



Early Childhood Development (ECD) Strategic Implementation Plan

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withinsight
services

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ABBREVIATIONS: The following acronyms are used in this document.

BCRCP	British Columbia Reproductive Care Program
CCFL	Community Care Facilities Licensing
CD	Communicable Disease
CHR	Child Health Report
ECD	Early Childhood Development
ECE	Early Childhood Education
HELP	Human Early Learning Partnership – a program based in UBC
HSA	Health Service Area – sub area of Interior Health region
IH	Interior Health
IH Region	The geographic area covered by Interior Health
MCFD	Ministry of Children and Family Development
PH	Public Health
PHN	Public Health Nursing
POP	Pregnancy Outreach Program
PS	Prevention Services - a department of IH Public Health, responsible for most Early Childhood Development activities
SDOH	Social Determinants of Health
TCS	Thompson Cariboo Shuswap – a Health Service Area within IH

Interior Health Strategic Objective #1

To pursue Health Promotion and Prevention initiatives through well organized and integrated Public Health Programs and Population Health initiatives focused on all population segments including early child, rural and aboriginal populations.

EXECUTIVE SUMMARY

This document outlines a plan for Early Childhood Development (ECD) work by Public Health Prevention Services. It aims to describe strategic directions for the coming years and initial implementation steps, particularly for the first two years (2005 – 2007). It nests within the Interior Health (IH) Mission & Vision, the Provincial Performance Agreement and Strategic Objectives. It also nests within the IH Public Health Redesign Plan and Moving Upstream: A Public Health Plan for 2005- 2007.

ECD is a priority area for both the BC Ministry of Health and Interior Health. The time from conception to about six years of age determines so much for children. Evidence teaches us that this is the most critical period of development in life. The health system provides many services for this population and their families – from pre- natal supports to immunizations to screening for developmental delays and more. **It is the first public sector link for parents.**

Much work has been done to be sure that Prevention Services is on track to provide the right services in the right way for this population. The *Child Health Report* and *Investing in the Early Years* are two Interior Health documents that provide insight and guidance in this area.

It is timely to review what is known about ECD, to be strategic in designing services, to enhance collaboration with internal and external partners, and to lay out the path for change. In moving ECD work forward, three things are needed to increase the likelihood for success:

- a written document that provides the logic and planning direction,
- a commitment by Public Health and Prevention Services leadership, and the capacity to both implement it and manage change well, and
- the participation of those who have to do the work in building the plan.

This process has attempted to meet all of these planning requirements.

The plan includes clear guiding principles for ECD work, a vision statement that describes a positive future and detailed thinking around moving forward. It also

includes recommendations for implementation and evaluation. Here is a list of the Key Focus Areas and the Goals within each. More detailed strategies and action plans can be found in the document.

Moving ECD Work Forward

Key Focus Area 1: Address Social Determinants of Health

Goal 1: To participate in relevant Interior Health work and in broader multi-sectoral efforts to address social determinants of health (SDOH).

Goal 2: To increase affordable, safe and appropriate housing options for children and families. (As noted in the detailed strategies, the proposed IH role is primarily advocacy.)

Key Focus Area 2: Societal Understanding of the Importance of Early Childhood Development

Goal 3: To increase awareness of the importance of early childhood development among the general population within the region.

Key Focus Area 3: The Correct Continuum and Mix of ECD Services

Goal 4: To develop, clarify, communicate and implement the continuum of ECD services that will be provided and/or supported by IH Prevention Services.

Goal 5: To further develop innovative delivery options based on available evidence and in collaboration with families, IH ECD service colleagues and local ECD coalitions.

Goal 6: To participate in the development of ECD plans and activities that will address the needs of Aboriginal children and families.

Developing Capacity and Collaboration

Key Focus Area 4: Ensure Prevention Services Capacity for ECD Work

Goal 7: To ensure adequate staff resources and support for ECD work, and to use staff in a more effective manner.

Goal 8: To identify and meet the ECD learning needs of IH Public Health staff (and others, as possible).

Goal 9: To increase job satisfaction and retention of staff by valuing the contributions of all employees working on ECD.

Key Focus Area 5: Planning, Vision and Effective Collaboration

Goal 10: To ensure IH ECD plans and activities link to, complement and honour existing and developing sectoral and community ECD plans and activities.

INTRODUCTION

Why do we need a plan for Early Childhood Development?

There are about 45,000 children under six years of age in the Interior Health region (and others on their way...). Over the years there has been much work done to support children, their families and their communities in helping children achieve a good and healthy life. Yet evidence indicates that to do the very best for these children, and their families and communities, it is not appropriate to simply continue to do more of what has been done in the past. It is time to recognize and build on the great work in place (through Interior Health and others), to put mounting evidence and knowledge into practice and to work collectively in new ways – with the focus on the needs of children and families more than on services and traditional approaches.

Historically, there has been a mismatch between opportunity and investment in social spending. We apply most of our resources – health, education and social services – late in life when opportunity to create capacity is less, when change is more difficult and expensive, when prevention is no longer possible or realistic. We should invest most heavily in the early years when family environments and children’s brain and body systems are most open to positive change. ¹

As part of the Public Health Redesign deliverables, the *Child Health Report* and the *Investing in the Early Years* documents were developed. The first presents data and analysis on a wide array of health and development issues for children in this region. The second clearly describes priority areas for action. These documents provide a solid background for moving forward and describe the first steps needed to attain build a comprehensive ECD program for the IH region.

Many other exciting initiatives are underway, some led provincially by the Ministry of Health - Prevention and Wellness Planning. A Provincial Core Functions framework for Public Health² defines the core activities of a comprehensive public health system. In the future, this framework will provide a road map for new investment in public health, including child health. Another

¹ Investing in the Early Years, Interior Health – 2004

² Website: <http://www.healthservices.gov.bc.ca/prevent/pdf/phrenewal.pdf>

initiative of note is the ActNow BC³ program which will invest funds in improving physical activity and healthy eating, and in supporting healthy pregnancy and making healthy choices – all with effects on children and families. The Ministry of Children and Family Development's (MCFD) leadership and funding of the Make Children First Learning Initiatives⁴ are moving toward a goal of building a community-based, integrated service delivery system for early child development in BC. The Success By 6 program, also MCFD-supported, is increasing community awareness and appealing to new partners, such as business, to join in the work of developing healthy children and families.

Interior Health is investing in shifting to a population health approach with projects in Early Childhood (low birth weight), Injury Prevention (falls prevention, youth suicide & abuse prevention), and Chronic Disease Prevention (tobacco-use reduction). A Food and Health initiative is advancing rapidly. Local existing ECD networks are working on ECD planning and new coalitions are developing, with innovative approaches being tested, such as the Integrated Service Delivery Centre in Grand Forks.

Perhaps most positive of all – there is a good deal of 'prevention-talk' taking place - across Canada, in BC and throughout the IH region. Some of this discourse is acknowledging the importance of addressing social determinants of health. Recognition of the importance of supporting children and families in the early years is growing and there are indications that funding will grow also.

An Early Childhood Development Team is in place in IH Prevention Services to provide coordinated guidance to move this work forward. The team includes a joint Family Health Position co-funded by IH and MCFD. This work is well aligned with Interior Health plans developed for Aboriginal Health and Population Health.

³ Website:

http://www.gov.bc.ca/bvprd/bc/content.do?brwId=%402Or3L%7C0YQtuW&navId=NAV_ID_province&crumb=B.C.+Home&crumburl=%2Fhome.do

⁴ Website: http://www.mcf.gov.bc.ca/early_childhood/index.htm

There is a window of opportunity to re-frame the role IH should play in Early Childhood Development. The question now ... how should the work move forward in a clear, coordinated and effective manner? This plan and the process to develop it is one answer to that question.

Who is this plan for?

While there are many audiences for this plan, it is primarily for Public Health Prevention Services, as this group has the accountability to develop and implement it. The ECD Team is seen to have the lead role in coordinating the planning. It should also be useful and interesting to many other Interior Health and external groups. These would include:

<u>Internal to IH</u>	<u>External to IH</u>
Aboriginal Health Population Health Health Protection Acute Care Services (particularly pediatric and obstetric services) Human Resources Mental Health & Addiction Services Chronic Disease Management Primary Health Care	Ministry of Children & Family Development (MCFD) Community ECD coalitions (such as <i>Children First</i> and <i>Success by 6</i>) Local & regional ECD organizations Other Health Authorities in BC & beyond Education sector Aboriginal organizations Private enterprise Child and Youth Mental Health

What is the role of Interior Health in ECD?

