are listed in Appendix I. Indicators were grouped into broad domains of Indigeneity, physical and social environment, and health behaviours/health. Indigeneity "refers to items of interest to Inuit partners and involves indicators of culture and acculturation, social cohesion and social safety nets" (Egeland et al., 2010, p. 4). Indicators included children having daily contact with extended family; who provides the most child care; where does the child stay during the

day; active hunter in the home; household distributes country food; receipt of country food from sharing networks; and food preferences and concerns about contaminants in country foods. The primary language spoken by the child, and the child's daycare attendance were also measured.

Indicators pertaining to the social and physical environment included the mean number of persons residing in the home, crowded dwelling, public housing, housing in need of repair, income support, homeless visitors in the past 12 months, mean weekly food and expense costs, and smoking forbidden in the home (Egeland et al., 2010). Health behaviour indicators focused both on behaviours in pregnancy and health behaviours in general. Maternal health behaviour indicators having an impact on child health and well-being included cigarette smoking, alcohol consumption, child receiving breastmilk, mean duration of breastfeeding, and prenatal vitamin use. General

health indicators included respondent rating of child health; experience of ear infection/ treatment for ear infection in the past year; child lifetime incidence of hospitalization; child diagnosed with allergies, chronic illness, or disability in the past year; and child visit to a health centre/hospital for an injury in the past year (Egeland et al., 2010). Survey findings were largely positive, with a high reported prevalence of young Inuit children who lived in homes where Inuktitut was spoken, high rates of contact with extended family and opportunities to learn Inuit ways of knowing and being. Additional information regarding the Nunavut Inuit Child Health Survey is found at https://www.mcgill.ca/cine/resources/ihs/child

Strengths and Limitations

This study was the first to conduct a comprehensive assessment of indicators related to health and Indigeneity among young Inuit children and their families (Egeland et al., 2010).

The survey was planned and overseen by a steering committee with representation by academic researchers, the Government of Nunavut Health and Social Services, Nunavut Tunngavik Incorporated, and Nunavut Association of Municipalities, and was led by the Centre for Indigenous Peoples Nutrition and Environment (McGill University). However, the survey was limited in terms of content in that the full range of relevant indicators of young Inuit children's health and well-being could not be addressed, prompting the need for supplemental data from secondary sources, such as healthcare services, in obtaining a more comprehensive assessment of health for this group (Egeland et al., 2010). The survey applies to a limited population within Inuit Nunangat, highlighting that other regions/jurisdictions within Inuit Nunangat (Inuvialuit, Nunavik, and Nunatsiavut) may be under-surveyed, concealing differences in Inuit child health data by jurisdiction.

8.7 Other sources of IELCC information

Since the mid-1990s, the federal government has provided a suite of programs aimed at supporting young First Nations, Inuit, and Métis children and their families. These programs are currently administered through three different federal departments. Fiscal accountability and reporting requirements for federal programs are a key source of administrative information that contextualizes the programs and addresses questions like demand for ELCC services.

Employment and Social Development Canada (ESDC) supports the First Nations and Inuit Child Care Initiative (FNICCI) and is also responsible for the IELCC Framework.

Indigenous Services Canada (ISC) supports programs and services for First Nations on reserve and Inuit families and communities through the First Nations and Inuit Health Branch (FNIHB). These programs include:

· Aboriginal Head Start On Reserve (AHSOR)
· Brighter Futures
· Canada Prenatal Nutrition Program (CPNP) – First Nations and Inuit Component
· Children's Oral Health Initiative
· Fetal Alcohol Spectrum

Disorder Initiative - First Nations and Inuit Component, and
· Maternal and Child Health (MCH) Program

Indigenous Services Canada (ISC) also supports daycare programs for on-reserve First Nations in Ontario and Status Indians and Métis ordinarily on reserve in Alberta (programs previously delivered by the now-dissolved Aboriginal Affairs and Northern Development Canada; AANDC).

The Public Health Agency of Canada (PHAC) supports programs and services for off-reserve First Nations, Inuit, and Métis families and communities. These include:

· Aboriginal Head Start - Urban and Northern Communities (AHSUNC)
· Community Action Program for Children (CAPC) (off reserve)
· Canada Prenatal Nutrition Program (CPNP)
· Fetal Alcohol Spectrum Disorder Initiative (FASDI)

The programs listed below are funded and delivered in different ways across regions but they are often operationalized in coordination with one another, providing an avenue for wrap-around services for First Nations, Inuit, and Métis young children and families in many communities.

8.7.1 First Nations Inuit Child Care Initiative (FNICCI)

FNICCI began in 1995 with the goal of providing First Nations and Inuit children living on reserve and in the territories with "culturally appropriate, affordable, quality child care services comparable to what is available to other Canadian children" (ESDC, 2019, p. 12). FNICCI provides child care spaces in 463 First Nations and Inuit centres across Canada (ESDC, personal communication, June 2020).

8.7.2 Aboriginal Head Start On-Reserve (AHSOR)

The Aboriginal Head Start Program On Reserve (AHSOR) is an early-intervention program offered to children 0-6 years of age on reserve, with a particular focus on 3-5 year olds. AHSOR is funded and administrated by FNIHB under ISC, but the programs themselves are designed by individual communities in a way that best supports local needs and priorities (Halseth & Greenwood, 2019). AHSOR programs are focused on one or more of six components: education, health promotion, culture and language, social support, and parental/family development (Public Policy Forum, 2015, cited in Halseth & Greenwood, 2019). AHSOR programs are designed to

support culture, language, and identity development within communities, and are staffed by community members. Programs aim to involve extended family, community members and Elders, and they also provide parenting skills and supports through workshops, classes and information sessions. Programs are free and many include transportation. The AHSOR program supports approximately 14,500 children 0-6 years of age at 363 AHSOR sites in 356 First Nations communities across the country, excluding BC (ESDC, personal communication, June 2020).

8.7.3 Aboriginal Head Start Urban and Northern Communities (AHSUNC)

The AHSUNC program mirrors AHSOR in many ways, but it is focused on First Nations, Inuit, and Métis children and families living off reserve and in northern communities. AHSUNC is funded through PHAC, which holds funding agreements with eligible project sponsors, including incorporated local or regional non-profit Indigenous organizations and institutions like Friendship Centres, women's associations, local Métis associations, regional Inuit governments, district education authorities, and so on.

The AHSUNC supports 4600-4800 children annually at 134 sites (PHAC, 2017b). These sites typically provide half-day preschool experiences for Indigenous children 3 to 5 years of age.

8.7.4 Aboriginal Head Start in Urban and Northern Communities School Readiness Study

The AHSUNC School Readiness Study was conducted by PHAC in 2010-2011 to examine the impact of the AHSUNC program on school readiness skills (Canada, 2020a). It focused on three key areas of school readiness: language, motor and academic skills. Children 3 to 5 years of age were assessed by their local AHSUNC teachers at the beginning of the school year (Fall 2010) and again at the end (Spring 2011) (Canada, 2020a).

Participation in this study was voluntary and parental consent was required for a child to participate. The study used a two-phase approach, with the first phase beginning in the fall of 2010. The first phase measured school readiness using the Brigance Head Start Screen. This tool assesses language, motor and academic skills. Culturally specific adjustments/adaptations were made to the tool. The second phase took place in the spring of 2011 and re-measured the

participants using the same tools (Canada, 2020a).

Data from the study was collected in over 100 program sites, which represents about 80% of all Aboriginal Head Start sites. Sample sizes were over 2,300 children for Phase 1 and 1,800 children for Phase 2. Final results were calculated using 1,310 children who met certain inclusion criteria and were identified as being in scope (Canada, 2020a). The study indicated that children enrolled in the program made positive gains in terms of school readiness screening results.

8.7.5 Other federal programs

Brighter Futures

Brighter Futures began in 1992 and is administrated by FNIHB under ISC. It is a community-based health promotion program that provides flexible and coordinated activities and services focused on mental health, child development, parenting, healthy babies, and injury prevention. First Nations and Inuit communities and partners (service delivery agents, hospitals, regional health boards, and other communities) determine the kinds of activities and services provided, as well as the cultural values and local priorities reflected in them (Halseth & Greenwood, 2019).

Community Action Program for Children (CAPC)

CAPC was implemented in 1993, and while not focused specifically on First Nations, Inuit, and Métis children, it offers programs in locations that serve large Indigenous populations and that exclusively target Inuit and Métis children (Halseth & Greenwood, 2019). Like Brighter Futures, CAPC promotes the healthy development of young children (0-6 years) and families that are facing conditions of risk (such as poverty, geographic and social isolation, teenage parents, and child and substance abuse environment). Some CAPC sites are located in the same communities as AHSUNC sites.

Maternal Child Health

The Maternal Child Health (MCH) program supports pregnant women and families with infants and young children through home visits with nurses and family visitors in 309 First Nations communities (AFN, 2017b). The MCH program aims for contact with all pregnant women and new parents on reserve, with long-term home visits for families who require additional follow-up, referrals, and case management. MCH tries to coordinate with other broad strategies and programs operating in the community.

Canada Prenatal Nutrition Program (CPNP)

CPNP is a community-based maternal and child health program that provides support to improve the health and well-being of pregnant women, new mothers and babies facing challenging life circumstances (such as poverty, geographic and social isolation, teenage parents, and child and substance abuse environment). PHAC supports 240 CPNP projects serving over 45,000 pregnant women, parents, and caregivers in over 2,000 communities across Canada each year (Canada, 2020b). Indigenous Services Canada, through the FNIHB, funds the CPNP - First Nations and Inuit Component, which supports women in 395 First Nations and Inuit communities, excluding BC (ESDC, personal communication, June 2020). Some CPNP sites are located in the same communities as AHSUNC sites.

K4-K5 Program

K4-K5 is a full or half-day kindergarten program designed for First Nations children aged 4-5 years living on reserve. Funded by ISC, additional funding in 2019-20 has increased the number of full-day kindergarten programs offered at First Nations schools by over 50% (ISC, personal communication, July 2020). The overarching intent of the program is to prepare children for success in the formal school system by providing additional supports for 4 and 5 year olds. Funding is provided either directly to communities or through regional bodies that manage the funding. K4 programs in some provinces and territories are relatively new, whereas K5 programs have been available for many First Nations communities for a number of years.

