

Baxter & Associates

11 Forest St. Aylmer, Quebec, J9H 4E3,

email: patbax@cain-reac.com

Tel: (819) 684-3808, Fax: (819) 684-5655

Ottawa Aboriginal Head Start Program

EVALUATION REPORT 1997-1998

APRIL 1998

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Evaluation Findings

1998 Report

EXECUTIVE SUMMARY

Introduction

The Ottawa Aboriginal Head Start Program (OAHSP) is a federal initiative supported by Health Canada. The project is designed to address the pre-school needs for Aboriginal families, with focus on children from two to five (2 - 5) years of age. The project programming concentrates on basic school readiness, socialization and self-awareness skills, promotion of healthy living and exposure to traditional Aboriginal teachings, language and cultural identity. The ten month project operates two separate 2 day groups of children combining parent support and involvement. The project has a capacity to enroll forty-eight (48) children. It is co-sponsored by a Board of Directors of the OAHSP (parent body) and Odawa Native Friendship Centre (sponsoring organization) which also houses the project site.

The OAHSP was initiated in January 1997 through a series of consultations with the Aboriginal community in the Ottawa area which resulted in opening the project doors in September 1997 for thirty-eight (38) Aboriginal children and their families living in the National Capital Region of Ontario.

The Board of Directors of OAHSP initiated an external evaluation in February 1998 to assess the effectiveness and outcomes of delivering a combination of curriculum programming and activities to high risk families. The evaluation gathered findings from various project reports and forty-seven (47) interviews conducted with caregivers, children, staff, elders and community agencies. Statistical information was gathered from client information forms which was analysed to provide a demographic picture of families enrolled in the project.

The OAHSP is offered to families considered to be in a high risk category. The primary definition of high risk comprises those families that have at least one of the following factors (single parent status, children with special needs, a net monthly household income of \$1,000 or less, and caregivers with an education level of lower than grade 12). Several other factors were documented which have an associated impact of families who are considered to be high risk. An example of these factors ranged from children in foster care to parents with history of drug and alcohol abuse and families (with children) who are survivors of residential school. All data was cross referenced and analysed from the primary definition of high risk to the other associated high risk factors.

Within the surveyed families that comprises the primary high risk definition 84% were identified as high risk. Key findings also indicated that 93.4% of the primary caregivers in

the total survey group have associated high risk factors. Fifty percent of caregivers are single parents and 60% percent of this group are within the primary high risk definition. Sixty-two percent (62%) of the clients in the primary high risk data group surveyed identified children with special needs.

From the fifty (50) children surveyed, thirty-eight (38) are still in the program which reflects 76% of continuous service to ongoing participants. These children and their families were exposed to a varied program that offered the six components of Head Start, these are: cultural teachings, Aboriginal languages, health & nutrition, education/child development and parent involvement/support. As a result there is strong evidence that children enrolled in the program achieved significant academic learning, self-esteem and identity to their cultural as a result of participating in the project. Caregivers reported consistently that their expectations were exceeded as a result of child's social behaviour, academic skill, display of self-confidence and identity to their Aboriginal heritage and culture. Elders and community agencies associated with the program were clearly impressed with the effort and outcomes of the OAHSP. Many reported that the contribution to the Aboriginal community has been a positive influence within the first seven months of operation.

The OAHSP has demonstrated a highly successful operation over the past seven months. This bench-mark provides an excellent base for the remaining year of operation as well as a start on next years operation. The evaluation has suggested sixteen recommendations for consideration. These recommendations primarily address the efficiency and management to trouble-shoot issues as they arise. Six of the recommendations have direct impact on the OAHSP staff, four with administration and the remaining six are directed to the Board of Directors and/or parent volunteers participating in the program.

In conclusion, it is interesting to note that when the draft evaluation report was tabled with the Board of Directors in May several of the recommendations outlined in this report were already being addressed and implemented as suggested. A sign of an efficient and responsive program to meeting the needs of the community it serves.

Acknowledgments

The Baxter and Associates evaluation team wishes to express their sincere appreciation for the contributions made by (1) Anne Marie Thibault, (2) all Ottawa Aboriginal Head Start Program personnel, (3) parents, (4) elders, and most importantly (5) to the children. The feedback was enlightening and it was humbling to see the Ottawa community hard at work. The honest and trusting input is and was appreciated.

Project Leader: Patricia Baxter

Data Analysis/Database Development: Lisa S. Kumar-Misir

PREAMBLE

The purpose of this report is to document the findings from an evaluation conducted on the Ottawa Aboriginal Head Start Program (OAHSP) located in Ottawa, Ontario. The report brings together both statistical data on program clients and assessment of the project deliverables and impacts for children and their families whom participated in

Ottawa Aboriginal Head Start Program from September 1997 to March 31,1998. The report details recommendations for consideration by the Ottawa Aboriginal Head Start Board of Directors, (parent body), Odawa Friendship Centre (sponsoring organization), Health Canada and other Aboriginal community agents involved in the delivery of the Ottawa Aboriginal Head Start Program.

INTRODUCTION

The Ottawa Aboriginal Head Start Program is a federal initiative from Health Canada that promotes programming and interventions which supports Aboriginal preschoolers (2 - 5) years of age. The program concentrates on basic school readiness, socialization and self awareness skills, promotion of healthy living and exposure to traditional teachings/language and cultural identity. This pre-development supports the preschooler for their entry into the mainstream school environment which prepares the children on their life long path of learning. The initiative is accessible to Aboriginal children who reside in the Ottawa-Carleton Region of Ontario and I-Outaouais of Western Quebec.

The OAHSP has the capacity to fill forty-eight (48) seats for children. The program operates two separate 2 day groups, from September 1997 to June 1998. As of March 31,1998 thirty-eight (38) children were registered in the program. Twelve (12) children are documented as leaving the program prior to March 31, 1998. Seventy-four caregivers (74) are identified on 50 client information surveys completed for the evaluation.

The evaluation framework would include data and demographic information on the families participating in the OAHSP, on-site interviews with program staff, parents, elders, children and Aboriginal agencies in the community. All interviews were conducted on basis of confidentiality with the understanding that names would not be identified within the evaluation report. Forty-seven interviews were completed as well a documentation review and on-site/classroom observations supporting the findings and recommendations for the evaluation. The evaluation was conducted between January 1997 to March 31, 1998.

BACKGROUND

The project start-up was an collaboration and partnership between the Aboriginal community/organizations and interested parents. Early in the developmental stage a voluntary steering committee of parents and Aboriginal agencies was formed to advance the work of implementing a Head Start Program in the region. Since legal incorporation was a requirement for federal funding approval the Odawa Native Friendship Centre came aboard to co-sponsor and house the initiative.

During the developmental stages of building the OAHSP, from 1996 to September 1997 the steering committee and program staff participated and hosted several training workshops designed to build capacity and skill development for key managers associated with the program. Caregivers of children currently within the program participated within some of these training workshops.

By February 1997, Health Canada signed a contribution agreement for a Aboriginal Head Start Program in the Ottawa area detailing a disbursement of funds not to exceed \$ 860,000.00 to the fiscal year of March 1999. The current fiscal year split is as follows: 96/97 \$160,000.00; fiscal year 97/98 \$350,000; and fiscal year 98/99 \$350,000.00.

The management structure in place for the OAHSP is a co-sponsorship between the Ottawa Aboriginal Head Start Steering Committee/Board of Directors as the Parent body and the Odawa Native Friendship Centre as the Sponsoring organization (see organizational chart appendix 1). Each partner is responsible for decision-making within the delivery of the program. Odawa Native Friendship Centre is the primary manager related to the receipt and disbursement of funds, budget forecasting and adjustments and reporting to the Regional Aboriginal Head Start Committee and Health Canada. The Ottawa Aboriginal Head Start Board of Directors role of decision making includes all aspects of the program including, planning, development, implementation and evaluation. Each partner collectively is expected to advise one another and support the Parent-driven approach and aspect of the program delivery.

Within the conditions of the contribution agreement should the Parent-body decide to proceed as an independent, non-profit, incorporated entity the Sponsoring organization must provide guidance, support, and other resources as requested to assist in this endeavour.

In February 1998, the Ottawa Aboriginal Head Start Interim Board of Directors (parent body), held a community meeting with the purpose of electing a new Board of Directors for the OAHSP. Although this new Board is not a legal entity it is operating under the rules of practice until such time that legal incorporation may be pursued.

