WHAT IS QUÉBEC DOING TO SUPPORT YOUNG CHILDREN AND THEIR FAMILIES?

Portrait of Public Policies – 2021







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The opinions expressed in this document are those of the Early Childhood Observatory. As such, they do not necessarily represent those of the organizations that participated in the revision.

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Message from the director

What can be done in Québec to foster young children's development? What is the role played by public policy?

Those were the questions we decided to focus on almost two years ago, when we embarked on the work that would culminate in this Portrait. Although our project met with the immediate enthusiasm of our partners, we all agreed that we had taken on quite a challenge!

If today we can say "Mission accomplished!", it is thanks to the extraordinary mobilization and commitment of the close to 60 experts who agreed to join us on this adventure. I therefore wish to begin by thanking them all on behalf of the entire team at the Early Childhood Observatory. Their contributions enabled us to create the very first Portrait of public policy in Québec that may help to improve the living conditions and development of very young children across the province.

The public health crisis we have been experiencing for over a year has shown us how invaluable our public policies are. Many citizens have gained a new appreciation for our educational childcare services that not only promote child development, but also make it easier for parents to balance family and work responsibilities. Vulnerable families, which were hardest hit by job losses, were able to count on public financial support measures. When schools were closed, many parents appreciated the family-work balance measures offered by their employers that were upgraded by many companies. Community organizations offered precious support to parents when social distancing measures deprived them of the help usually provided by their circle of family and friends.

The data available to us prior to the pandemic show that, despite the many public policies currently in effect in Québec, inequalities persist. The most vulnerable families were hardest hit by the crisis, widening the gap of inequality even further. Experts estimate that the economic repercussions of COVID-19 will continue to be felt well beyond the long-awaited vaccines. It is therefore more crucial than ever that our current policies be not only maintained but optimally implemented. We hope this Portrait will become a valuable tool, helping to deepen our reflections, spark discussion and inform decision-making.

Over the coming years, we will have to make difficult choices and the best possible decisions for Québec to recover from COVID-19. Right now, however, we need public policies that can help improve families' living conditions and offer all children the chance to develop their full potential. The future of our society depends on it.

Enjoy your reading!

Fannie Dagenais



Fannie at 5

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HIGHLIGHTS

The fourth report prepared by the Early Childhood Observatory shows that Québec has many public policies adopted by various levels of government that could have positive repercussions on the development and well-being of young children. While some of these policies directly target children's welfare or development, others are aimed at providing support for their parents or improving families' living conditions. Since early childhood development is influenced by children's experiences in the various environments in which they grow up, the most effective strategies are those that combine direct intervention with young children with broader measures that affect the lives of children's families and all of a child's environments.

Public policies are strategic actions taken by various levels of government to attenuate certain social issues (such as poverty, for example) or encourage desirable behaviours (such as healthy lifestyle choices). The ultimate goal of these actions is to improve the quality of life of the general population. They may be implemented by any of various government, public, private or community actors.

Public policies are important for young children's development and well-being

This Portrait prepared by the Early Childhood Observatory shows that Québec has many public policies that could have positive repercussions on the development and well-being of very young children and their families' quality of life. These policies have been developed and adopted by the federal government of Canada, the government of Québec, and municipalities across the province. While some of these policies directly target children's well-being or development, others are aimed at providing support for their parents or improving families' living conditions.

A child's development is influenced by their experiences in the various environments where they are born, live and grow and up: their family, the educational childcare facilities they attend and the community they live in. It is for that reason that childhood development must be supported both by policies that target children directly and others, more wide-ranging, that affect all the environments in which they interact¹.



Policies that directly target young children's development and well-being

For example, the network of subsidized educational childcare services contributes to young children's development by offering them stimulation that complements that provided by their parents. As for the *Agir tôt*, program, it was created to detect developmental delays and intervene where they are present well before children enter kindergarten.



Policies that support parents

For example, the goal of the SIPPE program (Integrated Perinatal and Early Childhood Services / Services intégrés en périnatalité et pour la petite *enfance*) is to provide a form of social support for parents and to make it easier for them to access health and social services. The funding provided to the community organizations that work with families enables them to actively support mothers and fathers in their role as parents.



Policies that improve the living conditions of young children and their families

For example, *AccèsLogis* Québec program provides support for vulnerable families by providing rental opportunities for affordable quality housing. As for *Programme de soutien aux politiques familiales municipales* (municipal family policy support program), it encourages municipalities to play a bigger role in developing family-oriented communities.

Studies have clearly shown how policies implemented in Québec have had tangible effects on children, their families or their living conditions.

In 1995, for example, when paternity leave did not yet exist, 4.2% of fathers used a portion of their parental leave.

In 2017, however,

80% of fathers used their parental leave, which allowed them to play an important role in the first weeks of their child's life. Research shows that a paternity leave of at least five weeks has an influence on the way a man learns to become—and continues to be—a father. A father's active presence at home also leads to better sharing of parental responsibilities between parents.





In the mid-1990s, just of children between 0 and 4 had access to a subsidized space in an educational childcare facility.

By 2019, that figure was 60.5%, which was good news, since attending quality educational childcare in early childhood helps equalize children's chances, reducing the gap in academic results between children from disadvantaged neighbourhoods and their middle-class counterparts. The presence of women in the labour force has increased considerably during the past 20 years, with one of the reasons being the introduction of subsidized educational childcare. **The proportion of mothers working outside the home between the ages of 25 and 54** whose youngest child was under 6 increased between 1998 and 2018 (in both two-parent and single-parent families).



In 2018, Québec ranked fourth among countries with the highest proportion of women in the workforce between the ages of 15 and 64. This may have contributed to the decrease observed in the proportion of very young children living in low-income households, which declined from **20.9%** in 2004 to **13.1%** in 2017.



This rise in the employment rate of mothers has given rise to another phenomenon, however: an increase in stress related to the reconciliation of family and work responsibilities. **In 2018, 39% of mothers of very young children presented high stress levels related to attempting to meet their responsibilities inside and outside the family:** an increase of five points over 2012. Parents who experience this type of stress may be more irritable, less affectionate and less consistent with their children. The last example shows that individual public policies on their own are not enough. It is the sum of multiple cohesive policies based on a current, integrated vision that takes the child development continuum into account that has the best chance of ensuring equal opportunities for all young children living in Québec. The Portrait also brings to light the importance of collaboration between different levels of government and the involvement of actors other than decision-makers—such as employers, community organizations and not-for-profit organizations

CHALLENGES REMAIN

The Portrait shows that challenges remain, particularly regarding the implementation of certain public policies. Some programs, for example, do not **sufficiently consider various barriers that prevent vulnerable families from accessing services that have been created for them**. Barriers to services are a particularly major issue for families living with poverty, families in Indigenous communities, parents of children with special needs, and children whose parents are immigrants. The Portrait also reveals that we have little scientific knowledge on the implementation of public policies and their impact on early childhood development. If Québec society is to accurately prioritize the most effective policies and optimize their implementation, that is exactly the kind of knowledge we need to be able to rely on. It would also enable us to ensure optimal management, training, recruitment and support based on the most recent advances in experiential and scientific knowledge.

WE CAN DO MORE

In addition to providing a description of the current situation, the Portrait cites examples of local and other initiatives that could be a source of inspiration, contributing to our reflection on policy improvement. For example, since it has been shown that unaffordable housing is linked to greater vulnerability in child development in affected families, countries such as Austria protect a large proportion of social housing from private interests. The city of Vienna is one of the rare European capitals that is not experiencing a major housing crisis. In Australia, the *Fair Work Act* adopted in 2009 gives parents of young children the right to request flexible work arrangements, thus greatly reducing parental stress. Sweden's infant health program provides universal free services for families from a child's second week of life until age 6. The universal nature of these programs allows service providers to reach families with special needs who might not otherwise attempt to obtain such services on their own.

INEQUALITIES PERSIST

What the Portrait essentially tells us is that, despite the many public policies in effect in Québec, there is ongoing inequality. For example, one family in ten with at least one young child is still living with food insecurity, 13.6% of families live in unaffordable housing and 12% live in housing of insufficient size. In November 2019, 46,000 children were still waiting for childcare spaces. This inequality of opportunity is reflected in the results of the 2017 Québec Survey of Child Development in Kindergarten, which reported that a little over one in four children was vulnerable in at least one area of development upon entering kindergarten. This proportion rises to one child out of three in disadvantaged neighbourhoods. Young children living in low-income households, those in Indigenous communities, those with special needs, children of immigrants and those of various ethnic minorities are particularly affected by these inequalities, which compromise their development. Particular attention is paid to these children in our Portrait. Finally, throughout 2020, the COVID 19 crisis accentuated these inequalities, resulting in business closures, lay-offs and applications for employment insurance. Between March and June 2020, some 450,000 jobs were lost because of the pandemic. Vulnerable families were the hardest hit by the crisis, the effects of which will likely be felt for the next several years.

LOOKING AHEAD

On the eve of the submission of the report from the Special Commission on the Rights of the Child and Youth Protection, several risk factors for maltreatment that persist in Québec have been aggravated by the pandemic. It is therefore more crucial than ever that our current policies be not only maintained but optimally implemented. At the same time, many "new" issues will be attracting the attention of political decision-makers in the coming years. Climate change and inequalities in health or education that have been exacerbated by COVID-19 are just a couple of examples. There is still inequality in Internet access in Québec. Access to public transport in increasingly densely populated urban centres, or in rural areas where it is often non-existent, is another issue. Many industrialized countries (Canada, the United States, Australia, New Zealand, the United Kingdom, etc.) are dealing with the integration of rapidly growing immigrant populations. Existing public policies can be powerful drivers to advance the development and well-being of young children, especially when they are part of a global vision in which each policy complements the other. It is therefore important that our current policies be not only maintained and consolidated to sustain the progress made, but also updated to reflect the new realities to which Québec will have to adapt.





BACKGROUND

WHY DO WE NEED A PORTRAIT OF PUBLIC POLICY IN QUÉBEC?

The documents published by the Early Childhood Observatory since 2016 have focused on exploring the answers to two basic questions: "How are Québec's youngest children faring?" and "What kind of environments are they growing up in?" In this latest publication, we look at new, equally important questions: "What is Québec doing to support young children and their families?", and in particular, "What is the role of public policy?"

Our initial intention was to compile an overview of the main current municipal, provincial and federal public policies that could potentially improve the development and living conditions of young children in Québec. We then wanted to document the current situation with respect to Québec's public policies: their expected effects on child development and suggestions for improvement based on scientific research. The term "public policies" is explained in detail in the following section.

WHAT IS INCLUDED IN THIS NEW PORTRAIT OF PUBLIC POLICIES?

The Portrait contains 14 thematic chapters covering a wide variety of topics, ranging from early screening for vulnerability to access to quality educational childcare services, family-work-study balance, community organization funding and public transportation. These topics were carefully selected by an advisory committee made up of early childhood experts from various sectors: research, public health and front-line workers interacting with young children and their families.

Each chapter begins with an overview of the social issue in question (for example, the problem of access to affordable housing and its repercussions on children's development). The primary municipal, provincial and federal policies developed in response to that problem are then presented, along with the effects those policies have had on children's development, their parents and their living conditions. Each chapter concludes with possibilities for improving our public policies drawn from local or international evidence. An entire section of this document (pages 170-202) is devoted specifically to the possibilities for municipal action, discussing municipal family policies, outdoor public spaces where children can play and families' access to public transit with their children.

THE ROLE OF THE COMMUNITY SECTOR

Although this Portrait focuses primarily on the role of public policies and government programs, we believe it is important to position the complementary role played by other sectors of society, such as the community sector.

COMMUNITY SECTOR

Examples illustrating the key complementary role played by the communities are presented in boxes like this one throughout the document. Special attention has been paid to the chapter on community organizations starting on page 149. This chapter includes a table that illustrates the different facets of community action, from services offered to young children and their parents to initiatives that have positive impacts on families' living conditions.



THE SPECIFIC REALITIES OF CERTAIN YOUNG CHILDREN

Discussions within the advisory committee and with various experts also revealed the importance of paying special attention to the different realities of certain young children.





YOUNG INDIGENOUS CHILDREN

The Portrait concludes with a section that shines a light on the realities of young First Nations children living in a community and Indigenous children who live in urban settings. This section presents the problems related to accessing services that Indigenous children face more often, the importance of integrating their language and culture into their educational services, and the political policies, (such as Jordan's Principle), that directly concern them.

HOW WAS THIS DOCUMENT CREATED?

Each of the chapters was prepared by the Observatory team based on a literature review and a scientific analysis provided by researchers in universities or the public health sector. It was then jointly revised by the author of the literature review and scientific analysis and one or two external revisors. Each chapter's contributors are identified at the beginning of their chapter. A committee made up of four experts also revised the document in its entirety. The members of the Revision Committee are presented on the credits page at the beginning of the report. Finally, experts specializing in the realities of children of immigrants, Indigenous children and children with special needs helped us integrate the content that was specific to each of those populations.

The information presented in this Portrait was gleaned from a wide variety of sources of knowledge: international scientific articles, Québec population survey reports, documents prepared by government bodies, papers submitted by non-profit organizations, etc.

In that sense, every chapter is distinct, as the quantity and type of information available on each subject varies. For example, very little research has been done in the area of municipal policy. Nevertheless, every chapter presents the most recent, rigorous and pertinent information and knowledge that was available to us for the given topic. This Portrait does not claim to be exhaustive. We have strived to present the public policies that are the most relevant to each topic. There may be other policies that are potentially beneficial for young children who were not included in our report due to a lack of documentation. Others may have simply slipped under our radar. Please contact us if you know of policies that could be added to a future edition of this Portrait.

The same proviso applies in the case of the young children and families whose stories are told here. Although we have attempted to represent every aspect of their diversity, some groups may have deserved greater attention. What might seem to be a lack of consideration, therefore, may simply be the result of a lack of documentation on the subject. This Portrait created by the Early Childhood Observatory was a long and challenging process. It would not have been possible without the generous contributions of the approximately 60 experts who took part in its preparation. To all those who helped us, we extend our sincere thanks.

WHAT IS PUBLIC POLICY?

According to the Québec National Collaborating Centre for Healthy Public Policy (*Centre de collaboration nationale sur les politiques publiques et la santé*), a public policy is "a strategic action led by a public authority to limit or increase the presence of certain phenomena within the population²" In other words, public policies are measures set up by a government to improve quality of life³.

In Québec, three levels of government implement public policy: municipalities, the provincial government and the federal government.

Public policies do not always have a direct impact on children's development: they attempt to attenuate what is harmful to healthy development and reinforce what promotes it⁴.

For example, creating a website to register with a family doctor or introducing a rent supplement program does not have a direct effect on children's development. However, these actions do set off events that will eventually benefit early childhood development.



WHAT ARE THE DIFFERENT TYPES OF PUBLIC POLICY?

Several measures come under the umbrella of "public policy" in the broader sense of the term⁵:



Legislation or regulation (Educational childcare regulation)



Tax measures (Canada Child Benefit)



Public group insurance plan (Québec parental insurance plan)



Financial assistance program (Supplement for handicapped children)



Services program (Educational childcare services network)

These categories are not mutually exclusive. Public programs, tax measures, financial assistance programs and services programs can also all be included in the legislation or regulation that governs them.

Public policies can be divided into three main categories based on the sector(s) of the population they target:

- Targeted policies: These policies are directed at people who are the most vulnerable, both economically and in terms of social support, excluding those from more privileged environments. Since this type of intervention focuses on the needs of vulnerable groups, it can overlook people in need who are not part of the target group⁶.
- Universal policies: Universal policies offer services to the entire population. Although they are intended to benefit all individuals, they may not do enough for members of highly vulnerable groups⁷.
- Proportionate universal policies: These are a combination of the two other categories, offering a universal aid and services platform to all individuals, along with additional targeted support for very vulnerable population groups. More specifically, proportionate universalism consist in offering "graduated" support based on need. Each level of need corresponds to a specific level of intervention in terms of intensity and specialization⁸.

WHAT PUBLIC AUTHORITIES CAN SET UP PUBLIC POLICIES?

Implementation of public policy targeting early childhood and families generally involves various sectors of society (education, transport, housing, health care, etc.). This kind of intersectoral approach is necessary: in the case of early childhood, there are several factors that have an impact on young children's development and well-being. For example, a combination of several approaches may be needed to foster young children's motor development and encourage physical activity.



For that reason, different levels of government (federal, provincial and municipal) can adopt public policies. Efficient coordination of policies adopted by different levels can improve their effectiveness⁹. For example, the effectiveness of provincial policies that financially support community organizations is enhanced when recognition and support policies are implemented by municipalities that can complement provincial subsidies by lending space or providing administrative support

STAGES IN POLICY-MAKING

Policy-making is a process that involves many stages that are not necessarily linear—in fact, certain stages may be inverted or carried out simultaneously.



The above diagram is a theoretical representation of the policy-making process. On the ground, non-government partners may be involved, and citizens consulted. Before public policy can be set, decision-makers must ask themselves certain questions¹¹:

- > Is this the best way to achieve the desired goal?
- > Could there be any unexpected effects—positive or negative?
- > Could there be different effects on the various population groups we are interested in? Could the policy provoke, increase or correct certain inequalities?
- > What will be the real costs of this policy?
- > Does this policy respond to the concerns of the general public, partners and professionals on the ground?
- Is it feasible? For example, is it compatible with current legislation? Do we have the necessary human resources and technology?