The health sector has played important roles in the lives of children and families since its inception. For example, Public Health Nurses have been providing home visitation for decades to improve the health and safety of mothers and their newborns. Today, in addition to the often highly visible work provided through physicians, nurses, midwives and acute care facilities (the birthing process, for example), there is a range of activities that are specifically focused on supporting early childhood development. Interior Health currently has the important responsibilities of:

- Immunization to prevent communicable disease
- Parenting support and education
- Early detection of developmental delay and early intervention (with specialists in dental health, speech-language pathology and audiology)
- Injury prevention activities
- Childcare facility licensing

Environmental monitoring
Health assessment and surveillance

Public Health also provides support to community services for parents and children, particularly related to pregnancy and infancy, and works cooperatively with a range of sectors at the regional and community levels in identifying needs. Early childhood initiatives will be most successful when all those who have a stake in the work participate in planning and implementation of that work, including parents. To move forward with a complex system, great attention needs to be paid to communications, capacity building, organizational relationships and coordination. Interior Health can contribute to each of these roles.

The work of collecting, analyzing and reporting on health information is a Public Health function and is being further developed in order to provide more value for those working toward ECD. This information provides clear evidence for setting priorities, making decisions and learning how effective efforts for improvement are, or are not, making a difference.

There are tensions inherent in the work that Prevention Services does for ECD. Many of the programs provided through Interior Health are mandated provincially, such as immunization. In addition, Interior Health is moving to a core set of Public Health Prevention Services, some of which will be legislated or mandated, with others being based on determined priorities. These facts must be balanced against working closely with other organizations at the local and area-wide levels to adapt plans, programs and service delivery approaches to each community. It's challenging to find the correct balance, especially when resources are limited.

Who are our partners?

In one respect, just about everyone is a partner in Early Childhood Development. Who in our society has no connection to the well-being of young children? The values and systems of a society are significant factors in the lives of all, particularly those who are most vulnerable. That noted, there are a number of organizations and individuals that are recognized partners in this work. These

include all sectors in the health system, MCFD and other ministries (such as Education, Environment, Human Resources), the Public Health Agency of Canada, community organizations and coalitions, parents, and physicians. There are other less obvious partners such as municipal & regional governments, businesses, academics, researchers, social activists, faith communities and the media who have an important contribution and role to play in promoting children's health.

There are tensions in the growing movement to coordinate ECD work. One is around language. What do these words mean: *partner, network, coordinate, collaborate and integrate*? Often they have quite differing and overlapping meanings when put forward for discussion. (The glossary in Appendix F offers definitions for the purpose of this plan.) The organizations and people who have a direct interest in ECD have different mandates, cultures, values and timeframes. It's not surprising that it can sometimes be difficult to plan and act together.

What is in this plan and how was it developed?

This Strategic Implementation Plan is intended to provide direction and guidance at the strategic level and to provide clarity on the initial implementation steps needed to achieve those strategic results. This is not an operational plan and will not provide detailed guidance to each program and service level. Operational plans at that level will be developed to fit within and reflect the directions in this plan. An evaluation framework also needs to be developed, in conjunction with work on Prevention Services indicators that is underway (see page 28). The plan and process provide three important things for Prevention Services and other stakeholders:

1. A written plan: a document that logically portrays the principles, vision, goals, strategies and early actions to move forward successfully.
2. Involvement: a means for IH Prevention Services staff and other colleagues (internal and external) to provide their thoughts on setting the direction in the plan.
3. Recommendations for implementation: a systemic approach to ensure that the broad vision and direction in the plan have a high chance of success.

The process to develop the plan you're reading included these steps:

<i>Child Health Report & Investing in the Early Years</i> documents	2004	Profile of the health of children and families to identify priority issues and priority areas for action
Plan to Plan project	Feb/05	Baseline information gathered and key staff interviewed to examine the current 'readiness' for change
Planning Team formed	Feb/05	ECD Team took leadership with smaller Planning Support Team working between larger team meetings
Draft Principles and Vision Survey	March & April/05	Staff and external partners completed a survey to provide input on the guiding principles for this work and on forming a vision for the future. More than 180 individuals participated in the survey. A 17- page summary of these comments is available through Prevention Services.
Planning Retreat	May/05	ECD Team plus internal and external partners worked for 1.5 days to develop Guiding Principles, Vision, Key Focus Areas, Goals & Strategies (see Appendix C for list of participants)
Writing, review and revisions	May & June/05	ECD Team & Prevention Services Managers/ Assistant Managers assisted with early draft – to consider priorities; reality check; meaning
Widespread Review	June & July/05	IH staff and some external partners reviewed & commented on Draft Strategic Implementation Plan
Final Version	July/05	Final written plan, including implementation recommendations

GUIDING PRINCIPLES to Build Upon

In striving to achieve improved health for all children in the region over the coming years, IH Prevention Services will respect the following principles in approaching its work:

1. We support a population health approach.⁵

A population health approach aims to improve and maintain the health of all children *and* to reduce inequities in health status where they exist. As well as addressing access to health services, population health attends to the underlying physical, social, and socio-economic factors that affect health. The approach includes health assessment and monitoring, as well as examination of what our collective efforts are achieving.

2. A range of universal and population-specific preventative services will support children, families and communities.

In meeting our mandate, we will provide a consistent/uniform core set of services. This would encompass high quality, effective services throughout the region, in a manner that adapts to the situation in each community. We will also innovate and adapt to meet the needs of specific populations and communities. In planning services, evidence will be considered from research, from our own experience and by learning from others.

3. We will place children and families ‘in the centre’.

We will consider children and families first, not services and organizations. We will include parents in meaningful ways when planning and evaluating our work. We will use a strength-based approach in supporting families and children.

4. We will increase our investment in the earlier stages of life.

Our focus in the coming years will continue to include ages from preconception to six years, with an increased emphasis on the earliest years. We strive to promote healthy child development, and prevent disease, injury and developmental delay.

5. IH Prevention Services accepts the important role it plays in effective ECD coordination to meet children’s needs in the early years.

The health sector is the primary public sector contact point for expectant parents and families with young children. We will participate as a cooperative partner in the growing movement to ensure locally coordinated services. When a leadership or coordinating role will be useful with our partners, we will step up to the plate in an appropriate way. To achieve great results, creative and innovative solutions will be needed.

⁵ Elements of population health approach – Health Canada

Focus on the health of populations

Base decisions on evidence

Apply multiple strategies

Employ mechanisms for public participation Address determinants of health and their interactions

Increase upstream investments

Collaborate across sectors and levels

Demonstrate accountability for health outcomes

KEY FOCUS AREAS, GOALS, STRATEGIES, ACTIVITIES AND DESIRED IMPROVEMENTS

Moving ECD Work Forward

Key Focus Area 1: Address Social Determinants of Health

Rationale: There is plenty of evidence that the social determinants of health (SDOH) are a significant element in health and life outcomes. Research by the BC Ministry of Health Services found a clear relationship between the ranking of determinants of health in BC and regional ranking of health status. ⁶

Key conditions shown to affect health are:

Early child development	Educational attainment
Social-emotional competence	Employment (income)
Housing	Social status
Social hierarchy	Poverty

People who are socially and economically excluded from society experience material deprivation, including barriers to jobs and education. They also tend to experience psychosocial stress and frequently adopt unhealthy behaviours as a means to cope with these stresses. Low income, low educational attainment, lack of access to goods and services, low social capital, and discrimination (racial, gender, sexual orientation) all contribute to exclusion.

The *Child Health Report*⁷ provides some insights into what it has meant to grow up in this part of BC. For example, in the Interior Health area:

15% of families were lone-parent families (2001)

Average family income for all families in Interior health was 12% lower than the provincial average (2001)

The percentage of families paying 30% or more of their income for housing was 17% of owners and 44% of renters (2001)

In 2001, 10.6% of families in IH lived below the Low Income Cut- Off

⁶ Ministry of Health Services. Prevention That Works: A review of the evidence regarding the causation and prevention of chronic disease, Consultation Draft, 2003.