EVALUATION METHODOLOGY AND DATA COLLECTION

The scope of the evaluation is to assess the effectiveness and impact of the program over the first seven months of operation for the Aboriginal families and their children. The evaluation is not intended to evaluate or do a comparison of organizational and/or management performance, but rather concentrate on program deliverables and outcomes.

The methodological and data collection used is the following:

Document review of existing enrollment and assessment forms, quarterly reports, standards & procedures, newsletters, times tables, and contribution agreement.

Questionnaire design included separate surveys for the program staff, parents/caregivers, elders, children and community agencies. The children survey featured participatory involvement, attempting to measure the child's own assessment of participating in the program.

Classroom observations included on-site visits while the 2 day programs were in operation by the consultant. Since the consultant was on-site for the majority of interviews this was done informally while conducting interviews. The consultant has had the opportunity to go on one field trip with the morning class to the Pinto Valley Farm.

Interviews were conducted in person and through telephone surveying. Every attempt was made to do one-on-one interviews. Fifteen of the forty-seven interviews were conducted by telephone survey. All Parent/Caregivers including the responsible adult of the children interviewed were required to sign release forms detailing confidentiality and purposes of the information (see appendix 2) shared for the evaluation. All children interviewed were accompanied through out the interview with a OAHSP staff person. All persons interviewed was given the option of not responding to any of the questions asked.

Data Collection for the purposes of this evaluation and the establishment of a database for OAHSP, a *Client information form* (see appendix 3) was designed and filled out by a staff member (Home Life Educator) to gather the demographic factors. The forms were pre-coded to maintain confidentiality on the information shared of the parent/caregiver.

As well as collecting demographic features the client information forms gathered high risk factors impacting on families who participate in the OAHSP. Families having either one or more of the following risk factors would be considered high risk. These are single parent status, children with special needs, net monthly household income of \$1,000 or less, caregivers with an education level of lower than grade 12. Additional initiated impacts include history of family violence, history of drug and/or alcohol abuse, involvement in criminal justice system, disabilities of caregiver(s), residency in a high risk neighbourhood, isolation from Aboriginal culture, isolation from Aboriginal language, children in foster care, and experience in residential schools.

Analysis of data collected on the client information forms includes high risk and the initiated impacts information consistent with the factors identified for the OAHSP. The information will be cross-referenced against the data collected on high risk and the non-high risk families. Initially the high risk data group was comprising 96-98% of the total survey group, based on how the percentages were being analyzed. The high risk group, therefore, needed to be refined to ensure a better cross-referencing of those children that have immediate high risk factors directly associated with them. As a result, the high risk group is defined as those children that have either one or more of the following factors identified (a primary caregiver(s) with a low education level (less than grade 12), a primary caregiver that is a single parent, a net monthly household income of \$1,000 or less, and if the child has any identified special needs). Further analysis for the final report will also include (which most likely has already been incorporated into this draft report):

- data collection show the totals for child-s gender with comparative figures showing their Aboriginal status;
- the report includes numbers of children in the program as a total, and number of children that are between the targeted 2 - 5 year old range. All comparative data of children in the program not within the targeted age range;
- cross reference of initiated impacts with high risk factors;
- length of time a child has been in the program;
- the main language spoken, totals of Aboriginal language as the main language spoken, general totals of all spoken languages;
- high risk data totals, percentages, information is cross-referenced together to verify mandate of survey/purpose of the CIFs: that the target group was reached i.e. 80% of seats to high risk; 10% to special needs and 10% with no identified target; and

- totals of children who participated in the program from September 1997 to March 1998.

GENERAL PROJECT FINDINGS

Document Review

The OAHSP has a compliment of reporting documents and procedures that complies the necessary information to report on the program outcomes. OAHSP had the advantage of using templates of documents and reporting formats from other Head Start programs which streamlined the process of creating all new forms. The program reports that there is a continuous review of documenting formats with the intention of consolidating and/or simplifying the collection of information gathering. The program reports that the redesign of the enrollment form eliminated the use of the Achild application for enrollment. Another potential change is the development of the client information form and subsequent installation of a database. This lessens the amount of information collected during the intake or enrollment stage of the program.

Enrollment/Intake Forms

The enrollment/intake forms: Child Profile Form; Family History Form; Medical Information/Emergency Form, can be found in appendix 4.

Program Participation Forms

Parental Involvement Form; Parent Participation Agreement; Permission for Child Release Form; Emergency Medical Attention Consent Form; Field Trip Permission Form; Permission for Photographing Form; Consent to Disclose Information Form; Drug Administration record form; and Child Care Facility Immunization Record Form.

These forms are included in appendix 4.

Classroom and Program reporting Forms

Quarterly Report Format; Lesson Plan; and Monthly Program/curriculum Planning schedule. These forms are included in appendix 4.

Administration and Communication Documentation

Aboriginal Head Start Principles and Standards - Ontario; Aboriginal Head Start Program Principles and Guidelines; Job Descriptions for all program staff; Terms of Reference for the Interim Board of Directors - which are being revised; Parent Handbook; and Program Newsletters. These forms are included in appendix 4.

Quarterly Report Highlights

January 01, to March 31, 1997

The OAHSP was in developmental phase of establishing the program during this quarter. It is reported that the operational proposal required revisions prior to submission to Health Canada. Organization of two community gathers for the purposes of outreach and promotion of the program occurred. Renovations to the Program site were underway at 12 Sterling Ave. as well as the purchase of equipment. The Steering Committee reported that the terms of reference for the Parent body would be established by July 18, 97.

April 01, to June 31, 1997

The OAHSP continued throughout the developmental phase by staffing the Director of and Home Life Educator positions. Advertisement for Teachers Aides was extended beyond this quarter. Aboriginal agency and organizational partnerships were achieved with the Aboriginal Women's Support Centre; Tungasuvvingat Inuit Head Start; Odawa Native Friendship Centre - programs and the Amethyst Women's Association. Family assessments, administrative forms, recruitment and advertisement of the program was in full motion.

July 01 to September 30, 1997

The program reports thirty-five (35) children enrolled. By the end of September, six (6) children withdrew citing transportation, distance, foster care placement outside of the area and age appropriateness - too young. Five more staff were hired during this period. Bus transportation was operational but experiencing some challenges in recruiting licenced/qualified drivers from community members. Program site maintenance is reported as a challenge since it is done after hours by staff and parent volunteers. Thirty-two (32) volunteers are reported to have participated in the program.

Concern is documented on the lack of time for teaching staff to develop program curriculum. This is primarily due to the staff not starting in their positions until one week prior to the program opening. The Interim Board is reported to have established a cultural committee that would assist staff in the development of curriculum.

Although challenges regarding curriculum development was raised the OAHSP reports a good start in all six components of the Aboriginal Head Start Program. The program provided general orientation for children and caregivers, continued to advertise and establish linkages with community services and agencies. A Parent report was submitted for this quarter, indicating satisfaction with the program with the exception of the bussing situation.

October 01 to December 31, 1997

In December thirty-eight (38) November forty (40) and December forty-one (41) children were enrolled in the program. Twenty-four are reported to be on the wait list. Twenty-six (26) parenting support/relief was given and fifteen (15) home visits done. In total ninety (90) children were transported. Twelve (12) referrals/contacts with Children's Aid. The parent cultural committee met three (3) times. One (1) new bus driver was staffed. It is

reported that eighty-eight (88) parents volunteered and nineteen (19) community members and five (5) elders.

Events planning and co-ordination include a children-s pow-wow and grand opening of the Program. Staff attended ten(10) different training sessions ranging from cultural programming to teaching and therapy workshops. The Board of Directors attended Board training and CPR/First Aid.

Accomplishments also include transportation funding (75%) for bus driver wages.

January 01 to March 31, 1998

In January forty four (44) February forty-three (43) and March forty (42) children were enrolled in the program. Twenty-three (23) children remain on the wait list. Personal support interventions total thirty-eight (38). Nineteen (19) home visits done and forty-one referrals. Forty-two (42) progress reports were sent to parents. Parent meetings total eleven (11). Fifty-six (56) parents, community members, elders participated in the program in quarter.

Training for staff for the fiscal year total twenty-two (22) sessions, eight (8) for the Board and eighteen (18) parent workshops and six (6) workshops for the volunteers.