9.0 RESULTS

Results are presented in this section. First, a summary of the ELCC data ecosystem including major common domains and indicators is provided. Next we discuss key findings, framing these against the IELCC Framework (ESDC, 2018).

9.1 Descriptive overview

The literature review yielded a broad range of indicators from a total of 39 different sources, including national data sources and relevant conceptual and indicator frameworks identified in the literature review above. Specifically, indicators were drawn from national data sources including Statistics Canada data holdings (Aboriginal Children's Survey [2006]; Aboriginal Peoples Survey [2001]; General Social Survey – Family [2011 and 2017]; Survey on Early Learning and Child Care Arrangements [2019]). Additional national data sources included those held by FNIGC, namely the Regional Health Survey (Phase 1 [2002/2003; FNIGC, 2005], Phase 2 [2008/2010; FNIGC, 2012] and Phase 3 [2015/2016; FNIGC, 2018]),

and the First Nations Regional Early Childhood, Education and Employment Survey [FNREEES 2013/2015; FNIGC, 2016]). Indicators were also drawn from research-based sources (e.g., Geddes, 2015; Saniguq Ullrich, 2019), Indigenous organizations (e.g., First Nations Health Authority, 2018), government (e.g., Government of Alberta, 2019), and non-government organizations (e.g., UNICEF Canada, 2019a), as well as from international sources (e.g., McMahon, Reck, & Walker, 2007; Australian Institute of Health and Welfare, 2008).

Following the literature review described above, we identified nearly 1,000 unique indicators across the 39 information sources and conceptual and indicator frameworks reviewed. Within this landscape, "health and well-being" was the most commonly cited high-level indicator domain, containing more than 200 unique indicators. Examples of common health and well-being indicators include: "healthy eating/healthy lifestyle," "immunization rates," "mortality rates," "nutrition," "dental hygiene," physical activity," and "breastfeeding." Indicators

appearing within the domain of "early learning" were the next most frequently cited group of indicators, having in excess of 150 indicators. Examples of early learning indicators include: "communication skills," "literacy/numeracy," "language development/language skills," "engages in active play," and "participates in (early child development/family) activities." A large group of nearly 100 indicators appeared within a "safety" rubric or higher-order domain. Frequently cited indicators included "injury" (type/cause), "home is safe and secure," "child abuse and neglect," and "bullying." Culture was also cited as an important domain, containing nearly 100 indicators including, "cultural teachings/knowledge," "attends gatherings and ceremonies," culture in school," "connection to land," "hearing stories," and "Indigenous children speaking an Indigenous language." Other overarching domains of indicators pertained to mental health, nutrition, and socio-economic conditions. Select indicators from each framework and information source reviewed are listed in Appendices A-I.

9.2 Key findings

Findings from the literature review reveal that an abundance of frameworks, measures, data sources, indicators and questions/measures exists from which to begin to draw connections to the common principles described in the IELCC Framework (EDSC, 2018). Review of the content contained in the literature review suggests a wealth of themes, measures, and indicators that are relevant to the health and well-being of young Indigenous children and IELCC. Table 1 provided an overview of 12 Indigenous-specific principles informing the development of indicators for frameworks, referring to specific examples of the frameworks listed in Appendix A that demonstrate how Indigenous-specific principles inform the selection of Indigenous-specific indicators to assess health and well-being. These principles should also inform the development of an indicator framework for IELCC.

This review also identified close to 1000 specific indicators that have been used to assess health and well-being, including access to and use of ELCC programs and services for First Nations, Inuit, and Métis children and families. Select indicators from these information sources are listed in Appendices B-I. While these indicators

provide exhaustive and in-depth information for select populations, declining data quality is an important issue.

Data quality, as articulated by Statistics Canada (2003b), is defined by the presence of all of the following elements: relevance, accuracy, accessibility, timeliness, interpretability, and coherence (see Statistics Canada, 2003b, pp. 6-7 for a full technical description). The extent to which data meets the needs of data users and stakeholders reflects its relevance. Data accuracy is determined by how closely the data captures or describes that which it is intended to measure. Accessibility reflects how easy it is for data consumers to find and utilize data. Barriers to accessibility may include issues such as cost. Timeliness of data and statistical information is another important factor when determining data quality: the older the data, the less relevant it becomes. Timeliness "refers to the delay between the reference point (or the end of the reference period) to which the information pertains, and the date on which the information becomes available" (Statistics Canada, 2003b, p. 7). Timeliness can also be affected by the length of time it takes to process data and provide it to data consumers. Interpretability of data speaks to the ease of interpretation, understanding, and use of data. Often, interpretability is linked to

the amount of documentation and metadata that accompanies data. The last element of data quality is coherence, which is determined by how closely the data is aligned with similar data sets "within a broad analytic framework and over time" (Statistics Canada, 2003b, p. 7). Consistency of concepts, definitions, and survey methodology enhances coherence (Statistics Canada, 2003b).

When considering the quality of Indigenous ELCC data as it stands today, it is fair to state that much of what is accessible in the public domain has long since passed its intended shelf life. Publicly available data collected by Statistics Canada in relation to Indigenous children (e.g., Aboriginal Children's Survey, 2006; Aboriginal Peoples Survey, 2001) are now considerably dated and thus the overall quality of this information is compromised. For example, at the time the ACS data was collected, many forms of current technology and associated applications that are now universal and have impacts on child health and well-being—including smartphones, Skype/Zoom, social media, and others – did not exist. In addition, social-political landscapes have shifted substantially for First Nations, Inuit, and Métis over the past two decades. Despite this, however, it is evident from this review of the literature that data from nearly 20 years ago continues to be accessed, analyzed, and

disseminated, representing a significant limitation to understanding the full range of contemporary factors impacting Indigenous children's current realities and therefore their health and well-being.

An additional challenge that arises within the context of the national surveys cited above concerns sampling and the associated issue of representativeness. Specifically, national surveys administered by Statistics Canada, including the General Social Survey (GSS) and Survey on Early Learning and Child Care Arrangements (SELCCA), do not purposefully oversample Indigenous participants, resulting in insufficient numbers of First Nations, Inuit, and Métis included in the final survey sample to create disaggregated or Indigenous-specific subsamples. FNIGC surveys, in contrast, are mandated and designed to be representative of First Nations living on First Nations reserves and in northern communities, and sampling at the individual level is based on Band/Community membership lists (FNIGC, 2018).

Lack of Métis-specific representativeness in the data remains a significant gap to be addressed in future work. Examination of all data sources, frameworks, and associated measures and indicators suggests that a total of two

data/information sources (the Long-form Census, which is administered every 5 years and contains little or no ELCC focus, and the Aboriginal Peoples Survey) contain indicators that could serve to contextualize the lives of young Métis children. Such indicators include data on living arrangements and family composition for children between the ages 0-4, Aboriginal languages spoken at home, and housing conditions. Across the data landscape reviewed, only the long-form Census collects data about Métis, Inuit, and both on- and off-reserve First Nations populations.

While some Inuit-specific ELCC data exists in the Nunavut Inuit Child Health Survey, this literature review did not reveal a similar data source focused specifically on the Métis population. However, the Métis National Council (MNC) has developed a conceptual framework for Métis population health and well-being. In their 2006 report Proposals for Measuring Determinants and Population Health/Well-Being Status of Métis in Canada (MNC, 2006), priority areas for the measurement of health determinants and health status were identified (see Appendix A for a description of this framework).

9.3 Discussion

Figure 1 provides a visual representation of a child-centred, systemic approach to envisioning IELCC programs and services. The circle represents a medicine wheel understanding of the need for balance between elements represented by the four directions. Children are located at the centre of the figure, surrounded by concentric layers moving out from the individual child through the different layers of family, community, and the structural levels of society. Around the outside and within the figure are determinants of health intersecting all of the levels as shown by bi-directional arrows. Determinants of health common to both Indigenous and non-Indigenous children are listed around the outside of the circle and those specific to Indigenous children and families are shown inside the circles to differentiate them from one another only. However, all of these determinants bear down on all children and families to varying degrees, depending on the specific context in which children and families live. A well-functioning IELCC system is one that addresses balance, equity, and self determination at all levels and through all determinants, resulting in healthy, balanced, and nurtured children at the centre of a healthy, balanced, and nurturing system.

FIGURE 1: A SYSTEMIC VIEW OF INDIGENOUS CHILD AND FAMILY WELL-BEING
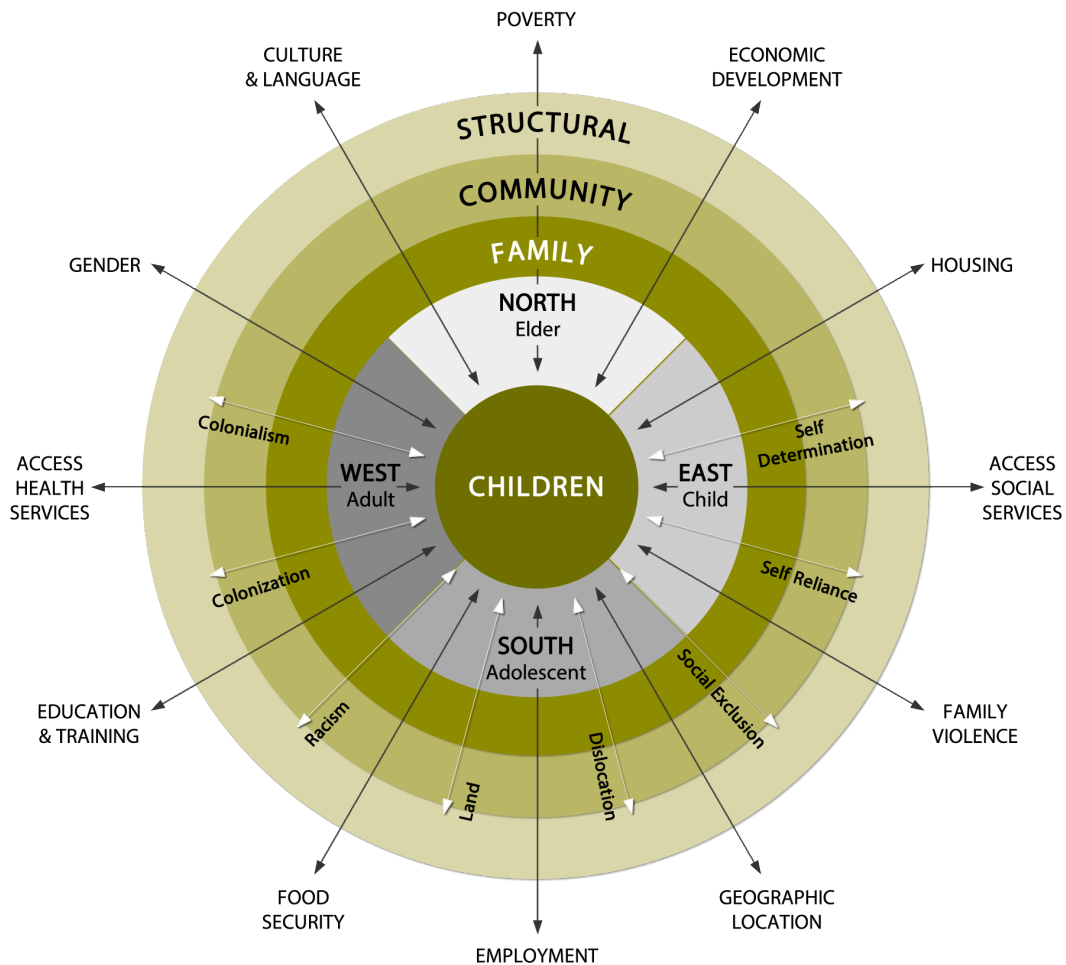
© 2020 Margo Greenwood

