British Columbia First Nations Head Start Program: An Overview of Policy Development 1998-2007

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Written by two authors who have been actively involved in many aspects of the development and unfolding of the Aboriginal Head Start On-Reserve (AHSOR) Program, this article documents and details how the program unfolded in British Columbia. The authors also examine the politics, tensions, and ultimate negotiations that took place when communities interfaced with existing policies in the implementation of AHSOR in the province.

The Government of Canada announced the Aboriginal Head Start (AHS) Program in 1995. The program was designed to foster and enhance the development and school readiness of Indian, Métis, and Inuit children in urban and large northern communities (Health Canada, 2005b). However, the program was not accessible to children residing on reserves. After much lobbying by First Nations people across the country, and on the reflection of these efforts in *Gathering Strength: Canada's Aboriginal Action Plan* (Indian and Northern Affairs Canada, 1997), *Securing Our Future Together* (Liberal Party of Canada, 1997), and the September 1997 Speech from the Throne (Government of Canada, 1997), the federal government announced on October 19, 1998 the expansion of AHS to include First Nations children and families residing on reserves. Implementation of the Aboriginal Head Start On Reserve Program (AHSOR) in the British Columbia region[1] began the same year. We have been actively involved in many aspects of the development of the AHSOR Program. This article provides an overview of the program by examining its policy development and implementation at the regional and community levels.

The AHSOR Program shares program components and a similar overall intent with its sister program, the Aboriginal Head Start Urban and Northern. The six program components—culture and language, education, health promotion, nutrition, parent and family involvement, and social support—focus on both content and implementation attributes, and

they are holistic in their provision for children and their families (Health Canada, 1998). The overall intent of the AHSOR Program is

> to prepare young First Nations children for their school years by meeting their emotional, social, health, nutritional and psychological needs. Every AHSOR project strives to instill in the children a sense of pride and a desire to learn, to foster emotional and social development and to increase confidence. The program encourages the development of locally controlled projects in First Nations communities.... Individual programs are tailored to meet the needs of each particular community; every project is unique. (Health Canada, 2005a, p. 5)

This acknowledgment of the diversity of communities distinguishes the individual Head Start community projects as well as the national programs; each project is implemented in differing contexts and realities. One of the most significant AHSOR developments has been the institution of Regional Advisory Committees (RACs) to develop region-specific policies, distribute funds, and ensure accountability through mechanisms such as program reviews and monitoring.

Head Start in British Columbia

British Columbia has more First Nations bands (203) than any other province or territory in Canada. Most of these are small and geographically isolated, and their languages represent at least 17 distinct linguistic groups. Great diversity exists in their children's services and resources. In 1998 when Head Start began in BC, some bands had well-developed children's programs whereas others had none. In general, "on-reserve programs in BC have smaller target groups than off-reserve programs, a single language and culture to teach (rather than several) and fewer resources and services to draw upon and connect to" (BC First Nations Head Start Program, 2001, p. 4).

The RAC has played a significant part in the development of the BC First Nations Head Start (BCFNHS) Program, and its role and responsibilities continue to evolve. The inaugural RAC comprised First Nations Elders, child care specialists, representatives of the Chiefs' Health Committee, and officials from various government departments (BC First Nations Head Start Program, 2001). As the RAC evolved, so did its membership. In 2001 five community program representatives from each of the province's five regional health zones were added to the committee.

The RAC's first task was to work with regional First Nations Inuit Health Branch (FNIHB) staff to review and select proposals for community project funding (BC First Nations Head Start Program, 2001). In the first year of proposal review, national AHSOR program principles guided this work, which foresaw the need for BCFNHS program policy development, particularly in the arena of funding policies. In subsequent years a subcommittee of the RAC (made up of a community member, a Health Canada staff member, another government employee, the Head Start consultant, and an Elder) was charged with the task of reviewing

proposals. The subcommittee made funding recommendations to the RAC, which in turn ratified the recommendations. For the most part, however, policies developed at the regional level are driven by contribution agreement requirements.[2] The region/community relationship mirrors the national/regional one, that is, broad parameters are set by the larger body and implementation occurs in them.

Policy Development

BCFNHS program policies were developed (and continue to be developed and refined) by BC regional program staff and the RAC. A fundamental guiding principle has been a commitment to community-based programming, with communities given "a lot of flexibility and freedom to choose how to best implement their Head Start programs" (BC First Nations Head Start Program, 2001, p. 4). However, as stated above, region-specific policies have been developed in the context of the overarching national AHSOR program policies and the requirements of national-regional contribution agreements.

Funding Policies

The federal government allocated Head Start program funds to the regions in two specific categories: operational and administrative expenses. Operational funds were to be used for direct delivery of services to communities, whereas administrative funds were for regional administrative expenses, regional initiatives, and support for the RAC. Operational funds also supported specific proposal calls for purposes such as resource development and small capital projects under $45,000. With this limitation on capital funds, constructing a building was impossible, but an existing structure could be renovated. Operational funds could also be used for such expenses as a bus for transporting the children, small equipment, curriculum resource development, Parent Advisory Committee training, and policy development.