The Interim Board resigned at the annual meeting this term and was replaced through election of 11 new Board members (parent body). Two staff departed, the Director and Cultural Advisor. A new Executive Director started in February 1998. Further the Interim Board of Directors set aside resources to potentially contract expertise for cultural curriculum development. This approach to cultural curriculum development will be reviewed by the newly elected Board of Directors over the next few months.

Events include a community social, AGM, Pow Wow, newsletter. Twenty-six (26) elders visited the program - who were in Ottawa for a conference.

PROGRAM OUTCOMES

Partnership Development/Networking

The OAHSP established relationships early on with the Ottawa Aboriginal community, Aboriginal agencies/organizations including mainstream support services. As a result, it is evident from interviews with these agencies and from local community members that a strong sense of ownership, pride and support exists towards the program. It can best be described as an *A extended family @* relationship where an understanding towards watching out for one another and sharing resources can be counted on when needed. These partnerships have clearly provided a holistic approach to supporting the Aboriginal community in the Ottawa-Outaouais area. Referral workers report that communications between the OAHSP is trusting and consistent in approach. The referral process between agencies is informal however, workers report that follow-up does occur when appropriate to track the progress of the clients and families served. Both the program and agencies indicate that cross-referral is effective, but is not documented for frequency

or follow-through of initial intake. These added features to the referral process would assist all agencies in assessing the referral process in the future.

Aboriginal agencies

The OAHSP primarily works with four (4) Aboriginal agencies in Ottawa. The Odawa Native Friendship Centre (ONFC) Aboriginal Women's Support Centre (AWSC) Pinganodin Lodge and Tungasuvvingat Inuit Head Start. Most of these agencies have several programs and services that are regular referral centres for families and children in the OAHSP. For example, the ONFC lists six (6) different programs which each in their own have multiple services attached that are available to families. Caregivers with children in the program report that they find it convenient that many of the services and programs are under *one roof*. Three caregivers voiced their appreciation for access to the Native Court worker who has helped with legal separations, child support and custody issues. In addition, all nine staff from OAHSP report that the ONFC has been supportive, helpful and *there when needed*. Providing transportation, donations of food, use of facilities and colleague support were all cited as examples.

Half of the parents interviewed indicated that the Aboriginal Women's Support Centre continues to be a valuable service to them in dealing with family violence and child abuse issues.

Mainstream agencies

The OAHSP has made contact and/or referrals to ten(10) different agencies in the Ottawa- Carlton region. Primary contacts have been with Bethany Centre, Children's Aid, YWCA/YMCA, Amethyst Women's Association, other mainstream Head Starts and Parent Resource Centres.

Both the OAHSP and Children's Aid Society reports that the relationship between one another has grown. One worker at CAS is quoted as saying that *the relationship has become more comfortable to consult with - staff at OAHSP are reasonable, flexible and are willing to problem solve when dealing with our clients. It has been educational - front line workers need more information and cultural awareness*.

Program Promotion

Referral and Program notice

Seventy-five percent (75%) of caregivers and agencies report that they heard about the OAHSP through contacts at the Odawa Native Friendship Centre. The other 25% reported hearing about the program through the *Amocassin telegraph* and community functions outside of the ONFC.

Notices of the Head Start programming can be found in other agency newsletters, bulletin boards in Aboriginal organizations. Kiddy mail is often used to remind caregivers of events and special programming features.

Newsletters

The OAHSP staff has produced a community newsletter detailing information about the program, available resources, advertising other programs and services in the area. The production is well laid out which inspires readers to read on. It is newsy, fun and interesting. It's recognized that the effort to produce newsletters is time consuming however, the benefits of informing caregivers and other community members on what's happening outweigh the challenge of producing it.

The OAHSP uses effective methods to outreach to the Aboriginal community and community at large. A success indicator of promotion is the large wait-list of children requesting a seat in the program. Since OAHSP opened its doors 20 to 24 children a month are patiently waiting entrance into the program.

PARENT CAREGIVER INVOLVEMENT

Parents and caregivers have several options open to them that encourages involvement and participation in the program. On a regular basis notices and telephone surveys are conducted by staff requesting volunteers for a variety of functions. Parents are regularly observed to be involved as classroom assistants, office and administration support, board and committee meetings, observers to meeting and monitors on field trips and special events.

When visiting the program one can not help but observe the friendliness, camaraderie and commitment of the parents/caregivers on-site. There is obvious team work and support between themselves and the staff at the program. When surveyed, some parents/caregivers interviewed indicated frustration at themselves for not achieving the required police check so that they could work in the classroom. However, this barrier did not prevent these parents from helping out in the kitchen, doing maintenance or attending board meetings.

Several parent/caregivers who are regular volunteers commented that they would like to see more parent volunteers from time to time. One volunteer stated *"It's always the same group of parents that show up - I know some can not volunteer due to jobs and other children but I think some parents/caregivers think of Head Start as a daycare service, which it is not!"* Staff have organized volunteer recognition events, and community socials attempting to increase the volume of volunteers. During enrollment, the program may want to ask parents about availability and interest in volunteering to increase involvement.

The program reports in excess of 1750 hours of volunteer time, with over 200 volunteers participating from September to March. This is a conservative figure when you factor all the Board and committee time that, which is not estimated in these hours. Considering that this is the first year for Head Start this is an achievement that can only grow in time. Parents surveyed report a strong sense of ownership and commitment to the OAHSP.

Program Input/Feedback - Program

Parent/caregivers are strongly encouraged to provide program staff and board members with input and feedback. One indicator of providing this feedback is through the fifty-seven (57) home visits that have been conducted between September and March. Another indicator is the quarterly report - parent report that is filed.

Twenty-five out of twenty-seven caregivers interviewed for the evaluation stated that the process for feedback is very satisfactory and effective. Many felt that the items discussed were either dealt with or were acted upon in an efficient manner. Several parents commented that the Home Life Educator is a individual that is responsive, sensitive and comfortable to approach with issues.

Two parents interviewed voiced specific concerns in which they were not satisfied as a result of the feedback or input to program staff. One parent spoke of the lack of privacy when children go to the washroom and strongly recommended that children be given the choice to have a open or closed door. The parent's understanding was that this was acted upon, however on visiting the program later, the parent witnessed a open door policy for children going to the washroom.

The second issue was related to the burning of sweet grass in the classroom and Friendship Centre. This was a concern since one of the children is highly allergic to smoke. An accommodation was reached, by removing the child from the room when the grass is being burned. The parent still has concerns about ventilation and exposure to the smoke, but is prepared to continue sending the child to the program. However, the parent has also indicated that from time to time she has kept her son away from the program due to allergies.

Parent Workshops

Parents and caregivers have been provided with training through the past seven months on workshop subjects including: Board training; First Aid & CPR and 8 weeks of Native Parenting Workshop: Nobody's Perfect. And, in the final quarter of this fiscal year 32 parents participated within these sessions.

Parental Influence on Programming

Parents and caregivers have formed several ongoing committees. These are in the areas of: cultural curriculum development; transportation/bussing; events committee; fundraising. There is evidence that these committees have influenced program curriculum and development. Teaching staff report that several of suggestions made with respect to cultural curriculum has been implemented. Transportation issues are being examined and attempts have been made to improve the bussing situation.

Program staff agree that parent/caregiver involvement needs to be broaden and supported. Staff raise the concern that the current core group of volunteers have a lot on their plate and could benefit by increasing the pool of volunteer. Teaching staff in particular feel that more parent involvement could be used the classroom and through curriculum development. It is thought that this involvement would benefit both the parents and teaching staff in the delivery of themes and units in the program.

HEALTH AND SAFETY

Facility & Space

The OAHSP site is located in the basement of the ONFC at 12 Sterling Ave. Ottawa, Ontario. The Interior space was originally planned at 3500 sq.ft. but was reduced to 2750 sq. ft. The facilities include three offices, classroom space, kitchen and open area (that was recently renovated) as a parent lounge. Open window access is available with appropriate locks to prevent exits or entrance. The front and back doors are always locked and persons are met at the entrance for security of the children and staff. An elevator was installed at the beginning of the program for disabled access. The program and building enforces a no smoking policy. All zoning requirements for public use of the space interior and exterior have been met by the ONFC.