In short, setting public policy is a complex process. A detailed analysis is often required, and several steps involved before the effects of a given policy can be evaluated.

WHY SHOULD WE BE INTERESTED IN PUBLIC POLICY INEARLY CHILDHOOD?

In 2020, there were approximately 522,000 children between the ages of 0 and 5 living in Québec. A little more than one out of every four of those children was considered vulnerable in at least one area of development upon entering kindergarten (see next page). This proportion rises to one child in three in disadvantaged neighbourhoods. The conditions that children grow up in have a decisive influence on their development. For example, three-year-olds living in disadvantaged neighbourhoods know 600 fewer words than their counterparts in privileged ones. These developmental gaps can have an influence on their academic success in primary and secondary school, and even on the level of education they achieve in adulthood. So when we give young children living in Québec a better chance to develop their full potential—starting right from their mother's pregnancy—we are consolidating not only their futures but that of our whole society.



Research has shown that societies which invest in early childhood and families have the best overall health, as well as the lowest levels of health inequality in the world¹² ».

Taking action very early in children's lives—starting during their mother's pregnancy helps to give all children an equal chance to develop their full potential. Acting early helps to ensure that the Québec of tomorrow will be able to count on citizens who are healthy, well-rounded and engaged in building an equitable, prosperous society. Children's vulnerability can be evaluated in several different "domains" or areas of development. The *Institut de la statistique du Québec* uses the five following categories in its investigations, including the *Québec Survey of Child Development in Kindergarten* (QSCDK) and the *Québec Survey on the Preschool Path of Kindergarten Students* (QSPPKS):

- > Physical health and well-being
- > Emotional maturity
- Social competence
- > Cognitive and language development
- > Communication skills and general knowledge

For these surveys, a child was considered vulnerable in a given domain if they were among the 10% of Québec children who scored lowest in that domain. These development domains were developed by Janus and Offord, the authors of the Early Development Instrument (EDI) used in the QSCDK and the QSPPKS.

WHAT POLICIES ARE COVERED IN THIS REPORT?

Every child develops and thrives through their interactions with their physical and human environment. According to this dynamic, interactive model, childhood development is influenced by various environments: the family, educational childcare and community. That is why the World Health Organization (WHO) and the Organization for Economic Co-operation and Development (OECD) recommend a global approach to early childhood. **The most effective actions are those that combine direct interventions with the child with broader measures that have an impact on all of the environments in which children grow up.**

For these reasons, the Portrait looks specifically at policies that directly target children's health or development, such as those related to children's medical follow-up, dental care or access to educational childcare services. We also examine policies that provide support for parents, such as measures related to family-work balance or those that provide funding for organizations that support parents in their role as their child's primary educator. Finally, the Portrait also includes policies that have an impact on the living conditions of young children and their families, such as those that promote affordable housing or fight against food insecurity.

HOW DOES PUBLIC POLICY IMPACT THE LIVES OF YOUNG CHILDREN?

As this Portrait shows, Québec has a wide variety of public policies that have been developed to promote the development and well-being of young children living in the province. Some, like the Family Allowance, are universal, providing financial support to all parents of children under 18 years of age. Others are a form of targeted intervention aimed at helping a segment of the population that is considered more vulnerable. The goal of the Integrated Perinatal and Early Childhood Services (*Services intégrés en périnatalité et pour la petite enfance* or SIPPE), for example, is to foster the overall development of children between 0 and 5 living in situations of vulnerability.

In Québec, most of the public policies that promote early childhood development were developed and implemented by the provincial government, especially in the areas of education, family assistance, healthcare and social services.

Federal and municipal policies offer complementary support to families and young children. At the federal level, that support includes the Canada Child Benefit. Municipalities may have different policies to facilitate families' access to public transit or such facilities as libraries or recreation centres.

It is sometimes difficult to accurately assess the role of certain individual policies in isolation, as they can seem somehow disconnected from the daily lives of young children. It is only by situating such policies within the "ecosystem" in which a child grows up that we can fully comprehend their complementary role and interconnectivity.

GABRIELLE'S STORY

Gabrielle will soon be celebrating her first birthday. Her parents are very happy to have been able to take advantage of their paid parental leave for several weeks following her birth. This is leave to which they were perfectly entitled: as salaried employees, they were both contributing to the **Québec Parental Insurance Plan (***Régime québécois d'assurance parentale or RQAP***)**.

Gabrielle's father recognizes that his paternity leave helped him to feel more comfortable looking after his daughter and to bond with her while not having to worry about the family's financial security. He knows that the time he spent at home with Gabrielle after her birth will make him a better father: more present and more engaged.

In the spring of 2020, however, during the height of the COVID-19 crisis, Gabrielle's mother found herself without work for several weeks. Gabrielle's parents had never experienced insecurity, but deprived of one of two salaries, they had trouble making ends meet, even with the help of the **Canada Emergency Response Benefit**. When they were obliged to turn to a **food bank**, they realized how much their neighbourhood's **community organizations** played a key role in supporting families in need.



OLIVIA'S STORY

Olivia has just turned 5. Since her parents separated, she has been living alone with her father in **subsidized low-rent housing**, which allows him to devote more of his income to their food and less to rent.

Thanks to **partnership agreements between CISSSs or CIUSSSs and educational childcare services**, Olivia was able to be seen by a speech therapist who is helping her to overcome her speech difficulties. One of the educators at Olivia's **CPE (educational childcare facility)** detected the problem with the help of a nurse from the local CLSC whom she worked with. This is a practice recommended to educators by the *Accueillir la petite enfance* **education program** as well as the *Tout pour nos enfants – Stratégie 0-8 ans* program.

Last September, Olivia entered **4-year-old (junior) kindergarten**, where she will continue to benefit from an educational structure that will help to ensure her healthy development. She also goes to the **Social pediatrics centre** (*Centre de pédiatrie sociale*) in Gatineau, where she meets regularly with a counsellor who is helping her to overcome the anxiety caused by her parents' separation.

Olivia would love to take swimming lessons, and her father would love to be able to sign her up. He knows that it is important to know how to swim and that swimming would be good for his daughter's development. He also knows, however, that it will be impossible for him to find time to take her to the pool, as his boss at the factory where he works isn't open to making those kinds of arrangements.

He is hopeful, however, because his employer will soon be obtaining assistance through a government program that will provide financial assistance to employers who want to help their employees balance their work and family responsibilities (*Programme de soutien financier en matière de conciliation famille-travail destiné aux milieux de travail*) enabling the adoption of workplace practices that make life easier for those employees who are parents. Olivia's father, for example, is hoping to have a slightly more flexible work schedule in the coming months, which will help him to be more available to look after his daughter.



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ISMAËL'S STORY

Ismaël is two and a half years old. Like his parents, he was not born in Canada, but all three are permanent residents. When Ismaël's mother was pregnant, she, like approximately 15,000 other women living with financial insecurity, was issued **Olo vouchers** that entitled her to an egg, one litre of milk and frozen vegetables every day. The Olo program helped her to eat better during her pregnancy and improve her chances of having a healthy baby. Unfortunately, however, Ismaël is still on the waiting list for a family doctor.

Ismaël's parents are currently thinking about having a second child, and eventually, a third. They know, however, that it will be difficult for them to find quality affordable housing big enough for a family with three children. They are worried that their plans to have more children will force them to move to another neighbourhood or municipality—something they don't want to do as they would lose contact with family and friends, and the support they provide.

Ismaël's family is currently on a waiting list for an apartment suitable for their needs and financial means in a **housing cooperative** funded by the **AccèsLogis program**. Although the waiting list is long, Ismaël's father remains hopeful. He is eager to be able to give his family an affordable apartment adapted to their needs in a neighbourhood where resources are readily accessible.



SHIKUAN'S STORY

Shikuan is a 3-year-old boy living in a First Nations community in North of Québec City. Since his community is considered vulnerable economically and in terms of social support, Shikuan's mother was eligible to benefit from the **Maternal Child Health program** when her baby was born. She received the services of a nurse and home visitor who showed her stimulation exercises for young children. Shikuan's mother is convinced that these exercises are in no small part responsible for the fact that her son is now a very active and curious little boy.

Since Shikuan attends the **CPE (educational childcare facility)** in his community, his mother is able to have a full-time job, which helps her to be more financially independent. She knows that in other Canadian provinces which do not have a network of subsidized educational childcare services like Québec, it is much more difficult for young mothers to participate in the labour force.

One of the challenges faced by Shikuan's mother, however, is access to regular public transportation to the neighbouring villages where she likes to do her grocery shopping and to take her son to various activities. Since she has chosen to work in her community and not own a car, she has no other option than to carpool to get around outside the village. She would love to have access to a reliable **public transport** system in her region that could meet the needs of families with young children.

Shikuan's mother would also like to be able to go to parks and playgrounds with her son so that he could play with his friends and burn off some of his energy, which she knows would be good for his development. Although there are currently not enough public playgrounds in her community, things might be changing soon. The community will be obtaining funding from the **Early Learning and Child Care Innovation Program** as well as the **First Nations Child and Family Services program**, which will allow its community members to refurbish and expand their children's playground.



SHARED REALITIES

Although they live in very different social environments, some of the aspects of the lives of Gabrielle, Ismaël, Olivia and Shikuan are similar. Since they attend an educational childcare facility recognized by the government, Ismaël, Olivia and Shikuan are provided with healthy snacks and balanced meals that comply with guidelines set out in the province's Gazelle and Pumpkin framework.

Parents who file an income tax return are eligible for the Canada Child Benefit, which entitles them to an additional \$500 a month to help meet the needs of their family in terms of housing, food, clothing and cultural and recreational activities.

Although Gabrielle and Olivia are eligible for dental care covered by the Québec Health Insurance Plan (RAMQ), they are unfortunately among the two-thirds of all children in Québec who did not visit a dentist last year and who are therefore at risk of developing cavities. In many cases, more information needs to be given to parents about the importance of dental care for children and how they can obtain dental services.

THE IMPORTANCE OF UPDATING PUBLIC POLICIES

Public policies must consider the fact that people and communities evolve over time, and must be updated to reflect developments in social issues and growing needs in communities where young children live with their families. The Portrait therefore presents many proposals for possible improvement that could increase the effectiveness of current policies.

At the same time, there are many "new" issues that will be attracting the attention of political decision-makers over the coming years. Some of the social inequalities that have been exacerbated by the COVID-19 pandemic are presented in certain chapters of this Portrait. There is still Internet access inequality in Québec. Access to public transit in increasingly densely populated urban areas is a growing problem—and often non-existent in rural areas. The integration of rapidly growing immigrant populations in certain industrialized countries (Canada, the United States, Australia, New Zealand, the United Kingdom, etc.) is another important issue.

In short, public policies must be constantly monitored and updated to ensure that they continue to accurately reflect the current situation and developments in social issues.



CAN PUBLIC POLICY HELP PREVENT MALTREATMENT?

Revision: The Revision Committee^{*} and the following external reviewers: Michelle Dionne, criminology consultant in youth protection and former Director of Youth Protection in Montréal; Nicolas R. Turgeon, Partnership Research Chair in Child Maltreatment Prevention (Chaire de partenariat en prévention de la maltraitance), Université Laval; and Marie-Hélène Gagné, Partnership Research Chair in Child Maltreatment Prevention (Chaire de partenariat en prévention de la maltraitance), Université Laval.

In April 2019, the death of a seven-year-old girl in Granby shocked the population of Québec, raising concerns about the provincial youth protection system and support for families in vulnerable situations. The Québec government decided to embark on an examination "not only of youth protection services, but also the law that governs them, as well as the role of the courts, social services and other actors involved." It entrusted this mandate to a special commission chaired by Régine Laurent¹³. In 2020, several maltreatment risk-factors persisting in Québec have been aggravated by the pandemic. We therefore feel it is important to closely examine a problem that can have such serious consequences for children's development.

What is maltreatment?

Child maltreatment is a complex issue that has evolved considerably over the years. Still today, the definition of what constitutes maltreatment varies depending on the expert, territory, legislation and academic discipline. The seriousness and form of the maltreatment, as well as its intensity, frequency and regularity are some of the elements that make it difficult to agree on a definition.

Child maltreatment may nevertheless be described as any form of neglect or abuse that can affect a child's safety, development or physical or psychological integrity. Maltreatment can be a lack of response to a child's needs as much as acts directed towards them.

* Revision Committee members are listed on page 2.

Under Section 38 of the Québec *Youth Protection Act*, the security or development of a child is considered in danger if the child is abandoned, neglected or subjected to psychological ill-treatment or sexual or physical abuse. Since 2007, the Act has also considered domestic or family violence to be a form of psychological maltreatment.

How many young children are victims of maltreatment in Québec?



It is also important to remember that very young children may be more vulnerable to maltreatment than older children because they are less exposed to public scrutiny. Unlike older school-aged children, they are sometimes isolated at home.

What is the impact of maltreatment on children?

The maltreatment of children can affect their short- and long-term development in many ways. These consequences may be even more serious if maltreatment begins early in a child's life and is frequent, severe and cumulative (when a child is subjected to more than one form of maltreatment).

Examples of the consequences of maltreatment:

- > difficulties with attachment
- > trouble expressing, managing and understanding emotions
- > cognitive and language delays
- > motor delays
- > attention difficulties
- > symptoms of depression and anxiety
- > aggressive behaviours¹⁵

The effects of maltreatment on young children are greater because they are more vulnerable and dependent on adults for their daily care and basic needs.

The consequences of maltreatment can persist into adulthood, lasting a lifetime. Over the long term, being a victim of maltreatment in childhood is associated with poorer academic attendance and results, financial insecurity in adulthood and mental health problems (depression, personality disorder, suicidal ideation). These individuals also risk repeating the same maltreatment behaviours with their own children¹⁶. Young children who are subjected to maltreatment are often exposed to other forms of stress as well, such as family conflict, parental mental health problems, low social support, and underprivileged family and residential environments. The negative effects of these stressors reinforce the consequences of maltreatment.

Beyond its repercussions on victims' lives, maltreatment incurs costs to all of society. Researchers in Canada and the United States have compiled a list of the social and economic costs related to maltreatment, including health care, special education, social services, the legal system and even lost revenue.

According to a study done in 2003, the annual cost of maltreatment in Canada is \$15.7 billion.



Accumulated risk factors increase pressure on families

Scientific studies have shown that there is no single risk factor that is solely responsible for maltreatment, and researchers are in agreement on this point. The causes are generally multiple and closely interrelated. The larger the number of risk factors to which a child is exposed and the more pressures increase within the family, the greater the overall risk of violence and maltreatment. Studies have focused on five main risk factors¹⁷:



Unfavourable household socio-economic conditions (housing, single parenthood, low social support, poverty)



High stress levels related to parenting and family-work balance 3 ^P

Parents' favourable attitude towards corporal punishment



Parent suffering from depression, anxiety or personality disorder



Parent's excessive use of alcohol or drugs According to the most recent data available to us, many Québec families are exposed to at least one of the risk factors associated with maltreatment.



- 39.2% of mothers and 23.4% of fathers of young children in 2018 present high levels of stress related to coping with family and work responsibilities¹⁸
- 13.1% of Québec children between 0 and 5 live in low-income families¹⁹
- 11% of mothers and 6.6% of fathers of young children present symptoms of moderate to severe depression²⁰
- 4.3% of mothers and 13.2% of fathers of young children had higher risk drinking habits²¹

Public policies that help to protect children

THE YOUTH PROTECTION ACT

The objective of the *Youth Protection Act* (YPA), adopted in 1977, is to protect all children under the age of 18 from situations where their security or development is, or may be considered, in danger. For the YPA to be able to protect children, these situations must be reported to the Direction of Youth Protection (DYP), whose decisions must serve the best interests of the child and respect their rights. They must ensure that the child receives the necessary health care and be educated and lodged in an appropriate place (with a foster family, for example).

It was not until 2007 in Québec that psychological ill-treatment was formally and legally included in the Youth Protection Act as a possible risk to children's development. In 2019 2020, the main reason for close to 18% of the reports retained by the DYP for children between 0 and 5 was psychological ill-treatment. **This important change to the Act helps illustrate the dynamic aspect of this legislation and the importance of policymaking in protecting children**.

Public policies that reduce pressure within families and prevent maltreatment

It is possible to act on maltreatment risk factors through the implementation of public policies and concerted action. Here are a few examples:

INCOME SUPPORT



Parents who don't have enough money to meet their children's basic needs can obtain support from the Canada Child Benefit program, Québec Family Allowance, social assistance, or subsidized educational childcare services. The *Act to facilitate the payment of support helps to ensure that single mothers and fathers obtain essential financial support from their child's other parent.*

Experts have pointed out that the eligibility criteria for legal aid for low-income families are too stringent. In unresolved couple separations, lack of access to legal support does not help to alleviate problems or stress related to custody and alimony. This kind of situation can have a negative impact on children's well-being and safety.