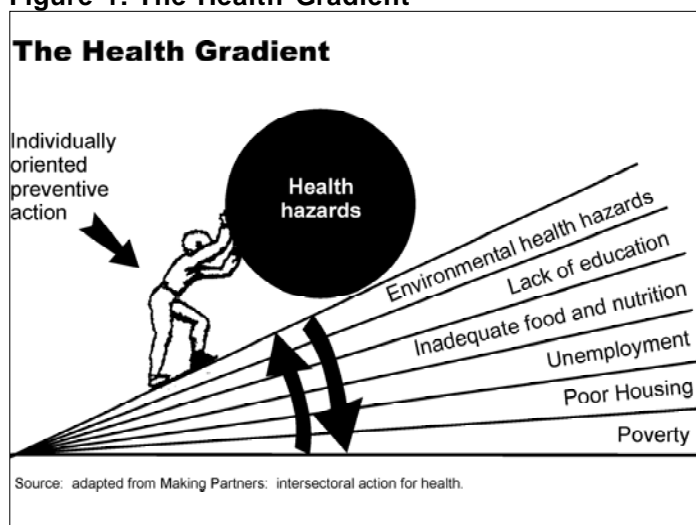
⁷ Website link: <http://www.interiorhealth.ca/Information/Documents/Reports/Child+Health>

In March 2004, the Aboriginal proportion of the total caseload of children in care in the Interior was 44.5%. This is especially high considering that Aboriginals comprise 12.5% of the 0 - 18 population (in 2003).

Work by Dr. Clyde Hertzman and the Human Early Learning Partnership (HELP)⁸ at the University of British Columbia supports an approach to addressing SDOH. One element is a Mapping Portal which houses a wide collection of maps, datasets, and other useful tools related to ECD in British Columbia. This includes ongoing results from the Early Development Instrument (EDI), which is a province-wide survey of the developmental health of five-year olds.

The gradient below refers to the linear changes in health outcome when plotted against socioeconomic determinants. It demonstrates that individual actions that are preventive and that strive for a healthy life are increasingly difficult when social determinants of health need to be addressed. Studies in the UK, the United States, and Canada have shown that mortality, various kinds of morbidity, self-reporting of health, and other health measures follow gradients of education, social status, income, and other socioeconomic factors. Put simply, the more barriers (sloping lines), the more difficult it is to achieve good health. These barriers cannot be addressed solely by individual action.⁹

Figure 1: The Health Gradient



⁸ Website link: <http://www.earlylearning.ubc.ca>

⁹ Glouberman, Sholom. Towards a New Perspective on Health Policy. Canadian Policy Research Networks, 2001. PDF downloaded 26 September <http://www.cprn.org/en/network1>

Health Canada and the World Health Organization have based their population health approaches on research findings related to the social determinants of health. Yet despite the rhetoric, governments and health care organizations in Canada have not historically taken SDOH into account when formulating health policy.

While it is not the role of Prevention Services to fully address social determinants of health, it is clear that without striving to improve conditions for many children and families, the desired health outcomes will simply not be attainable. This is acknowledged in this ECD plan through goals that identify reasonable directions for Prevention Services to take in addressing the social determinants of health.

This plan proposes action to contribute to broad IH strategies through two current initiatives: a Food & Health project under the direction of the Population Health Unit, and the work of developing a healthy workplace (as psycho-social stress is a recognized SDOH). It also proposes that initial work be done to address the specific issue of housing. Safe, appropriate and affordable housing is a basic need for families and children. At the ECD Planning Retreat, it was chosen as a new area for attention from Interior Health. While IH can certainly not address this issue by itself and will need to learn from others working toward it, Prevention Services can play an important role.

Goal 1: To participate in relevant Interior Health work and in broader multi- sectoral efforts to address social determinants of health (SDOH).

Strategies to Attain	Activities 2005- 06	Activities 2006- 07	Desired Improvement
Broad Strategy			
Designate Prevention Services personnel to participate in IH strategies to address SDOH and to focus on outcomes for children.	ECD Team work with the Population Health Unit (Food & Health Coordinator), Chronic Disease Prevention (CDP) and Primary Health Care + Public Health leaders as this work proceeds.	Provide educational session on integrating SDOH in planning for all Prevention Services leaders.	Children’s health will benefit from a strong Prevention Services focus on SDOH. IH ECD will achieve greater impacts to improve child health.
Food Security Strategies			
Assign Prevention	Coordinate plans and	Facilitate networking and	

Services staff to participate in regional food security initiatives underway (including the IH Population Health Food & Health project). Increase Prevention Services investment in work to increase breastfeeding duration and exclusivity for at least six months.

In conjunction with suitable partners, provide seed funding to stimulate new & sustainable food security projects at the local level.

activities with IH Food & Health Leader/Manager and build an ongoing ECD link.

Promote and collaborate with others in the health system to increase lactation consultation services; certify hospitals as breast feeding friendly; establish breast feeding clinics and staff training. Ensure local and area-wide Prevention Services staff are included in networking & dissemination of information on activities and projects relevant to food security.

dissemination of successful local food security projects throughout the IH region.

Build on year one activities.

Work with MCFD, Population Health Unit and other potential funding partners to develop grant program. Build on results to provide funding & evaluation.

Food security for children and families will improve due to Prevention Services contribution (with others). Food security successes will grow and be disseminated. The best nutrition possible will be provided infants and preschoolers.

Family- Friendly Workplace Strategies

Change our own organizational culture to be inclusive and supportive of family-aware workplaces.

Assign Prevention Services staff to engage with Human Resources, Organizational Development, Population Health Unit and senior management in efforts to develop workplace friendly policies (e.g. support for pregnant staff; time for family care; back-up staff).

Propose IH policy for pregnant staff that supports reduced/modified workload; time off pre-birth etc.

Establish/designate a breastfeeding-friendly policy (and space) in every IH site.

Work with IH Communications dept. to integrate appropriate messages on family friendly workplaces in public media work.

Prevention Services will contribute to IH being an Employer of Choice while supporting healthy families.

Learning from work on healthy pregnancy will be leveraged to promote the family friendly workplace.

Goal 2: To increase affordable, safe and appropriate housing options for children and families.

Strategies to Attain	Activities 2005- 06	Activities 2006- 07	Desired Improvements
IH Contribution Work with identified IH & external partners to contribute to an advocacy plan to provide information and stimulate dialogue and action based on evidence of the benefits to children of safe, affordable housing (include health and social business case).	Identify key partners and propose/join a process to develop a coordinated approach. Work with Population Health Unit to incorporate housing data in annual Population Health Profile.	Research and develop ECD business case for housing – include personal story evidence. Work with identified IH and external partners to communicate with and advocate to municipal & regional governments to stimulate appropriate affordable housing development	The case for promoting and developing policy for safe affordable housing for families will be made widely and effectively. Governments in the IH region will have increased understanding of the importance of stimulating the growth of appropriate, affordable housing in their jurisdictions.

Key Focus Area 2: Societal Understanding of the Importance of Early Childhood Development

Rationale: It is clear that development during the early years determines whether children can realize their potential for health and success in later life. Early childhood development also has a direct impact on costs to the health system and other social sectors. Early investment in children, families, and communities will enable us to realize tremendous benefits in both population health and cost savings. Government policy, research on child development, activist movements for quality childcare, and international agreements such as the Convention on the Rights of the Child are all part of a growing momentum leading to action. In BC, the support for *Children First, Success By 6* and new funding for early screening of hearing, dental and vision status are examples of broad societal contributions to ECD.

As with other movements that lead to health change, such as de-normalizing the use of tobacco products, Interior Health has a role to play in bringing about a greater public awareness and dialogue about the importance and value of

addressing early childhood development. This will contribute to moving from understanding to policy and action – and better outcomes for kids. This Key Focus Area provides direction for this work. As with other goals in this plan, it builds on existing activities.

Goal 3: To increase awareness of the importance of early childhood development among the general population within the region.

Strategies to Attain	Activities 2005- 06	Activities 2006- 07	Desired Improvements
Build on Success Enhance local and IH- wide public awareness initiatives already underway and facilitate a broad regional approach.	Identify ECD social marketing initiatives underway across IH and link initiatives to share information and learning.	Implement public awareness strategies for IH region. <ul style="list-style-type: none"> - Coordinate role with partners - Develop key messages and select priority ECD areas to focus on - Build capacity in the IH region 	Successful efforts to promote a broad understanding of and support for ECD in the region will be enhanced in a coordinated manner. The internal Public Health culture will better reflect the importance of ECD.
	Work with IH partners (e.g. Communications, Population Health Unit), MCFD, & ECD Network to develop a strategy for region- wide public awareness to complement local efforts.		
Shift the Meaning Increase the focus on the importance of ECD, rather than on programs and services.	Organize Public Health activities around ECD priorities and outcomes rather than a traditional services approach.		