Recognizing the intersectional and cross-cutting nature of determinants of health is critical for understanding the multiple levels at which interventions and changes can occur, with the effects of these changes reaching through all the levels. For example, societal shifts at the structural level (represented by the outermost layer of the figure), such as those leading up to the emergence of a new politics of reconciliation

during the 1990s and the first decade of the 2000s, have been accompanied by changes in legislation, law-making, policy, funding, and jurisdiction that directly impact the programs and services available in First Nations, Inuit, and Métis communities (represented by the second inner ring of the figure). Availability of and access to child and family services at the community level, in turn, impacts experiences at a family level. For example,

FNICCI programs are designed to enhance opportunities for education and employment for First Nations and Inuit families by providing supports that include child care. The supports and programs available to families that enhance employment opportunities have a direct impact on the child (represented as the innermost ring or level), who benefits not only from greater housing and food security through increased family income,

but also through developmental and school-readiness supports delivered either through parenting programs or attendance in ELCC programs. The impacts of the selected determinants of health shown on this figure (there are many other possible determinants not shown) can thus be analysed at multiple levels, from the level of the individual child through to the structural level of society, and back again.

Table 2 shows a breakdown of the main indicator themes used for measuring Indigenous child health and ELCC and the level at which they primarily operate, showing where these indicators have been used to measure various elements of well-being in the sources examined in this landscape review and listed in Appendices B-I. Since many of the themes are cross-cutting,

they may appear on more than one level. Indicators related to food and nutrition, for example, can show well-being both at the level of the individual child and the level of family. Language is another indicator theme area that relates to both the child and the family.

TABLE 2: SUMMARY OF INDICATOR THEMES FOR INDIGENOUS CHILDREN AND FAMILIES

Child-level themes	Health status (including chronic health, medical/health conditions, physical injury)	App B, App C, App G, App H, App I
	Health Care utilization	App C
	Dental care	App C, App G
	Personal information, including Indigenous identity/status	App C, App G
	Food and nutrition (incl. traditional foods)	App B; App C, App G, App H
	Sleep	App B
	Developmental milestones	App B, App H
	School/child care attendance/education	App B, App C, App H, App I
	Language	App B, App C
	Strengths and difficulties	App B
	Learning and activities Activities of daily living/medical conditions	App B, App C
	Social activities and relationships (incl. screen time)	App C, App H
	Education	App C, App G
	Physical activity	App G, App H
	Emotional and social well-being	App G

TABLE 2: SUMMARY OF INDICATOR THEMES FOR INDIGENOUS CHILDREN AND FAMILIES CONT.

Family-level themes	Food and nutrition (incl. traditional foods)	App B, App G, App H, App I
	Developmental milestones	App B, App H
	Nurturing	App B, App H
	Language; traditional language and culture	App B, App G, App H, App I
	Learning and activities	App B, App H
	Parent profile Household data/information; Personal information (incl. parental support and connection with extended family)	App B, App C, App F, App G, App H, App I
	Childcare arrangements (including aarly learning and childcare, childcare preferences, non-users or occasional users of childcare, childcare for preschool children, childcare for preschool and school-aged children)	App B, App C, App D, App E, App F, App G, App H
	Health care access	App G
	Household and living environment (incl. access to technology)	App G, App H
	Residential school experiences	App G, App H
Community-level themes	Language	App B
	Learning and activities	App B
	Childcare arrangements (including early learning and childcare, childcare preferences, non-users or occasional users of childcare, childcare for preschool children, childcare for preschool and school-aged children)	App B, App D, App E, App F, App G
	Health care access	App G
	Nurturing	App B
	Indigenous child care providers	App H
Structural-level themes	Migration	App H
	Racism	App H

Legend: App B (Aboriginal Children's Survey); App C (APS); App D (SELCCA); App E (General Social Survey); App F: (General Social Survey 2011); App G (General Social Survey 2017); App H (FNREEES); App I (Nunavut Inuit Child Health Survey)

Not surprisingly, most of the sources reviewed focused on measuring well-being at the level of the individual child and the family, with fewer focusing on indicators at the community level. With the exception of FNREEES, which had indicators specifically addressing racism and migration, none of the sources reviewed contained indicators addressing structural-level indicators. This is a considerable challenge, given that the overarching social/cultural construct of racism, for example, has the potential to impact the entire IELCC system.

Racism is a historical and contemporary reality with pervasive influence on the lived experiences of First Nations, Inuit, and Métis people. Race-based and exclusionary policies at the societal level, like the jurisdictional issues that Jordan's Principle is designed to address, impact First Nations, Inuit, and Métis people's access to programs and services at the community, family, and individual child levels. Another example is found in inequitable funding levels for Indigenous child welfare and IELCC programs and services, which create ripple effects throughout all other levels. Exclusion and racism at structural and systemic levels thus directly impact the health and well-being of Indigenous children and families by impeding access to programs and services that could

provide them with immediate and lasting supports. This dynamic is an important contextual element underlying the terrain mapped by the current analysis.

A significant proportion of the sources reviewed rely on data from Statistics Canada that is no longer current. As discussed in Section 9.2 above, existing data has diminished in terms of relevance, coherence, and overall quality. There is also a generalized lack of availability of disaggregated data for First Nations (especially off-reserve), Inuit, and Métis populations. Significant challenges exist for all three Indigenous populations in terms of having both the human resource and the financial capacity to undertake large-scale data collection, processing, analysis, and dissemination.

While some of the information sources and frameworks reviewed in this study were not developed in partnership with First Nations, Inuit, and Métis, and none were designed to measure progress against the IELCC Framework (ESDC, 2018), other data sources and surveys were developed under the control of First Nations and Inuit (e.g., FNIGC, FNREEES and RHS surveys; see FNIGC, 2018; 2016; 2012; 2005; Smylie et al., 2017a, 2017b), serving as important examples of First Nations, Inuit, and Métis self-determination in research and data collection. Although many

frameworks point to specific themes to consider in measuring both Indigenous children's health status and progress in meeting commitments to optimize healthy child development, the absence of cross-sectional or longitudinal data focused on health and well-being at individual, family, and community levels represents a significant gap. Addressing and closing this gap will require considerable long-term resource investment, along with the creation of cross-sector collaborations and partnerships.

The issue of data governance is non-contestable in terms of advancing self-determination for First Nations, Inuit, and Métis peoples. Data governance is of central importance in developing and implementing a national data strategy in response to the IELCC Framework. Although principles of ownership, control, access and possession (OCAP®) have been clearly identified for the governance of all First Nations information, as articulated by the First Nations Information Governance Centre (FNIGC, 2014), considerations around Inuit and Métis data governance—including but not limited to infrastructure, collaborations, partnerships, policies, processes, protocols and formal agreements—are not yet as clearly defined. For example, an internet search using the terms "data governance" and "Métis Nation" yielded a

paucity of information. Similar searches for data governance information for the Métis Nation of Ontario and the Manitoba Métis Federation (MMF) showed that the MMF does have a series of publicly available health reports developed with Métis-specific data (see online http://www.mmf.mb.ca/departments_portfolios_and_affiliates_details.php?id=11&type=publications); however, information specific to IELCC data governance for Métis is unavailable.

The National Inuit Strategy on Research (NISR) presents data sovereignty parameters for Inuit to realize self-determination in research that is "efficacious, impactful and meaningful to Inuit" (ITK, 2018, p. 5). The purpose of the NISR is to address challenges pertaining to engagement and decision-making processes, research funding eligibility, and the predominance of non-Inuit researchers conducting research in Inuit Nunangat. The NISR articulates five priority areas in which to advance Inuit self-determination in the context of research and ensure that research serves the needs and priorities of Inuit; that is, it: 1) advances Inuit governance; 2) enhances the ethical conduct of research; 3) aligns funding with Inuit research priorities; 4) ensures Inuit access, ownership, and control over data and information; and 5) builds capacity (ITK, 2018, p. 4).

9.4 Mapping Results against the IELCC Framework (2018) Principles

The IELCC Framework (ESDC, 2018) lays the groundwork to ensure that future data-focused endeavours pertaining to IELCC will occur in a manner that is culturally appropriate and self determined. The Framework also facilitates a coherent structure, allowing ease of interpretability of the results of this landscape review of the information and data available to inform development of Indigenous-specific indicators for an IELCC system

Potential indicators that correspond to each of the nine principles of IELCC outlined in the IELCC Framework (ESDC, 2018), along with related sources of existing data, are summarized in Table 3. See Appendix J for a more fulsome overview, including considerations for future research to address gaps.