HOUSING SUPPORT



Inadequate family housing (overcrowding, noise, unsanitary conditions) can wear down parents' sensitivity and be an indirect cause of violence towards children²². Public policies like the Canada Housing Benefit and the Québec Rent Supplement program help low-income parents to pay their rent.

These policies can enable families to obtain affordable housing of better quality. Reducing sources of stress in a family's physical environment can help to improve family dynamics—especially between parents and their children—and increase parental sensitivity (the attention that parents are able to pay to their children). Reduced stress can lessen family conflict and parental distress, helping to make parents feel more competent and more inclined to look after their children. Housing support can also reduce families' financial stress.

FAMILY-WORK BALANCE MEASURES



Parental stress related to efforts to reconcile work and family responsibilities is another factor that can potentially increase the risk of violent parenting behaviours. This factor can be attenuated, however, if parents have access to measures that help them balance their family, work and education responsibilities. Québec has public policies that make it easier for parents to achieve that balance. The Québec Parental Insurance Plan (*Régime québécois d'assurance parentale* or RQAP), for example, enables parents to spend more time with their children during the first months of their life. Financial support programs specifically for family-work-school balance have been offered in certain educational and professional establishments since 2018.

SOCIAL SUPPORT



A lack of social support can also be linked to a higher risk of child maltreatment²³. A Québec study has shown that having a solid social network is a positive factor in a child's physical, cognitive or social development when starting school²⁴. Social support is especially important for families who may have more difficult situations to deal with, such as single-parent families or families with children who have a disability or developmental vulnerabilities. This kind of support can also be provided through the SIPPE program (*Services intégrés en périnatalité et pour la petite enfance* - Integrated Perinatal and Early Childhood Services), whose goal is to provide a form of social support for parents and make it easier for them to access social services and health care. Since Olo follow-ups are provided by the same teams that provide SIPPE services, these follow-ups also help to provide social support and facilitate access to services.

Services offered by community organizations that work specifically with families can help parents who need a respite, assistance and support (such as family drop-in centres, family support and *"Entre parents"* coffee clubs).

COLLABORATION WITH ADULT PSYCHIATRIC SERVICES



According to experts, concerted action between the adult psychiatric sector and youth protection services is essential to prevent maltreatment. When parents are suffering from a mental health problem, steps taken by mental health professionals can do a great deal to help protect their children. Adults who receive psychiatric care are often parents as well. As such, it is often professionals in the psychiatric sector who are best placed to sound the alarm when a parent's difficulties threaten the safety or development of their child.



It is important to recognize that obtaining access to support services is often a challenge for immigrant parents, especially if they haven't yet acquired sufficient proficiency in French and there are cultural differences with respect to bringing up children.



Several of the public policies presented in this Portrait target issues or living conditions that can increase the risk of child maltreatment. On the eve of the submission of the report of the Special Commission on the Rights of the Child and Youth Protection, it is our hope that this document may prove useful for implementing the recommendations contained in it.
ACCESS TO PERINATAL SERVICES

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What is the current situation in Québec?

WHAT ARE PERINATAL SERVICES?

In Québec, the perinatal period is generally considered to begin with the decision to have a child (or conception, in the case of an unplanned pregnancy) and ends when the child reaches one year of age. Perinatal services therefore include services that aim to respond to the concerns of women and men who wish to have or are expecting a child²⁶.

HEALTH OF NEWBORNS IN QUÉBEC

In Québec, intrauterine growth retardation, babies with low-birth weight and stillbirths are all phenomena that have been on the decline since the end of the 1970s. The proportion of mothers who breastfeed (or attempt to do so) has also risen since the early 2000s. Despite these improvements, however, certain factors continue to be cause for concern.

AESAREAN RATE

In 2016, the rate of Caesarean deliveries was **25.1%** in Québec. The World Health Organization recommends that this rate not exceed 10 to 15%²⁷.



* Revision committee members are listed on page 2.



PREMATURE BIRTHS

Despite a slight decline during the past few years, the proportion of premature births is still higher than it was in the 1980s.



Source: Institut de la statistique du Québec, Registre des événements démographiques.



LOW BIRTH WEIGHT

0% of babies born in 2017 had a low birth weight (under 2.5 kg or 5.5 lbs). The corresponding figure in 1980 was 6.5%.

BREASTFEEDING



According to data for 2015-2016, approximately **85.1%** of mothers breastfed or attempted to breastfeed their most recent child*. The corresponding figure in 2000-2001 was **72,6%**.

* Data from 2015-2016 cannot be compared with those of previous editions of the survey (ESCC). **Source:** Statistics Canada, Canadian Community Health Survey (CCHS), 2013-2014, 2015-2016, data sharing file, adapted by the Institut de la statistique du Québec.

In 2015-2016, however, of all the mothers who breastfed their newborn, only **63%** were still breastfeeding their baby at four months. In addition, **72%** of mothers who introduced other liquids or solid food while they were breastfeeding did so before six months, which goes against the recommendations of the World Health Organization (WHO)²⁸.



WHO recommends that babies be exclusively breastfed for the first six months of life.

BREASTFEEDING SUPPORT

48.4% of mothers of children between 0 and 5 who breastfed their child(ren), or who planned to do so, **never used breastfeeding support services** (excluding those who said they did not use support services because they did not breastfeed their baby)²⁹.

Not attending prenatal courses or seeking breastfeeding support is not necessarily a problem for parents who can count on extensive support from their family and friends.

MEDICAL PREGNANCY FOLLOW-UP



In 2008, it is estimated that **more than one-third of pregnant women in Québec (36%)** did not start their medical follow-up in the first trimester³⁰. In 2017, that figure had decreased to **23.5%**. (This proportion varies from one region to another³¹.)

PRENATAL COURSES

ln 2015,

40.2% of parents of children between 0 and 5 had never attended a prenatal class.





Access to perinatal care among migrant women with precarious status is extremely limited in comparison with women who were born in Canada. A pregnant migrant woman with precarious status is required to pay much higher medical fees than those usually reimbursed by the RAMQ (Québec public health insurance) for the same services, even if her husband is a Canadian citizen or permanent resident³². This situation can vary, however, from region to region throughout the province. In Montréal, for example, services offered to women with precarious immigration status are more firmly established than elsewhere in Québec. In Québec City, some initiatives have been set up to support women with precarious status, such as the SABSA solidarity cooperative.

What is the connection between perinatal services and early childhood development?

Monitoring women's health during pregnancy allows steps to be taken that can reduce the risk of birth defects, genetic disorders, mother-to-child transmission of certain infections, intrauterine growth retardation and premature birth^{33, 34, 35, 36, 37, 38}. Such interventions can also reduce neurodevelopmental disorders and certain global developmental delays in children³⁹.

These interventions can have short-term repercussions on complications in pregnancy and childbirth, such as low birth weight, premature birth and risk of readmission to hospital or emergency services. This is important, as children who are born prematurely or with a low birth weight have a greater risk of presenting developmental delays or problems related to their cognitive development (attention, executive functions, etc.), which can have a negative impact on their educational success later in childhood⁴⁰.

If a women's health is monitored during the prenatal period, both she and her partner are more motivated to adopt healthy lifestyle habits that will protect the health of their unborn child. Prenatal courses given by health professionals provide an excellent opportunity to reinforce those habits^{41, 42, 43, 44, 45}. The Olo approach is based exactly on this premise.

After the birth, care provided during the first weeks of the baby's life allows health problems to be detected and addressed before they can have consequences for mother and child⁴⁶. Mothers who have help in recovering rapidly from childbirth are better able to meet the needs of their infant⁴⁷.

Breastfeeding support services offered by professionals (doctors, midwives, nurses or lactation consultants) or volunteers from support groups can help nursing mothers feel more secure⁴⁸. The benefits of breastfeeding have been clearly proven: reduction in infectious diseases, decrease in sudden infant death syndrome and improved performance in neurocognitive tests⁴⁹.

Interventions before and during childbirth have positive repercussions on a child's physical, cognitive, social and emotional development⁵⁰. Over the long term, these interventions reduce the risk of chronic diseases⁵¹. At a societal level, they also help to reduce socioeconomic inequalities by helping to ensure the healthy development of children who are more vulnerable⁵².





What public policies currently exist in Québec?

POLICIES	SYSTEMATIC FOLLOW-UP PROGRAM FOR NEW PARENTS (PSPS – Programme de suivi postnatal systématique) ⁵³	BABY-FRIENDLY INITIATIVE (BFI)	OLO NUTRITIONAL INTERVENTION	PUBLIC MOTHERS' MILK BANK
GOVERNMENTS	Government of Québec program	Initially under the jurisdiction of the Breastfeeding Committee for Canada. Since 2008, under the auspices of the <i>Ministère de la Santé et des Services sociaux (MSSS)</i> <i>du Québec</i> ⁵⁴ .	The Olo approach to nutritional intervention is offered by the <i>Fondation</i> <i>Olo</i> in cooperation with practitioners who work with families living in situations of vulnerability ⁵⁵ .	Québec
OBJECTIVES	Reduce the length of hospital stay after childbirth without complications ⁵⁶ .	Make sure that every child has the best possible start in life by creating health care environments where breastfeeding is the norm ⁵⁷ .	Give all families an equal chance of giving birth to healthy babies and to instill healthy eating habits early in life ⁵⁸ .	Provide pasteurized human milk to premature babies born at 32 weeks or less who require medical care and whose mother is unable to breastfeed ⁵⁹ .
CREATION & UPDATES	Mentioned in the 2008 perinatal policy, this program is described in greater detail in the <i>Stratégie de mise</i> <i>en œuvre 2009-2012</i> ⁶⁰ . There are no provincial directives, however, explaining how the policy should be implemented ⁶¹ .	Under the jurisdiction of the MSSS since 2008 ⁶² . In 2008, the Perinatal Policy (<i>Politique de périnatalité</i> <i>2008-2018</i>) presented the BFI as a strategy to help make breastfeeding—as an exclusive food source for infants—a social norm entrenched in Québec culture ⁶³ .	Pilot project funded in the 1980s by the <i>Ministère de</i> <i>la Santé et des Services</i> <i>sociaux</i> ⁶⁴ . Cited as a program to be maintained in the <i>Politique de périnatalité</i> <i>2008-2018</i> ⁶⁵ . Olo is also recognized by the Québec Public Health Program and the Government Action Plan to Foster Economic Inclusion and Social Participation.	 2008: The Perinatal Policy (<i>Politique de périnatalité</i> 2008-2018) mentioned the possibility of setting up a maternal milk bank in Québec⁶⁶. 2013: Adoption of the Act to amend the Act respecting Héma-Québec and the haemovigilance committee permitting the creation of a public maternal milk bank⁶⁷. 2014: Creation of the Québec Public Mothers' Milk Bank⁶⁸.
SCOPE	All parents after discharge from the hospital after childbirth ⁶⁹ .	In a Baby-Friendly facility, all parents and their babies benefit from the Initiative, whether their babies are breastfed or not ⁷⁰ .	The only eligibility criterion for Olo support is to be below or close to the low-income cut-off. Decisions are based on the practitioner's clinical judgement ⁷¹ , especially in the context of the pandemic.	Premature babies born at 32 weeks or less who require medical care and whose mother is unable to breastfeed ⁷² .

POLICIES	CANADA PRENATAL NUTRITION PROGRAM (CPNP)	INTEGRATED PERINATAL AND EARLY CHILDHOOD SERVICES (SIPPE) ⁷³	FOR A SAFE MATERNITY EXPERIENCE PROGRAM	<i>MIDWIVES ACT</i> and the FRAMEWORK FOR THE DEPLOYMENT OF MIDWIFERY SERVICES IN QUÉBEC
GOUVERNEMENTS	Canada	Québec	Québec	Québec
OBJECTIVES	Provide funding to community groups to help improve the health of pregnant women, new mothers and their babies who face challenges that put their health at risk (poverty, teen pregnancy, social and geographic isolation, substance use, family violence) ⁷⁴ .	Foster the overall development of children between 0 and 5 living in situations of vulnerability by offering early, intensive and long-term services. The program may begin as early as the 12 th week of pregnancy and continue to be offered to the family until the child starts school ⁷⁵ .	Ensure that pregnant or breastfeeding women whose work involves physical hazards to their health or that of their child can stay employed ⁷⁶ .	Ensure that women who are seeking a midwifery follow-up have access to those primary care perinatal services ⁷⁷ .
CREATION & UPDATES	The program was created in 1994.	SIPPE programs were created in 2004 based on three Québec preventive intervention programs: <i>Naître</i> égaux – Grandir en santé (Equal at birth – growing up healthy), a support program for young parents (PSJP) and an early education support program. The SIPPE framework was revised in 2019 based on the efforts of numerous initiatives to bring the program up to date ⁷⁸ .	The program was created in 1981 ⁷⁹ .	The Act respecting the practice of midwifery within the context of pilot projects was adopted in 1990, and the Midwives Act, in 1999 ⁸⁰ .
SCOPE	Every year, the Public Health Agency of Canada finances some 240 projects that offer services to over 45,000 pregnant women, parents and healthcare providers in over 2,000 communities across Canada ⁸¹ .	Any pregnant woman and her partner, or any parent or primary caregiver of a child under 12 months who is living below the low-income cut- off and presents one of the following risk factors: low level of education or social isolation. The child is also covered under this program. An interdisciplinary team may also decide to offer SIPPE based on their clinical judgement ⁸² .	Pregnant or breastfeeding women whose working conditions involve physical hazards for them or for the child they are carrying or breastfeeding ⁸³ .	Pregnant women living in Québec (in regions where these services are offered).

The La Leche League plays an important role in supporting breastfeeding women in communities across Québec. The mission of the LLLC is to help mothers breastfeed their babies by recruiting other mothers to provide support, encouragement and information. The League also promulgates the message that breastfeeding is an important part of the baby's development—as well as the mother's⁸⁴. The Mouvement allaitement du Québec (MAQ) works to create baby-friendly public spaces for all women and families where mothers can breastfeed comfortably. The MAQ also offers support services to organizations that are interested in promoting breastfeeding⁸⁵. The Montréal Diet Dispensary (Dispensaire diététique de Montréal) is another community organization that works with pregnant women in situations of vulnerability. In addition to encouraging and supporting breastfeeding, the Dispensary offers information and training on various subjects related to perinatal nutrition, focusing on optimal infant health⁸⁶. The objectives of perinatal resource centres is to make ongoing perinatal services available to all women and all families⁸⁷. La Maison Bleue is another organization with a similar mission, with doctors, professionals and practitioners offering psychosocial and health services to vulnerable families that fall through the cracks of the health system⁸⁸.



How effective are these policies?

THE 2008-2018 PERINATAL POLICY



Systematic follow-up for new parents

Research into programs similar to the Québec program has shown that calling parents within 24 hours of hospital discharge after childbirth and visiting the home within 24 to 72 hours are good practices, but those practices need to be adapted to the specific needs of more vulnerable families—for example, by providing those families with more intensive support⁸⁹. Gaps have also been observed between the provisions set out in the original Perinatal Policy and services which are provided by healthcare establishments⁹⁰. For example, follow-up is sometimes limited to one telephone call, with home visits reserved for first-time parents or vulnerable families.



Baby-Friendly Initiative

The Baby-Friendly Initiative is a program that has proven its efficiency in improving breastfeeding rates over the short, medium and long term. Women who benefit from the BFI are 4.3 times more likely to breastfeed exclusively for the first six months of their baby's life⁹¹. In 2016 in Québec, however, just 9.67% of babies were born in birthing centres or hospitals with Baby-Friendly certification. There are currently 107 Baby-Friendly healthcare facilities in Québec: eight birthing centres, five hospitals, 93 CLSCs and one Indigenous health centre (under federal jurisdiction)⁹².



Olo nutritional intervention

The Olo Foundation estimates that up to 15,000 mothers and mothersto-be every year and a total of 250,000 children have benefited from its services since 1991⁹³. Further to this evaluation⁹⁴, the Olo approach has been shown to reduce the risk of low birth weight babies by 1.6, while Olo follow-up has had positive effects on children's educational success. Research has also shown that the average cost of an Olo intervention saves on hospitalization costs. The Olo program is considered more effective than similar programs in the United States⁹⁵.

Despite its success, the Olo Foundation continues to have concerns regarding the accessibility and type of services it provides. The Foundation estimates that in 2019-2020, two out of three eligible women were able to obtain an Olo follow-up. Not only does access vary widely from region to region, but half of births to low-income women were in areas where the rate of women who benefited from Olo services is under 55%. Gaps between recommendations and actual services rendered (frequency and type of meetings, ability to do a nutritional evaluation) are also cause for concern regarding the possibility of carrying out a complete intervention. The evaluation also revealed that there is still much to be done to ensure that support continues following the birth of the child in cooperation with other organizations in the community.



Maternal milk bank

In 2018, Héma-Québec achieved self-sufficiency, in that it was able to meet 100% of its clients' needs⁹⁶. In 2018-2019, 1,142 of the over 2,000 women registered in the Public Mothers' Milk Bank were active. A total of 16,471 bottles of maternal milk were distributed, representing an increase of 40% over the previous year.