The classroom set-up is a model example of a kindergarten layout and design. Activity centres are evident with colourful backgrounds of pictures and posters, with a huge floor rug mapping out Canada. The classroom sections off a coat area for children to store the clothing and access to washroom facilities, including a children's size sink and toilet. There is no doubt that this is a happy space for the children and visiting parents. It is visually accessible through an open window at the front where observers can watch the children during programming. Many comments are received on a daily basis from visiting parents and observers on the set-up and design of the OAHSP.

The facilities in the kitchen and classroom tables are scrubbed down daily with disinfection. Teaching staff also disinfect the toys and areas where children are handling items in the classroom. Other program space is cleaned on a regular basis, however, program staff report that maintenance is a challenging effort since they have to rely on volunteers or staff to complete after hours.

The exterior space for Head Start is equipped with a fenced in playground area, with climbing structure and sand box area. Parking is accessible for buses and cars. Three exterior access doors (including the evaluator), provide entrance to the playground and parking area. The program also has access to the ONFC gym which is located one level up from the site.

Physical Health

The program timetables reflect a wide range of activities that support the development of the children's gross and fine motor skills. The gross motor skills are enhanced through a daily routine of gym time that includes walks in the neighbourhood and time in the gym or playground area. Children are exposed to handling items such as wooden block puzzles and other large items which helps coordination and balance. The fine motor skills are enhanced through art work, making crafts, computer time and handling tools such as scissors, pencil, crayons and markers. All five children interviewed were capable of holding a marker and indicated that they could spell their names.

The OAHSP organizes a number of field trips throughout the year which have several benefits for the children and families who participate in them. These excursions support the physical health by exercising children in a new or different environment while

providing an excellent opportunity for parents and children explore together by learning from with one another. An example of some of the more physical type of trips include the Pinto Valley Farm where children rode horses and participated on sleigh rides. Others include the Sugar Bush and Cosmic Adventures.

Hygiene is a daily routine in the program. Children are taught to wash their hands after toilet time and meals and brush their teeth after every meal. In addition a theme entitled *Health & Cleanliness* provided children with cultural teachings through circle time on traditional medicines and spiritual cleansing. During another activity children were asked to help prepare their own snack for the day and were taught not to lick a spoon, because germs can be passed on. These routines have had significant impacts. Five parents report that they had difficulty at home enforcing their children in brushing teeth and now it is less of a struggle since participation in Head Start.

During one of the field trips, it was observed while a child was in the washroom with her Mom her daughter reminded Mom *We must wash our hands Mom before eating*. Two children interviewed, when asked what are the rules of school, commented on washing their hands before snack time.

Teaching staff report that parents are encouraged to keep children at home when colds or flue symptoms occur. Regular checks for lice and head ticks and educating parents on how these are passed on is routine in the program. In addition, staff are watchful of other medical conditions such as allergies.

Transportation and Bussing

The program has two small school buses that transfers children to and from the program. The route taken by the bus remains to be a challenge for the Head Start since it must cover a large geographic area which results in long bus rides for some of the children. Some parents report that their child spends in excess of an hour on the bus one way to get to the program. Another challenge to bussing is the access to qualified drivers. Now that the program has resources dedicated to bus driver training and salaries this situation has eased up since the start of the program. However, if a bus driver is ill replacing that person is sometimes difficult.

Bussing rules are reinforced with the children, understanding the proper behaviour and safety issues. Some children interviewed recited the bus rules of no standing, no hitting and no yelling on the bus. However, as one parent interviewed indicated she would like to see bus monitors which would increase the safety of the children. *The bus drivers can not be expected to handle the children and drive the bus! - we need monitors to reinforce bus protocol*

The contracted bus personnel are often the first contact for the child coming to the program. Often these drivers are faced with a upset child who may not want to get on the bus or has a dispute with another child on the bus while on route. These drivers display a sensitive, caring approach when dealing with the children and their parents.

The parent busing committee formed by the Interim Board of Directors, including bus drivers reviewed the transportation issue for several months and route changes have occurred to reduce the time the child was riding on the bus. This committee should be reinstated to continue its work and consult with other Head Start Programs for

suggestions on busing route issues and solutions. Bus monitors should also be considered for all trips to assist with child behaviour on route.

Safety and Security

The children are closely monitored by program staff when in the program or being moved to locations like the gym upstairs. It has been observed that teaching staff always have one staff member in front and the other behind to ensure the flock is on course. The children are often seen using a rope with handles and single line formation when coming from the bus or else where. Attendance is taken prior to leaving and once arriving to the destination. The children show an understanding that these rules must be applied before any movement can take place.

Some of these procedures were as a result from an unfortunate incident which occurred in the program in November. A child being transported to the program did not get off the bus with the other children and was consequently left outside of the building for approximately 10-12 minutes. The child was found by another Mom bringing her child to the program and escorted both inside. Staff and Board members took immediate action by tightening up the safety procedures on transporting children. The parent of the child involved in the incident reflected that she was satisfied with the outcome, but reiterated her distress at the time of the situation.

Nutrition

All parents agree that the children of the OAHSP are eating very well. A wide selection of food types that are served in a balanced fashion. 75% of parents report that their children are trying more foods at home and are less fussy eaters. Twenty-five (25%) percent report that their children eat better in the program than they do at home. The cook follows the Health Canada Food Guide with imagination and creativity. For example fruits or grain products may be presented in different shapes, such as little animals or stars etc. Food policies exist to accommodate children with allergies and weekly menus are sent home in advance.

On special occasions like birthdays the children are treated to birthday cake. One parent commented that their child is on a restricted diet and is not allowed any foods with high sugar content. Therefore, the child is prevented from eating cake with the other children when this is served. Three other parents raised concern about sugar content in some of the meals and would like to see alternative treats with less sugar.

Meals served in the program is a breakfast and lunch with a morning and afternoon snack. All meals are nutritionally balanced. More traditional foods are being tried such as rabbit, venison, wild rice etc. Ten (10) percent of the parents indicated that they would like to see more meals with traditional food presented. The staff agree with this suggestion and would like to accommodate this request, but finding places that sell wild foods is difficult and secondly it is costly.

In the classroom children are taught the nutritional value in the different food groups and as part of their learning they also get experience in helping to prepare their own snacks.

EDUCATION/CHILD DEVELOPMENT

Social Skill development

The program teaches social skills through best practices that include acceptable behaviour, listening skills, respect for fellow classmates, teachers, parents and elders. Anger management and control and problem solving with one another is part of the curriculum. Children are taught that hitting, biting and inappropriate touching is not acceptable behaviour.

This is taught through activities such as circle time, lining up and waiting turn to enter an activity centre, playing and sharing with toys and problem solving without teacher involvement. Role modelling of good behaviour is rewarded through a sticker program for some children who need added incentive. Listening skills are taught and assessed through story telling and children understanding and adhering to instructions.

Social atmosphere

When you enter the program on any given day, observers can not help but notice the excellent behaviour of the children in both the morning and afternoon classes. There is a sense of calm and respect that is obvious in the classroom. It is also a fun place where teachers and kids can be seen laughing and joking with one another. All staff display true affection for these children which is returned by the children themselves. When asking children who their favourite friend was in the program many named program staff as their favourite. All parents report that their children love going to the program and are disappointed if something prevents them from attending. As one Elder is quoted to saying *I am very impressed with the loving and secure atmosphere that brings out the best in these children - it is a beautiful program.*

Academic development

The program curriculum has many basic pre-school lessons that are taught that will provide a *head start* for many of these children entering kindergarten for the first time these are:

- learning words/prashing, in Ojibway, Mohawk, and Inuktitut.
- learning to count to 20 in both English and Ojibway;
- learning the alphabet, children-s ages in both languages;
- learning to identify colours, shape and sizes by name;
- learning proper pronunciation and vocabulary;
- learning some basic reading and word identification.

All children interviewed were able to respond to questions about how to count, say the alphabet, identify colours, state their age, name and sometimes addresses. Parents also report that they are satisfied with the academic progress of their children.

Children are assessed by the teaching staff and divided into three groups matching children by age, and acquired skill set so that teachers can match academic learning to the level of children in smaller program table group settings. This allows for greater one-on-one learning for the individual child. The program tables, three times a week, rotate subjects (i.e. counting, ABC-s etc.) each session to round out the skill set of learning. Academic development of the children is tracked and documented by the teaching staff and shared with the parents/caregivers through regular report cards sent home twice a year. When ever possible, cultural learning tools such as books, pictures etc. are used when instructing the children.