This exercise has limitations that should be highlighted here. The example indicators should be seen as a provisional starting point only. Some of these indicators already exist as measures and some are suggestions for potential indictors based on the literature reviewed in this document. Further, since the

nine principles are cross-cutting and overlapping, some themes and indicators (for example, those relating to language and culture) could address more than one principle. Finally, each principle calls for different types of indicators, which may be focused on structural, systemic, or programmatic/individual elements or outcomes. While the focus of this literature review was on existing measurement indicators, federal program evaluation frameworks are another useful source of information, particularly insofar as they apply to Principle #8, transparency and accountability. This is a consideration for future research.

A distinction-based process of developing a robust and appropriate set of indicators for each principle will require direct engagement and collaboration with the First Nations, Inuit, and Métis communities who best know their children and possess their own aspirations for ELCC programs and services leading to collective well-being and self-determination.

TABLE 3: IELCC FRAMEWORK PRINCIPLES, INDICATORS AND INFORMATION SOURCES

Principle	Example indicators	Information/data sources
1. Indigenous knowledges, languages and cultures	• Language & culture components in IELCC program • Language programs offered to young children and families (educational opportunities for language learning) • Exposure to language at home or in community • Ability to use Indigenous language words	Aboriginal Children's Survey AHS School Readiness survey FNREES FNICCI/AHSOR AHSUNC evaluation
2. First Nations, Inuit and Métis determination	• FN/I/M co-create IELCC system with Canada • FN/I/M collaborate with P/T in implementation of IELCC system • Communities involved in design and delivery of policies and programs in their area	No data exists FNICCI program framework contains principles See also Greenwood & Shawana (2000)
3. Quality programs and services	• Curriculum/programming • Child-staff ratios • Staff training, certification, and wages • Standards, regulations, licensing, and monitoring • Physical environment • Administration and funding • Family/community involvement in program	ACS; FNREES Raising the Village AHS School Readiness survey FNICCI/AHSUNC/AHSOR program frameworks See also Greenwood & Shawana (2000), Saniguq Ullrich (2019)
4. Child and family-centred	• Child development indicators • Child health indicators • Parent/family social determinants indicators • Parental involvement in programs	ACS; FNREEES; RHS AHSUNC School Readiness Study FNICCI/AHSUNC/AHSOR Federal programs focused on family SDOH
5. Inclusive	• Programs meet the needs of all children and families • Transportation provided in geographically remote locations	SELCCCA AHSUNC/AHSOR AHSUNC evaluation
6. Flexible and adaptable	• Programs are flexible to respond to changing circumstances of children, families, and communities • Diverse service delivery models	GSS 2017 – questions about flexible child care arrangements
7. Accessible	• Programs are situated within reach of families and other relevant programs • Programs and services are affordable • Number of children attending programs • Number of children on waitlists	APS; FNREEES; ACS GSS 2017; RHS AHSUNC
8. Transparent and accountable	• Parents and community members are informed about programs • Regular periodic evaluations and reporting on IELCC community services and overall system goals • Established administrative and reporting structures inform community, Funding agents and partners	No data exists FNICCI/AHSUNC/AHSOR principles exist but have not been measured AHSUNC evaluation
9. Respect, collaboration and partnerships	• Linkages with other related services for children and families in communities to ensure holistic, coordinated service delivery • Linkages with other F/T/P programs to access funding and ensure holistic service delivery • Leverage multi-sectoral collaborations • Collaboration with relevant stakeholders	No data exists FNICCI program framework AHSUNC evaluation

One of the most important considerations for children's well-being is the family and community context in which they live.

10.0 CONCLUSIONS AND FUTURE CONSIDERATIONS

This section presents a series of considerations that will be important in developing strategies to address deficiencies in the information currently available to support the development of a robust and responsive distinction-based IELCC policy and evaluation framework. First Nations, Inuit, and Métis are distinct peoples with different histories, cultures, values, and contemporary realities that influence their current needs and priorities. One thing they all hold in common, however, is the valued role of children and their importance in ensuring collective cultural continuity.

One of the most important considerations for children's well-being is the family and community context in which they live. Determinants of well-being such as family income and employment, parent/caregiver educational status, housing, food security, and access to health services and social supports are a few of the factors to consider. This type of information is found in a variety of sources, including FNIGC's RHS, and the Canadian Community Health Survey administered by Statistics Canada, Census data, and the Aboriginal Peoples Survey. These data sources contain some socio-demographic and economic information about First Nations, Inuit, and Métis peoples (with the RHS focusing exclusively on First Nations living on-reserve and in northern communities). However, all Indigenous populations are not represented within one data source, and as a result, it is difficult to disaggregate data and compare across data sets.

Perhaps the most serious deficiency uncovered in this literature review is the lack of information about Inuit and Métis children's realities. There is currently very little information regarding distinction-based indicators for Inuit and Métis ELCC. Data limitations specific to Inuit include limited health and education data, particularly for the urban Inuit population (but see the Our Health Counts Urban Indigenous Health Database [Smylie and Firestone, 2017a, 2017b; Appendix A.2.7] and the Nunavut Inuit Child Health Survey; Appendix I). The Public Health Infobase First Nations and Inuit Health and Wellness Indicators (PHAC, 2018) also offers a set of indicators and recent data pertaining to demographics, vital statistics, health status and outcomes, determinants of health, and health system performance for Inuit that provide contextual information about the lives of young Inuit children; however, the information yields little insight into indicators for Inuit ELCC.

More information is available for First Nations populations, but as discussed above, much of this information is dated and limited in scope, as it does not consistently capture both on- and off-reserve First Nations people. Future research must take care to capture the realities of children from all three Indigenous populations, including those living on reserves, in urban contexts away from their traditional territories, and in rural and remote locations. This presents a significant challenge in data collection and policy development, emphasizing the need for an approach that is coordinated and distinction-based.

The most useful existing sources of information, the First Nations Regional Health Survey (RHS), First Nations Regional Early Childhood, Education and Employment Survey (FNREEES), and the Aboriginal Children's Survey (ACS), are national in scope and, taken together, include First Nations, Inuit and Métis populations residing in urban, remote, and on-reserve locations. In addition to identifying specific child data, these sources also provide important information about the determinants of health for Indigenous families, as mentioned above, including socioeconomic factors such as parental income and education levels, as well as information about housing, food security, and health status. However, the data sources noted above contain insufficient information to provide a comprehensive picture of how social, cultural, economic, and environmental factors impact the lives of young First Nations, Inuit and Métis children. More comprehensive and focused research on the social determinants of health of the child in the context of the family will be an important first step towards designing a child and family-centered IELCC system (Principle #4).

To this end, an updated and expanded version of the Aboriginal Children's Survey could serve as the most significant source of specific indicators and associated questions and measures from which to inform a distinction-based data strategy anchored in the IELCC Framework (ESDC, 2018). Building on the current version of the ACS, it is feasible that a common set of indicators could be developed in collaboration with distinction-based groups. These common indicators could

form a part of the larger indicator sets to be developed by each group. Of equal importance is government support for developing capacity for data collection and governance for each distinction-based group. The FNIGC offers one avenue for realizing that capacity.

Beyond this, the information gaps highlighted by the mapping exercise above in Section 9.4 point toward an opportunity to undertake more targeted research that aligns qualitative studies examining the structural and systemic enablers of quality programs and services with quantitative research that evaluates the effectiveness and efficacy of existing programs and services. Indigenous-centered and Indigenous-informed research and evaluation strategies will support the effectiveness and operationalization of an IELCC system that best meets the needs of the highest possible number of First Nations, Inuit, and Métis children and families.

Establishing an operational partnership governance model (Principle #9) will help to build conversations with partners about how best to implement a national distinction-based IELCC system, whether through national Indigenous

organizations (NIOs) alone, NIOs in partnership with the federal government, designated Indigenous organizations, or some other mix of partner organizations. This could include the related processes of determining the best indicators for each distinction-based group and collecting data for baseline and evaluation purposes. An important note is that quantitative measures will only be appropriate for some of the nine principles, so consideration of the best mix of qualitative and quantitative indicators will be an important part of this process, particularly for Principles #2, #8, and #9.

Structural and systemic enablers that impact families and children should also be identified in order to determine the level at which interventions need to occur. While structural/systemic elements of ELCC generally fall under the purview of federal and provincial/territorial governments, a partnered and co-developed IELCC framework requires a collaborative approach that engages First Nations, Inuit, and Métis governments as equal partners in decision-making about the structural elements (i.e., legislative/policy changes) that must be in place to enable a distinction-based IELCC system. Decision-making at this level has a direct impact on quality, impacting both the structural and process components identified in

the section on quality in IELCC above. While these components could be applied across all three distinction-based frameworks, cultural differences will inform their operationalization. For example, legislated requirements regarding staff-child ratios or age-based grouping of children can establish a common minimum standard while providing flexibility to accommodate different cultural understandings and values regarding family composition and community involvement in child care.

In summary, this landscape review revealed a great number of existing frameworks and information sources peripherally related to IELCC insofar as they are primarily focused on the health and well-being of young Indigenous children and their families. While many of these sources provide good examples of the types of indicators and information that could inform some aspects of a national IELCC system, there is no single framework or information source that could provide a useful template for moving toward this goal. The IELCC Framework's distinction-based approach calls for the creation of a purpose-built information and research strategy designed to address the considerable gaps in current knowledge about the needs, priorities, challenges, and opportunities for First Nations, Inuit, and Métis ELCC in Canada.
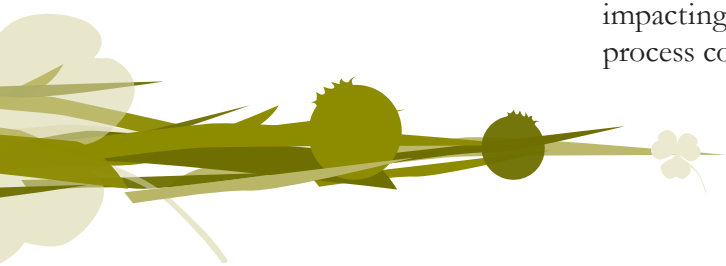
REFERENCES

Aboriginal Children's Health and Well-being Measure [ACHWM]. (n.d.). *About: Learn more about the ACHWM - our team, vision and history.* Retrieved from https://achwm.ca/about/achwm

Alberta. (2019). *Well-being and resiliency: A framework for supporting safe and healthy children and families.* Edmonton, AB: Government of Alberta. Retrieved from https://open.alberta.ca/dataset/520981c4-c499-4794-af55-bc932811cb1e/resource/7fda0ae8-8d97-49e7-b94b-7f0088cd767d/download/well-being-resiliency-framework-march2019.pdf

Alfred, T., & Corntassel, J. (2005). Being Indigenous: Resurgences against contemporary colonialism. *Government and Opposition 40*(4), 597-614.