FOLLOW-UP WITH A MIDWIFE



The total number of women in Québec who were followed by a midwife during pregnancy rose from 1,790 in 2007 to 2,668 in 2011. **In 2018**, **however, just 4.2% of babies were born under the supervision of a midwife, or 3,498 births**⁹⁷. The comparative figure for the same year was 23% in British Columbia and 18% in Ontario. The objective of the Québec Ministry of Health and Social Services (MSSS) was for midwives to provide follow-up for 10% of pregnant women by 2019⁹⁸.

INTEGRATED PERINATAL AND EARLY CHILDHOOD SERVICES (SIPPE)

Research into programs similar to SIPPE have confirmed the effectiveness of home visits for all mothers (regardless of age) who are living in situations of vulnerability, as well as for families in which one parent presents a specific problem (such as an intellectual disability, addiction, etc.)⁹⁹.

In Québec, 69% of eligible women who gave birth in 2009-2010 benefited from SIPPE services. That figure includes all women under 20 and a little over half of women over 20 who were living below the low-income cut-off and did not have a secondary school or professional diploma. The target figure was 80%¹⁰⁰. According to a 2011 document, some health and social service centres (CSSS) had a waiting list for the program¹⁰¹. Although Integrated Perinatal and Early Childhood Services (SIPPE) have not yet been the subject of evaluative research, work was begun in that area in 2020 at the MSSS. Studies have already documented the effects of two of the Québec programs on

which SIPPE was based, however: Naître égaux - Grandir en santé (Equal at birth – growing up healthy) and the Support Program for Young Parents (PSJP). The PSJP program, for example, was evaluated from 2006 to 2011 in 18 health and social service centres (CSSS) in seven regions of Québec. A total of 451 families were followed throughout pregnancy until their child was 24 months old. Results were favourable in terms of pregnancy outcomes, baby growth and cognitive/language, motor and social-emotional development in 17-month-olds. The authors concluded, however, that certain aspects of the program needed to be optimized and presented several recommendations to the Québec Ministry of Health and Social Services (MSSS)¹⁰².



The planning of postnatal care is included in the health policies of several countries, including the United States, Australia, Belgium, Scotland and Wales. Although this approach has not been sufficiently evaluated in the scientific literature to confirm its effectiveness, researchers consider it to be promising, because it increasingly considers the needs of mothers and fathers based on their respective situations¹⁰³.

CANADA PRENATAL NUTRITION PROGRAM (CPNP)

A 2007 study of women who benefited from the Canada Prenatal Nutrition Program (CPNP) showed that the program had reached the very vulnerable mothers it was targeting. Of the women studied,

had a household income of under \$15,000

17% were under 19



69% had a high school diploma or less



31% reported smoking during their pregnancy

What could we be doing better?

A Declaration of Pregnancy enables a woman's doctor or midwife to systematically direct her to a healthcare establishment (a CISSS or CIUSSS) in the area where she lives. After the woman's written consent has been obtained, a form with her main health indicators is transmitted to the local community service centre (CLSC) affiliated with her CISSS or CIUSSS. A nurse then makes an initial telephone call to inform her of available resources, or to offer services in response to her expectations, her needs or her situation¹⁰⁴.

DECLARATION OF PREGNANCY AND MEDICAL FOLLOW-UP



In the Australian state of Victoria, hospitals are legally required to notify regional authorities of the birth of a child. Authorities must then ensure that a nurse or midwife contacts or visits the newborn's family. The child is then entitled to approximately 10 follow-up appointments with a nurse at key points in their development (2, 4 and 8 weeks; 4, 8, 12 and 18 months; and 2 and 3½ years). These appointments give nurses the opportunity to assess the child's health and development while offering their parents support and information. Nurses can also act as an intermediary between the family and the health and social services network if specialized resources are called for¹⁰⁵.



In Québec, the systematic follow-up program for new parents (PSPS) provides for a similar type of follow-up, but it must be noted that there is a gap between what is planned and what is actually provided by healthcare establishments¹⁰⁶.



In 2015, certain Québec health establishments (CISSS and CIUSSS) launched a pilot project for online prenatal education services aimed at facilitating ongoing access to quality perinatal information¹⁰⁷.



Ontario offers a postnatal follow-up program called Healthy Babies Healthy Children for families considered to be at risk. Somewhat like SIPPE in Québec, HBHC follows children from the prenatal period until they start school. The evaluation of at-risk families is not limited to criteria based on income and education, but on a complete assessment of physical and psychosocial risks¹⁰⁸.



The **Swedish** healthcare organization model is often held up as an example¹⁰⁹. Starting in the second week of a child's life, Sweden's infant health program offers a universal service to parents free of charge until the child is six years old. The fact that Swedish families are followed over the long term allows their changing needs to be met, and the universal nature of the service ensures that families are reached that might not seek to obtain the services on their own. Evaluations of the program have shown that the care provided and home visits are greatly appreciated by parents. During the visits, mothers and fathers are free to ask questions and air their concerns. Some mothers mentioned, however, that they would like to see the service take their needs into account, as well as those of their child.



Here are the experts' recommendations regarding the situation of migrants with precarious status:

- Expand access to the Interim Federal Health Program (IFHP) to include all migrants with precarious status.
- Eliminate the 3-month waiting period prior to eligibility for public health insurance (RAMQ) in the case of migrants with precarious status.
- Ensure that all migrant women of childbearing age are systematically informed of existing healthcare coverage, available perinatal services and development monitoring for children (interpretation services, for example)¹¹⁰.

WHAT ABOUT FATHERS?

Fathers need to be able to play an active role during the perinatal period. They need reassurance and practical advice on how to support their partner during her pregnancy. By exploring a father's role during and around childbirth, practitioners strengthen the father's commitment to the mother and their child¹¹¹.

MUNICIPAL INITIATIVES

According to the *CISSS de la Montérégie-Centre*, municipalities can be proactive in facilitating breastfeeding. Some of the things they can do:

- Have the municipal council adopt a resolution to protect and encourage breastfeeding in all public spaces (parks, pools, libraries, museums, arenas, etc.) and to support employees who wish to breastfeed their baby, and to then inform the administration, employees and citizens of the resolution.
- Use the international breastfeeding symbol to clearly indicate that breastfeeding women are welcome in municipal spaces.
- Set up spaces (with armchairs or comfortable benches) in public buildings to provide breastfeeding women with a quiet place where they can breastfeed in comfort.

- Make municipal employees aware of the importance of welcoming breastfeeding women.
- Recognize and support local breastfeeding support groups in different ways: providing premises, publicizing activities, resources, participation and support in organizing events that encourage breastfeeding in public (such as the Breastfeeding Challenge organized in conjunction with World Breastfeeding Week during the first week of October), etc.
- Have merchants set up a "Milky Way" to encourage and support breastfeeding in public spaces in order to normalize the practice¹¹².



SCREENING FOR DEVELOPMENTAL DIFFICULTIES

Research and analysis: Carmen Dionne, Annie Paquet and Michel Rousseau, Department of Psychoeducation, Université du Québec à Trois-Rivières

Revision: The Revision Committee^{*} and the following external reviewers: Marie-France Raynault, School of Public Health – Department of Social and Preventive Medicine, Université de Montréal

What is the current situation in Québec?

Screening for developmental difficulties is not the same thing as diagnosing a developmental disorder. Developmental screening involves all childhood educational services, while a diagnosis is carried out solely by trained, specialized practitioners. Not every child with a developmental difficulty will go on to be diagnosed with a developmental disorder.

Detection is an ongoing process of observation during meetings with the child, including completing a development questionnaire, determining risk factors and discussing parents' concerns with them. This process may also be called "development monitoring."

Screening, on the other hand, is a broader process based on the use of a standardized tool that identifies children who are presenting a possible developmental delay in a given population. The tool determines the proportion of children at risk of having a developmental disorder within that population¹¹³.



According to a Québec report on children with disabilities (L'incapacité chez les enfants au Québec), 6.2% of children between the ages of 0 and 4, or 27,690 children, were living with a disability in 2016¹¹⁴.

* Revision Committee members are listed on page 2.

Children with a disability have activity or participation limitations related to a health condition or a physical or mental health problem. Depending on the obstacles that are present in the environment of a child living with a disability, that disability can become a handicap. Developmental trajectories vary depending on the child's type of disability.

According to the *Québec Survey on the Experience of Parents of Children Aged 0 to 5 (2015)*, 26% of parents with one or more children aged 3 or over had at least one child with one of the five types of health or development problems. These problems vary widely, and some children present more than one¹¹⁵.



ACCESS TO SERVICES

According to 2019 estimates by the Québec Ministry of Health and Social Services (MSSS):



11% of young children presenting a significant developmental delay had not benefited from programs for children with physical disabilities or intellectual disabilities and autism spectrum disorder in a timely manner, either at a CLSC or rehabilitation centre¹¹⁶. The MSSS is aiming to bring this figure down to 5% in 2022-2023.

In the case of autism spectrum disorder, although there has been a slight improvement over the past few years, the waiting period for obtaining specialized services is still far from targets set for 2020¹¹⁷.



What is the connection between screening and early childhood development?

Developmental monitoring and screening are used to identify children who are at risk of presenting one or more developmental delays and to ensure that they receive appropriate services as early as possible¹¹⁸. Since childhood development is very complex, screening must be seen as an ongoing process. A problem can arise at any point in a child's life.



Quality intervention at an early age can have a significant impact on the lives of children with developmental difficulties¹¹⁹. Rapid detection and intervention during the first five years of a child's life can have a positive influence on their overall development, academic success, health and well-being. These positive repercussions could have an effect for up to 30 years after the intervention¹²⁰.

According to a report by Catherine Haeck, several studies have shown that early childhood interventions are more effective than those in middle/older childhood or adolescence. Delaying intervention increases the costs paid by society for less effective interventions later in life—due either to loss of health and well-being, lower participation in the labour force or a lesser ability to function in society. It is estimated that the most beneficial interventions occur before age three¹²¹.

There is disagreement on the subject of systematic screening of children between the ages of 1 and 4, who do not present any signs of development delay and about whom their parents and clinicians have no concerns regarding their development. Although the American Academy of Pediatrics recommends systematic screening¹²², the Canadian Task Force on Preventive Health Care disagrees¹²³.

What public policies currently exist in Québec?

POLICIES	GOVERNMENT PREVENTIVE HEALTH POLICY	POLICY ON EDUCATIONAL SUCCESS	IT'S ALL ABOUT THE CHILDREN: STRATEGY FOR CHILDREN FROM BIRTH TO AGE 8	POLICY ON SPECIAL EDUCATION
GOVERNMENTS	Québec	Québec	Québec	Québec
OBJECTIVES	 Sub-objective regarding screening: Support practitioners who work with children and youth so that they can identify children with developmental delays, behaviour or adaptation problems, various disabilities or past trauma as early as possible¹²⁴. 	 Sub-objectives regarding screening: Promote early, rapid intervention. Consider observation and screening for difficulties in children between 0 and 5 as the first steps in an ongoing preventive process¹²⁵. 	Improve the identification of children between 0 and 5 in situations of vulnerability or who present developmental difficulties and set up official mechanisms for collaboration between the educational childcare services network (SGEE) and the social services network ¹²⁶ .	 Help children with handicaps, social maladjustments or learning difficulties to succeed in their education, socialization and qualification. Sub-objective regarding screening: Recognize the first signs of difficulties and act quickly¹²⁷.
CREATION & UPDATES	This policy was created in 2016.	This policy was established in 2017.	This strategy was created in 2018.	This policy was created in 1999.
SCOPE	All children	All children	All children	Students with handicaps, social maladjustments or learning difficulties ¹²⁸ .

POLICIES	PERINATAL POLICY	PERINATAL AND EARLY CHILDHOOD SERVICES PROGRAM (SIPPE)	<i>AGIR TÔT</i> PROGRAM	<i>ACCUEILLIR LA PETITE ENFANCE</i> PROGRAM
GOVERNMENTS	Québec	Québec	Québec	Québec
OBJECTIVES	 Encourage perinatal healthcare providers to take every opportunity to screen and assess¹²⁹. Other objectives¹³⁰: Offer the Universal Newborn and Infant Hearing Screening Program in all regions of Québec. Ensure that evaluation and rehabilitation services are offered to babies born prematurely or with a birth anomaly as early as possible. 	Foster the overall development of children between 0 and 5 living in situations of vulnerability by offering early, personalized, intensive and long- term services. The program may begin as early as the 12 th week of pregnancy and continue to be offered to the family until the child starts school ¹³¹ . The program is aimed at measuring the child's development to document their evolution. If a developmental delay is detected, this early identification allows services to be provided rapidly ¹³² .	Improve the detection of and early intervention for developmental delays in children before they start kindergarten ¹³³ . Sub-objectives: • Use a computer platform to facilitate the evaluation of a child's development profile and rapidly direct them to the appropriate services. • Improve early detection and intervention.	Members of the educational childcare services network (SGEE) are considered key actors in the early detection of developmental difficulties in young children and their social inclusion ¹³⁴ .
CREATION & UPDATES	This policy was in effect from 2008 through 2018, and is currently being updated.	SIPPE programs were created in 2004 based on three Québec intervention programs: <i>Naître égaux – Grandir en</i> <i>santé</i> (Equal at birth – Growing up healthy), a support program for young parents (PSJP), and an early education support program. The SIPPE framework was revised in 2019 based on the efforts of numerous initiatives to bring the program up to date ¹³⁵ .	This program was created in 2019.	This program was created in 1997 and updated in 2019.
SCOPE	Although this policy targets all young children and their families, certain measures are specifically intended for families in vulnerable contexts, such as in the northern regions, ethnocultural communities and specific situations affecting certain families ¹³⁶ .	Any pregnant woman and her partner, or any parent or primary caregiver of a child under 12 months who is living below the low-income cut-off and presents one of the following risk factors: low level of education or social isolation. The child is also covered under this program. An interdisciplinary team may also decide to offer SIPPE based on their clinical judgement ¹³⁷ .	This program targets children between the ages of 0 and 5 who are developmentally vulnerable.	Children under 5 who are attending an educational childcare facility.

The issue of early screening and intervention is also covered under some Québec legislation. For example:

Act Respecting Health Services and Social Services (LSSSS)¹³⁸

Although no section refers directly to systematic screening or development monitoring, the LSSSS defines a service continuum: prevention, evaluation, diagnosis and treatment, rehabilitation, support and lodging.

Education Act (LIP)139

Under this Act, health promotion and prevention are among the educational services that all students should be offered. The objective is to provide students with an environment that is favourable to the adoption of healthy lifestyle habits and the development of skills that will have a positive impact on their health and well-being.

Educational Childcare Act (LSGEE)¹⁴⁰

Under the terms of this Act. childcare providers must keep an education record for each child under their responsibility. The education record must contain information on the child's development that will allow for early detection of any difficulties and facilitate their transition into the school system. Educational childcare services are not required to monitor indicators of developmental delay, but they have a role to play in detecting problems in one or more developmental domains and are in a key position to do so. The Act does not provide a framework for any procedure to follow if a developmental delay is suspected.

How effective are these policies?

Even though the issue of screening and access to services is included in several government policies, Québec families are faced with barriers.

AN EXAMPLE: CHILDREN WITH A DEVELOPMENTAL LANGUAGE DISORDER

The case of children with a developmental language disorder provides a clear illustration of the situation. According to a report from the *Institut national d'excellence en santé et en services sociaux* (INESSS), there are many gaps in the current system¹⁴¹:

Available services vary greatly from one region to another due in part to differences in eligibility criteria.

- > There are problems accessing services: there are a large number of children on the waiting list and the waiting times are often very long.
- > The organization of services is based on a diagnostic logistic: children must be given a diagnosis in order to be eligible for services.

COLLABORATION AND CONCERTATION BETWEEN NETWORKS

In 2020, the *Conseil supérieur de l'éducation* reported that collaboration and concertation between networks providing services to children was inadequate in Québec—to the point of being virtually nonexistent in certain areas. The Council deplored the fact that, despite certain initiatives, actions on the ground remained "compartmentalized" and that interventions with children and families were being conducted "in a vacuum"¹⁴².

THE AGIR TÔT PROGRAM

The objective of the *Agir tôt* ("act early") program is to improve the detection and treatment of developmental delays. It includes the use of a computer platform that facilitates the evaluation of a child's development profile. This platform, called the "A.I.D.E." platform (*Approche interactive au développement de l'enfant* – interactive approach to child development), was evaluated as part of a pilot project in 2016. The evaluation cited the following advantages^{143, 144} :



Better orientation of children to the appropriate services thanks to a clearer picture of their development.



Shorter referral times: from 15 months to two weeks.



Possibility of offering children the **early stimulation services** they need even before their potential diagnosis has been confirmed.

Child's family involved

from the very beginning

of the process.



Time required for a diagnostic assessment reduced by 35%.



Possibility of developing a **more** detailed intervention plan.

UNIVERSAL NEWBORN AND INFANT HEARING SCREENING PROGRAM



One of the objectives of the Perinatal Policy is to offer the Universal Newborn and Infant Hearing Screening Program in every region of Québec. According to MSSS data, this screening is currently offered in 14 healthcare facilities across the province, accounting for 33,669 newborns or 42% of Québec births. The MSSS's objective is to complete its rollout of the program in all Québec healthcare facilities by 2023¹⁴⁵.



What could we be doing better?

Finding the ideal system for screening and detecting developmental disorders and delays is difficult, as it must be adapted to the specific context in which to be implemented.