The teaching staff indicate that they would like more time or additional resources to prepare curriculum for the program. As mentioned earlier, the Board of the OAHSP is reviewing this request and is considering the possibility of hiring a Curriculum Development person. This is a good solution which would enhance the programs ability to plan more efficiently and provide a better basis for curriculum assessment in next years program.

Cultural Learning

The cultural component of the OAHSP is an integral element throughout all of the teachings and experiences provided to the children and their families. It is the central theme that the program was built on. The approach is inclusive of the physical, mental, emotional and spiritual directions that is required to make a whole person. These aspects are modelled and reinforced on a daily basis in the program. The culture and traditions are passed on through instruction, feeling and visual presentation. Elders have been consulted and are asked to participate in the program regularly. The program has taken several field trips to the Kumik Lodge in Hull where Elders from across Canada visit on a weekly basis.

Cultural practices and programming includes the following:

- daily smudging, prayers and circle time;
- round dances;
- coordination and participation at Pow Wows;
- the feasting on traditional foods and give-away;
- traditional child rearing and discipline approaches are applied;
- hand drumming, singing and protocols at ceremonies;
- craft making of leather vests, dream catchers, medicine wheels;
- understanding Mother Earth;
- listening to Aboriginal languages through song;
- reading and listening to Native legends and story telling;
- exposure to Aboriginal cultural traditions, like Inuit, Ojibway verse Micmac;
- visits to the Kumik Lodge and hosting Grandmothers/fathers visits;
- visual Aboriginal symbols such as feathers; dream catchers, pictures etc.
- role modelling through the presentations from Elders and First Nations professionals.

The Elders are very supportive of this program and it is evident from the quotes received during the interviews, these are:

ASocialization skills are very important, I really like the kind of interaction and cultural self-identification given in this program, it will give these kids a leg up in mainstream@

A These children have a strong sense of identity@

A It is a positive environment which reinforces the learning for good human beings@

A I brought in with me a owl feather to show the children and a 4 year old in circle time suggested that we need to have a naming ceremony for this feather - and we should call it Akohoko@ which means owl!@ AI was amazed at this knowledge and respect shown for this symbol by the children@

All parents interviewed indicate that the cultural component was the primary reason for enrolling their children into the program. Their expectations for the most part have been met by the current cultural programming, however, some parents indicated disappointment when the cultural advisor position was discontinued. These same parents felt that the OAHSP could expand the cultural component for next year. One parent felt that field trips to Pinto Valley Farm was not a cultural experience and should be eliminated from next year's program. However this view was not shared by many of the parents who attended the field trip to Pinto Valley Farm. Many felt that this field trip had cultural value by promoting activities that are family orientated.

Other remark on cultural programming came from an Elder interviewed who would like to see additional resources include more Native stories by Native authors and decorate the class with more Native symbols.

LANGUAGE

The language component is perhaps the most challenging aspect for the OAHSP. The Head Teacher is bilingual in Ojibway and English and she is able to provide teaching in this language. The children come from various nations but only five (5) of the 50 children in the survey group are exposed to their Native language as their main language used at home. The predominant Native language used in the home is Oji-Cree, followed by Ojibway, Mik-maq, and Inuktitit evenly at 1% for each.

Attempts have been made to teach the children Mik-maq and exposure to some Mohawk, but Ojibway is the primary language taught in the program. This is done through song, and learning words when doing an activity.

Only fifty (50%) of the parents surveyed report any knowledge that their children are learning Ojibway language. Of the 50% who indicated that they do hear Ojibway it is through counting and songs. Half of the children interviewed counted in Ojibway. Parents report that they like the language component but require assistance in learning what their children are learning in the program. One suggested that words covered that day should be brought home and spelled fanatically to help with proper pronunciation. The language and meaning of the words should be included.

SUCCESS INDICATORS

The Ottawa Aboriginal Head Start Program has many success indicators. The indicators reflect a solid program that is meeting the needs of the community it is serving.

Considering that this program has been in operation for seven months these milestones are significant and clearly meet the standards of the Aboriginal Head Start Program.

Delivery of the Six Components: Culture; Language; Parental Involvement; Education; Health and Nutrition

- Aboriginal children and their caregivers have participated in all six components of the Aboriginal Head Start Program and have reported significant and successful impacts from the program.
- Documentation from the OAHSP supports the delivery of all six components;
- Successful delivery of all six components was evaluated, measured and tested through observation, documentation and 47 interviews with key stakeholders;

The OAHSP has been successful in delivering a program that has impact on the mental, spiritual, emotional and physical growth for the children, families and community

- It has been ascertained through documentation, observation and interviews that the OAHSP has exceeded the expectations of all stakeholders involved in the program.
- Children and families and community members report significant developments from exposure to cultural understanding and development, academic development and support and improvement in family interaction, community interaction and physical well being.

Aboriginal children were supported and encouraged to enjoy life-long learning.

- Aboriginal children were exposed to Aboriginal curriculum which reinforced the self-esteem and development of the child, which in turn establishes the grounding required to enjoy life long learning.
- Aboriginal children were cared for and taught by sensitive and caring caretakers which promoted self-confidence, self-esteem - this in turn helped children to explore their own talents and adapt and learn new ones as they experienced the learning from the program.
- Aboriginal children have experienced a varied approach to learning which include traditional Aboriginal methods to mainstream instruction which will prepare them for entry into mainstream education.
- The children in the program had the benefit from learning from teachers, caregivers, professionals, community leaders and elders.

Caregivers were supported as the primary teachers of the their children

- Parents and caregivers were activity recruited and encouraged to participate which resulted in excess of 1700 volunteer hours in the program.
- Parents participate on the Board of Directors, supporting the program administration and instruction of the children in the classroom.
- Parents had access to and participated in a number of workshops that built parent skills and program capacity.

Empowerment of parents to plan, develop and assist in program implementation and evaluation of the program

- Parents participate in the development of curriculum and policies that are implemented into the program delivery.
- Parents are regularly consulted on the delivery and program management.
- Parents report high interest and ownership of the OAHSP
- Program personnel encourage input and are flexible to accommodate parent recommendation.

Aboriginal community participation is evident in all stages of delivery and support

- Aboriginal community organizations support the OAHSP through resource sharing, workshop delivery and colleague support.
- Aboriginal community programs and services were accessible to OAHSP children and their families.
- Client referrals generated by community agencies were supported.

RECOMMENDATIONS

It is recommended based on the 1997-98 evaluation that the Ottawa Aboriginal Head Start Program be sustained and funded for the fiscal year of 1998 - 1999.

The following recommendations are suggested for implementation for the next year of operation.

Program Administration And Reporting

1. For assessment and evaluation purposes it is recommendation that the client information designed (for this evaluation) become part of the documentation and reporting requirements for the program. The high risk factors should be reviewed.
2. The program equipment should be replaced and/or repaired so that breakdowns occur less frequent.

Personnel and Program Support

1. Program teaching staff should be provided with more training opportunities.
2. The Board of Directors consider providing contracting support to assist with curriculum development for next years program.
3. The program should complete staff evaluations, to assess if additional teaching staff should be a consideration.

Relationship with Sponsoring Organization

1. Formal relationship agreement should be signed between the OAHSP and the ONFC reflecting terms and conditions and understanding of protocol between one another through a Memorandum of Understanding (MOU).
2. The OAHSP and the Odawa Native Friendship Centre must sign a leasing agreement between one another.

Program Delivery

1. The program teaching staff should consider a closed door policy when children are in the washroom.
2. The program teaching staff must have access to resources to consult with behavioural technicians on a regular basis.
3. The program cook should explore avenues that would replace food items with high sugar content so that all children can participate in special food treats.
4. The program cook should review the Health Canada - Native Food Guide to assist in the preparation of traditional foods.
5. The Board of Directors should establish a standing committee dealing with cultural issues for ongoing input, review and support to the teaching staff.
6. The program staff should be provided with more resources to increase their material on Aboriginal written and published books, films etc.
7. The program teaching staff should be encouraged to track students for one year and meet with Principals and teachers of children who are entering mainstream school in September.
8. The parents/caregivers should be asked to sign volunteer agreements during the enrollment to encourage a greater commitment (expand the current core group of volunteers) to the program.
9. The Board of Directors should establish a transportation committee with the intention of consulting with other Head Start programs on bussing issues to resolve and support transportation issues.