Funding of the first 25 community Head Start programs in 1998-1999 took place without formal policies in place. The timing of the flow of funds from the national office to the regions allowed no time for development of formal funding policies before the end of the fiscal year. Rather than lose these funds, regional staff decided to allocate them to communities as quickly as possible.

The newly established RAC reviewed the first community proposals using the broad AHSOR national program parameters as their criteria; funding allocations followed those suggested in the First Nations Inuit Child Care Initiative Program and Funding Framework (Human Resources Development Canada, 1995). The initial intake of proposals in 1998-1999 saw vast diversity not only in the quality of submissions, but also in the implementation of plans and budgets (BC First Nations Head Start Program, 2001). This diversity served as the impetus for developing both

the initial funding polices and a proposal template designed to ensure a more uniform structure for the next round of proposals. In addition, regional staff provided community members with proposal-writing workshops in preparation for the 1999-2000 submissions. Potential approaches or models of service delivery were also introduced and discussed at this time.

Development of the original BCFNHS program funding policies in 1999-2000 included obtaining and reviewing existing policies from similar programs. Several other factors were taken into account by the regional staff and the RAC. For example, although a per-capita funding formula was considered at the outset, resources were inadequate to ensure that all First Nations communities could successfully implement a community Head Start program. Program quality was an important consideration in this decision. Without adequate resources, one runs the risk of inferior programming, which can be detrimental to children's development. Although all the communities were considered to have legitimate needs, the great paradox was that there was simply not enough funding to address all needs while ensuring quality programs. Many of the programs funded have since stated that they do not have enough funding to deliver all six program components effectively. Adequate funding for the BCFNHS Program continues to be a challenge.

Another decision that was made in the development of the funding policies was to set a funding cap of 30 children per community. The rationale for this was to fund the largest possible number of communities in order to build capacity across the province rather than supporting larger programs in fewer communities (BC First Nations Head Start Program, 2001). This policy did not consider the minimum number of children needed to implement a cost-effective community program. After several years of program challenges because of insufficient numbers of children between the ages of 0 and 6 years, the RAC decided to implement a policy on the minimum number of children.

Although the 1998-1999 funding allocations had been loosely based on the $5,000-$6,000 per full-time child care space recommended in the First Nations Inuit Child Care Initiative Program and Funding Framework (Human Resources Development Canada, 1995), the 1999-2000 funding policies presented four discrete categories that sought to address the diversity of needs and requests identified in the first year. The four funding categories were as follows: (a) non-isolated enhancement of existing services at $3,500 per space; (b) isolated enhancement of existing services at $4,500 per space; (c) non-isolated stand-alone services at $5,000 per space; and (d) isolated stand-alone services at $6,000 per space. Despite this allocation revision, communities indicated that no such differentiation for enhancement should be made because funding was inadequate for all

existing early childhood services, particularly for the implementation of the language and culture component of the program.

With extensive community consultations, funding policies were reviewed again in 2001. As in each version of the funding policies, the primary intent was to strive for equitable distribution of funds while also recognizing the number and diversity of First Nations communities in BC. Addressing this diversity and quantity meant that policies had to be flexible and adaptive. As a result of these consultations, new funding policies were developed and finalized in 2003 (BC First Nations Head Start Program, 2003). These policies continue to exist today.

Licensing Policies

Closely linked to funding considerations was licensing. Although not required at the outset, licensing for site-based programs became a requirement approximately two years into the implementation of the BCFNHS Program. Before licensing was required, there was an option for communities to submit proof of fire insurance, liability insurance, environmental officer's report, and other documentation to the regional office.

Provincial licensing for site-based programs was to be an interim measure until First Nations standards and regulations were developed. This licensing requirement did not include parent-and-tot groups, language nests, or other forms of delivery with direct parental involvement. Furthermore, the regional office did not have the capacity to evaluate properly and ensure the health and safety of children attending the community programs. There were simply not enough human resources; people did not have the skills or training to undertake a comparative licensing function or to take on the liability of the community programs. Thus licensing for site-based programs became, and continues to be, a requirement. It is similarly important to note that community site-based program funding is contingent on provincial licensing where required in their guidelines; for example, site-based programs are required to be licensed whereas parent-and-tot groups are not.

Monitoring Policies

As funding policies sought to take into account the diversity of First Nations communities, the diversity was in turn reflected in the number of program models that emerged. In 1999 program diversity was recorded in a document now referred to as the *models* document. The intent of this document was to promote community-based programming and to serve as a resource for new programs as they developed in community (BC First Nations Head Start Program, 2005). The longer-term vision for the document was one day to use it as a standards document against which to measure community program implementation. This vision continues to be plagued by challenges that arise when homogeneous standards are developed and applied to diverse situations and contexts. Although this vision

has not materialized, the models document does support communities by serving as an implementation guide.