SHARED RESPONSIBILITY

Early detection of children's difficulties in terms of development is a responsibility that needs to be shared among several stakeholders in early childhood, in addition to the child's family. Mobilizing multiple resources in the environment of children and their families encourages discussion on the issues and challenges related to childhood development¹⁴⁶.

Quality screening instruments have been developed for use with children's parents or other adults who are present in their lives on a daily basis. These instruments, which focus on observing children in different situations, do not determine the degree of a child's developmental delay but identify those children who will need more extensive evaluation. Since this type of screening does not require any special training, it is a way of recognizing how those who are close to a given child can participate in effective screening and detection activities¹⁴⁷.



In Québec, people who work in educational childcare facilities recognize their responsibility in early detection of children's difficulties. A total of 100% of educational personnel in childcare facilities who participated in the Provincial Survey on Inclusive Practices in Childcare Services (*Enquête provincial sur l'inclusion en milieu de garde*) consider that identifying children whose development is cause for concern is part of their role as educators¹⁴⁸.

BETTER ASSESSMENT OF CHILDREN'S NEEDS

Research has shown that use of an **Early Intervention Multilevel Support System** (*Système multiniveaux de soutien en intervention précoce*) could result in improved ongoing assessment of children's needs. This model focuses on the importance of a quality education program for all children that includes specialized adaptation and intervention for children who need more support. The program also involves the ongoing monitoring of each child's needs and the identification of developmental difficulties, which entails collaboration among all members of the intervention team and the child's family in the search for concrete solutions¹⁴⁹.

YOUTH PROTECTION

Children and youth who receive services under the Youth Protection Act (YPA) are at risk of presenting significant difficulties and delays in their development, as well in the physical, socio-emotional and cognitive domains. That is why, in an advisory brief published in August 2020, the *Institut national d'excellence en santé et en services sociaux* (INESSS) drew attention to best practices in screening developmental difficulties and delays in the case of these children. INESSS proposed a series of recommendations to support the use of screening tools adapted to the age of these children, thus helping to harmonize practices across Québec¹⁵⁰.

ACCESS TO MEDICAL CARE

Research and analysis: Elisabeth Martin, Faculty of Nursing, Université Laval

Revision: The Revision Committee^{*} and the following external reviewer: Mylaine Breton, Faculty of Medicine and Health Sciences, Université de Sherbrooke

What is the current situation in Québec?

In Québec, children are expected to see a doctor for a medical follow-up at least 10 times before their fifth birthday. Those appointments do not include visits to walk-in clinics or the emergency department if a child is sick or injured.



Children generally have a medical follow-up at 2, 4, 6, 9 and 18 months, and then once a year until age 5. During these appointments, the child's pediatrician or family doctor will test their five senses and assess their overall health and their development. Parents also receive extensive preventive advice on what to feed their child and how to keep them safe.

These appointments are essential for the child's future health.

* Revision Committee members are listed on page 2.

In 2015, close to 1 parent out of 10 said they did not have a family doctor or pediatrician for their children between the ages of 0 and 5¹⁵¹.

Immigrant families, parents without high school diplomas, urban and low-income families are more affected by this situation.





In Québec, most young children are entitled to medical follow-up free of charge, provided they are insured under the provincial health insurance plan (*Régie de l'assurance maladie du Québec* or RAMQ). This is not the case for all children of immigrants, however. Children whose parents who have temporary resident status or who are awaiting a decision regarding their migratory status do not have access to health care insured by the RAMQ. In 2017-2018, for example, 56 children without health insurance cards came to a Montréal clinic run by Doctors of the World for migrants with precarious status. Twenty-five of those children had been born in Québec¹⁵². In December 2020, the *Coalition Avenir Québec* (CAQ) introduced Bill 83 to enable more children born to parents with precarious migratory status and who live for most of the year in Québec to be eligible for public health and medication insurance¹⁵³. This bill would not affect the status of pregnant migrant women, who would continue to be ineligible.

SEEKING CARE IN THE EVENT OF ILLNESS



In Québec, in 2015:

- > 44% of parents usually visited the office of their pediatrician or family doctor when their children between the ages of 0 and 5 were sick.
- > 29% went to a walk-in clinic.
- About 16% of parents usually went to the emergency department of a hospital when their children were sick, 7% went to a family medicine group, and close to 5% visited a CLSC¹⁵⁴.

40% of parents of children with a disability were obliged to turn to the private sector to obtain the professional report required to apply for the allowance for integrating a disabled child, as they were unable to access services in the public network¹⁵⁵.

What is the connection between access to medical care and early childhood development?

According to an American study, regular medical checkups help to prevent disease, disabilities and injury in young children¹⁵⁶. During a checkup, the health professional checks the child's growth (height, weight, head circumference), observes their motor skills and asks parents for information on a wide range of subjects (the five senses, digestion, sleep, play, learning). They may also test for anemia, hearing disorders and tuberculosis, among other things¹⁵⁷.



The health professional also ensures that parents receive the necessary information on young children's health issues and that their child's vaccinations are up to date¹⁵⁸. Ongoing medical follow-up during the early years and regular vaccinations provide better immunization against childhood diseases¹⁵⁹.

Medical checkups in early childhood also allow health professionals to monitor young children's development more closely, giving them the opportunity to:

- > assess the child's ability to perform physical and mental tasks expected for their age,
- > check for any signs of developmental delays and risk factors of neglect or violence¹⁶⁰, or
- refer the child's parents to a specialist if required (such as a speech therapist, child psychologist or pediatric occupational therapist).

Children who have had regular medical checkups will also have less difficulty obtaining primary care services in the event of injury or illness¹⁶¹.

On the other hand, children whose medical follow-up has been lacking, incomplete or inadequate are seen more often in emergency departments and are hospitalized more often.





For example, children who are not seen regularly by a health professional during their first six months are more likely to visit the emergency department with a respiratory infection, gastroenteritis or asthma¹⁶².



According to a report published by the Québec Ombudsman in 2018, children who are deemed ineligible for public health insurance under the RAMQ do not receive the routine, preventive medical care they need for healthy development. Their health may also be endangered if they do not receive the necessary care in the event of an emergency¹⁶³. Studies have shown that the living conditions of families with precarious immigration status are usually difficult: substandard housing, low income and difficult working conditions. Barriers to healthcare make these at-risk families even more vulnerable¹⁶⁴.

What public policies currently exist in Québec?

POLITIQUES	 PERINATAL POLICY Three points in particular¹⁰⁵: 1. Support the efforts of the Sectoral mother-child table of the Integrated University Health Network (<i>Table sectorielle mère-enfant des réseaux universitaires intégrés de santé – RUIS</i>). 2. Promote the implementation of nursing and other professional services in Family Medicine Groups (FMGs). 3. Improve access to pediatricians to support general practitioners. 	QUÉBEC FAMILY DOCTOR FINDER (<i>GUICHETS D'ACCÈS AUX MÉDECINS DE FAMILLE –</i> GAMF)
GOVERNMENTS	Québec	Québec, although each health region manages its own GAMF based on its specific criteria ¹⁶⁶ .
OBJECTIVES	Promote children's health and optimal development by considering their close and extended family and contacts as well as factors that influence their well-being ¹⁶⁷ . Sub-objective: Ensure that all parents have access to medical care for their children through a service organization that promotes follow-up by primary care services with the support of pediatricians ¹⁶⁸ .	Amprove access to family doctors for the entire population (but especially for individuals with the greatest needs) by centralizing requests and searches for family doctors across Québec ¹⁶⁹ .
CREATION & UPDATES	This policy, which was in effect from 2008 to 2018 ¹⁷⁰ , is currently being updated.	The GAMFs were created in 2008 and are still in operation ¹⁷¹ .
SCOPE	Although this policy targets all young children and their families, certain measures are specifically intended for families in vulnerable contexts, such as in the northern regions, ethnocultural communities and specific situations affecting certain families ¹⁷² .	Although GAMFs are available to anyone in Québec who is insured by the RAMQ, certain patient groups are considered high priority ¹⁷³ . Children between the ages of O and 2 are given priority, for example ¹⁷⁴ .

Community social pediatrics is a medical model centred on the needs of children between the ages of 0 and 20 and their families. CSP seeks to identify and reduce or eliminate sources of stress that compromise children's development and well-being. The support and implementation of the Québec network of social pediatric centres is under the jurisdiction of the provincial *ministère de la Famille*.

According to a study done in 2011-2014 in five Québec regions, community social pediatrics makes it easier for families to obtain diagnoses and health services. The study also revealed that social pediatric centres differ from other organizations in that they provide medical, specialized, psychosocial and sometimes even legal services under one roof. This comprehensive approach to health care meets the needs of children and their families¹⁷⁵.

Another study showed that, even though the nature of their tasks vary depending on the practice environment, it is social pediatric nurses who generally look after a child's first assessment and certain aspects of their follow-up, such as screening and health prevention and promotion¹⁷⁶.



How effective are these policies?

Although scientific studies have shown the many benefits of rigorous medical follow-up of young children¹⁷⁷, very little data is available to determine whether Québec public policies introduced to improve access to medical care for young children have achieved their objectives.

A few analyses have been done on the effectiveness of the Québec family doctor finder (GAMF). Between March 31, 2017, and December 31, 2019, the number of people on the GAMF waiting list rose from 423,215 to 597,484¹⁷⁸.



In the October 2020 volume of her 2020-2021 report, the Auditor General of Québec reported that, of the

597,484 people on the waiting list, 185,237 were considered to be in the "vulnerable" category, which includes pregnant women and children between O and 2 years of age.

The number of people considered vulnerable rose from **106,820** to **185,237**, representing an **increase of 73%**. The wait time for people considered vulnerable rose from **237** to **367 days**. The target wait time for this clientele is a maximum of three weeks¹⁷⁹.

Since every health region manages its GAMF based on its own criteria, however, access to a family doctor varies depending on the region¹⁸⁰.

The performance evaluation of GAMFs does not indicate whether the program actually makes it easier for a family to find a doctor for their young children.

One study does show, however, that children between the ages of 0 and 17 have a 61% better chance of finding a doctor more quickly than a healthy adult.



This figure can be explained by the fact that children are given a higher priority ranking than healthy adults¹⁸¹.

What could we be doing better?

Collaboration among the various health disciplines and professionals facilitates young children's access to medical care. Several administrations around the world have adopted this strategy.



Ontario

As part of the Healthy Babies Healthy Children program, nurses provide medical checkups during home visits for children aged 6 and under¹⁸². Families considered to be vulnerable are entitled to more time and resources¹⁸³.



Australia

Maternal and child health services are universal and free of charge. Nurses are responsible for health promotion and prevention as well as screening for diseases in children from birth to age three and a half¹⁸⁴.



Sweden

Sweden's infant health program is run in cooperation with specialized public health nurses and general practitioners. In addition to monitoring children's health, nurses provide their parents with support and information¹⁸⁵.



United States

The Healthy Steps program includes a professional child development specialist—a nurse, social worker, special educator or psychologist in the pediatric follow-up¹⁸⁶. The evaluation of the program has shown that this type of initiative not only benefits young children's health, nutrition and literacy, but also improves their parents' child-raising skills. Participation in the program also increases the likelihood that parents will bring their child to recommended follow-up visits and that they will receive the necessary vaccinations and screening tests at the appropriate time¹⁸⁷.

According to the experts who participated in the preparation of this Portrait, similar programs to those described above currently exist in Québec (in 2020), but insufficient human resources sometimes prevent them from being deployed across the province.

Parents' working conditions can also help to facilitate their children's medical follow-up. Flexible work schedules that allow parents to take time off to take their children to appointments is linked to better medical care for children¹⁸⁸.



The chapter on **family-work-school balance** looks at the situation in Québec, as well as at inspiring models from around the world.



In his 2018 report, the Québec Ombudsman recommended that the RAMQ revise its interpretation of the *Health Insurance Act* and its eligibility regulations to make children eligible for health insurance if they:

- > were born in Québec,
- > reside in the province, and
- > remain there for more than 183 days of the year¹⁸⁹.

In December 2020, the *Coalition Avenir Québec* (CAQ) introduced Bill 83 to enable more children born to parents with precarious migratory status and who live for most of the year in Québec to be eligible for public health and medication insurance. This bill is currently under review.



USE OF DENTAL CARE SERVICES

Research and analysis: Sophie Arpin, Chantal Galarneau and Nancy Wassef, Institut national de santé publique du Québec (INSPQ)

Revision: The Revision Committee^{*} and the following external reviewer: René Larouche, Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale (CIUSSSCN)

What is the current situation in Québec?

ORAL HEALTH OF YOUNG CHILDREN IN QUÉBEC

There is currently no data in Québec on young children's oral health. Cavities can develop as soon as baby teeth (called "primary teeth") come in between the ages of 6 months and 3 years. It is possible, however, to use available data on primary school students to obtain a general idea of the situation in children under 5 years of age.

A study of Grade 2 primary students in Québec revealed that:



70% had signs of an early cavity, which is when the tooth may recover with preventive measures.

19% had an advanced cavity that had pierced the enamel and reached the dentine (the layer beneath the enamel). An advanced cavity must be treated by a dentist.

47% already had fillings¹⁹⁰.

These figures show how important preventive dental care is for young children.

* Revision Committee members are listed on page 2.

VERY FEW YOUNG CHILDREN VISIT THE DENTIST FOR A COMPLETE EXAMINATION

Very few children under age 5 are seen by a dentist for a complete examination of their teeth. The *Ordre des dentistes du Québec* (ODQ) suggests, however, that children see a dentist within six months of the appearance of their baby teeth or before their first birthday. The ODQ strongly recommends that a child's first visit to the dentist should happen before their second birthday¹⁹¹.

In 2016, **163,016 children between the ages of 0 and 5** had their teeth examined by a dentist under the RAMQ dental program for children aged 9 and under. That figure represents less than a third of that age group in Québec. The situation has remained stable over the past several years, with the proportion of children seeing a dentist rising slightly from:



Source: Régie de l'assurance maladie du Québec (RAMQ), Direction de l'analyse et de la gestion de l'information, Fichier des services rémunérés à l'acte (medical services register).

REPERCUSSIONS ON PHYSICAL HEALTH



Dental cavities can have an initial effect on physical health because they can be painful and sometimes result in the premature loss of a tooth¹⁹². **Canadian data show that one-third of day surgeries on preschoolers in hospitals are the result of dental cavities, which is also the main reason for an intervention involving general anesthesia in young children¹⁹³**.

According to the Institut national de santé publique, cavities in children's primary teeth are an ongoing public health problem¹⁹⁴.


INEQUALITIES

A study of Grade 2 primary students revealed significant inequalities in children's dental health. **44%** of children **whose parents had lower levels of education** had tooth decay, as compared to **21% of those whose parents had received more formal education**¹⁹⁵.



What is the connection between dental care and early childhood development?

During early childhood, tooth decay can have short- and long-term consequences on children's development.

TOOTH DECAY CAN AFFECT CHILDREN'S GROWTH



Early childhood is a key period for the acquisition of good lifestyle habits, both in terms of eating and oral hygiene¹⁹⁶. Since tooth decay can disrupt young children's eating and sleeping patterns, it can have a negative impact on their growth and weight gain¹⁹⁷.

IT AFFECTS CHILDREN'S SPEECH AND SELF-CONFIDENCE



Tooth decay can also affect other areas of development. It can impair tooth positioning and pronunciation. The negative effect of tooth decay on appearance can also affect children's self-confidence¹⁹⁸.

What public policies currently exist in Québec?

POLICIES	DENTAL CARE COVERAGE BY THE QUÉBEC HEALTH INSURANCE PLAN (RAMQ) ¹⁹⁹	QUÉBEC PROGRAM FOR SUPERVISED TOOTH BRUSHING WITH FLUORIDATED TOOTHPASTE IN EDUCATIONAL DAYCARES AND PRIMARY SCHOOLS	QUÉBEC PROGRAM FOR THE FLUORIDATION OF DRINKING WATER
GOVERNMENTS	Québec	Québec	Québec
OBJECTIVES	Reduce financial barriers to obtaining dental care for children in Québec ²⁰⁰ .	Offer supervised tooth brushing with fluoridated toothpaste in virtually all educational childcare facilities and primary schools in Québec. Encourage young children to develop the habit of brushing their teeth regularly with fluoride toothpaste. Promote optimal fluoride intake starting in early childhood. Reduce social inequality related to tooth decay ²⁰¹ .	Support municipalities that want to increase the fluoride content of their drinking water to the target level of 0.7 mg/l ^{202, 203} .
CREATION & UPDATES	This program was created in 1974, and was subsequently updated in 1982, 1992 and 1996 ²⁰⁴ .	This program ensued from the 2015-2025 Québec public health program, ²⁰⁵ . and is currently being rolled out.	Québec began adding fluoride to drinking water in 1955. In 1975, compulsory fluoridation was included in the <i>Public</i> <i>Health Protection Act</i> , but in 2001, fluoridation was made non-compulsory under that same Act ²⁰⁶ .
SCOPE	Children under the age of 10 ²⁰⁷	All children attending an educational childcare facility recognized by the Québec Family Ministry. The program is also intended for children in public and private primary schools ²⁰⁸ .	Any person living in an area served by a water processing plant (or owner of such a plant) who submits a grant application to the Ministry ²⁰⁹ .

