

# Early childhood development: Royal College position statement

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## AVAILABILITY

Position statement online [2]

Press release online [3]

## Summary of Recommendations:

1. The federal government, in collaboration with the provinces and territories, implement an early child development system with supports for families including but not limited to supports during pregnancy; early childhood learning opportunities; and high quality, universal, accessible and developmentally appropriate child care, including for Indigenous children living both on and off reserve.
2. The federal government commit to increasing funding for early childhood development to 1% of GDP to bring Canada in line with other OECD countries.
3. Evidence based home visiting programs such as the Nurse Family Partnership be made available to all vulnerable families in Canada.
4. Governments support the expansion of community resources for parents and caregivers which provide parenting programs and family supports, creating a system where all families have access.
5. Governments increase public awareness and support to optimize health and reduce potential remediable risk factors for pregnancy and before conception.
6. Governments increase accessible prenatal care, educational programs and parental supports.
7. The federal government work with provinces and territories to implement a pan-Canadian poverty reduction strategy, including the eradication of child poverty, with clear accountability and measurable targets.
8. The federal government work with the provinces and territories to create a robust collection, monitoring and reporting system on early childhood to ensure proper monitoring of development and effectiveness of interventions including:
  - the identification of data gaps related to disadvantaged populations and Indigenous children including Metis
  - ongoing implementation of the Early Development Instrument (EDI) in all jurisdictions
  - a similar tool for 18 months and middle childhood
9. Curriculum on early brain, biological development and early learning be incorporated, including education on:
  - the developmental origins of adult health and disease and
  - the impact of the determinants of health specific to Indigenous children such as colonization and racism, into all Canadian medical schools and residency programs.
10. Continuing medical education on early brain, biological development and early learning be available to all care providers, particularly but not limited to those in primary care.
11. All provinces and territories implement an enhanced 18-month well-baby visit strategy with appropriate compensation, access to tools, adequate electronic medical records and resource pathways to community supports.
12. Physicians and other primary care providers integrate the enhanced 18-month visit into their regular clinical practice.
13. Comprehensive resources be developed for primary-care providers to identify community supports and services to facilitate referral for expecting parents, parents, and children.
14. Physicians be educated about the evidence base for the impact of early family literacy and the importance of discussing and recommending literacy promotion in routine clinical encounters with children of all ages.
15. National and Provincial/Territorial Medical Associations work with governments and the non-profit sector to explore the development of a clinically based child literacy program for Canada working in collaboration with community literacy efforts

**Region:** Canada <sup>[4]</sup>

**Tags:** advocacy <sup>[5]</sup>

child development <sup>[6]</sup>

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