Key Focus Area 3: The Correct Continuum and Mix of ECD Services

Singularly one of the greatest debates within the public health community has been on the relative value of targeted versus universal programming. Simply put, the appropriate answer to whether to target or not target is that you need both, and what is provided should be linked between services.¹⁰

- Dr. Paul Hasselback

Rationale: Interior Health resources are being used to strengthen family and child health. Some are mandated, such as immunization, and some are in place

¹⁰ excerpt from MOVING FORWARD For the Sake of Our Children, Chinook Health Region 2002

from historic development based on known effective practice, such as home visiting. It is important to invest in strategies that maximize the potential of *all* children while allocating appropriate resources to reduce inequities where they occur. To do this, it will be necessary for Prevention Services to develop and implement a set of common services with evidence-based standards of practice.

In 2004, the document *Investing in the Early Years* was developed. It suggests that, based on available evidence - including the Provincial Health Officer's reports on children (1997) and infant mortality (2003), various regional reports, and the *Child Health Report* (2004) - there are seven areas for priority action for healthy children in Interior Health.¹¹ These priority areas are in various stages in their application ranging from clearly underway (such as 'Maintain or improve immunization rates for vaccine-preventable disease'), to broad and needing further definition (such as 'Protect children from preventable injuries'). This report recommends initial investment in these priorities:

- Prenatal/Pregnancy Support
- Early Newborn Support Program
- Intensive Home Visiting best practice model

A framework for looking at the entire continuum of Prevention Services ECD work is found in Appendix E. This will be useful in clarifying priority activities and identifying the IH role in direct provision and/or utilization of partnering approaches to providing services.

In addition to looking at the whole population, there is also a need to focus on those populations where inequities in health status exist. Two such populations are children who are medically fragile and/or who live with chronic health conditions, and Aboriginal children.

¹¹ Investing in the Early Years, Interior Health – 2004

Promote healthy birth weight

Increase breastfeeding duration and exclusivity for at least six months

Encourage positive parenting and increased parental attention Promote smoke-free environments for children

Protect children from preventable injuries

Maintain or improve immunization rates for vaccine-preventable disease.

Detect and treat problems earlier

Children who are medically fragile and/or who live with chronic health conditions can face significant challenges to attaining optimal developmental levels. Preventing congenital anomalies along with optimizing growth and development for these children requires the involvement of physicians and the acute care sector.

The IH region has a diverse population of Aboriginal peoples including Status Indians, Inuit and Metis, living both on- and off- reserve. There are about 7,000 Aboriginal children between 0 - 6 years old in the Interior Health region. The Aboriginal Nations in the region are distinct and unique peoples. Although they have a number of early childhood concerns in common, each community has its own experiences and challenges. The IH Aboriginal Health and Wellness Advisory Committee and staff have chosen early childhood development as a priority area. The Ministry of Children and Family Development is planning for the investment of new resources in Aboriginal child health. There is an opportunity, and an imperative, for Prevention Services to examine its current and potential roles in Aboriginal ECD. The first steps are addressed through this plan.

This Key Focus Area outlines approaches to clarifying the continuum of services that will be consistently provided by IH across the region, while being tailored to local conditions. There are a number of priority areas in the next year or two that are clearly identified. These arose from the *Investing in the Early Years* work and/or from provincial initiatives that allow Prevention Services to invest new resources in ECD work.

This Key Focus Area also addresses the issue of how best to provide services. Success in this work will require innovation, working with others and taking some calculated risks to do things in new ways.

Goal 4: To develop, clarify, communicate and implement the continuum of ECD services that will be provided and/or supported by IH Prevention Services.

Strategies to Attain	Activities 2005- 06	Activities 2006- 07	Desired Improvement
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			S
<p>Valid Data Ensure baseline data on services are well- defined and understood.</p>	<p>Ensure integrity of internal data systems.</p> <p>Work with regional ECD Network to clarify mapping and inventory projects completed or underway. Bring this information together.</p>	<p>Offer to coordinate mapping work across IH, working toward a common language and approach.</p>	<p>The ECD sector will have clear and ongoing information on what services exist and where.</p>
<p>Service Clarity Using a continuum from pre- conception to 6 years, clarify IH services that will be consistently provided across the region - whether provided directly by IH or in cooperation with others. (See Appendix E – Service Spectrum as an example)</p>	<p>ECD Team proposes IH service continuum for review and approval by IH Prevention Services. Priority areas are identified, including those from <i>Investing in the Early Years</i>.</p> <p>ECD Team and PSMgmt. Team implement expansion of <i>Investing in the Early Years</i> priorities:</p> <ul style="list-style-type: none"> - Ensure relevant <u>Prenatal/Pregnancy Support</u> programs are in place in each Health Service Area - Ensure the <u>Early Newborn Support Program</u> (including Early Maternity Discharge) is expanded to identified locations until this service is provided throughout the IH region (see Goal #1 re: breastfeeding) - <u>Home Visiting Programs</u>: Intensive paraprofessional home visiting program and PHN home visiting. Build on best practice models and ensure that these models are expanded throughout the IH region. Act on the recommendations in the <i>Public Health Nurse Home Visiting for Vulnerable Families</i> report (2005). <p>Plan and coordinate the implementation of new investments through ActNow BC and other provincial ECD</p>	<p>Disseminate inventory information to stakeholders.</p> <p>Develop a coordinated, simple and effective evaluation framework for all ECD work. (see Page 28)</p>	<p>A clear range of evidence-based ECD supports will be in place equitably across the region, adapted to local circumstances and capacity.</p> <p>Surveillance and evaluative processes will help us:</p> <ul style="list-style-type: none"> know how well we're doing our work learn how to improve make decisions about the future based on data and experience.

initiatives, integrating this work with other planning processes and priorities, including:

- Healthy Choices in Pregnancy (including Pregnancy Outreach Programs)
- Reducing the use of tobacco products in pregnancy
- Early Hearing Detection & Intervention
- Surveying the oral health status of grade one children

Goal 5: To further develop innovative delivery options based on available evidence and in collaboration with families, IH ECD service colleagues and local ECD coalitions.

Strategies to Attain	Activities 2005- 06	Activities 2006- 07	Desired Improvements
<p>Accessibility Shift services (and staff where it makes sense) to community locations such as Family Places, Prenatal Outreach Programs, Family Resource programs, storefront access, etc.</p>	<p>Ensure IH staff are at each community coordination table and aware of opportunities for satellite and/or outreach services and joint use of space in better locations for families and children.</p>	<p>Actively pursue appropriate opportunities to relocate staff or shift to scheduled outreach services.</p>	<p>Services will be located and provided in ways that are most effective for families and children to access them.</p>
<p>Equity Ensure equity of access to services – adapted to the needs of families.</p>	<p>Analyze data on service waiting lists and ensure resources are targeted towards equity across the IH region.</p>	<p>Develop web access where community members & service providers can obtain and share ECD information.</p>	
<p>Stretch Boundaries Consider new and innovative use of workers in service provision.</p>	<p>Bring Early Childhood Educators, Social Workers, Child & Youth Care professionals and other expertise onto ECD teams.</p> <p>When allocating new or re- focused staff resources, consider a range of qualifications for development work, including community development and other</p>	<p>Test the use of trained non- nurse home visitors as the Home Visitation program is expanded (see Goal 4)</p>	<p>Staff will be used in the most appropriate roles to meet the priority needs of children and families. Innovation and testing will be valued.</p>

Reframe Communicable Disease (CD) work as a child health activity.

backgrounds.
Using a strength-based approach, develop and test new models for Child Health Clinics, with an increased focus on the scope of interactions/ interventions that may be introduced to the process; in consultation with CD, ECD staff & other partners.

Goal 6: To participate in the development of ECD plans and activities that will address the needs of Aboriginal children and families.

Strategies to Attain	Activities 2005- 06	Activities 2006- 07	Desired Improvements
<p>First Steps Identify one to three opportunities where there is readiness to establish relationships, create plans and improve coordinated services. Invest resources to move forward and to learn.</p>	<p>Link to IH Aboriginal Health and establish an ongoing relationship around ECD.</p> <p>Participate in MCFD Aboriginal ECD planning processes.</p> <p>Work with IH Aboriginal Health teams, identified Aboriginal communities & organizations + MCFD to choose specific opportunities that have a high readiness quotient.</p> <p>Commit resources to 1 to 3 projects, with direct IH involvement in the planning and programming.</p>	<p>Implement project(s).</p> <p>Ensure appropriate evaluation is in place to learn how to improve and build on successes.</p>	<p>Prevention Services will engage more effectively in ECD work with Aboriginal children and families.</p>

Developing Capacity and Collaboration

Key Focus Area 4: Ensure Prevention Services Capacity for ECD Work

Rationale: The obvious elements of a strategic implementation plan are those new and important areas of work to reach the vision – in this case, the plans that will affect the lives of children and families directly.