How effective are these policies?

UNIVERSAL DENTAL CARE COVERAGE IS AN EFFECTIVE WAY TO FIGHT TOOTH DECAY



According to a study conducted outside of Canada, countries that offer universal dental coverage for children appear to have more success in fighting tooth decay²¹⁰. In 2018, **254,780 dental services covered by the RAMQ** were offered to Québec children under age 5²¹¹, accounting for less than a third (31%) of all children in that age group²¹². A very large number of children, therefore, did not take advantage of free dental care covered by the RAMQ.

PREVENTIVE CARE PLAYS AN IMPORTANT ROLE IN PREVENTING ORAL DISEASES



Even though RAMQ dental coverage for children under 10 includes a **complete annual exam and treatment of tooth decay and other dental problems**, no preventive services are offered free of charge²¹³. Scientific studies have shown, however, that preventive care (such as instruction in oral hygiene and topical fluoride application) plays a key role in preventing oral disease²¹⁴.

THE POTENTIAL BENEFITS OF QUÉBEC'S SUPERVISED BRUSHING PROGRAM



Since the Québec program for supervised tooth brushing with fluoridated toothpaste in educational daycares and primary schools is still being rolled out, it is still too early to evaluate its effectiveness. The Health and Social Services Ministry (MSSS) is aiming to get the program up and running in 65% of educational daycares between now and 2025²¹⁵. Experts are hopeful about potential outcomes, as **it has been clearly shown that using fluoridated toothpaste helps to prevent tooth decay**²¹⁶. According to certain studies, supervised brushing programs in daycares can reduce tooth decay by up to 40%²¹⁷.

EXPOSURE TO FLUORIDATED WATER REDUCES TOOTH DECAY IN CHILDREN



Science has proven that **exposure to fluoridated water is associated with less tooth decay in children^{218, 219}**. Certain studies have observed a reduction of 35%²²⁰. En England, it is estimated that children living in a region with fluoridated water have 28% less risk of developing cavities than those who live in areas without fluoridated water and who belong to certain disadvantaged population groups. The corresponding figure for the whole population is 15%²²¹.



However, acceptance of fluoridated water in Québec is relatively low. In 2010, just 62% of the population of Québec was in favour of fluoridation²²². Acceptance varies from region to region—barely 46% in Mont-Joli in the Lower St. Lawrence in 2011, for example²²³. There has been an observed decrease in water fluoridation since 2012. There have been no new municipal grant applications, and nine water filtration plants have stopped fluoridating altogether.

Less than

It is estimated that less than 2% of the Québec population currently has access to fluoridated drinking water²²⁴.

What could we be doing better?

OPORTIONATE UNIVERSAL APPROACHES CAN REDUCE INQUALITY



Certain studies have shown that children in disadvantaged communities visit the dentist less frequently than children in more privileged neighbourhoods^{225, 226, 227, 228, 229, 230}. Some experts therefore feel that universal access is not the sole solution to reducing inequality in the area of dental care.

Experts believe that proportionate (or targeted) approaches could help to reduce this inequality²³¹. In other words, universal access to preventive services and treatment for tooth decay and other dental problems must be combined with specific public policies for children in disadvantaged socio-economic environments²³².

IMPROVED ACCESSIBILITY TO PREVENTIVE DENTAL CARE

Promoting easier access to preventive dental care (information on oral hygiene and topical fluoride treatments) appears to be an important factor in improving young children's oral health. Certain countries, such as Sweden, Denmark, Great Britain, Germany and Switzerland, have interesting preventive strategies for dental diseases that facilitate access to preventive dental care²³³.



Sweden and **Denmark** score high in prevention thanks to their universal coverage that includes preventive care for young children. These two countries have also set up public dental clinics that provide annual checkups for children²³⁴.

AWARENESS PROGRAMS IN GREAT BRITAIN



Great Britain also has some excellent preventive oral health programs. In the city of Manchester, the *Healthy Baby Infant Feeding Policy* sends out awareness messages and distributes sippy cups to discourage bottle feeding after a child's first birthday²³⁵. The county of Buckinghamshire has commissioned a Smile Award Plus program, which supports and certifies facilities for preschoolers that have implemented measures that promote oral health.

Those measures are:

- having a "tooth-friendly" food and snack policy, limiting sugary snacks and providing water and milk in preference to sugary and acidic drinks.
- having staff trained to give consistent and evidence-informed oral health information to children and their families.
- promoting oral health messages using a variety of methods, including displays and information, specific oral health education sessions, supermarket and garden visits, fruit and vegetable tasting and growing activities, etc.

In 2016, 94% of children's centres had been certified, and evaluation of the Smile Award Plus program showed behavioural changes in children's families, particularly regarding eating habits, bottle feeding and tooth brushing²³⁶.

In Québec, the fact that children with special needs have difficulty accessing dental services is detrimental to their oral health. Since dental professionals may not always know how to approach these children, they often end up being treated in hospital under general anesthesia. The program *Mes dents, c'est important!* (My teeth are important!) is an information resource aimed at facilitating dental care for children with autism spectrum disorder, but it could also help to improve all children's experiences at the dentist's office²³⁷.

FLUORIDATING SALT, NOT WATER



ome countries such as **Germany** and **Switzerland** suggest the use of fluoridated salt to fight tooth decay. In those countries, fluoridated salt accounts for 67% and 85% of consumption, respectively. This measure appears to be just as effective as fluoridating water²³⁸. The World Health Organization (WHO) recommends this as an alternative solution in places where fluoridating water is not technically feasible or culturally accepted²³⁹.

ACCESS TO HEALTH AND SOCIAL SERVICES

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Revision: The Revision Committee^{*} and the following external reviewer: Tonino Esposito, School of Social Work, Université de Montréal

What is the current situation in Québec?

Chapters 1, 2, 3 and 4 of the Portrait looked at access to perinatal services, screening for developmental delays, medical follow-up care and dental care. The information in this chapter complements that contained in the first four chapters. Although we will once again be looking at the important issue of access to services for young children, this chapter focuses on public policies for improving access to various specialists in health and social service such as speech therapists, resource teachers, neuropsychologists, physiotherapists, occupational therapists and social workers.

In Québec schools, various professionals offer services that complement those provided by teachers. The purpose of these services is to prevent developmental problems in children or to improve their well-being and ability to learn. These professionals include speech therapists, psycho-educators, social workers, psychologists, resource teachers and occupational therapists.



* Revision committee members are listed on page 2.



The graph below shows the proportion of kindergarteners considered vulnerable who received services from one of these professionals at their school in 2017, as compared to non-vulnerable children.

WAIT TIMES



Obtaining access to health and social service professionals can be difficult in Québec, especially outside of the school system. In February 2014, speech therapists working in the public healthcare system reported that the waiting period to see a speech therapist in the public sector was up to 18 months²⁴⁰.

The average wait time to see a specialist for children under age 5 with an autism spectrum disorder declined from 231 days in 2016-2017 to 177 days in 2018-2019²⁴¹.



What is the connection between access to these services and early childhood development?

Research has clearly shown that timely access to health care and social services for young children is crucial. Inadequate access to health care is associated with increased pain, complications and emotional distress²⁴⁶.



A child who is having difficulty speaking but does not have the opportunity to see a speech therapist, for example, will be at greater risk of developing problems related to behaviour, academic performance and social adaptation. Language development is essential for the acquisition of good social skills and learning in school²⁴⁷.

Similarly, children with special needs who are experiencing motor development problems and who do not receive treatment from a physiotherapist may suffer negative consequences. Their chronic pain can affect their physical movement, preventing them from attending educational daycare or taking part in cultural or leisure activities. Such restrictions can have a negative effect on their overall development and, ultimately, their quality of life in adulthood²⁴⁸.





Duration of care is another important factor. A French study on autistic children revealed that the longer the duration of a child's psychoeducation treatment, the more rapidly their independence and social and language skills progressed²⁴⁹.



What public policies currently exist in Québec?

POLICIES	INTEGRATED PERINATAL AND EARLY CHILDHOOD SERVICES (SIPPE)	SERVICES FOR PERSONS WITH A PHYSICAL OR INTELLECTUAL DISABILITY OR AN AUTISM SPECTRUM DISORDER (ASD)	STRATEGY FOR CHILDREN FROM BIRTH TO AGE 8 IN THE CONTEXT OF THE POLICY ON EDUCATIONAL SUCCESS
GOVERN- MENTS	Québec	Québec	Québec
OBJECTIVES	Foster the overall development of children between 0 and 5 living in situations of vulnerability by offering early, personalized, intensive and long- term services. The program may begin as early as the 12th week of pregnancy and continue to be offered to the family until the child starts school.	The objective of these services offered by the MSSS through a CISSS or CIUSSS is to encourage and support social participation in individuals with a physical or intellectual disability or an autism spectrum disorder by helping them to develop and maintain their abilities, compensate for their disabilities and foster functional autonomy. Services are also aimed at providing support for these persons' families, who play a significant role in their development, integration and social participation.	The objective of the Strategy for children from birth to age 8 (<i>Stratégie O-8 ans</i>) is to act as early as possible in a child's education path, setting up the conditions needed to ensure that all children can develop their full potential and have the tools they need to flourish and succeed. It provides an integrated, universal framework for families and a wide range of stakeholders in early childhood: educational childcare personnel, school personnel, employees in the health and social services network, community organizations and workers, members of the business community, cultural organizations and municipalities.
CREATION & UPDATES	SIPPE programs were created in 2004 based on three Québec preventive intervention programs: <i>Naître égaux –</i> <i>Grandir en santé</i> (Equal at birth – growing up healthy), a support program for young parents (PSJP) and an early education support program. The SIPPE framework was revised in 2019 based on the efforts of numerous initiatives to bring the program up to date ²⁵⁰ .	In 2015, the two service programs for physical disabilities and for intellectual disabilities and ASD were combined under the same clinical administration, even though the programs have remained separate in terms of budgeting and accountability.	The Strategy was created in 2018.
SCOPE	Any pregnant woman and her partner, or any parent or primary caregiver of a child under 12 months of age who is living below the low-income cut-off and presents one of the following risk factors: low level of education or social isolation. The child is also covered under this program. An interdisciplinary team may also decide to offer SIPPE based on their clinical judgement ²⁵¹ .	All persons with a physical or intellectual disability or autism spectrum disorder, including children between the ages of 0 and 5. Services are adapted to individuals' needs based on various factors, including age.	The Strategy targets all children between the ages of 0 and 8 who are more developmentally vulnerable.



POLICIES	<i>AGIR TÔT</i> PROGRAM	YOUTH PROTECTION ACT (YPA))	INTENSIVE BEHAVIOURAL INTERVENTION (IBI) PROGRAM
GOVERNMENTS	Québec	Québec	The Intensive Behavioural Intervention (IBI) Program (<i>Programme d'intervention</i> <i>comportementale intensive</i> or ICI) has been implemented in rehabilitation centres for people with intellectual disabilities or pervasive development disorders (CRDITED) and is recognized by the Québec government.
OBJECTIVES	The ultimate goal of this program is to enable every child to develop their full potential. To achieve this goal, the program strives to refer children to services more efficiently, create a clearer picture of their development, reduce wait times, involve the family from the outset, offer an early stimulation program and the possibility of developing an early, very specific intervention plan ²⁵² . The program uses a computer platform to detect children's difficulties early in life, evaluate their development profile and rapidly refer them to the appropriate services to ensure they receive the services they need.	The objective of the Youth Protection Act (YPA), adopted in 1977, is to protect children under the age of 18 whose security or development is, or may be considered, in danger. In Québec, the function of the Director of Youth Protection is an integral part of the Youth Protection Act. The role of the Director is to work with children and their parents, ensuring that decisions serve the best interests of children and respect their rights. The Director of Youth Protection—not the Direction of Youth Protection— is personally responsible for the application of Act ²⁵³ .	This program, which encourages learning in children with an autism spectrum disorder (ASD), strives to develop each child's full potential, helping them to make full use of their intelligence, learn how to communicate their feelings, manage their emotions, etc. ²⁵⁴ .
CREATION & UPDTES	Agir tôt was created in 2019 following the success of the <i>Centre intégré du réseau en</i> <i>neurodéveloppement de l'enfant</i> (CIRENE). Agir tôt will be rolled out over a two-year period, with planned investments of \$70 – \$90 million.	The YPA was adopted in December 1977 and implemented in January 1979, which is also when the Direction of Youth Protection was created. The YPA was updated in 1984, 1994, 2006, 2016 and 2017 ²⁵⁵ .	In 2003, the Québec government mandated rehabilitation centres for people with intellectual disabilities (CRDIs) to set up a universal intensive behavioural intervention program (IBI) ²⁵⁶ .
SCOPE	This program targets children between the ages of 0 and 5 who are developmentally vulnerable.	The YPA protects all children living in Québec under the age of 18.	The program targets children between the ages of 2 and 5 with an ASD ²⁵⁷ .

Outside of the public health system, other organizations offer various types of services, such as workshops in the context of community speech therapy programs. The Saint-Janvier library in Mirabel, for example, welcomes children with special needs and their parents every Saturday morning, providing them with a quiet sensory room, games, educational books and a selection of informative documents. Several community organizations also offer stimulation workshops for young children with special needs that complement the services offered by the public health network. The Confort sensoriel (sensory soothing) program offered by the *Relais du Quartier St-Vincent-de-Paul* in Laval is a good example of such an initiative.



Community social pediatrics is a medical model centred on the needs of children between the ages of 0 and 20 and their families. CSP seeks to identify and reduce or eliminate sources of stress that compromise children's development and well-being. The support and implementation of the Québec network of social pediatric centres is under the jurisdiction of the provincial *ministère de la Famille.*

To achieve this mission, several specialists come together to work in social pediatric centres: doctors, social workers, psycho-educators, art therapists, music therapists, lawyers, mediators, psychologists, speech therapists and occupational therapists, among others.

Social pediatric centres focus on children in extremely vulnerable situations with various developmental difficulties. In 2014, even though most children were referred to a social pediatric centre by the health and social services network, about 33% of families come directly to a centre or hear about it from family or friends²⁵⁸.

The first two Québec social pediatric centres were established in the Hochelaga-Maisonneuve and Côte-des-Neiges neighbourhoods in Montréal; there are now 42 social pediatric centres operating in the province. In 2019-2020, social pediatric centres carried out 140,000 interventions with over 10,400 children and their families²⁵⁹.



How effective are these policies?

LONG WAIT TIMES MAKE ACCESS DIFFICULT FOR REHABILITATION SERVICES



A report by the provincial Health and Welfare Commissioner (*Commissaire à la santé et au bien-être*) on the performance of the health system has shown that rehabilitation services, including occupational therapy for children with physical or intellectual disabilities or an autism spectrum disorder, are difficult to access due to long wait times for appointments. The same situation exists in the case of mental health services and child psychiatry²⁶⁰.

PARENTS WHO OPT FOR PRIVATE SERVICES



A study on access to speech therapy services in Québec revealed that screening, evaluation and intervention services for children with speech disorders were limited. The study also identified inefficient communication and coordination between schools and health healthcare facilities, and service variability in different regions of Québec. Faced with these problems, most of the parents who participated in the study said they had turned to the private sector, even though the costs were much higher²⁶¹.

PROVEN EFFECTIVENESS OF THE INTENSIVE BEHAVIOURAL INTERVENTION PROGRAM



Several studies have proven the effectiveness of the intensive behavioural intervention program in fostering the development of young children with ASD, particularly in the areas of communication, behaviour, social adaptation and intellectual ability²⁶². Studies done in the United States and the United Kingdom on similar programs have shown that **65% of children who received early intensive services were able to attend regular school on a part- or full-time basis**²⁶³. The positive effects are even greater when a child receives prolonged, frequent high-guality interventions early in life²⁶⁴.



CHILDREN OF IMMIGRANTS WHO HAVE NO ACCESS TO SERVICES

As mentioned earlier in this document, many children of immigrants do not have access to health and social services due to their parents' precarious immigration status. When a child's parents are not covered by the provincial health insurance plan (RAMQ) or the Interim Federal Health Program (IFHP), the child is not eligible for services offered through the public system²⁶⁵. In December 2020, the *Coalition Avenir Québec* (CAQ) introduced Bill 83 to allow more children born to parents with precarious immigration status and living in Québec to obtain health and medication insurance. Bill 83 is currently under study²⁶⁶.

CIRENE: REDUCTION IN WAIT TIMES FOR REFERRALS



The platform and specialized clinics affiliated with the *Centre intégré du réseau en neurodéveloppement de l'enfant* (CIRENE) helped to **reduce** children's referral time from 15 months to 2 weeks and **wait times for a diagnostic evaluation by 35%**. The result was that children were **referred to an appropriate clinic in almost 100% of cases**²⁶⁷.

THE A.I.D.E. PLATFORM IMPROVES REFERRAL OF CHILDREN TO REQUIRED SERVICES



The Agir tôt program advocates the use of a computer platform—called the A.I.D.E. platform—that makes it easier to assess children's development profiles. A 2016 evaluation of this platform revealed that these more precise

development profiles resulted in an improvement in referring children to the services they needed²⁶⁸.