Data Analysis and Survey Findings

1998 Evaluation - Ottawa Aboriginal Head Start Program

EXECUTIVE SUMMARY

Total Participants

There were a total of 50 surveys received in March, 1998.

Of these 50 surveys (client information forms):

- 38 children are still in the program (76%)
- 12 have withdrawn (24%)

High Risk Data

The total number of surveys that have at least one high risk factor identified, sits at 98%. As a result, the high risk data group was redefined so as to include the most relevant high risk data factors. The high risk group is now defined as comprising those families that have at least one of the following factors (single parent family status, children with special needs, a net monthly household income of \$1,000 or less, and caregivers with an education level of lower than grade 12). This refined definition causes the high risk data group percentage to be an actual reflection of current and immediate issues that affect the care offered to children. The surveyed families that comprise this high risk group under this new definition is approximately 84%.

Total Group Surveyed

High risk factors based on the total 50 surveys received reveal the following totals:

Single Parents 50%, where 25/50 of the clients surveyed are single parents.

High Risk Factors (specified in question 4) 93.24% of the primary caregivers in the total survey group have additional high risk factors such as: history of family violence, history of drug and alcohol abuse, involvement in criminal justice system, disabilities of parent/caregiver, residence in high risk neighbourhood, isolation from culture, isolation from Aboriginal language, children in foster care, and experience from residential school.

Special Needs	52%, 26/50 of the clients surveyed identified children with special needs.
Low Income	16 of 49 clients that addressed this question, sit in a low-income bracket. This equates to 32.65%
Low Education	A total of 67 primary caregivers have their education level identified. 10 of these fell below the grade 12 level of education – 14.29%

Additional High Risk Factors

Out of 74 caregivers identified on the survey, a total of 69 identified high risk factors within their family environment. This equates to 93.24% of the total group surveyed that have high risk factors affecting their family. However, 48/50 of the surveys have identified at least one primary caregiver having a high risk factor associated with them. This percentage (96%) is further broken down as follows:

High Risk Factors	Totals	Percent
history of drug and alcohol abuse	49	18%
isolation from culture	47	17%
isolation from Aboriginal language	45	17%
history of family violence	44	16%
residence in high risk neighborhood	40	15%
experience from residential school	18	7%
children in foster care	14	5%
involvement in criminal justice system	11	4%
disabilities of parent/caregiver	3	1%
Totals	271	100%

This table reveals that the five most prominent historical risk factors within the total survey group are:

a history of drug and alcohol abuse ,18%; isolation from one's culture ,17%; isolation from one's Aboriginal Language, 17%; history of family violence, 16%; and residency in a high risk neighborhood, 15%. These five factors total 83% of the total high risk factors identified by 93.24% of the survey group. Due to these large figures, the remainder of the high risk data analysis following in this section will not consider these high risk factors to comprise the definition of "high risk group". The high risk group from this point, is being defined as those families made up of either one or more of the following factors: to single parent status, families with low education levels and/or net monthly household incomes as well as any child who has a special need.

High Risk Target Group

High risk factors based on the 42 surveys (84%) that fall in the redefined high risk data group reveal the following totals:

Single Parents	60%, where 25/42 of the high risk data group surveyed are single parents.
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High Risk Factors (specified in question 4)	98%, 41/42 of the clients in the high risk data group surveyed identified high risk factors, such as: history of family violence, history of drug and alcohol abuse, involvement in criminal justice system, disabilities of parent/caregiver, residence in high risk neighbourhood, isolation from culture, isolation from Aboriginal language, children in foster care, and experience from residential school.
Special Needs	62%, 26/42 of the clients in the high risk data group surveyed identified children with special needs.
Low Income	16 of 42 clients in the high risk data group surveyed have a low-income bracket. This percentage is 38%
Low Education	A total of 9 clients in the high risk data group surveyed have at least one of the primary caregivers with an education level below the grade 12 level of education – this percentage is 21.43%.

Additional High Risk Factors

98%, 41/42 of the High Risk Group identified a primary caregiver having an additional high risk factor as specified in question 4. The data collected, reveals the following:

High Risk Factor(s)	Totals	Percent
children in foster care	13	6%
disabilities of parent/caregiver	3	1%
experience from residential school	12	5%
history of drug and alcohol abuse	43	18%
history of family violence	39	17%
involvement in criminal justice system	10	4%
isolation from Aboriginal language	38	16%
isolation from culture	40	17%
residence in high risk neighbourhood	38	16%
Totals	236	100%

RESPONSES

Total Number of Responses

There were a total of 50 surveys received. The majority of the children are still in the program, two had previously left the program, but have since rejoined.

PARTICIPANT DURATION

Time in Program

Of the 50 children surveyed, 38 are still in the program. This reflects 76% of continuous service to ongoing participants. During the program, 12 have withdrawn. This is reflective of at least one quarter of the total participants in the program (24%).

The majority of the children, 53%, of the total survey group have been in the program for at least seven months. 21% have been in the program for six months.

Length in months	Total	Percent
Seven Months	20	53%
Six Months	8	21%
Four Months	4	11%
Three Months	1	3%
Two Months	3	8%
One Month	2	5%
Totals	38	100%

These figures have been derived from the following data, using March 31/1998 as the date to determine length in program.

Entry Date	Approximate Time in Program
20-Aug-97	Seven Months
20-aug-97	Seven Months
20-aug-97	Seven Months
20-aug-97	Seven Months
21-aug-97	Seven Months
21-aug-97	Seven Months
21-aug-97	Seven Months
25-aug-97	Seven Months
25-aug-97	Seven Months
25-aug-97	Seven Months
25-aug-97	Seven Months
26-aug-97	Seven Months
26-aug-97	Seven Months

Entry Date	Approximate Time in Program
27-aug-97	Seven Months
27-aug-97	Seven Months
27-aug-97	Seven Months
27-aug-97	Seven Months
28-aug-97	Seven Months
28-aug-97	Seven Months
29-aug-97	Seven Months
Total	20
03-sep-97	Six Months
09-sep-97	Six Months
11-sep-97	Six Months
12-sep-97	Six Months
15-sep-97	Six Months
24-sep-97	Six Months
24-sep-97	Six Months
26-sep-97	Six Months
Total	8
18-nov-97	Four Months
19-nov-97	Four Months
25-nov-97	Four Months
25-nov-97	Four Months
Total	4
18-dec-97	Three Months
Total	1
07-jan-98	Two Months
16-jan-98	Two Months
26-jan-98	Two Months
Total	3
18-feb-98	One Month
Total	1
04-mar-98	One Month
Total	1

Time in Program for High Risk Group

Of the 42 children surveyed that comprise the high risk group, 32 are still enrolled in the program. This reflects 76% as well of continuous service to ongoing participants. During the program, 10 have withdrawn. This data reveals that 31% of the high risk group withdraws from the program, and 76% of the total participants enrolled in the program fall within the high risk group.

The majority of the children, 53%, in the high risk group have been in the program for at least seven months

Length in months	Total	Percent
Seven Months	17	53%
Six Months	8	25%
Four Months	4	13%
Three Months	1	3%
Two Months	1	3%
One Month	1	3%
Totals	32	100%

These figures have been derived from the following data, using March 31/1998 as the date to determine length in program.

Entry Date	Approximate Time in Program
20-aug-97	Seven Months
20-aug-97	Seven Months
20-aug-97	Seven Months
21-aug-97	Seven Months
21-aug-97	Seven Months
25-aug-97	Seven Months
25-aug-97	Seven Months
25-aug-97	Seven Months
25-aug-97	Seven Months
26-aug-97	Seven Months
26-aug-97	Seven Months
27-aug-97	Seven Months
27-aug-97	Seven Months
27-aug-97	Seven Months
27-aug-97	Seven Months
28-aug-97	Seven Months
29-aug-97	Seven Months
Total	17
03-sep-97	Six Months
09-sep-97	Six Months
11-sep-97	Six Months
12-sep-97	Six Months
15-sep-97	Six Months
24-sep-97	Six Months
24-sep-97	Six Months

Entry Date	Approximate Time in Program
26-sep-97	Six Months
Total	8
18-nov-97	Four Months
19-nov-97	Four Months
25-nov-97	Four Months
25-nov-97	Four Months
Total	4
18-dec-97	Three Months
Total	1
16-jan-98	Two Months
Total	1
18-feb-98	One Month
Total	1

GENDER INFORMATION

Number of Males/Females in Ottawa Head Start Program (OAHSP)

The table below identifies that there is a fairly even distribution of males and females within the Ottawa Head Start Program. The male children, however currently sit at 52%.