However, the gaze must also be into the mirror as IH Prevention Services ensures its ability to do the work that has been taken on. Staff identified several critical issues through the early planning survey. Some of these include:

ECD work sometimes seems to be a range of busy activities, competing with each other for staff time. It's difficult to see the holistic view.

There is now, and will likely continue to be, a shortage of workers in the future for some staff roles. For example, there is already a shortage of qualified speech- language pathologists and audiologists in BC and across Canada. Succession planning and most appropriate use of skills are viewed as critical.

Staff are working hard and need support for making transitions and supporting new directions for ECD work (this plan, for example). Clear decision- making that involves those who have to implement decisions, good communication, and recognition of what it takes to lead and coordinate change are all important elements.

Training needs to be done in a consistent manner, meeting both new programming needs, such as the earlier focus in Dental services or the Intensive Home Visiting program, and personal learning needs identified by staff.

Tensions around how services are delivered were identified. For example, the high priority of immunization sometimes means that other ECD priorities do not get attention.

Child Health Clinics are seen as a real positive in ECD work, but may be used in more innovative ways that bring a broader focus of child development.

Recognition that immunization *is* a child health activity could be stronger.

Interior Health is a large, mostly rural region. Larger centres and rural communities are very different in terms of how Prevention Services achieves its aims. A single person wears all hats in some rural settings while in urban centers, like Kamloops and Kelowna, there are large staff teams and complex community dynamics.

Increased staffing resources may be on their way to Prevention Services. These will not be used to simply do more of the same work in the same way, but will

be invested to develop priority ECD work and to organize staff to achieve priorities through innovative means.

An effective work culture includes leaders and staff who are motivated to achieve the stated vision and who have a clear understanding of the plan. In addition, staff must feel supported to get the job done and must have the tools and capacity to do this. Implementing change in ECD work and managing transitions for both employees and stakeholders are also keys to success. This Key Focus Area identifies goals and strategies to improve Prevention Services' ability to foster and maintain this sort of work culture.

Goal 7: To ensure adequate staff resources and support for ECD work, and to use staff in a more effective manner.

Strategies to Attain	Activities 2005- 06	Activities 2006- 07	Desired Improvements
Sustainability Develop & implement an complete ECD workforce plan within overall Public Health planning.	Prevention Services leaders develop an ECD workforce plan for the next 4 to 6 years, including succession planning and principles for equity across the region.	Create an explicit mentoring program for ECD leadership roles.	Adequate ECD staff will be in place and they will be organized in innovative and effective ways to achieve the vision.
	Allocate new resources and redistribute resources to meet the staffing plan.		
	Ensure adequate administrative staff are in place and organized to free frontline staff and managers to focus on priorities.		
Innovation Identify and implement processes & opportunities to use resources in different and more effective ways.	Identify lead staff in each community/area as representatives to ECD coalitions and planning groups. Create shared learning and group communications processes. Establish role expectations and decision-making processes that link with the ECD Team/Plan.		Prevention Services staff will be organized in the most effective way to focus on ECD work.
	In larger centres, identify lead staff among current employees and/or hire new staff as representatives to ECD coalitions and planning groups. Determine needed skills and be flexible in which qualifications are required.		

Leadership Improve coordination and the use of the matrix management model. ¹²	Establish ongoing links with key IH partners, including Community Care Facilities Licensing (CCFL), Mental Health & Addictions, Home & Community Care, Primary Health Care and Acute Care (pediatric/maternity).	There will be greater clarity in decision-making, leadership and communication within Prevention Services.
	Develop a common approach to and understanding of matrix management, project management and self-managing teams for Prevention Services.	
	Build planning for effective communications into ECD and PS leadership responsibilities.	

Goal 8: To identify and meet the ECD learning needs of IH Public Health staff (and others as possible).

Strategies to Attain	Activities 2005- 06	Activities 2006- 07	Desired Improvements
Practice Support Establish a Practice Support Council (Prevention Services inclusive) that is focused on ECD practice.	Plan for and implement. Determine feasibility of the creation of an ECD Education position on PS staff.	ECD Education position in place (if determined feasible).	Practice support for ECD will be in place.
Training Identify ECD training/ learning needs for Prevention Services staff and develop a resourced annual plan.	Review required training based on priority plans and interest from staff. Develop a realistic annual plan. Examples include: - Strength-based training - Infant & Child mental health - Attachment & parent/child interaction - Breastfeeding Schedule in- region learning opportunities and include partners such as those from other IH sectors, MCFD and communities. Create learning opportunities for capacity- building skills such as: - Advocacy & policy development	Annual training plan and process in place.	Staff will have needed ECD and related skills. Learning will take place in an ongoing and transparent manner.

¹² A management model where staff members are accountable to more than one person or group.

- Community development

Post- Secondary

Seek approaches to influence post-secondary curriculum to enhance ECD and best practice approaches.

Approach colleges and universities to seek a relationship in order to learn from each other and enhance ECD practice.

Post- secondary institutions will have ECD curriculum to support best practice in the field.

Goal 9: To increase job satisfaction and retention of staff by valuing the contributions of all employees working on ECD.

Strategies to Attain	Activities 2005- 06	Activities 2006- 07	Desired Improvements
<p>Connecting & Input Provide face- to- face ways for all IH ECD workers to connect each job to the whole in a positive and holistic manner. Include staff input in planning & change.</p>	<p>Develop and implement an annual schedule for ECD communications and meetings. Incorporate all staff with roles in ECD, including administrative & other IH sectors. Ensure core information and opportunities for input are available to all.</p>	<p>Include staff in a review of Year One of plan implementation.</p>	<p>Staff will feel more connected to each other and to the collective ECD work.</p>
<p>Managing Change Develop an explicit approach to analyzing, planning for and managing transitions, and implementing change.</p>	<p>Provide training & ongoing support to Prevention Services managers and leaders in managing transitions and implementing change. Provide opportunities for all ECD staff to learn about these approaches and to contribute positively to leading change. Approach IH Organizational Development to assist in developing a consistent, effective practice.</p>	<p>Assess and improve.</p>	<p>Prevention Services will be adept at implementing change and managing staff transitions.</p>

Key Focus Area 5: Planning, Vision and Effective Collaboration

Rationale: The conception, birth and growth of healthy young children take place within a complex system. If any sector of society or an organization intends to influence that development in a positive way, it is essential to have an understanding of this complexity. The collective efforts of all sectors are

required and the best results will be obtained if there is collaboration and attempts to create synergy. The whole is greater than the sum of the parts.

MCFD is investing resources in the early years for all children and is funding the development of ECD coalitions. There is some hope that child care is becoming better recognized (and funded) for its critical role in child health, and voices for children are becoming louder at the community level – from the social sector to the business sector.

IH Prevention Services may play a significant part by bringing various sector plans together, by participating in creating a positive vision for the future for our young children, and by fostering effective collaboration with others. This means stretching the traditional services and programs approach to this work, to partner with others to put children and families at the centre of all efforts. This Key Focus Area outlines some steps to accomplish this.

Goal 10: To ensure IH ECD plans and activities link to, complement and honour existing and developing sectoral and community ECD plans and activities.

Strategies to Attain	Activities 2005- 06	Activities 2006- 07	Desired Improvements
<p>Linking within IH Provide a means to link other IH sectors to ECD planning in an ongoing manner.</p>	<p>Establish direct contact with identified leaders in IH ECD work outside of Prevention Services, including</p> <ul style="list-style-type: none"> - Maternal health - Pediatrics - Obstetrics - CCFL - Population Health - Mental Health & Addictions - Aboriginal Health - Primary Health Care 	<p>Involve IH stakeholders in review of Year One of plan implementation. Continue to meet and communicate in efficient and effective ways.</p>	<p>All staff in IH with a focus on children 0 to 6 will be linked and aware of each other’s work.</p>
<p>Linking with External</p>	<p>ECD Team creates ongoing processes for communication and cooperative planning.</p>		

Colleagues

Work with appropriate ECD partners to create an ongoing model for collaboration both locally and regionally.

Establish baseline information on plans now in place or developing, on mapping work in the IH region, and on what IH involvement is or isn't for each. Utilize MCFD and existing ECD Network to assist with this. (See Goal 4)

Participate and assist with coordination of the forming the IH Regional ECD Network.

Support IH staff to take explicit and defined roles in ECD coordination at local and area levels (see Goal 6).