Arnett, J. (1989). Caregivers in day-care centers: Does training matter? *Journal of Applied Developmental Psychology, 10*(4), 541-52, http://dx.doi.org/10.1016/0193-3973(89)90026-9

Assembly of First Nations [AFN]. (2006). *First Nations' holistic approach to indicators.* Ottawa, ON: Author.

Assembly of First Nations [AFN]. (2017a). *National First Nations early learning and child care (ELCC) policy framework.* Ottawa, ON: Author. Retrieved August 17, 2020 from https://www.afn.ca/uploads/Social_Development/FN%20ELCC%20Framework%202017_en.pdf

Assembly of First Nations [AFN]. (2017b). *The First Nations health transformation agenda.* Ottawa, ON: Author. Retrieved August 17, 2020 from https://www.afn.ca/uploads/files/fnhta_final.pdf

Australian Government, Department of Health. (n.d.). *Audit for best practice in chronic disease.* Canberra, AU: Author. Retrieved from https://www1.health.gov.au/internet/publications/publishing.nsf/Content/health-oatsih-pubs-linkphc~health-oatsih-pubs-linkphc-local~casestudies~case4

Australian Institute of Health and Welfare (AIHW). (n.d). *Appendix 3: Types of indicators and how they are used.* Retrieved from https://www.aihw.gov.au/getmedia/780ca41d-b02c-4071-9d82-5368dd11c853/hse-75-10792_x03.pdf.aspx

Australian Institute of Health and Welfare (AIHW). (2008). *Key national indicators of children's health, development and wellbeing: Indicator framework for a picture of Australia's children 2009.* Canberra, AU: Australian Government, Bulletin 58. Retrieved March 13, 2020 from https://bluepeteraustralia.files.wordpress.com/2012/12/indicators.pdf

Australian Institute of Health and Welfare. (2009). *Protecting children is everyone's business: National framework for protecting Australia's children 2009-2020.* Canberra, AU: Australian Government. Retrieved August 17, 2020

Australian Institute of Health and Welfare. (2011). *National outcome measures for early childhood development: Development of an indicator-based reporting framework.* Canberra, AU: Australian Government. Retrieved August 17, 2020 from https://www.aihw.gov.au/getmedia/4b41f3af-33aa-4ad7-b867-fe4f9ef51a6e/12424.pdf.aspx?inline=true

Baker-Anderson, K., Young, N.L., Wabano, M.J., & Brown, L. (2015). Inuit version of the Aboriginal children's health and well-being measure: Qanuippit? *Quality of Life Research, 24*, 59.

Ball, J. (2008). Promoting equity and dignity for Aboriginal children in Canada. *IRPP Choices, 14*(7), 1-30.

Baxter-Trahair, E. (2016). *Raising the village: Improving outcomes for Toronto's children and families – Part 2: Indigenous outcomes.* Toronto, ON: Presentation to the Aboriginal Affairs Committee, Raising the Village. Retrieved March 17, 2020 from https://www.toronto.ca/legdocs/mmis/2016/aa/bgrd/backgroundfile-96783.pdf

BC Aboriginal Child Care Society & Assembly of First Nations (BCACCS). (2005). *Elements of quality child care from the perspectives of Aboriginal Peoples in British Columbia.* West Vancouver, BC: Author. Retrieved February 12, 2019 from https://www.acc-society.bc.ca/resource/elements-of-quality-child-care-from-the-perspectives-of-aboriginal-peoples-in-british-columbia-2005/

BC Ministry of Health. (2013). *Child and youth health and well-being indicators project: CIHI and B.C. PHO Joint Summary Report.* Victoria, BC: Author. Retrieved from https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/child-health-2013.pdf

Best Start by Health Nexus. (2019). *Atuaqsijut: Following the path, sharing Inuit specific ways.* Resource for Service Providers Who Work with Parents of Inuit Children in Ontario. Toronto. ON: Author

Bick, J., & Nelson, C.A. (2016). Early adverse experiences and the developing brain. *Neuropsychopharmacology, 41,* 177-96.

Bigras, N., Bouchard, C., Cantin, G., Brunson, L., Coutu, S., Lemay, L., Tremblay, M. et al. (2010). A comparative study of structural and process quality in center-based and family-based child care services. *Child and Youth Care Forum, 39,* 129-50.

British Columbia Assembly of First Nations, First Nations Summit, Union of British Columbia Indian Chiefs, & Government of British Columbia. (2006). *The transformative change accord: First Nations health plan.* Victoria, BC: Authors. Retrieved March 17, 2020 from http://fns.bc.ca/wp-content/uploads/2016/10/FirstNationsHealthImplementationPlan_Combo_LowResolution.pdf

Canada. (2017a). *Rights of children.* Ottawa, ON: Author. Retrieved March 17, 2020 from https://www.canada.ca/en/canadian-heritage/services/rights-children.html

Canada. (2017b). *Health Indicators.* Ottawa, ON: Author. Retrieved from https://www.canada.ca/en/health-canada/services/health-care-system/health-indicators.html

Canada. (2018). *The 2030 agenda for sustainable development.* Ottawa, ON: Retrieved March 17, 2020 from https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/priorities-priorites/agenda-programme.aspx?lang=eng

Canada. (2020a). *The Impact of the Aboriginal Head Start in Urban and Northern Communities (AHSUNC) Program on school readiness skills.* Ottawa, ON: Author. Retrieved March 17, 2020 from https://www.canada.ca/en/services/health/publications/aboriginal-health/school-readiness.html

Canada. (2020b). *Canada Prenatal Nutrition Program (CPNP).* Ottawa, ON: Author. Retrieved March 17, 2020 from https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/programs-initiatives/canada-prenatal-nutrition-program-cpnp.html

Canada *(Human Rights Commission) v. Canada (Attorney General)* (2012), FC 445 (CanLII). Retrieved from https://www.canlii.org/en/ca/fct/doc/2012/2012fc445/2012fc445.html

Canadian Child Care Federation. (2005). "What's new in curriculum?" *Interaction, 18*(4), 27.

Canadian Child Welfare Research Portal. (n.d.). *Canadian Human Rights Tribunal on First Nations child welfare.* Information sheet. Retrieved March 18, 2020 from https://cwrp.ca/canadian-human-rights-tribunal-first-nations-child-welfare

Canadian Institute for Health Information [CIHI]. (2019). *CIHI's annual report, 2018–2019: 25 years of CIHI.* Ottawa, ON: CIHI. Retrieved March 18, 2020 from https://www.cihi.ca/sites/default/files/document/cihi-annual-report-2018-2019-en-web.pdf

Canadian Institute of Child Health [CICH]. (2020a). *About CICH.* Retrieved March 14, 2020 from https://cichprofile.ca/about-the-profile/about-cich/

Canadian Institute of Child Health [CICH]. (2020b). *About the Profile.* Retrieved March 14, 2020 from https://cichprofile.ca/about-the-profile/

Canadian Institute for Health Information (CIHI) and BC Public Health Officer. (2013). *Child and youth health and well-being indicators project: CIHI and B.C. PHO Joint summary report.* Victoria BC: Office of the Provincial Health Officer and Canadian Institute for Health Information. Retrieved August 17, 2020 from https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/child-health-2013.pdf

Canadian Paediatric Society. (2004). Children's health indicators. *Paediatrics & Child Health, 9*(2), 79-80.

Chartier, M., Brownell, M., MacWilliam, L., Valdivia, J., Nie, Y., Ekuma, O., Burchill, C., et al. (2016). *The mental health of Manitoba's children.* Winnipeg, MB: Manitoba Centre for Health Policy. Retrieved March 16, 2020 from http://mchp-appserv.cpe.umanitoba.ca/reference//MHKids_web_report.pdf

Corntassel, J. (2012). Re-envisioning resurgence: Indigenous pathways to decolonization and sustainable self-determination. *Decolonization: Indigeneity, Education & Society 1*(1), 86-101.

Council of Australian Governments [COAG]. (2009). *Investing in the early years: A national early childhood development strategy.* Barton, AU: Commonwealth of Australia.

Craig, E., Jackson, C., Han, D.Y, & HZCYES Steering Committee. (2007). *Monitoring the health of New Zealand children and young people: Indicator handbook.* Auckland, NZ: Paediatric Society of New Zealand, New Zealand Child and Youth Epidemiology Service. Retrieved March 20, 2020 from https://www.otago.ac.nz/nzcyes/otago086469.pdf

Crampton, P., Perera, R., Crengle, S., Dowell, A., Howden-Chapman, P., Kearns, R., Love, T. et al. (2004). What makes a good performance indicator? Devising primary care performance indicators for New Zealand. *The New Zealand Medical Journal, 117*(1191), 1-12.

de Leeuw, S., Greenwood, M. & Cameron, E. (2010). Deviant constructions: How governments preserve colonial narratives of addictions and poor mental health to intervene into the lives of Indigenous children and families in Canada. *International Journal of Mental Health and Addiction 8*, 282-95. https://doi.org/10.1007/s11469-009-9225-1

da Silva, D.I., de Mello, D.F., Takahashi, R.F., & de la Ó Ramallo Verissimo, M. (2016). Children's vulnerability to health damages: elements, applicability and perspectives. *IOSR Journal of Nursing and Health Science, 5,* 15-20. DOI: 10.9790/1959-0505031520

Duncan, L., Boyle, M.H., Abelson, J., & Waddell, C. (2018). Measuring children's mental health in Ontario: Policy issues and prospects for change. *Journal of the Canadian Academy of Child and Adolescent Psychiatry, 27*(2), 88-98.