Child's Gender	Totals	Percent
male	26	52%
female	24	48%

Gender for High Risk Group

The table below identifies that there is a fairly even distribution of males and females within the high risk group. It is interesting to note that the percentages switch for the males and females when reviewing the high risk group against the total survey group.

Child's Gender	Totals	Percent
female	22	52%
male	20	48%

LANGUAGE INFORMATION

Main Language Spoken at Home

The main language spoken at home is English. 45 of those surveyed (50), are speaking English in their homes as their main language. This equates to 90% of the children.

Main Language	Totals	Percent
English	45	90%
Oji-Cree	2	4%
Other	2	4%
Ojibway	1	2%
Totals	50	100%

High Risk Group Main Language Spoken at Home

The main language spoken at home amongst the high risk group is English. 38 of those surveyed that comprise the high risk group (42), are speaking English in their homes as their main language. This equates to 90% of the children.

Main Language	Totals	Percent
English	38	90%
Other	2	5%
Oji-Cree	1	2%
Ojibway	1	2%
Totals	42	100%

NATIVE LANGUAGE INFORMATION

Native Language Spoken Information

Only 5 of the 50 children in the survey group are exposed to their Native Language as their main language used at home. The predominant Native language used in the home is Oji-Cree, followed by Ojibway, Mik'maq, and Inuktitit evenly at 1% for each.

Main Language	Totals	Percent
Oji-Cree	2	40%
Ojibway	1	20%
Mik'maq	1	20%
Inuktitit	1	20%
Totals	5	100%

High Risk Group Native Language Spoken Information

Only 4 of the 42 children in the high risk group are exposed to their Native Language as their main language used at home. The predominant Native language used in the home is spread evenly between, Oji-Cree, Ojibway, Mik'maq, and Inuktitit at 25% for each. However, only 9.4% of the children in the high risk group speak a native language as their main language. Each child represents approximately 2.4% of the high risk group.

Main Language	Totals	Percent
Oji-Cree	1	25%
Ojibway	1	25%
Mik'maq	1	25%
Inuktitit	1	25%
Totals	4	100%

ABORIGINAL STATUS OF CHILD INFORMATION

Aboriginal Status of Child

The main Aboriginal status of the children is Status Indian. 62% of the children, 31 in total, are Status Indians. The next majority, 32%, are Non-Status. Only 6% are Inuit.

Aboriginal Status	Totals	Percent
Status Indian	31	62%
Non-Status	16	32%
Inuit	3	6%
Totals	50	100%

High Risk Aboriginal Status of Child

The main Aboriginal status of the children in the high risk group is Status Indian. 58% of the children, 25 in total, are Status Indians. The next majority, 35%, are Non-Status. Only 5% are Inuit.

Aboriginal Status	Totals	Percent
Status Indian	25	58%
Non-Status	15	35%
Inuit	2	5%
Totals	43	100%

PRIMARY CAREGIVER INFORMATION

Primary Caregiver(s) of the Children

The primary caregivers are split equally, 44% each, between single mothers and “mother and father” families. The remaining 6% of caregivers comprise: three single fathers in three foster families.

Primary Caregiver(s)	Totals	Percent
mother	22	44%
father	3	6%
mother and father	22	44%
other	3	6%
Totals	50	100%

A comparison of single parents grouped together as a primary caregiver ranking, shows that 50% of those surveyed comprise single parents, and the other 50% are two-parent families, of both a natural mother and father grouping (44%) as well as a foster family structure (6%).

Primary Caregiver(s)	Totals	Percent
single parents	25	50%
mother and father	22	44%
other	3	6%
Totals	50	100%

High Risk Group: Primary Caregiver(s) of the Children

The primary caregivers for the high risk group are single mothers (52%). 36% of the remaining primary caregivers are in “mother and father” families. The remaining 12% comprise: three single fathers (7%) and two foster families (5%).

Primary Caregiver(s)	Totals	Percent
mother	22	52%
father	3	7%
mother and father	15	36%
other	2	5%
Totals	42	100%

A comparison of single parents grouped together as a primary caregiver ranking, shows that 59% of those surveyed comprise single parents, and the other 41% are two-parent families, of both a natural mother and father grouping (36%) as well as a foster family structure (5%).

Primary Caregiver(s)	Totals	Percent
single parents	25	59%
mother and father	15	41%
other	2	6%
Totals	42	100%

EDUCATION INFORMATION FOR PARENTS/PRIMARY CAREGIVERS

Highest Level of Education for Parents/Primary Caregivers

The education levels of the parents with children in the OAHS are as follows:

Education	Totals	Percent
some post secondary	31	50%
grade 12	15	24%
grade 10	5	8%
graduated post-secondary	5	8%
grade 11	4	6%
grade 7	1	2%
other	1	2%
Totals	62	100%

This table reveals that 50% of the parents surveyed have or are currently pursuing some level of post-secondary education. This data indicated that only 14% of those parents surveyed fall in the high-risk group in terms of low education levels, as another 24% of the parents surveyed have completed at least Grade 12.

High Risk Group: Highest Level of Education for Parents/Primary Caregivers

The education levels of the parents with children in the high risk group are as follows:

Education	Totals	Percent
some post secondary	22	44%
grade 12	12	24%
grade 10	5	10%
graduated post-secondary	5	10%
grade 11	4	8%
grade 7	1	2%
other	1	2%
Totals	50	100%

This table reveals that 44% of the parents surveyed have or are currently pursuing some level of post-secondary education. This data indicated that only 18% of those parents with children in the high risk group fall in the high-risk category in terms of low education levels, as another 24% of the parents surveyed have completed at least Grade 12.

NET MONTHLY INCOME INFORMATION

Net Monthly Income for the Household

32% of those households surveyed, have a net monthly income of less than \$1,001 (dollars). 65% of those surveyed have an income equal to or higher than \$1,001 dollars. Unfortunately, 24% of those surveyed are in the income bracket of \$601 to \$1,000. In the final report, these figures can be cross-referenced against number of children to determine or evaluate at a lower level of detail, the very level of risk these families are under.

Income	Totals	Percent
\$301 to \$600	4	8%
\$601 to \$1,000	12	24%
\$1,001 to \$1,300	18	37%
\$1,301 to \$1,600	5	10%
\$1,601 to \$1,900	5	10%
more than \$1,900	4	8%
declined to respond	1	2%
Totals	49	100%

High Risk Group: Net Monthly Income for the Household

16 of 42 of the households (39%) that comprise the high risk group, have a net monthly income of less than \$1,001 (dollars). 61% of those surveyed have an income equal to or higher than \$1,001 dollars. Unfortunately, 29% of those in the high risk group are in the income bracket of \$601 to \$1,000.

Income	Totals	Percent
\$301 to \$600	4	10%
\$601 to \$1,000	12	29%
\$1,001 to \$1,300	14	33%
\$1,301 to \$1,600	5	12%
\$1,601 to \$1,900	4	10%
more than \$1,900	3	7%
Totals	42	100%

CHILDREN IN FAMILY HOME

Total Number of Children in Family Home

The average number of children per family is revealed as being two (2). Approximately 38% of the children in the survey group are from families with two children. In the final report, this figure can be cross-referenced against single parent status to identify those children that are at a higher risk than others in a single parent or foster family structure. There is a fair split between the existence of one child and two children families.

# Children per Family	Totals	Percent
2	17	38%
1	16	34%
3	10	26%
4	5	18%
7	1	16%
5	1	12%
Totals	50	100%

High Risk Group: Total Number of Children in Family Home

The average number of children per family for the high risk group is revealed as being two (2). Approximately 38% of the children in the high risk group are from families with two children. In the final report, this figure can be cross-referenced against single parent status to identify those children that are at a higher risk than others in a single parent or foster family structure. There is a close split between the existence of one child (33%) and two children families (38%).

# Children per Family	Totals	Percent
2	14	38%
1	13	33%
3	9	29%
4	4	19%
7	1	19%
5	1	14%
Totals	42	100%

ADULTS IN FAMILY HOME

Total Number of Adults in Family Home

The predominate number of adults per family is two (2). However, this equates to 56%. Only 8% of the clients surveyed are identified as having more than 2 adults. In the final report, this information can be cross-referenced against number of children in the home

to reveal some interesting points regarding size of family and numbers of caregivers involved in the rearing of these children.