Facilitate (perhaps with MCFD) region- wide forums involving ECD partners/stakeholders, both internal and external, with the aims of:

- building trust
- adopting respectful, clear & common language
- reviewing existing plans
- identifying and overcoming barriers to cooperative planning and action
- linking to ongoing communication systems for the ECD sector in the IH region (e.g. coalitions & HELP)

Develop common themes in advance of meeting.

Prevention Services will achieve effective collaboration with ECD partners.

RECOMMENDATIONS FOR IMPLEMENTATION

This table provides a critical path to move forward with the Strategic Implementation Plan. It outlines activities that will need to take place as a foundation for all the strategies in the plan. It is not intended as a detailed set of steps for all activities that need to take place.

Activity	Responsible	Sept 05	Dec. 05	Mar. 06	June 06
Strategic Implementation Plan is approved by Prevention Services.	PS Mgmt Team				
Joint MCFD / IH position(s) is clarified and active liaison maintained.	PS Mgmt & ECD Mgr				
Budget for reconfigured ECD Team is approved for current fiscal year.	ECD Mgr and PS Director				
ECD Manager and Team structure and resources are approved and allocated (including enhanced administrative support).	PS Director ECD Team Mgmt Team				
Dissemination plan for the ECD Plan is created. A Summary of the plan is used to communicate with internal/external stakeholders, in-person where possible. Ongoing links are defined where identified in the plan (e.g. with Population Health, Aboriginal Health, IH Communications, CCFL).	PS Director Mgmt Team ECD Team				
Project approach is established to use in implementation of strategies. For example each strategy has a clear charter, with: <ul style="list-style-type: none"> - Scope of project - Sponsor (PS management supporter) - Team members (& accountability) - Stakeholders (requiring connection to project) - Deliverables (or signposts) - Resources & Constraints - Communications requirements 	ECD Team w/ assistance of Project Mgmt or other				

Activity	Responsible	Sept 05	Dec. 05	Mar. 06	June 06
Evaluation Framework is in place for ECD Plan (and other linked work, if appropriate). See Evaluation Framework on page 28.	ECD Team with PH Inform Support				
Service plans within the ECD plan for Audiology, Dental and Speech- Language Pathology are focused on. Include the allocation of new and anticipated funds. Integrate with other priorities rather than discrete program funding.	Each service team with support				
A model to support Prevention Services leadership and frontline staff in implementing change and managing transitions is chosen and launched. Common language and approaches are established. Project management & matrix model learning are included.	ECD Team with Org. Development or contractor				
Direct contact with ECD Network and ongoing methods to share information are established. Work toward better coordination.	ECD Team				
ECD community lead staff are identified and supported through communications and shared learning.	ECD Team PSMgmt				
ECD is included as a component of the workforce plan for the next 4 to 6 years within PH planning; to include succession planning and principles for equity across the region.	ECD Team PSMgmt				
Annual plan is reviewed including assessment of progress, review of current environment, adjustment of strategic priorities and actions for coming year.	ECD Team PSMgmt				
Report to Interior Health and external stakeholders on progress	ECD Team				

EVALUATION FRAMEWORK

Information is like a stream teeming with fish, if you stick out a net you'll collect something — but to decide what information is consequential. How does one do that?¹³

- Michael Quinn Patton

What evaluative processes are needed?

¹³ Michael Quinn Patton, Director, Action Research, Utilization- Focused Evaluation 2004

Judging performance in the real world is not easy. ECD work takes place in a dynamic political, social and economic environment. Research evidence and knowledge of better practices are always around the next corner, and the last. Objectives can change quickly and radically. Work is done in multiple time horizons - with days, weeks, years and indeed lifetimes establishing different finish lines for our work. Rules and guidelines are determined by context, and change as quickly as the environment.

In this complex and sometimes confusing environment, the need to assess performance cannot be given up. Evaluation is required to be able to:

Assess whether what was planned to be done was actually done and how well, against plans and known practices (process or formative evaluation).

Learn whether or not efforts are achieving the outcomes they are meant to (outcome or summative evaluation).

Implement innovative solutions and make decisions about the future and about duplicating the work elsewhere, based on data and learning from IH and others' experiences (complexity or developmental evaluation).

This plan includes a number of goals, with a wide range of strategies and approaches to achieve them. Evaluation is a must. But that said, it has to be meaningful and there must be the capacity to do it. It is recommended in the Implementation section of the plan that an evaluation framework be developed in the first six months. The framework will be tied to health status and surveillance indicators that are already being developed for Prevention Services.

Some suggestions to ensure that this framework is reasonable and that it provides meaningful results include:

Use a variety of evaluative approaches: Use process or formative evaluation, summative or outcome evaluation, and complexity or developmental evaluation (see table below).

Measure at multiple levels: Consider performance at the project, ECD Team, Prevention Services and broad outcome levels.

Don't try to measure everything: It is more meaningful to track a small number of critical variables and see the systemic pattern that evolves than to do a poor (and often highly complex) job of measuring everything.

Pay attention to the noise: To know where the evaluation lens will yield useful results, it is sometime helpful to listen to the early warnings about challenges ahead.

Make the findings public: Sustainability relies on success, which often relies on evaluation and data. Greater success comes through the opportunities and decisions that the data opens up. Share the learnings.

Keep learning and adapting: The environment is changing continually. Both the plan and the means to measure process or outcomes are meaningful only if they also evolve. Sometimes evaluation engenders fear. A useful shift would be for it to support the enthusiasm for learning.

Evaluative Approaches

Approach	Description	Possible examples in this plan
Process or Formative	<p>Focused on “Did we do what we planned?” “How well did we do it?”</p> <p>Usually based on linear cause- effect logic model</p> <p>Often tied to known good practice</p> <p>Designed for accountability</p> <p>Useful in improvement (effectiveness/efficiency)</p>	<p>Overall monitoring of ECD plan – “Are we doing what we planned to do?”</p> <p>Engaging with ECD Network and forum – “Are we collaborating as we planned?”</p> <p>Implementing family friendly IH policies – “Did we do this? How well did we do it?”</p> <p>Implement Intensive Home Visiting based on known practices – “Did we do it and are we adhering to good practice?”</p>
Outcome or Summative	<p>Focused on “Are we achieving the health outcomes that we are doing all this for?” and/or “Do we know that this practice or approach will successfully achieve the health outcomes we’re after?”</p> <p>Often done after a period of programming is complete</p> <p>Often used to make a decision around dissemination or scaling up (expanding or duplicating)</p> <p>Uses ongoing surveillance and health data and attempts to tie to the</p>	<p>Aboriginal ECD Goal – “Can projects or the approach be scaled (duplicated in a large way)?”</p> <p>Work on housing as a social determinant of health- “Did our efforts affect the outcomes?”</p> <p>Social Marketing – “Can we disseminate successful projects? Are we affecting public perception?”</p>

	<p>intervention through indicators</p> <p>Render definitive judgments of success or failure</p>	
<p>Complexity or Developmental</p>	<p>Focused on “What are we learning as we go along? What does it mean?” “How can we use what we learn?”</p> <p>Early partnering of evaluators and those engaged in innovative initiatives & development</p> <p>Integrates evaluative processes into teams that need to learn, adapt, adjust <i>and</i> also measure where useful</p> <p>Context specific understandings that inform ongoing innovation</p> <p>Captures system dynamics, interdependencies and emergent connections</p>	<p>Build on Low Birth Weight project learning to develop more broad and systemic approaches to healthy pregnancy. “What threads are the ones we need to follow in order to have an impact?”</p> <p>Healthy Pregnancy strategies – “What are we learning as we implement?” “How can we modify as we go?”</p>

A VISION FOR 2008

Imagine the future...

The time between conception and about six years old is the most critical period of growth and development for a human being. This is widely understood by policy makers and organizations working on behalf of children and families. It is now also a topic of conversation and interest at kitchen tables and across all sectors of society. People know that to have healthy children, we need to have strong families, healthy workplaces and supportive communities.

Interior Health plays an important role in the collective efforts to improve child health for all and pays special attention to those children and families where there is disparity in health and opportunity. In addition to providing the right health services, this means being part of efforts to tackle challenges such as food security, safe affordable housing and social exclusion.

IH Prevention Services provide a clear range of region- wide services for children and families. Services are provided in innovative ways and in convenient locations. Some services are legislated or mandated. Others emerge from identified needs and local conditions. All work is improved through striving for proven better practices, through ongoing evaluation, and through focusing on children and families rather than on services and organizations.