See the chapter on "Screening for developmental difficulties" for more information on the outcomes of the A.I.D.E. platform.

SIPPE: BETTER RECOGNITION OF THE NEEDS OF PARTICIPATING FAMILIES



IPPE programs are based on a detailed analysis of families' needs. The Québec health and social services ministry (MSSS) requires that this analysis be done as soon as families enter the system and that it be ongoing to ensure that proposed interventions reflect their changing needs. A family's needs include those of both children and their parents. An evaluation grid developed by the *Institut national d'excellence en santé et en services sociaux* (INESSS) will be available to all Québec practitioners in the fall of 2021²⁶⁹.

STRATÉGIE 0-8 ANS: REPORT ON OUTCOMES IN 2025



The key objective of the Strategy for children from birth to age 8 that was rolled out as part of the policy on educational success is to increase the proportion of children who start school without presenting any developmental vulnerability factors to 80% by 2025. We will therefore not have a clear idea of the effectiveness of this strategy before 2025.

YOUTH PROTECTION ACT CAN HELP TO ENSURE MORE STABILITY IN CHILDREN'S LIVES



An evaluative study of the *Youth Protection Act* (2006 version) showed that it had contributed to **a decrease in placement from 62.7% to 58.9%**. The study also revealed that since children had been subjected to fewer changes in their living environments, their lives had been more stable, which is, naturally, the desired outcome²⁷⁰.

COMMUNITY SOCIAL PEDIATRICS IMPROVES ACCESS TO DIAGNOSES AND SERVICES

A study conducted between 2011 and 2014 in five regions of Québec showed that community social pediatrics improves access to diagnoses as well as health and social services. Unlike the public network, CSP also integrates several different services in one place, which enables personnel to achieve their mission of welcoming children and parents who are vulnerable in several ways, and who are unable to access the public health and social services system²⁷¹.

Another study has shown that geographic proximity, partnerships with institutions, and a direct presence in the community all improve the ability of social pediatric centres to identify children with the greatest needs²⁷².



What could we be doing better?

One of the objectives of the MSSS's 2019-2023 strategic plan is to improve access to services for children, youth and their families. To achieve this goal, the MSSS is consolidating efforts aimed at improving the accessibility, quality and continuity of educational services to rapidly detect vulnerabilities in certain children and intervenein their early years. Standards for clinical practice and improved access to services are also currently under review²⁷³.

KEEPING THE POPULATION CLEARLY INFORMED

In her October 2020 report, the Auditor General of Québec noted that the MSSS was failing to clearly inform the public of wait times for psychosocial services, especially first-line services offered by CLSCs. Her recommendations to the ministry included:



- obtaining the data required to better measure access to primary care services, and
- providing the public with clear, pertinent information on actual wait times for access to health and social services²⁷⁴.

INVOLVING EDUCATORS

According to a study of educators in educational childcare facilities (CPEs), obtaining support services from an occupational therapist enabled them to be better equipped to screen and intervene in cases of children with special needs. This allowed children to be referred to the appropriate services more rapidly²⁷⁵.

REDUCING BARRIERS TO ACCESS

Generally speaking, services based on the principle of proportionate universalism offer conditions for success in interventions aimed at fostering children's overall development. This is the approach proposed by the Québec institute of public health (*Institut national de santé publique du Québec –* INSPQ)²⁷⁶.

"Proportionate universalism" combines a universal approach balanced with targeted interventions that are proportionate to individuals' needs. The objective of this principle is to eliminate barriers to health services (such as socio-economic status, culture or language)²⁷⁷.

A report by the *Agir pour que chaque tout-petit développe son plein potentiel* advisory committee (Taking action to enable every child to develop their full potential) proposes other solutions to reduce access barriers for disadvantaged families, including:



- > ensuring that all families receive information about services,
- > providing interpreters or allowing more time to instill trust, and
- providing training for service providers to reduce negative attitudes towards these families²⁷⁸.

ACCESS TO QUALITY EDUCATIONAL SERVICES IN EARLY CHILDHOOD

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What is the current situation in Québec?

ACCESS TO EARLY CHILDHOOD EDUCATIONAL SERVICES

In this document, the term "early childhood educational services" includes both educational childcare facilities and 4-year-old kindergarten.

Since 1997, the network of early childhood educational services in Québec has grown rapidly.

In 1997, approximately

of children between O and 4 had access to a subsidized space.



In 2016-2017,

of children between O and 4 were enrolled in educational childcare services that benefited from financial support from the government either in the form of subsidies to the services or tax credits for parents²⁷⁹.

* Revision Committee members are listed on page 2.



We also know that in 2019-2020, 2.4% of children between the age of 0 and 4 benefited from the *Passe-Partout* program, which offers 4-year-olds an educational experience which complements that provided by educational childcare services, preparing children to take full advantage of everything school has to offer. The program also helps to prepare parents for their child's transition to school.

According to the *Québec Survey on the Preschool Path of Kindergarten Students* (2017), the vast majority (92%) of children in kindergarten had been in some kind of regular childcare (full- or part-time) **at one point or another before starting kindergarten**²⁸⁰.

Not all young children have access to educational childcare services in the first few years of life. Those who grow up in neighbourhoods that are more disadvantaged (based on the material deprivation index), for example, are underserved²⁸¹. It is also difficult for children who live with a disability to obtain a space in a quality educational facility, primarily because the physical environment is often inappropriate for such children²⁸².



In the October 2020 volume of her 2020-2021 report, the Auditor General of Québec noted that **46,000 children were still waiting for a space in the educational childcare services network**²⁸³. Added to those are the 9,000 children who are enrolled in unsubsidized educational childcare and whose parents are also waiting for a space in the subsidized public system.

Access to subsidized educational childcare services can be even more difficult for parents who work non-standard hours (part-time, evenings, nights, weekends or every other week). The placement rate for these parents' children is lower (71%) than that of parents who work standard hours (85%).



We also know that, in 2016-2017, the proportion of children in 5-year-old kindergarten in Québec who had not attended an educational childcare facility (educational childcare service, 4-year-old kindergarten or *Passe-Partout* program) for at least three months prior to entering 5-year-old kindergarten was higher among those living in low-income households (based on the Low-Income Measure) and those whose parents did not have a high-school diploma.



QUALITY OF EDUCATIONAL CHILDCARE SERVICES

The quality of an educational service can be evaluated based on two criteria:

Structural quality:

Educator-child ratio, group size, personnel training and compensation, spatial organization, available material, educational program

Quality of processes:

Diversity of activities, quality of interactions between educators and children, ability of educational personnel to support children's overall development, relationship with parents²⁸⁴

Although the average score obtained by most educational childcare services is considered acceptable, a significant proportion of Québec children were attending educational facilities of poor or very poor quality in 2014. This proportion is relatively lower in CPEs, however. The following table presents the most recent results available to us for each type of educational childcare service.

Distribution of children based on the quality of the educational childcare facility they were attending and their age group in 2014 (data expressed as a percentage)

	EXCELLENT QUALITY	GOOD QUALITY	ACCEPTABLE QUALITY	POOR QUALITY	VERY POOR QUALITY
CPE – O to 18 months	6.7	60.6	30.7	2.0	0
CPE – 18 months to 5 years	2.7	42.3	51.0	3.4	0.6
Unsubsidized daycare – O to 18 months	0	7.2	51.6	38.3	2.9
Unsubsidized daycare – 18 months to 5 years	0	10.3	53.4	34.1	2.2

Source: Survey - 2014 Grandir en qualité

Although the Québec Charter of Human Rights and Freedoms prohibits any form of discrimination based on disability, parents of children with special needs must work harder to find a space in educational childcare facilities, which are sometimes less open to the idea of accepting these children²⁸⁵. Some establishments simply do not have the necessary human and material resources to accommodate them. There are many challenges involved in integrating special needs children into educational childcare.

What is the connection between quality educational services and early childhood development?

Educational childcare services complement the role of parents²⁸⁶. Quality services can have positive short- and long-term effects on several areas of children's development²⁸⁷. They can also help to ensure that children from low-income families are less developmentally vulnerable²⁸⁸.



What public policies currently exist in Québec?

POLICIES	FAMILY POLICY	EDUCATIONAL CHILDCARE ACT	EDUCATIONAL CHILDCARE REGULATION
GOVERNMENTS	Québec	Québec Loi sur les services de garde éducatifs à l'enfance – LSGEE	Québec Règlement sur les services de garde éducatifs à l'enfance – RSGEE
OBJECTIVES	Québec's family policy includes several family-assistance measures, such as subsidized daycares. The policy also oversees programs for financial support and family-work balance measures ²⁸⁹ .	Promote the quality of childhood educational services to help to ensure the health and development of young children, especially children who have a disability or who live in a disadvantaged neighbourhood ²⁹⁰ .	Provide requirements for ratios of children to educator based on age of the children and the type of educational facility, for the minimum area per child required in play areas, and for qualifications for education personnel ²⁹¹ .
CREATION & UPDATES	The <i>Les enfants au cœur de nos choix</i> Policy was launched in 1997 ²⁹² . The first policies in favour of families in Québec go back to 1945, when the federal government created the first family allowance payment system ²⁹³ .	The Act respecting child day care was adopted in 1979. In 1997, it was renamed the Act respecting childcare centres and childcare services. In 2006, it was repealed and replaced by the Educational Childcare Act (LSGEE).	As part of the adoption of the <i>Educational</i> <i>Childcare Act</i> (LSGEE), the government adopted the <i>Educational Childcare</i> <i>Regulation</i> (RSGEE) in 2006.
SCOPE	Since the Québec family policy includes several family assistance measures, it is difficult to measure its overall scope. It is more useful to look at the effects of all the various measures, such as subsidized daycares, family allowances and financial support for low-income families, for example.	In 2019, while 261,097 children (60.5%) were attending an educational childcare facility recognized by the Family Ministry and 8,793 (2.0%) were enrolled in 4-year-old kindergarten, another 161,391 children (37.4%) were not enrolled in either a recognized educational facility or 4-year-old kindergarten ²⁹⁴ .	



POLICIES	4-YEAR-OLD KINDERGARTEN PROGRAM	MEMORANDA OF UNDERSTANDING BETWEEN CISSSS OR CIUSSSS AND EDUCATIONAL CHILDCARE SERVICES (CPES AND DAYCARES)	AN ACT TO IMPROVE THE EDUCATIONAL QUALITY AND FOSTER THE HARMONIOUS DEVELOPMENT OF EDUCATIONAL CHILDCARE SERVICES (BILL 143)
GOVERNMENTS	Québec Programme d'éducation préscolaire 4 ans	Québec Protocoles d'entente entre les CISSS ou CIUSSS et les services de garde éducatifs à l'enfance	Québec Loi visant à améliorer la qualité éducative et à favoriser le développement harmonieux des services de garde éducatifs à l'enfance
OBJECTIVES	Offer an equal opportunity to all children, provide for their healthy development in every area and help them to believe in their own abilities and discover the joy of learning. The 4-year-old kindergarten educational program is part of the <i>Accueillir la petite enfance</i> educational program.	Ensure rapid access to a space in a CPE or subsidized daycare for vulnerable children and facilitate access to health services for special needs children. Memoranda of understanding exempt parents from having to make any financial contribution for educational services for their child if it is recommended by a CISSS or CIUSSS.	The purpose of this <i>Act</i> is to improve the quality of all educational childcare services and to foster the educational success of the children who attend them. It also aims to strengthen support for children's development and better prepare them for the transition to school. The <i>Act</i> includes a section on the Child's Education Record ²⁹⁵ .
CREATION & UPDATES	In June 2019, Québec's National Assembly adopted a bill to ensure that all schools—public or private—would be able to offer a full-day kindergarten program for 4-year-olds starting 2020- 2021. This program will be replaced by the <i>Programme-cycle de l'éducation</i> <i>préscolaire</i> (preschool cycle program), which will combine the current three preschool programs (half-day and full-day 4-year-old kindergarten and 5-year-old kindergarten) into a single cycle. This program will come into effect in September 2021.	An initial implementation guide for memoranda was proposed in March 2002 ²⁹⁶ .	The <i>Act</i> came into effect on June 8, 2019.
SCOPE	The Act provides for the large-scale rollout of full-day kindergarten for 4-year-olds, which since 2013-2014 has been offered solely in disadvantaged neighbourhoods. The law provides for recognition of all 4-year-old children's right to this service. Even if the program becomes generalized, however, it will remain optional.	In 2008, even though close to half of all CPEs had signed this type of memorandum of understanding, about two-thirds of that number reported that they had not been able to accept all the children that were recommended to them due to a lack of available space ²⁹⁷ . Children who attend CPEs in First Nations communities are not included in these memoranda of understanding.	This <i>Act</i> concerns all CPEs, daycares and home childcare coordinating offices ²⁹⁸ .



The *Passe-Partout* program offers 4-year-olds an educational experience that complements the benefits provided by educational childcare facilities, helping them to be able to take full advantage of everything primary school will have to offer. The program also includes sessions to prepare parents for their child's transition to school²⁹⁹.

In addition to Québec government policies, there are measures that have been put in place to facilitate young children's access to educational childcare services and to improve the quality of those services. The mission of drop-in daycare centres, for example, is to foster children's overall development, focusing particularly on parents and children who do not have access to CPEs, private daycares or home daycares³⁰⁰.



To better respond to the needs of children with disabilities and support the educational facilities that welcome them, the Family Ministry offers an allowance for integrating a child with a disability who is 59 months or younger into educational childcare. The purpose of this allowance is to encourage these children's social participation—their adaptation and participation into group life and activities. Part of the funding goes to managing children's educational records and purchasing material resources (specialized equipment and material, adapting existing material, reorganizing physical premises, etc.), while another portion is used to pay for additional human resources³⁰¹.



How effective are these policies?

POLICIES THAT PROMOTE DEVELOPMENT

According to a study of very young children in Montréal, children in low-income families who attended an educational childcare facility exclusively before starting school are less likely to be vulnerable in two developmental domains or more in comparison with their counterparts who did not attend educational childcare at all³⁰².





We also know that in Montréal, first-generation children of immigrants who attended a CPE or half-day 4-year-old kindergarten exclusively are almost five time less likely to be vulnerable in at least one development domain than those who did not attend any educational childcare service³⁰³.

Children living in Québec who participated in the *Passe-Partout* program are less likely to be vulnerable in at least one domain of development than children who were not involved in any preschool program at all³⁰⁴.



The 2017 Québec Survey on the Preschool Path of Kindergarten, however, revealed that attending an educational childcare facility in early childhood was linked to a decreased risk of vulnerability in just one of the five development domains: Communication skills and general knowledge. This phenomenon occurred equally in children in low-income families as in other children³⁰⁵.

A report by Catherine Haeck notes that Canadian studies on Québec's reducedcontribution childcare program have shown that this initiative has had a significantly positive impact on mothers' participation in the workforce. On average, however, few effects have been documented on children's cognitive and behavioural development. These results may be explained by a combination of factors, including the variable quality of services and the number of hours spent in care. Elsewhere, studies out of Québec and the United States have shown that high-quality childcare can have positive effects on young children's development in disadvantaged areas. It is important, therefore, to focus on the level of quality of childcare facilities in Québec and the role of the Family Ministry in ensuring this quality. In its report, Thomas Saïas' team stressed that not attending an educational childcare facility not only has immediate and long-term consequences for young children in precarious living conditions, but also deprives them of screening for potential problems, which has an influence on trajectories already constrained by social inequality³⁰⁶.

LIMITED ACCESS FOR SOME CHILDREN

Not all young children in Québec have access to quality educational childcare. The wealthiest and most educated families make the most use of these services³⁰⁷. According to several studies, however, children who are growing up in disadvantaged conditions, children of immigrants, children who are victims of maltreatment and Indigenous children would benefit the most from educational childcare services³⁰⁸.

There are many barriers to access to educational childcare:

- > A lack of spaces in childcare facilities in the family's neighbourhood
- > Services that are unaffordable for the family
- > Services are of undesirable quality
- > Services do not correspond to parents' working schedules
- Services are not regulated and thus do not require adherence to the educational program
- > Lack of training for educators
- > Impossible for services to accept all children from the same family
- > Insufficient specialized resources to meet a child's special needs
- > Inappropriate physical environment for children with disabilities³⁰⁹.



There are even more barriers to access for immigrant families in Québec:



Children of parents who are asylum seekers or who have precarious status, are foreign students, or are temporary workers, are not protected under the *Educational Childcare Act*. These families are therefore denied access to reduced-rate daycare spaces subsidized by the government. In fact, since non-status migrants and asylum seekers are not eligible for CPEs, they must pay the full rate for a space in an unsubsidized daycare.



Newcomers' unfamiliarity with available services and registration procedures³¹⁰.

What could we be doing better?

IMPROVING ACCESS TO SERVICES

In Québec, it is the more affluent and most educated families who make the most use of quality educational childcare services³¹¹. In the summer of 2019, after Family Minister Mathieu Lacombe expressed his concern regarding children who were not currently enrolled in educational childcare, an advisory committee was mandated to examine the situation. To ensure that all young children have access to educational services that best meet their needs, the advisory committee recommended that the province draw on best practices here and abroad to implement a comprehensive strategy that focuses on four broad areas of intervention:



Go out to meet families in the community and create several points of entry into the system.