Adults per Family	Totals	Percent
2	26	56%
1	23	48%
3	1	8%
Totals	50	100%

High Risk Data: Total Number of Adults in Family Home

For the high risk group, the predominate number of adults per family is one (1). This equates to 55%. 19% of the families in the high risk group comprise two adult families. Only 10% of the clients in the high risk group surveyed are identified as having more than 2 adults. In the final report, this information can be cross-referenced against number of children in the home to reveal some interesting points regarding size of family and numbers of caregivers involved in the rearing of these children.

Adults per Family	Totals	Percent
1	22	55%
2	19	50%
3	1	10%
Totals	42	100%

CHILDREN WITH SPECIAL NEEDS

High Risk Group: Children with Special Needs

26 of the 50 children in the survey group, were identified as having special needs. This comprises 52% of the survey group. For the high risk group (42 children), this comprises 62%. A total of 34 special needs were identified for these children. The special needs identified on the surveys are as follows, in their ranked order:

Special Need(s)	Totals	Percent
other	18	53%
speech programs	5	15%
hyperactive	4	12%
allergies	3	9%
fetal alcohol effects (FAE)	1	3%
attention deficiency disorder (ADD)	1	3%
physically challenged	1	3%
hearing impaired	1	3%
Totals	34	100%

Comments identifying what comprises the group "other" special needs and additional information was required, the following table has been produced.

Special Need(s)	Comments	Totals
allergies		1
allergies	bee stings/preservatives	1
allergies	peanuts	1
Totals		3
attention deficiency disorder (ADD)		1
Totals		1
fetal alcohol effects (FAE)		1
Totals		1
hearing impaired		1
Totals		1
hyperactive		4
Totals		4
other	Behavioral Difficulties	1
other	visual	2
other	behavioral	1
other	foster care	1
other	foster child	1
other	Foster Child, malnourished, has suffered abuse	1
other	hemophilia	1
other	learning disabilities	1
other	requires assessment	1
other	separation anxiety	4
other	Sexual abuse	2
other	asthma	2
Totals		18
physically challenged	Hearing, deaf in 1 ear.	1
Totals		1
speech programs	Waiting to be assessed	2
speech programs	needed speech assessment	1
speech programs		2
Totals		5
Grand Total		23

High Risk Factors

The total number of surveys that have at least one high risk factor identified, sits at 98%. As a result, the high risk data group was redefined so as to include the most relevant high risk data factors. The high risk group is now defined as comprising those families that have at least one of the following factors (single parent family status, children with special needs, a net monthly household income of \$1,000 or less, and caregivers with an education level of lower than grade 12). This refined definition causes the high risk data group percentage to be an actual reflection of current and immediate issues that affect the care offered to children. The surveyed families that comprise this high risk group under this new definition is approximately 84%.

Total Group Surveyed

High risk factors based on the total 50 surveys received reveal the following totals:

Single Parents	50%, where 25/50 of the clients surveyed are single parents.
High Risk Factors (specified in question 4)	93.24% of the primary caregivers in the total survey group have additional high risk factors such as: history of family violence, history of drug and alcohol abuse, involvement in criminal justice system, disabilities of parent/caregiver, residence in high risk neighbourhood, isolation from culture, isolation from Aboriginal language, children in foster care, and experience from residential school.
Special Needs	52%, 26/50 of the clients surveyed identified children with special needs.
Low Income	16 of 49 clients that addressed this question, sit in a low-income bracket. This equates to 32.65%
Low Education	A total of 67 primary caregivers have their education level identified. 10 of these fell below the grade 12 level of education – 14.29%

Additional High Risk Factors

Out of 74 caregivers identified on the survey, a total of 69 identified high risk factors within their family environment. This equates to 93.24% of the total group surveyed that have high risk factors affecting their family. However, 48/50 of the surveys have identified at least one primary caregiver having a high risk factor associated with them. This percentage (96%) is further broken down as follows:

High Risk Factors	Totals	Percent
history of drug and alcohol abuse	49	18%
isolation from culture	47	17%
isolation from Aboriginal language	45	17%
history of family violence	44	16%
residence in high risk neighborhood	40	15%
experience from residential school	18	7%
children in foster care	14	5%
involvement in criminal justice system	11	4%
disabilities of parent/caregiver	3	1%
Totals	271	100%

This table reveals that the five most prominent historical risk factors within the total survey group are:

a history of drug and alcohol abuse ,18%; isolation from one's culture ,17%; isolation from one's Aboriginal Language, 17%; history of family violence, 16%; and residency in a high risk neighborhood, 15%. These five factors total 83% of the total high risk factors identified by 93.24% of the survey group. Due to these large figures, the remainder of the high risk data analysis following in this section will not consider these high risk factors to comprise the definition of "high risk group". The high risk group from this point, is being defined as those families made up of either one or more of the following factors: to single parent status, families with low education levels and/or net monthly household incomes as well as any child who has a special need.

High Risk Target Group

High risk factors based on the 42 surveys (84%) that fall in the redefined high risk data group reveal the following totals:

Single Parents	60%, where 25/42 of the high risk data group surveyed are single parents.
High Risk Factors (specified in question 4)	98%, 41/42 of the clients in the high risk data group surveyed identified high risk factors, such as: history of family violence, history of drug and alcohol abuse, involvement in criminal justice system, disabilities of parent/caregiver, residence in high risk neighbourhood, isolation from culture, isolation from Aboriginal language, children in foster care, and experience from residential school.
Special Needs	62%, 26/42 of the clients in the high risk data group surveyed identified children with special needs.
Low Income	16 of 42 clients in the high risk data group surveyed have a low-income bracket. This percentage is 38%
Low Education	A total of 9 clients in the high risk data group surveyed have at least one of the primary caregivers with an education level below the grade 12 level of education – this percentage is 21.43%.

Additional High Risk Factors

98%, 41/42 of the High Risk Group identified a primary caregiver having an additional high risk factor as specified in question 4. The data collected, reveals the following:

High Risk Factor(s)	Totals	Percent
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children in foster care	13	6%
disabilities of parent/caregiver	3	1%
experience from residential school	12	5%
history of drug and alcohol abuse	43	18%
history of family violence	39	17%
involvement in criminal justice system	10	4%
isolation from Aboriginal language	38	16%
isolation from culture	40	17%
residence in high risk neighbourhood	38	16%
Totals	236	100%

High Risk Group: Factors Cross-Referenced

In this report, at least 42 of the children surveyed comprise the High Risk Group. This high risk group has been defined as those children that have either one or more of the following high risk factors: (primary caregiver(s) with an education level lower than grade 12, a gross monthly household income of \$1,000 or less, a primary caregiver that is either a single female or male, having special needs identified for the child(ren)).

High Risk Factor	Totals	Percentage
Primary Caregiver(s) with low education level (less than grade 12)	9	12%
Net monthly household income of \$1000 or less	16	21%
Single parent family	25	33%
Child has special needs	26	34%
Totals	76	100%

This information has been gathered from the following data. This data shows each child in the high risk group and identifies how many of the high risk factors are associated with the child.

HIGH RISK GROUP DATA: CROSS-REFERENCED PER CLIENT

1st Caregiver Low Education Level	2nd Caregiver Low Education Level	Low Income Status	Single Parent	Special Needs Identified
				yes
				yes
				yes
yes		yes	yes	yes
				yes
yes		yes	yes	
		yes		
yes		yes	yes	
	yes			yes
				yes
		yes	yes	yes
			yes	yes
			yes	yes
	yes			yes
			yes	yes
				yes
	yes			yes
				yes
		yes	yes	
		yes	yes	
			yes	
			yes	
				yes
		yes	yes	
			yes	
yes		yes	yes	yes
			yes	yes

1st Caregiver Low Education Level	2nd Caregiver Low Education Level	Low Income Status	Single Parent	Special Needs Identified
			yes	
			yes	
				yes
yes		yes		yes
		yes	yes	
				yes
		yes	yes	
			yes	yes
		yes	yes	yes
		yes	yes	
		yes	yes	
				yes
yes	yes			yes
			yes	
		yes	yes	yes
6	4	16	25	26

APPENDIX 1

ORGANIZATIONAL CHART

Organizational Chart