Children and families are served best by coordinated community efforts that include a range of organizations and sectors at the planning table, that strive to develop healthy communities and that involve parents. IH Prevention Services staff sit at these local and regional coordinating tables, lead in collecting and sharing meaningful health information and link successful initiatives across the IH region.

In the organization itself, there is a clear sense of purpose for those working for Early Childhood Development, including staff in acute care, community care facilities licensing, mental health and aboriginal health work settings.

Prevention Services staff feel supported to do the right work in the right place in the right way. Roles and responsibilities are complex, yet clear. Public Health is adept at leading and managing change, and

learning opportunities abound. Interior Health is leading the way in modeling what a family- friendly workplace looks like.

APPENDIX B

RISK ANALYSIS AND RISK REDUCTION STRATEGIES

This plan is ambitious in that it builds on existing work and proposes new work and new processes. Time was taken to examine what risks are inherent in achieving success or not. This section notes the risks identified, suggests the level of risk and proposes strategies to reduce the risk, which will be useful to consider when implementing the plan.

Type of Risk	Level of Risk		
	High	Medium	Low
Scope of Plan			
Internal and External Collaboration			
Management & Operations			
Staff Capacity and Resources			
Competing Priorities			
Cost			
Benefits Realization			
Technology			

Risk	Reduce Risk By:
<p>Scope of Plan: High Risk</p> <p>Large geographic area with a wide range of service needs and expectations</p> <p>Wanting to improve at both macro level (Social Determinants of Health) to micro level (improve administrative support)</p> <p>Adding significant change to an already</p>	<p>Communicating clearly with stakeholders – what is changing, what is not</p> <p>Focusing on priorities</p> <p>Tight project management with clear deliverables for each milestone</p>

Risk	Reduce Risk By:
<p>complex environment</p>	<p>Dissemination plan for this work</p>
<p>Internal & External Collaboration: High Risk</p> <p>Other sectors in IH have had limited involvement in the planning process, yet success depends on cooperative efforts</p> <p>There is a certain level of mistrust and misunderstanding between community ECD agencies and coalitions and IH.</p> <p>This work takes place during a restructuring of Public Health</p>	<p>Planning face to face meetings to explain the plan and begin collaboration (for example, Population Health Unit, Communications, Organizational Development, Licensing, Maternity/Child)</p> <p>Making both the ECD Network and the designation of IH ECD staff leads priorities</p>
<p>Management & Operations: High Risk</p> <p>Prevention Services operates in a large, diverse area with multiple priorities and program drivers, including immunization. It operates in a matrix model of management.</p> <p>Other restructuring is occurring and may continue</p> <p>Transition management is critical to success</p>	<p>ECD Team and PS Management signing off on plan and collaborate on implementation</p> <p>PS Management putting <i>ECD Plan Update and Issues</i> on regular agendas</p> <p>Having dedicated resources to facilitate transition</p>
<p>Staff Capacity and Resources: Medium Risk</p> <p>Staff feedback indicates certain level of “change stress” already in existence</p> <p>Cannot succeed without changing the way some work is done</p> <p>Staff readiness and willingness to participate varies</p> <p>Key support staff and resources may be stretched</p>	<p>Incremental staging of changes so mid- course correction is possible</p> <p>Communication (face to face) at all levels</p> <p>Commitment by PS Management to support transition on the ground</p>
<p>Competing Priorities: Medium Risk</p> <p>There are ongoing competing priorities (for example, in PHN roles)</p> <p>Provincial and other initiatives may create new priorities with funding</p>	<p>Communicable Disease, Youth/Adult/School Health and ECD Teams working collaboratively on staffing plans and transitions</p> <p>Using provincial and other funds to meet program objectives and to feed into</p>

Risk	Reduce Risk By:
	changes in the plan
<p>Cost: Medium Risk</p> <p>This plan will require new resources, as well as using existing resources differently. The lack of resources will slow progress and affect morale.</p>	<p>Targeting new funds carefully to ensure progress on priorities</p> <p>Putting tangible projects on the ground early</p>
<p>Benefits Realization: Low Risk</p> <p>Benefits to children and families will be increased, even with moderate success in implementation</p>	<p>Focusing on priorities and evaluation</p>
<p>Technology: Low Risk</p> <p>Critical to ensure integrity of current data systems</p> <p>Information/data will be needed for proper evaluation and learning</p>	<p>Ensuring data integrity</p> <p>Choosing small data sets to develop for monitoring and learning</p> <p>Linking with external partners that are responsible for surveillance data collection/analysis activities e.g. BCRCP</p>

APPENDIX C

ECD PLANNING RETREAT PARTICIPANTS - MAY 3- 4, 2005

Who	Role
1. Ann Crawford	Maternal/Child Manager, Royal Inland Hospital
2. Bev Grunert	Communicable Disease Coordinator (IH)
3. Carol Gulliford	Dental Coordinator (IH)
4. Clifford Daly	Manager, Community Care Facilities Licensing (IH)
5. Dr. Marian Hutcheon	Medical Health Officer (IH)
6. Heather R. Allen	Asst. Manager, Prevention Services (IH)
7. Gary Ockenden	Facilitator
8. George Girouard	Aboriginal Strategies Coordinator (IH)
9. Janet Cody	Audiology Coordinator (IH)
10. Joanne Wiens	Kootenay Family Program Leader (IH)

11. Kim Adamson	Success by 6 Representative
12. Kris Weatherman	TCS Family Program Leader (IH)
13. Kristine Larsen	Speech- Language Pathology Coordinator (IH)
14. Marcia Julian	MCFD, Manager (ECD)
15. Mary Bates	Director, Prevention Services (IH)
16. Menno Salverda	Children First Representative & CATCH Coalition Manager
17. Nadine Johnson	Family Health Coordinator (IH)
18. Natalie Wheatley	Manager, Prevention Services – Okanagan (IH)
19. Pat Chisholm	Pregnancy Outreach Program Coordinator (IH)
20. Renee Liddicoat	Assistant Manager, Prevention Services (IH)
21. Rhonda Tomaszewski	Youth Adult Program Leader (IH)
22. Rhonda Wigglesworth	Okanagan Family Program Leader (IH)
23. Rose Soneff	Nutrition Coordinator (IH)
24. Shelley Inglis- Allan	Project Manager – Low Birth Weight (IH)

APPENDIX D

THE CONTEXT FOR ECD – A COMPLEX SYSTEM

Notes from the Naramata Centre ECD Retreat

Participants at the ECD Planning Retreat in May spent time listing elements that contribute to the context for Prevention Services ECD work.

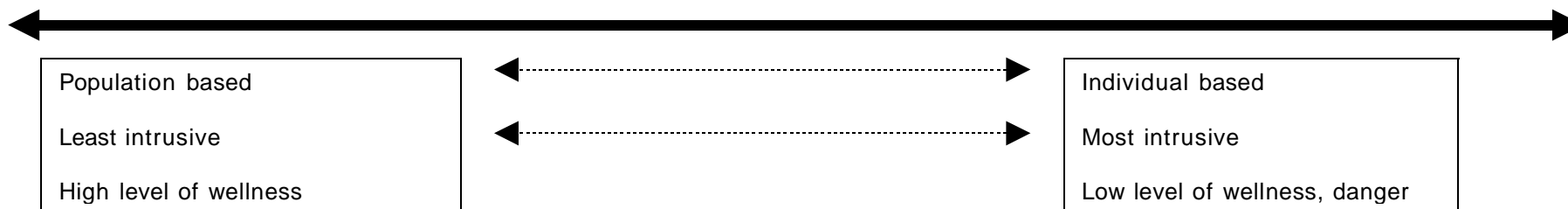
Internal IH Systems related to ECD (beyond Prevention Services)	External Systems related to ECD
<ul style="list-style-type: none"> • Baby delivered in acute settings – links to acute care depts. • Family doctors – part of IH service delivery continuum but independent entrepreneurs (not staff, no direct influence); main contacts prenatal, Perinatal, post natal • Licensing dept IH • Mental Health & Addictions (children & parents) • Population Health Unit • Aboriginal Health - strategies and committees • Primary Health Care; emergence of 	<ul style="list-style-type: none"> • Ministries: MCFD; Agriculture; Environment; Small Business; Human Resources; Educations; Women's; MCAWs • School and Districts • Dentists • Not for profit organizations (NGOs) • Day care centres • Supported child care • Child Development Centres • Literacy groups and programs (& libraries) • IDP – Infant Development Programs • Foster Parents and Associations