Egeland, G.M., Qanuippitali Steering Committee, Pacey, A., Johnson-Down, L., & Cao, Z. (2009). The International Polar Year Nunavut Inuit Child Health Survey 2007-2008. Ste-Anne-de-Bellevue, QC: McGill University. Retrieved March 12, 2020 from https://www.mcgill.ca/cine/files/cine/child_inuit_health_survey_aug_31.pdf

Egeland, G.M., Faraj, N., & Osborne, G. (2010). Cultural, socioeconomic, and health indicators among Inuit preschoolers: Nunavut Inuit Child Health Survey, 2007-2008. *Rural and Remote Health, 10,* 1365.

Employment and Social Development Canada [ESDC]. (2018). *Indigenous early learning and child care framework.* Ottawa, ON: Author. Retrieved August 17, 2020 from https://www.canada.ca/en/employment-social-development/programs/indigenous-early-learning/2018-framework.html#h2.5

Employment and Social Development Canada [ESDC]. (2019). *Audit of social infrastructure funding – First Nations and Inuit Child Care Initiative.* Ottawa, ON: Author. Retrieved March 11, 2020 from https://www.canada.ca/en/employment-social-development/corporate/reports/audits/first-nations-inuit-child-care-initiative.html

First Nations and Inuit Children and Youth Injury Indicators Working Group. (2010). *Developing injury prevention indicators for First Nations children and youth in Canada.* Vancouver, BC: British Columbia Injury Research and Prevention Unit. Retrieved March 11, 2020 from http://www.injuryresearch.bc.ca/wp-content/uploads/2012/05/Developing-Injury-Prevention-Indicators-for-FN-Children-and-Youth-Nov-2010-FINAL-Oct-24-2011.pdf

First Nations Information Governance Centre [FNIGC]. (n.d.). *The First Nations Principles of OCAP®.* Ottawa, ON: Author. Retrieved March 11, 2020 from https://fnigc.ca/ocap

First Nations Information Governance Centre [FNIGC]. (2002). *Our voice, our survey, our future: Children's questionnaire.* Ottawa, ON: Author. Retrieved March 11, 2020 from https://fnigc.inlibro.net/cgi-bin/koha/opac-retrieve-file.pl?id=60a05c9f930728b09342219f0c254a63

First Nations Information Governance Committee [FNIGC]. (2005). *RHS 2002/03: Results for adults, youth and children living in First Nations communities.* Ottawa, ON: First Nations Centre. Retrieved March 11, 2020 from https://fnigc.inlibro.net/cgi-bin/koha/opac-retrieve-file.pl?id=6d630af33e986fb89b6f89895e540513

First Nations Information Governance Committee [FNIGC]. (2006). *RHS 2002/03: Report on process and methods.* Ottawa, ON: First Nations Centre. Retrieved March 11, 2020 from https://fnigc.inlibro.net/cgi-bin/koha/opac-retrieve-file.pl?id=ce2ad3b17ffe381f971500ca09dd6610

First Nations Information Governance Centre [FNIGC]. (2012). *RHS Phase 2 (2008/10): National report on adults, youth and children living in First Nation communities.* Ottawa, ON: Author. Retrieved March 11, 2020 from https://fnigc.inlibro.net/cgi-bin/koha/opac-retrieve-file.pl?id=ccd66b67e9debb2c92f4a54703e1d050

First Nations Information Governance Centre [FNIGC]. (2014). *Ownership, control, access and possession (OCAP™): The path to First Nations information governance.* Ottawa, ON: Author. Retrieved March 11, 2020 from https://fnigc.ca/sites/default/files/docs/ocap_path_to_fn_information_governance_en_final.pdf

First Nations Information Governance Centre [FNGIC]. (2015). *The First Nations Regional Health Survey Phase 3 core questionnaire child.* Ottawa, ON: Author. Retrieved March 11, 2020 from https://fnigc.inlibro.net/cgi-bin/koha/opac-retrieve-file.pl?id=f5dc4f6364755b08eea02de552053ed3

First Nations Information Governance Centre [FNIGC]. (2016). *Our data, our stories, our future: The national report of the First Nations Regional Early Childhood, Education and Employment Survey.* Ottawa, ON: Author.

First Nations Information Governance Centre [FNIGC]. (2018). *National report of the First Nations Regional Health Survey Phase 3: Volume one.* Ottawa, ON: First Nations Centre.

First Nations Information Governance Centre [FNIGC]. (2020a). *Frequently asked questions.* Ottawa, ON: Author. Retrieved March 11, 2020 from https://fnigc.ca/about-fnigc/frequently-asked-questions.html#:~:text=A.,%2348%2C%20December%202009

First Nations Information Governance Centre [FNIGC]. (2020b). *About FNIGC: Vision.* Ottawa, ON: Author. Retrieved March 11, 2020 from https://fnigc.ca/about-fnigc/vision.html

First Nations Health Authority. (2018). *Indigenous health and well-being.* West Vancouver, BC: Author. Retrieved March 11, 2020 from https://www.fnha.ca/Documents/FNHA-PHO-Indigenous-Health-and-Well-Being-Report.pdf

Friendly, M., Doherty, G., & Beach, J. (2006). *Quality by design: What do we know about quality in early learning and child care, and what do we think? A literature review.* Toronto, ON: Childcare Resource and Research Unit. Retrieved August 17, 2020 from https://www.childcarecanada.org/sites/default/files/QbD_LiteratureReview.pdf.

Gardner, K., Sibthorpe, B., Chan, M., Sargent, G., Dowden, M., & McAullay, D. (2018). Implementation of continuous quality improvement in Aboriginal and Torres Strait Islander primary health care in Australia: A scoping systematic review. *BMC Health Services Research, 18*, 541.

Garon-Carrier, G. (2019). *Defining and measuring the quality of early learning and child care: A literature review.* Ottawa, ON: Employment and Social Development Canada, Her Majesty the Queen in Right of Canada.

Geddes, B. (2015). *Measuring wellness: An indicator development guide for First Nations.* First Nations of British Columbia, held in trust by Ktunaxa Nation Council. Retrieved March 16, 2020 from https://static1.squarespace.com/static/558c624de4b0574c94d62a61/t/574de5d7ab48de9a7db592da/1464722919928/BCFNDGI_-_INDICATOR_DEVELOPMENT_GUIDE.PDF

Gibson-Helm, M.E., Rumbold, A.R., Teede, H.J., Ranasinha, S., Bailie, R.S., & Boyle, J.A. (2016). Improving the provision of pregnancy care for Aboriginal and Torres Strait Islander women: A continuous quality improvement initiative. *BMC Pregnancy and Childbirth, 16,* 118.

Goelman, H., Doherty, G., Lero, D.S., LeGrange, A., & Tougas, J. (2000). *You bet I care! Caring and learning environments: Quality in child care centres across Canada.* Guelph, ON: Centre for Families, Work and Well -Being, University of Guelph.

Goudreau, G., Wabano, M.J., & Stankiewicz, E. (2019). *A two-eyed seeing approach to selecting health indicators for Indigenous child health report cards: Lessons learned from several Indigenous communities across Ontario.* Calgary, AB: IMICH conference, presentation. Retrieved March 11, 2020 from https://www.cps.ca/uploads/imich/E2_Groudreau.pdf

Greenwood, M. (2009). *Places for the good care of children: A discussion of Indigenous cultural considerations and early childhood in Canada and New Zealand.* Unpublished PhD dissertation, Faculty of Graduate Studies, Cross-Faculty Inquiry in Education, University of British Columbia, Vancouver, BC, Canada.

Greenwood, M., de Leeuw, S., Lindsay, N.M., & Reading, C. (eds.) (2015). *Determinants of Indigenous Peoples' health in Canada: Beyond the social.* Toronto, ON: Canadian Scholars' Press.

Greenwood, M., & Shawana, P. (2000). *Whispered gently through time. First Nations quality child care: A national study.* Ottawa, ON: Human Resources Development Canada.

Halseth, R., & Greenwood, M. (2019). *Indigenous early childhood development in Canada: Current state of knowledge and future directions.* Prince George, BC: National Collaborating Centre for Aboriginal Health.

Harms, T., Cryer, D., & Clifford, R.M. (2006). *Infant/toddler environment rating scale, revised edition Manual.* New York: Teachers College Press.

Healthy Child Manitoba. (n.d.). *Early returns: Manitoba's early learning and child care curriculum framework for infant programs.* Winnipeg, MB: Author. Retrieved March 22, 2019 from http://www.gov.mb.ca/fs/childcare/resources/pubs/early_returns_infant_curriculum.pdf

Heggie, K. (2018). *Including urban Indigenous wellness indicators in the Healthy City Strategy.* Vancouver, BC: City of Vancouver. Retrieved March 22, 2020 from https://sustain.ubc.ca/sites/sustain.ubc.ca/files/GCS/2018_GCS/Reports/2018-62%20Indigenous%20Wellness%20Indicators_Heggie.pdf

Howes, C., Burchinal, M., Pianta, R., Bryant, D., Early, D., Clifford, R., & Barbarin, O. (2008). Ready to learn? Children's pre-academic achievement in pre-kindergarten pro-grams. Early Childhood Research Quarterly, 23, 27-50. http://dx.doi.org/10.1016/j.ecresq.2007.05.002Hox

Human Early Learning Partnership [HELP]. (n.d.-a). *Early development instrument.* Vancouver, BC: Human Early Learning Partnership, University of British Columbia, http://earlylearning.ubc.ca/edi/

Human Early Learning Partnership [HELP]. (n.d.-b). *The EDI: An Aboriginal perspective.* Vancouver, BC: Human Early Learning Partnership, University of British Columbia, http://earlylearning.ubc.ca/edi/aboriginal-EDI/

Human Early Learning Partnership [HELP]. (n.d.-c). *The Child Experiences Questionnaire.* Vancouver, BC: Human Early Learning Partnership, University of British Columbia, http://earlylearning.ubc.ca/cheq/

Indigenous and Northern Affairs [INAC]. (2017). United Nations Declaration on the Rights of Indigenous Peoples. Ottawa, ON: Author. Retrieved March 11, 2020 from https://www.aadnc-aandc.gc.ca/eng/1309374407406/1309374458958

Indigenous Services Canada [ISC]. (2019). *Bill C-92: An Act respecting First Nations, Inuit and Métis children, youth and families receives Royal Assent* [News release]. Ottawa, ON: Author, https://www.canada.ca/en/indigenous-services-canada/news/2019/06/an-act-respecting-first-nations-inuit-and-metis-children-youth-and-families-receives-royal-assent.html

Indigenous Services Canada [ISC]. (2020c). *Jordan's Principle*. Ottawa, ON: Author, https://www.sac-isc.gc.ca/eng/1568396042341/1568396159824

Indigenous Services Canada [ISC]. (2020d). *Supporting Inuit children*. Ottawa, ON: Author, https://www.sac-isc.gc.ca/eng/1536348095773/1536348148664

Indigenous Services Canada [ISC]. (2020a). *Indigenous Services Canada*. Ottawa, ON: Author, https://www.canada.ca/en/indigenous-services-canada.html

Indigenous Services Canada [ISC]. (2020b). *First Nations Child and Family Services*. Ottawa, ON: Author, https://www.sac-isc.gc.ca/eng/1100100035204/1533307858805

Inuit Tapiriit Kanatami [ITK]. (2018). *National Inuit Strategy on Research*. Ottawa, ON: Author.