As community-based programs became established, and as the overall program emerged, a natural next step was to pay attention to how the BCFNHS Program was accountable to its multiple stakeholders. A monitoring strategy was developed to ensure that community programs were reaching children and families. The intent was to take a nonpunitive approach to monitoring. Equally important was the desire to support communities as they implemented their programs. The question of who was to monitor the community programs (which have grown from 20 to 86 programs over the past eight years) paralleled what was to be monitored. The BCFNHS Program did not have the regional staff to monitor all the programs or to develop the necessary policies. As a result, a private consultant was hired to monitor the community programs, and monitoring policies were developed by a subcommittee of the RAC and then ratified by the committee. Having the community programs monitored at arm's length from the regional FNIHB office facilitated relationships between community workers and the consultant, who could then play a more supportive role as opposed to policing.

Evaluation

During the first few years of the Head Start Program, the contribution agreements required communities to participate in a community-based evaluation by the end of the 2000-2001 fiscal year. Although this evaluation was a requirement from Health Canada's FNIHB Head Start Program, no tools were provided to support regions and communities in implementing it. The RAC undertook to develop community-based evaluation tools intended to promote community relevance and region-specific evaluation processes. In 2001 another requirement from the FNIHB Head Start Program obliged regions and communities to participate in a national evaluation of the overall program. Since 2001, contribution agreements between Health Canada's FNIHB Head Start Program and the regions (and in turn the individual community programs) have not required community-based evaluations or participation in a national evaluation. Although these evaluation requirements were embedded in the contribution agreements, they directed action at the national, regional, and community levels. There were no formal evaluation policies other than to meet these requirements.

Community Implementation

Community AHSOR programs were first developed in 1999 and continue to emerge each year. The community programs are holistic in considering children's individual developmental needs and are enfolded in the context of AHSOR program principles, guidelines, and components. As mentioned above, communities enter a proposal-driven process to access de-

velopment and operation funding. The BCFNHS RAC and regional staff have sought to promote equitable access for all communities regardless of their capacity to respond to the proposal call. This desire has been based on a perception of unfairness with regard to resource-rich communities as opposed to those with limited resources. Resource-rich communities for the most part are those that already had early childhood programs and staff available to write proposals or the funds to hire a consultant to write the proposal. In this context the often smaller have-not communities have missed opportunities that may have had significant effects on their communities. As described above, proposal development support has been provided each year through specific regional workshops and through the annual regional training sessions. Of significant note is that in the third year of proposal review, the RAC selection process gave priority to communities in geographical areas with few or no Head Start programs and to those communities where formalized early childhood services did not exist.

The original decision of the RAC to provide access to operational funds to as many communities as possible has hampered their success not because of intent or desire, but because of a lack of adequate supports for communities with less capacity. In other words, the regional RAC made a policy to provide Head Start funds to the lesser-capacity communities, but limited administration funds at the regional level did not allow for an adequate number of staff to support these programs properly. Despite recommendations from communities to address the lack of regional community consultants, no movement has occurred. This has resulted in growing tension between community realities and policy restrictions.

Despite these restrictions, implementation of the Head Start program in BC allowed communities to use approaches that they saw as having the potential to work most effectively for their children and families. As long as the national Head Start mandates—that is, the six program components including considerations for special-needs children—were incorporated, community programs were structured and delivered in ways that worked best for them. A number of approaches or models of community implementation have been employed. In some communities Head Start components were wrapped around or incorporated into already established licensed child care and preschool programs. In others, where no early childhood program existed, independent or stand-alone Head Start programs were implemented. Still other communities preferred to deliver a variety of independent services and activities that collectively addressed the six Head Start program components. These included, for example, language nests, parent-and-tot drop-in programs, Mother Goose programs, parenting support and training, and cultural field trips. A fourth model of delivery focused on outreach in those communities where site-based programs were not possible or were not the most effective method

(BC First Nations Head Start Program, 2005). These last two approaches to service delivery have been especially useful for communities with limited capacity (e.g., those without trained early childhood educators or facilities that met licensing standards) or with a small number of children between the ages of 0 and 6 years. Just as the policy landscape shifts and changes with the winds of time, these approaches or models of implementation continue to develop and be refined as experience and knowledge grows in communities.

Notes

[1]To alleviate confusion about the differences between Head Start programs offered on reserve and in large urban and northern communities, members of the BC Head Start Regional Advisory Committee (RAC) and regional First Nations Inuit Health Branch (FNIHB) staff decided to change the program's name in British Columbia from Aboriginal Head Start On Reserve Program to BC First Nations Head Start Program.

[2]A contribution is defined by the Treasury Board of Canada Secretariat (2000) as "a conditional transfer payment to an individual or organization for a specified purpose pursuant to a contribution agreement that is subject to being accounted for and audited." Contribution agreements are "undertakings between a donor department and a prospective recipient of a contribution which describe the obligations of each."

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