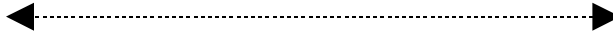
<p>obstetric clinics; rural PHC centres</p> <ul style="list-style-type: none"> • Early Maternity Discharge programs (hospital and community based) • Community Care – nursing; home nursing/home support services (providing care to mother with chronic disease or children needing home care) • Palliative Care • Protection, Tobacco Reduction work • Communications – messages to public about health and health system 	<ul style="list-style-type: none"> • Pregnancy Outreach Programs and CPNPs • Colleges & Universities • Family Places & Family Centres • ECE Programs • ECD coalitions (Success by 6, Children 1st etc.) • Training Programs – for professionals & lay • Prenatal Classes (organizations that run them) • Recreation Centres • Community Living • Contracted Therapy providers i.e. SLP • Workplaces – Chambers of Commerce etc. • Governments at all levels • Midwives & doulas • Alternate therapy/health providers • Health Canada/Public Health Agency of Canada • BCRCPC – BC Reproductive Care Program • BCCDC – BC Centre for Disease Control • BC Injury Prevention Unit • HELP/UBC (Dr. Hertzman and others)
<p>Early Child Systems (life systems)</p> <ul style="list-style-type: none"> • Families – extended; primary & changing constellations • Child Care providers • Community resources • Neighbourhoods • Economic impacts • Intergenerational relations/communications • Social determinants of health – education; housing; transportation; nutrition, employment etc. • Parenting skills; behaviors • Literacy • Values and beliefs (of individuals; of generations) • Social norms and trends • Work/life balance issues • Health care trends – focus on obesity etc; treat patients quickly • Shift to a knowledge based economy • Global political situation and economy • Mobility – transportation re: living in one city and working in another; transient; moving frequently for work (not just low 	<p>Social/Political Systems</p> <ul style="list-style-type: none"> • UN Convention on the Rights of the Child • Child Care initiatives and advocacy networks • Act Now Provincial initiatives just announced • First Call (advocacy) • Women’s Health initiatives (BC Women’s Hosp) • Abolition of child poverty activities • Four pillars approach popular • Success by Six, Make Children First and other ECD Coalitions • Welfare agencies • EI – federal; mat leave; child tax credits etc • Child and Youth Mental Health • Maternity Leave benefits – federal • Premium assistance • Nationally funded day care strategy • Schools as Centre of Community Initiatives • Healthy Communities initiatives • Elections – Provincial and Fed; current political climate • First Nations Treaty Process

income but professionals as well)

EARLY CHILDHOOD DEVELOPMENT SERVICE SPECTRUM (adapted by IH ECD Team as a framework to look at services)

PROMOTION Activities to maintain or enhance the capabilities of children, youth & families to optimize their overall health and well-being.	PRIMARY PREVENTION Activities that protect children, youth and families from the likelihood of an undesired event or situation.	SECONDARY PREVENTION Activities that identify early signs of an undesired event or situation and intervene to reduce their effects.	TERTIARY PREVENTION Activities that promote treatment for children, youth and families who are experiencing an undesired event or situation.
(NO RISK)	(LOW RISK)	(IDENTIFIED MODERATE RISK)	(HIGH RISK)
Priorities	Priorities	Priorities	Priorities
Positive parenting Preconception and prenatal (Smoke free, alcohol free, healthy birth weight) Key areas of prevention Advocacy and political action Smoke free environments Breastfeeding Childhood injury prevention Immunization Education/communication re. ECD, healthy growth and development Promote collaboration/partnership/communication re. Aboriginal ECD across IH ECD Coalitions	Early maternity discharge program Prenatal services Developmental screening Monitoring growth Postpartum depression (need Community Development process) Refer to Surveillance Goal 2 Child Health Report Objective (a) Prevention of childhood injury Accessible and quality child care Food security advocacy Activities to promote healthy growth and development ECD Coalitions	Pregnancy outreach programs Early identification and screening e.g. Newborn Hearing Screening, fluoride varnish Early intervention e.g. Speech and Language Therapy Parenting: enhance community capacity and access to parenting, advocacy, High Priority Parenting Program/ Intensive Home Visiting programs (build on successes) ECD Coalitions	Ongoing intervention - e.g. Speech and Language Therapy, Physiotherapy, Occupational Therapy, Audiology Service, Dental Services and Nursing Support Services Acute and Home and Community Care Services





GLOSSARY OF TERMS

Collaboration

In addition to information exchange and sharing resources, collaboration includes enhancing the capacity of the other partners for mutual benefit and a common purpose. Building interdependent systems to address issues and opportunities. Sharing resources and making equal commitment.

Community

A natural gathering of people, usually referring to a geographical entity in this document.

Coordination

Exchanging information and altering activities for a common purpose. Match and coordinate needs and activities. Limit duplication of services.

Cooperation

As in coordination plus sharing resources. It requires a significant amount of time and high level of trust between partners.

Early years

From preconception to age six.

IH Region

Refers to the geographic area served by the Interior Health Authority.

Integration

Fully integrated activities work with a single budget, management and accountability processes. This takes a great deal of trust, a strong relationship, and common planning and operations.

Matrix Management

This is a management model where staff members may be accountable to more than one person or group. Usually there is one clear direct reporting relationship, along with one or more relationships of accountability. (For example, a Public Health nurse may report to an HSA based manager but also be responsible to sit on the ECD Team for IH.)

Networking

The exchange of information for mutual benefit. This requires little time and trust between partners. Clearing house for information.

Partnering

One or more organizations or groups working together in an agreed upon and recognizable manner on common work.

Population Health

Elements of population health approach – Health Canada

Focus on the health of populations	Address determinants of health and their interactions
Base decisions on evidence	Increase upstream investments
Apply multiple strategies	Collaborate across sectors and levels
Employ mechanisms for public participation	Demonstrate accountability for health outcomes

Population Health Unit

The staff group in Interior Health charged with fostering a population health approach in the organization and with delivering benefits through leading some programming with a population health approach.

Prevention

Primary Prevention: Activities that protect children, youth and families from the likelihood of an undesired event or situation.

Secondary Prevention: Activities that identify early signs of an undesired event or situation and intervene to reduce them.

Tertiary Prevention: Activities that promote treatment for children, youth and families who are experiencing an undesired event or situation.

Prevention Services

A section within IH Public Health that has the lead responsibility for Early Childhood Development. Also focuses on youth and adult services.

Promotion

Activities to maintain or enhance the capabilities of children, youth & families to optimize their overall health and well-being.

SUGGESTED READING AND LINKS

Articles & Reports

Investing in Our Future – Early Learning & Childcare (2004). Government of Canada report. Available at <http://socialunion.gc.ca/ecd/SP-625-11-04E.pdf>

The Social Determinants of Health: An Overview of the Implications for Policy and the Role of the Health Sector (2002). Available at <http://www.phac-aspc.gc.ca/ph-sp/phdd/whatsnew.html>

Social Determinants of Health: The solid facts (2nd Ed.) Wilkinson, Richard & Marmot, Michael (Eds.) (2003). World Health Organization. Available at www.who.dk/document/e59555.pdf

Books & Book Chapters

Social Determinants of Health. Oxford University Press. Marmot, M.G. & Wilkinson, R. (1999).

Websites and Listserves

ActNowBC

http://www.gov.bc.ca/bvprd/bc/content.do?brwId=%402Or3L%7C0YQtUW&navId=NAV_ID_province&crumb=B.C.+Home&crumburl=%2Fhome.do

British Columbia Ministry of Health Services, Prevention and Wellness Planning
<http://www.healthservices.gov.bc.ca/prevent/index.html>

Childcare Resource and Research Unit - University of Toronto
<http://www.childcarecanada.org/ECEC2004/index.html>

The Child Health Report, Interior Health 2004
<http://www.interiorhealth.ca/Information/Documents/Reports/Child+Health>

Child Friendly Cities
<http://www.childfriendlycities.org/>

The Human Early Learning Partnership (HELP)
<http://www.earlylearning.ubc.ca>

Ministry of Children and Family Development, BC – Early Childhood Development
http://www.mcf.gov.bc.ca/early_childhood/

National Center for Infant and Early Childhood Health Policy
<http://www.healthychild.ucla.edu/PUBLICATIONS/NationalCenterPubs.asp>

Social Determinants of Health List-serve at York University. Information available at:
<http://www.atkinson.yorku.ca/draphael>

United Nations Office of the High Commissioner for Human Rights – the Convention on the Rights of the Child

<http://www.unhcr.ch/html/menu3/b/k2crc.htm>

World Health Organization Commission on Social Determinants of Health
http://www.who.int/social_determinants/en/