Inuit Tapiriit Kanatami, Pauktuutit Inuit Women of Canada & Tungasuvvingat Inuit. (2017). *Inuit submission to Employment and Social Development Canada regarding National Indigenous Early Learning and Childcare Framework*. Ottawa, ON: Author. Retrieved August 27, 2018 from https://www.itk.ca/wp-content/uploads/2018/04/National-Indigenous-Early-Learning-and-Child-Care-Report.pdf

Jeffery, B., Abonyi, S., Hamiltion, C., Bird, S., Denechezhe, M., Lidguerre, T., Michayluk, F. et al. (2006). *First Nation's health development: Tools for program planning and evaluation – Community health indicators toolkit*. Regina & Saskatoon, SK: Saskatchewan Population Health and Evaluation Research Unit, University of Saskatchewan and University of Regina. Retrieved March 17, 2020 from http://www2.uregina.ca/fnh/Combined%20Domains%20-%20Jun-07.pdf

Land, K.C., & Lamb, V.L. (2013). Child development child and youth well-being index (CWI). In A.C., Michalos (ed.), *Encyclopedia of quality of life and well-being research*. New York: Springer.

Liberal Party of Canada. (2018). *Electing more Indigenous MPs*, https://ipc-cpa.liberal.ca/blog/electing-more-indigenous-mps/

Marmor, A., & Harley, D. (2018). What promotes social and emotional wellbeing in Aboriginal and Torres Strait Islander children? Lessons in measurement from the Longitudinal Study of Indigenous Children. *Family Matters, 100,* 4-18.

McMahon, A., Reck, L., & Walker, M. (2007). Defining well-being for Indigenous children in care. *Children Australia, 32*(2), 15-21. Retrieved March 22, 2020 from https://researchonline.jcu.edu.au/2713/1/2713_McMahon_et_al_2007.pdf

Métis National Council [MNC]. (2006). *Proposals for measuring determinants and population health/well-being status of Métis in Canada*. Ottawa, ON: Author. Retrieved March 22, 2020 from http://www.metisportals.ca/healthportal/pdf/Metis_Indicators_Report.pdf

Métis Nation of Ontario. (2020). Early learning and child care. Ottawa, ON: Author. Retrieved March 22, 2020 from http://www.metisnation.org/programs-and-services/education-training/early-learning-and-child-care/

Mitic, W., & Leadbeater, B. (2009). *Child and Youth Health and Well-being Indicators Project: Appendix A – discussion paper: The foundations of child health and well-being in British Columbia*. Victoria, BC: Office of the Provincial Health Officer and Canadian Institute for Health Information. Retrieved March 22, 2020 from https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/appendix_a_-_discussion_paper.pdf

Muhajarine, N., Puchala, C., & Janus, M. (2011). Does the EDI equivalently measure facets of school readiness for Aboriginal and non-Aboriginal children? *Social Indicators Research, 103*, 299-314.

O'Brien Institute for Public Health. (2018). *Raising Canada: A report on children in Canada, their health and wellbeing*. Calgary, AB: O'Brien Institute for Public Health, University of Calgary. Retrieved March 11, 2020 from https://static1.squarespace.com/static/5669d2da9cadb69fb2f8d32e/t/5b8e12e121c67c87038b4cbf/1536037605886/Raising+Canada+Report.pdf

Office of Audit and Evaluation Health Canada and the Public Health Agency of Canada. (2017). *Evaluation of the Aboriginal Head Start in Urban and Northern Communities Program 2011-2012 to 2015-2016*. Ottawa, ON: Author. Retrieved November 5, 2020 from https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/evaluation/2011-2012-2015-2016-aboriginal-head-start-urban-and-northern-communities-program.html

Office of the Provincial Health Officer. (2016). *Is "good" good enough? The health & well-being of children and youth in BC – Provincial Health Officer's annual report*. Victoria, BC: Author. Retrieved March 16, 2020 from https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/annual-reports/pho-annual-report-2016.pdf

Offord Centre. (2019). *Early development instrument*. Hamilton, ON: Author, edi.offordcentre.com.

Perlman, M., Fletcher, B., Falenchuk, O., Brunsek, A., McMullen, E., & Shah, P.S. (2017). Child-staff ratios in early childhood education and care settings and child outcomes: A systematic review and meta-analysis. *PLoS ONE, 12*(1), e0170256.

Pike, I., McDonald, R.-A.J., & First Nations and Inuit Children and Youth Injury Indicators Working Group [FNICYIIWG]. (2010). *Developing injury prevention indicators for First Nations children and youth in Canada*. Vancouver, BC: British Columbia Injury Research and Prevention Unit. Retrieved March 11, 2020 from http://www.injuryresearch.bc.ca/wp-content/uploads/2012/05/Developing-Injury-Prevention-Indicators-for-FN-Children-and-Youth-Nov-2010-FINAL-Oct-24-2011.pdf

Preston, J. (2014). *Early childhood education and care for Aboriginal children in Canada. Moving Childcare Forward Project*. Retrieved March 12, 2020 from https://movingchildcareforward.ca/images/policybriefs/MCCF_aboriginal_childcare_canada.pdf

Productivity Commission. (2016). *Overcoming Indigenous disadvantage: Key indicators 2016*. Canberra, AU: Australian Government. Retrieved March 20, 2020 from https://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage/2016

Prout, S. (2012). Indigenous wellbeing frameworks in Australia and the quest for quantification. *Social Indicators Research, 109*(3), 317-36.

Public Health Agency of Canada [PHAC]. (2017a). *Data blog: What is an indicator framework?* Ottawa, ON: Author, https://health-infobase.canada.ca/datalab/indicator-framework-blog.html

Public Health Agency of Canada [PHAC]. (2017b). *Aboriginal Head Start in Urban and Northern Communities (AHSUNC)*. Ottawa, ON: Author. Retrieved March 11, 2020 from https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/programs-initiatives/aboriginal-head-start-urban-northern-communities-ahsunc.html

Public Health Agency of Canada [PHAC]. (2018). *First Nations and Inuit health and wellness indicators*. Ottawa, ON: Author. Retrieved March 11, 2020 from https://health-infobase.canada.ca/fnih/

Public Health Agency of Canada [PHAC]. (2019). *Public Health Infobase*. Retrieved March 11, 2020 from https://health-infobase.canada.ca/

Rountree, J., & Smith, A. (2016). Strengths-based well-being indicators for Indigenous children and families: A literature review of Indigenous communities' identified well-being indicators. *American Indian & Alaska Native Mental Health Research, 23*(3), 206-20.

Royal Commission on Aboriginal Peoples [RCAP]. (1996). *Report of the Royal Commission on Aboriginal Peoples*. Ottawa, ON: The Commission.

Rumbold, A.R., Bailie, R.S., Si, D., Dowden, M.C., Kennedy, C.M., Cox, R.J., O'Donoghue, L. et al. (2011). Delivery of maternal health care in Indigenous primary care services: Baseline data for an ongoing quality improvement initiative. *BMC Pregnancy Childbirth, 11*, 16.

Saniguq Ullrich, J. (2019). For the love of our children: An Indigenous connectedness framework. *AlterNative, 15*(2), 121-30.

Sibthorpe, B., Agostino, J., Coates, H., Weeks, S., Lehmann, D., Wood, M., Lannigan, F. et al. (2017). Indicators for continuous quality improvement for otitis media in primary health care for Aboriginal and Torres Strait Islander children. *Australian Journal of Primary Health, 23*(1), 1-9.

Sibthorpe, B., Gardner, K., & McAullay, D. (2016). Furthering the quality agenda in Aboriginal community controlled health services: Understanding the relationship between accreditation, continuous quality improvement and national key performance indicator reporting. *Australian Journal of Primary Health, 22*, 270-75.

Simpson, J., Duncanson, M., Oben, G., Adams, J., Wicken, A., Pierson, M., Lilley, R. et al. (2017). *The health status of Māori children and young people in New Zealand Series Two*. North Dunedin, NZ: New Zealand Child and Youth Epidemiology Service, University of Otago. Retrieved March 20, 2020 from https://ourarchive.otago.ac.nz/bitstream/handle/10523/7390/MAORI%20REPORT%202015_20170620.pdf?sequence=5&isAllowed=y

Slot, P. (2018). *Structural characteristics and process quality in early childhood education and care: A literature review*. Paris: Organization for Economic Co-operation and Development Working Papers No. 176. https://dx.doi.org/10.1787/edaf3793-en

Slot, P.L., Leseman, P.P.M., Verhagen, J., & Mulder, H. (2015). Associations between structural quality aspects and process quality in Dutch early childhood education and care settings. *Early Childhood Research Quarterly*, 33, 64-76.

