

Evaluation of the Aboriginal Head Start in Urban and Northern Communities Program at the Public Health Agency of Canada ^[1]

Author: Public Health Agency of Canada

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AVAILABILITY

Access online ^[2]

Excerpts from the executive summary

The purpose of the current evaluation is to assess the relevance and performance of the Aboriginal Head Start in Urban and Northern Communities (AHSUNC) program. The AHSUNC program was last evaluated by the Centre for Health Promotion in 2005-06. The Financial Administration Act and the Treasury Board of Canada Secretariat's Policy on Transfer Payments require departments to conduct a review every five years of their grants and contributions programs, and the 2009 Treasury Board of Canada Secretariat's Policy on Evaluation requires comprehensive evaluation coverage of all program spending on a five-year cycle.

Evaluation Services analyzed information from multiple sources including key internal documents, case studies, interviews and literature reviews.

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Conclusions

Relevance

There is a continued and growing need for the Aboriginal Head Start in Urban and Northern Communities program. There are approximately 47,910 Aboriginal children aged three to five years in Canada. The AHSUNC program typically reaches 4,640 children per year aged zero to six (86 per cent of whom are between the ages of three to five). Population growth rates are higher for Aboriginal people than for the general Canadian population, and a shift towards urban settings has increased the need for early childhood development programming off-reserve.

It is appropriate for the federal government and the Public Health Agency to administer the AHSUNC program. While provinces and territories have the primary responsibility for early childhood development, the Government of Canada plays a supporting role and can invest in an area of shared jurisdiction if there is a demand to address an issue of national scope, fill gaps for a vulnerable population and/or complement provincial or territorial directions. The AHSUNC program meets all of these criteria.

Performance

This program is highly regarded and appreciated by all groups involved in its delivery (communities, children, parents, project and Public Health Agency staff at all levels). The program has had a positive effect on school readiness, specifically in improving children's language, social, motor and academic skills. Performance results have also demonstrated effectiveness in improving cultural literacy and enhanced exposure to Aboriginal languages and cultures. The program also has positive effects on health promoting behaviours such as children's access to daily physical activity as well as determinants of health, such as access to health services. Although the program's impact on parents and communities have not been consistently tracked, there is evidence that some project sites have become known as the community 'hub', creating a sense of community for Aboriginal children and their families.

However, there are areas for improvement. There are gaps related to knowledge development and exchange and a need for more coordination and collaboration with other federal departments, provinces and territories as well as other stakeholders. In addition, the program has the potential to reach more children.

The evaluation found that the program has not been subject to a comprehensive review of its design and delivery. Moreover, different sources indicated that it is timely to review the advisory function that supports the implementation and governance of this program as it has not been critically assessed since the program's inception; the program could benefit from renewal of this function when discussing its strategic direction.

The program has benefited from the dedication of many committed personnel. Interview findings indicate that, although staff turnover is a challenge in many project sites, there are many dedicated individuals who have remained with the program from the start and have been pillars in the implementation of AHSUNC.

Region: Canada ^[3]

Tags: child development ^[4]

Indigenous ^[5]

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