Smylie, J., Firestone, M., Cochran, L., Prince, C., Maracle, S., Morley, M., & Spiller, M. (2011). *Our Health Counts Urban Aboriginal Health Database Research Project community report - First Nations adults and children, City of Hamilton.* Toronto, ON: Well Living House. Retrieved March 11, 2020 from http://www.welllivinghouse.com/wp-content/uploads/2014/04/Our-Health-Counts-Urban-Aboriginal-Health-Database-Research-Project-our-health-counts-report.pdf

Smylie, J., Firestone, M., Tungasuvvingat Inuit, & Well Living House Action Research Centre for Indigenous Infant, Child and Family Health and Wellbeing. (2017a). *"Our Health Counts" Urban Indigenous Health Database Project community report: Inuit Adults, City of Ottawa.* Toronto, ON: Well Living House. Retrieved March 11, 2020 from http://www.welllivinghouse.com/wp-content/uploads/2018/04/Our-Health-Counts-Urban-Indigenous-Health-Database-Project-Inuit-Adults-July-2017.pdf

Smylie, J., Firestone, M., Tungasuvvingat Inuit, & Well Living House Action Research Centre for Indigenous Infant, Child and Family Health and Wellbeing. (2017b). *Inuit adult and child survey tools Appendix D: "Our Health Counts" Urban Indigenous Health Database Project community report: Inuit Adults, City of Ottawa.* Toronto, ON: Well Living House. Retrieved from http://www.welllivinghouse.com/wp-content/uploads/2018/05/Appendix-D-E-Adult-and-Child-Survey-1.pdf

Somers, J.M., Currie, L., & Eiboff, F. (2011). *Child and youth health and well-being indicators project: Appendix G – mental and emotional health and well-being evidence review.* Victoria, BC: Prepared for the Office of the Provincial Health Officer for BC, Canadian Institute for Health Information. Retrieved March 11, 2020 https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/appendix_g_-_mental__emotional_health_evidence_review.pdf

Statistics Canada. (2003a). *Aboriginal Peoples Survey 2001: Concepts and methods guide.* Ottawa, ON: Author, Catalogue no. 89-591-XIE. Retrieved March 11, 2020 from https://www150.statcan.gc.ca/n1/en/pub/89-591-x/89-591-x2003001-eng.pdf?st=kJMwhXS0)

Statistics Canada. (2003b). *Statistics Canada quality guidelines – Fourth edition.* Ottawa, ON: Statistics Canada Catalogue no. 12-539-XIE. Retrieved March 11, 2020 from https://www150.statcan.gc.ca/n1/en/pub/12-539-x/12-539-x2003001-eng.pdf?st=CJ-aF94U

Statistics Canada. (2008). *Aboriginal Children's Survey 2006: Concepts and methods guide.* Ottawa, ON: Author, Catalogue no. 89-634-X - No. 006. Retrieved March 11, 2020 from https://www150.statcan.gc.ca/n1/pub/89-634-x/89-634-x2008006-eng.pdf

Statistics Canada. (2014). *General Social Survey 2011 – Cycle 25 – Family (Main Survey).* Ottawa, ON: Author. Retrieved March 11, 2020 from https://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=assembleInstr&a=1&&lang=en&Item_Id=132471#qb100644

Statistics Canada. (2016a). *Mandate and objectives.* Ottawa, ON: Author. Retrieved March 11, 2020 from https://www.statcan.gc.ca/eng/about/mandate

Statistics Canada. (2016b). *Aboriginal Children's Survey.* Ottawa, ON: Author. Retrieved March 11, 2020 from https://www12.statcan.gc.ca/census-recensement/2011/ref/92-135/surveys-enquetes/aboriginalchild-enfautochtones-eng.cfm

Statistics Canada. (2017). *Aboriginal peoples in Canada: Key results from the 2016 Census.* Ottawa, ON: Statistics Canada.

Statistics Canada. (2018a). Canada's population estimates, first quarter 2018. *Quarterly Demographic Estimates, 32,* 1.

Statistics Canada. (2018b). Aboriginal Identity (9), Age (20), Registered or Treaty Indian Status (3) and Sex (3) for the Population in Private Households of Canada, Provinces and Territories, Census Metropolitan Areas and Census Agglomerations, 2016 Census - 25% Sample Data. *Data tables, 2016 Census,* Catalogue no. 98-400-X2016155. Ottawa, ON: Retrieved March 11, 2020 from https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng.cfm?TABID=2&Lang=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=1341679&GK=0&GRP=1&PID=110588&PRID=10&PTYPE=109445&S=0&SHOWALL=0&SUB=0&Temporal=2017&THEME=122&VID=0&VNAMEE=&VNAMEF=&D1=0&D2=0&D3=0&D4=0&D5=0&D6=0

Statistics Canada. (2018c). *First Nations people, Métis and Inuit in Canada: Diverse and growing populations.* Ottawa, ON: Author. Retrieved March 17, 2020 from https://www150.statcan.gc.ca/n1/en/pub/89-659-x/89-659-x2018001-eng.pdf?st=LdjjFS54

Statistics Canada. (2018d*). Survey on early learning and child care arrangements (SELCCA).* Ottawa, ON: Author. Retrieved March 17, 2020 from https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5287

Statistics Canada. (2019a). *General Social Survey - Family (GSS).* Ottawa, ON: Author. Retrieved March 17, 2020 from https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=4501

Statistics Canada. (2019b). *General Social Survey: An overview, 2019.* Ottawa, ON: Author. Retrieved March 17, 2020 from https://www150.statcan.gc.ca/n1/pub/89f0115x/89f0115x2019001-eng.htm

Statistics Canada. (2019c). *Survey on early learning and child care arrangements (SELCCA) – Summary of changes.* Ottawa, ON: Author. Retrieved March 17, 2020 from https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getMainChange&Id=1204606

Statistics Canada. (2020a). *Aboriginal Peoples Survey, 2006.* Ottawa, ON: Author. Retrieved March 17, 2020 from https://www150.statcan.gc.ca/n1/en/catalogue/89-637-X

Statistics Canada. (2020b). *Aboriginal Peoples Survey (APS), 2001: Public use microdata file and documentation (children off reserve).* Ottawa, ON: Author. Retrieved March 17, 2020 from https://www150.statcan.gc.ca/n1/en/catalogue/89M0021X

Taylor, J. (2008). Indigenous Peoples and indicators of well-being: Australian perspectives on Unit Nations global frameworks. *Social Indicators Research, 87,* 111-26.

Truth and Reconciliation Commission of Canada [TRC]. (2015). *Final report of the Truth and Reconciliation Commission of Canada. Summary: Honouring the truth, reconciling for the future.* Winnipeg, MB: Truth and Reconciliation Commission of Canada.

Toronto Child & Family Network. (2020). Indicators. *Raising the village.* Toronto, ON: Author, https://raisingthevillage.ca/indicators/

UNICEF Canada. (2019a). *Where does Canada stand? The Canadian index of child and youth well-being 2019 baseline report.* Toronto, ON: Author. Retrieved March 17, 2020 from https://oneyouth.unicef.ca/sites/default/files/2019-08/2019_Baseline_Report_Canadian_Index_of_Child_and_Youth_Well-being.pdf

UNICEF Canada. (2019b). *Canadian Index of Child and Youth Well-being: How we built the index. Technical background paper.* Toronto, ON: Author. Retrieved March 18, 2020 from https://oneyouth.unicef.ca/sites/default/files/2019-08/How_We_Built_the_Index_Canadian_Index_of_Child_and_Youth_Well-being.pdf

United Nations General Assembly. (1989). *Convention on the Rights of the Child*, 20 November 1989, United Nations, Treaty Series, Volume 1, Chapter IV. Human Rights. New York, NY: Author. https://treaties.un.org/doc/Treaties/1990/09/19900902%2003-14%20AM/Ch_IV_11p.pdf

United Nations General Assembly. (2015). *Transforming our world: the 2030 Agenda for Sustainable Development*, 21 October 2015, A/RES/70/1. New York, NY: Author. https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf

Vongdara, B., Léger, D., Latendresse, E., & Budinski, R. (2018). Aboriginal Peoples Survey, 2017: Concepts and methods guide. Ottawa, ON: Statistics Canada. Catalogue number 89-653-X ISBN 978-0-660-28231-2

Wabano, M.J., McGregor, L.F., Beaudin, R., Jacko, D., McGregor, L.E., Kristensen-Didur, S., Mishibinijima, D. et al. (2019). Health profiles of First Nations children living on-reserve in northern Ontario: A pooled analysis of survey data. *CMAJ Open, 7*(2), E316-E322.

Waddell, C., Shepherd, C.A., & Chen, A. (2013). Creating comprehensive children's mental health indicators for British Columbia. *Canadian Journal of Community Mental Health, 32*(1), 9-28**.**

Yang, J., Kurdyak, P., & Guttmann, A. (2016). Developing indicators for the child and youth mental health system in Ontario. *Healthcare Quarterly, 19*(3), 6-9.

Yoshikawa, H., Weiland, C., Brooks-Gunn, J., Burchinal, M., Espinosa, L., Gormley, W. T., Ludwig, J. et al. (2013). *Investing in our future: The evidence base on preschool.* Washington, DC: Society for Research in Child Development.

Young, N.L., Wabano, M.J., Ritchie, S.D., Burke, T.A., Pangowish, B., & Corbiere, R.G. (2015a). Assessing children's interpretations of the Aboriginal children's health and well-being measure (ACHWM). *Health and Quality of Life Outcomes, 13,* 105.

Young, N.L., Wabano, M.J., Usuba, K., Pangowish, B., Trottier, M., Jacko, D., Burke, T.A. et al. (2015b). Validity of the Aboriginal children's health and well-being measure: Aaniish Naa Gegii? *Health and Quality of Life Outcomes, 13,* 148.

Young, N.L., Wabano, M.J., Usuba, K., Mishibinijima, D., Jacko, D., & Burke, T.A. (2016). Reliability of the Aboriginal Children's Health and Well-being Measure (ACHWM). *Springerplus, 5*(1), 2082. DOI: 10.1186/s40064-016-3776-y.

Young, N.L., Wabano, M.J., Blight, S., Baker-Anderson, K., Beaudin, R., McGregor, L.F., McGregor, L.E. et al. (2017). Relevance of the Aboriginal children's health and well-being measure beyond Wiikwemkoong. *Rural and Remote Health, 17,* 3941.

sharing knowledge · making a difference
partager les connaissances · faire une différence

ᖃᐅᔭᖅᐃᖃᑎᒌᓐᓂᖅ · ᐱᕚᓪᓕᖅᑎᑦᑎᓂᖅ