Improve service access and quality, adapt services to meet the needs of the most vulnerable families and reduce inequalities.



Gain a better understanding of needs and evaluate current actions with a view to ensuring ongoing improvement.



Support intersectoral mobilization and initiatives at all levels. These four areas are interconnected and mutually complementary³¹².

Studies have also shown that supporting the complementary work and services offered by community organizations that provide drop-in daycare (women's centres, immigration services), local family-centred organizations (*organismes communautaires Famille* – OCF) and Native Friendship Centres is an effective way to help parents of young children for whom it is more difficult to access educational childcare services, such as newcomers³¹³.

It has been shown that community organizations maintain close ties with the most vulnerable families, particularly newcomers. In 2017-2018, close to four out of five community drop-in daycares (80%) welcomed children from immigrant families. During the same period, approximately 86% of drop-in daycare centres took in children with disabilities or whose parents were immigrants³¹⁴.



IMPORTANT

By providing parents with much needed temporary support, community drop-in daycare centres have an important role to play. Research has shown, however, that it is preferable that children attend an educational childcare facility (CPE or daycare) from a very early age to minimize the number of transitions from one environment to another before starting school. Such transitions can cause instability and affect children's development³¹⁵. It is also important to remember that since drop-in educational childcare services offered by community organizations are not recognized as educational childcare establishments under the *Educational Childcare Act*, they do not benefit from the same support and guidance. It is important to recognize, however, that the Québec association of drop-in daycares (*Association des haltes-garderies communautaires du Québec*) has developed an educational program called *Je grandis en halte-garderie*, based on the *Accueillir la petite enfance* program and adapted to reflect the reality of drop-in daycare centres. The Association also provides support to help in drop-in daycare teams assimilate the program.

IMPROVING SERVICE QUALITY

Research has stressed the importance of staff training in improving the quality of educational services:



- Educators with a higher level of initial training provide children with better personal care, are more sensitive to their needs and interact more with them.
- Specialized training in early childhood enables educational personnel to provide an environment that is adapted and stimulating for children (in Québec, a DEC or college diploma in Early Childhood Education is the basis of appropriate training).
- Participating in ongoing training activities based on best practices is linked to a higher quality offer of services³¹⁶.

Maintaining current efforts to ensure that all educational childcare facilities meet the requirement of having two qualified educators out of every three is another measure that could improve the quality of services³¹⁷.

Policies designed to support educators and provide them with the tools they need in their daily work could also advance the quality of educational services. The effectiveness of such measures is greatly enhanced by giving educators access to a pedagogical consultant or information on best practices in childcare settings³¹⁸.

THE EXAMPLE OF THE EASTERN TOWNSHIPS

As part of a pilot project, CPE managers in the Eastern Townships received training on the concept of quality. The quality of each CPE's educational environment was observed before and after the education personnel had participated in three training sessions. Project evaluation revealed that this customized training founded on evidence-based data and best practices had a positive impact on the quality of participating CPEs³¹⁹.

In conclusion, the quality of educational services relies on several key contextual elements:



- > A routine that is consistent yet flexible, that respects the rhythm of young children and includes stimulating periods of transition
- > A rich, varied selection of books
- > Toys that encourage children's overall development and that are representative of the diversity of their families
- > Safe indoor and outdoor environments
- > Furniture that is adapted to children's size and/or disabilities
- > Healthy, varied food choices enjoyed during relaxed mealtimes³²⁰.

Municipalities also have the necessary power and competence to act on access to educational childcare services and the quality of those services. Municipalities can:

promote educational childcare projects that are in the best interests of the community

adopt regulations to ensure the quality of educational childcare services

increase public awareness of educational childcare services offered in the community³²¹.



In 2018, the Early Childhood Observatory devoted an entire <u>report</u> to the possibilities available to municipalities to support educational childcare services.

FOOD SECURITY FOR YOUNG CHILDREN

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Revision: Revision Committee^{*}; Marie-Claude Paquette and Chantal Blouin, Institut national de santé publique du Québec (Public health expertise and reference centre); Laurence Sauvé-Lévesque and Corinne Voyer, Coalition québécoise sur la problématique du poids (Weight Coalition); Anne Marie Aubert, Conseil du système alimentaire montréalais (Montréal Food System Council) (Montréal – Métropole en santé); Élise Boyer, Fondation Olo

What is the current situation in Québec?

WHAT IS FOOD INSECURITY?

The expression "food security" means that everyone has access at all times to a sufficient supply of health food. Inversely, "food insecurity" denotes an inability to obtain a sufficient supply of such healthy foods as fruits and vegetables, dairy products and other sources of protein that are necessary for good childhood development³²². We talk about "acute food insecurity" when people have to reduce their food consumption or deprive themselves because of a lack of money.



In some countries, food insecurity is caused by geographical and environmental factors. In Québec, however, as in all industrialized countries, the primary cause of food insecurity is a lack of adequate income in families.

HOW MANY YOUNG CHILDREN ARE EXPERIENCING FOOD INSECURITY?

In 2017-2018, the proportion of Québec families **living in** situations of food insecurity was higher among families with young children (9.2%) than among the rest of the population in the province (7.4%)³²³.



Families with children 5 and under Entire population of Québec

* Revision Committee members are listed on page 2.



Approximately one out of ten Québec households with at least one child 5 years of age or under experienced food insecurity in 2017-2018.



In 2017-2018 in Québec, food insecurity affected:



- 23.7% of households consisting of a single parent with at least one young child (age 5 or under)
- 49.2% of households with at least one young child in which neither parent had a high school diploma.

Source: Statistics Canada, *Canadian Community Health Survey (CCHS)*, share files. Adapted by the Institut de la statistique du Québec.

What is the connection between food insecurity and early childhood development?

IRON DEFICIENCY AND DEVELOPMENTAL DELAYS



Research has revealed a connection between an iron deficiency in young children and emotional, cognitive and motor delays³²⁴. We also know that 5-year-old children who have grown up in households affected by food insecurity are twice as likely to present symptoms of hyperactivity and attention deficit³²⁵.

FOOD INSECURITY AND OBESITY

Several studies have also reported a link between food insecurity and childhood obesity. The diet of children with food insecurity is low in fruits and vegetables, dairy products and other nutritious foods that are more expensive³²⁶. The obesity that can result from this kind of diet subsequently increases children's risk of chronic diseases, such as Type 2 diabetes³²⁷.



FOOD INSECURITY IS CAUSED BY A LACK OF MONEY, NOT A LACK OF KNOWLEDGE



Parents are not to blame.

Parents in a situation of food insecurity are often aware that they are failing to respect recommended food choices for their children. It is their financial situation that prevents them from providing their children with sufficient quantities of healthy foods³²⁸.

What public policies current exist in Québec?

POLICIES	FOOD POLICY FOR CANADA: EVERYONE AT THE TABLE	ACCUEILLIR LA PETITE ENFANCE EDUCATIONAL PROGRAM AND THE GAZELLE AND PUMPKIN FRAMEWORK	SUPPORT PROGRAM FOR THE REGIONAL ROLLOUT OF MEASURE 13.1 OF THE 2017-2023 GOVERNMENT ACTION PLAN TO FOSTER ECONOMIC INCLUSION AND SOCIAL PARTICIPATION (PAGIEPS) IN CISSSS AND CIUSSSS
GOVERNMENTS	Canada (Agriculture Canada)	Québec	Québec
OBJECTIVES	Enable all communities to have access to sufficient amounts of healthy food. The policy is aimed at creating a National School Food Program, whose objective will be to improve children's health in the coming years.	Both these programs recommend that educational services offer young children sufficient quantities of a variety of nutritional foods for lunch in accordance with the Canada Food Guide, as well as snacks consisting of a vegetable, fruit or whole-grain food and a high-protein food ³²⁹ .	This measure aims to increase food security for low-income individuals with the support of structural measures and stakeholder organizations. It will also attempt to help reduce the proportion of households experiencing food insecurity and to reduce social health inequality linked to food ³³⁰ .
CREATION & UPDATES	This policy was implemented in 2019. The Canadian government has set a target date of 2024 to achieve its objectives.	The current version of the <i>Accueillir la petite enfance</i> Program was published in 2019. The <i>Gazelle and Pumpkin</i> framework was published in 2014.	PAGIEPS is part of the third government action plan to combat poverty from the <i>ministère du Travail, de l'Emploi et de</i> <i>la Solidarité sociale</i> that was launched in December 2017 ³³¹ .
SCOPE	This policy is intended for all people living in Canada. We will not be able to determine the actual impact of this policy for the next few years.	In 2015-2016, 97.6% of CPEs, 86.6% of subsidized daycares and 84.6% of unsubsidized daycares used an educational program based on the first version of <i>Accueillir la petite enfance</i> . Just 40.7% of CPEs, 23.4% of subsidized daycares and 30% of unsubsidized daycares, however, used an official document on healthy food choices such as Gazelle and Pumpkin ³³² .	Population groups targeted by this measure include persons or house- holds in situations of food vulnerability, especially those with low incomes, those living in disadvantaged communities that are underserved in terms of physical and economic access to food, and Indigenous persons living in First Nations communities or off-reserve, i.e., in urban centres ³³³ .

POLICIES	MEASURE 3.1 OF THE GOVERNMENT PREVENTIVE HEALTH POLICY	FOOD ASSISTANCE INITIATIVES (MEASURE 30011 AND MEASURE 15012)	SECTIONS 248 AND 249 OF THE QUÉBEC CONSUMER PROTECTION ACT, WHICH PROHIBITS ADVERTISING DIRECTED AT CHILDREN
GOVERNMENTS	Québec	Québec (Initiatives de soutien alimentaire – ISA)	Québec
OBJECTIVES	Promote physical and economic access to healthy food choices, particularly in disadvantaged or geographically isolated communities, by assisting the regional consulting bodies (<i>instances</i> <i>de concertation régionale</i>) that support projects, and by funding projects proposed by local communities ³³⁴ .	The objective of these measures is to provide primary school students, including those in 5-year-old kindergarten, with breakfast, snacks and food for cooking workshops ³³⁵ .	Prevent any person or organization from using advertising that directly targets children under 13 years of age, particularly in the case of such products as sweetened breakfast cereals and fast-food restaurant chains ³³⁶ . The Office de la protection du consommateur (OPC) is the public agency responsible for ensuring the application of this Act.
CREATION & UPDATES	This measure was integrated into the Québec government's 2017-2021 Interministerial Action Plan.	It is difficult to determine when the first ISA was created. We know, however, that the Québec government's action plans were identifying schools as providing an excellent opportunity for improving children's eating habits as of 2006 ³³⁷ . In August 2020, measure 30011 became measure 15012.	This <i>Act</i> came into effect in Québec in 1980, and the Supreme Court of Canada confirmed its validity in 1989.
SCOPE	This measure targets all persons affected by food insecurity, particularly those living in disadvantaged communities ³³⁸ .	In 2016-2017, there were six ISAs in Montréal. To be eligible for one or more of those ISAs, schools were required to present a certain level of deprivation (which varies from one ISA to another). Parents are required to provide proof of income to register their child in the program. Parental income must be less than or equal to the low-income cut- off calculated by Statistics Canada ³³⁹ . Measure 15012, launched in August 2020, made measure 30011 more generous by ensuring that all schools are able to offer healthy food or set up cooking workshops, based on the needs of the students in their neighbourhood ³⁴⁰ .	The purpose of sections 248 and 249 is to protect children under 13 living in Québec. The <i>Regulation respecting the</i> <i>application of the Consumer Protection</i> Act permits certain types of advertising for children, however, such as store windows, displays, containers, packaging and labels, publicity for children's shows and advertising included in some children's magazines.

Food assistance in Québec is in the form of a continuum of interventions, ranging from emergency food banks to food autonomy, which includes community kitchens, purchasing groups and community gardens. Municipalities can also play a structuring role in this area by helping to implement these initiatives.

According to the Québec Collective Kitchens Association, food autonomy is an individual and collective responsibility to ensure access to quality food and more responsible management of the food system that can only be achieved through a popular education model. Food autonomy is a process that empowers us all to exercise our right to eat³⁴¹.

Alongside public policies aimed at ensuring food security for young children, efforts are also being made by such non-profit organizations as Québec food banks, the Tablée des chefs or the Cantine pour tous. Some citizen projects, like the "frigos partagés" (shared fridges) installed in many Québec municipalities, are also fighting food insecurity. Even though these local initiatives are useful, however, they cannot solve the problem of food insecurity on their own without the support of structuring public policy at the provincial and national levels.

Some Québec municipalities already have policies related to food security. The mission of the *Ville nourricière* (Nurturing City) initiative is to ensure that living environments provide their residents with access to fresh, healthy food through collective or community gardens, collective kitchens, public markets, etc.³⁴².

Some cities are already moving in this direction. For example, Saint-Bruno-de-Montarville has adopted the *Ville nourricière* policy aimed at providing a wider selection of environmentally responsible fresh food to its residents at "reasonable" prices³⁴³. Some of the initiatives related to this policy focus on children, such as the local Volunteer Bureau's offer of snacks in less privileged schools. The city also offers occasional gardening workshops for children at the community centre, the youth centre (*Maison des jeunes*) and during Québec Family Week. Since 1988, the city-sponsored *Cuistot* day camp for junior cooks gives children the opportunity to develop their cooking skills and learn more about different aspects of food³⁴⁴.

The Montreal Food System (*Système alimentaire montréalais* – SAM) is a regional network of some 200 food partners who work to promote healthy eating and improve the city's food supply while respecting the environment. Following a public consultation, the City of Montréal officially recognized a new SAM coordinating mechanism as a food policy advisory council: the *Conseil SAM*.

The Cultivating Hope project (*Cultiver l'espoir*), which is part of the SAM Council's 2020-2022 action plan, involves biological vegetable farming in Senneville, at the western tip of Montréal Island³⁴⁵. According to figures provided by the project, 700,000 portions of vegetables were given to people in need in 2018³⁴⁶.


The Olo Foundation contributes to families' food security. In 2019, the Foundation handed out 375,000 food coupons entitling families to one egg and one litre of milk a day as well as one bag of frozen vegetables a week.



How effective are these policies?

NATIONAL SCHOOL FOOD PROGRAM

A study has shown that a program like the federal government's National School Food Program could help reduce anxiety in young children who live with food insecurity every day³⁴⁷. After age 5, this kind of program can help reduce—even eliminate in certain children—academic difficulties that are due to poor concentration caused by hunger³⁴⁸.



SCHOOL FOOD PROGRAMS



School food programs are optional, universal or targeted, free or shared-cost programs that offer one or more forms of food assistance to all students who attend a given school³⁴⁹.

According to a document published by the Montréal *Direction régionale de santé publique (Regional Public Health Authority)*, some studies have shown that disadvantaged children eat most of their daily requirements of fruits and vegetables

at school when they participate in a school food program. These programs thus help to close the gap between privileged and disadvantaged children in consumption of fruits and vegetables³⁵⁰.

There also appears to be a connection between participating in a school food program (SFP) and decreasing food insecurity in a child's household. Some evaluative studies in **Canada** and **England** have also shown links between participation in a SFP and school attendance, academic success and behaviour³⁵¹.



According to the Montréal Direction régionale de santé publique, food assistance initiatives have been even more crucial during the COVID-19 crisis. Families that were already experiencing food insecurity saw their situations deteriorate, especially at the beginning of the pandemic. Families that had never been affected by food insecurity in the past had to rely on food banks³⁵².

BAN ON ADVERTISING DIRECTED AT CHILDREN

In Québec, the ban on advertising directed at children is considered by researchers to be an effective way to reduce children's consumption of sugary foods. With childhood obesity on the rise in Canada, those researchers say that this kind of regulation should be applied in all provinces and territories³⁵³.

Store windows, displays and packaging, however, are not covered under Sections 248 and 249 of the Québec Consumer Protection Act, leaving merchants and companies free to use other strategies to attract children's attention and interest. Over a six-month period, the Québec Weight Coalition (*Coalition Québécoise sur la problématique du poids*) found 469 instances of food packaging targeted at children in various types of businesses (grocery stores, convenience stores, big-box stores and pharmacies). Of the products identified, 90% were foods high in sugar, salt or saturated fats³⁵⁴.



What could we be doing better?

SUBSIDIZING HEALTHY FOOD PURCHASES

Researchers agree that an effective way to counter food insecurity is to subsidize the purchase of fruits and vegetables, dairy products and other sources of protein, which would then be made available in grocery stores at low, fixed prices³⁵⁵.



REINFORCING FOOD SECURITY BY PROVIDING MEALS AND SNACKS IN EDUCATIONAL FACILITIES

Studies have also suggested that a national program that provides breakfast, lunch and snacks to young children in educational childcare services and 4-year-old kindergarten could reinforce their food security³⁵⁶. In Québec, all educational childcare services recognized by the Family Ministry are required to serve lunch and snacks to the children in their care.

According to the *Institut national de santé publique du Québec*, local governments such as municipalities can play an important role in their local food systems by adopting regulations that give families access to high-quality food at affordable prices³⁵⁷. They can also recognize and financially support neighbourhood markets that focus on healthy food choices.



SCOTLAND: A TRENDSETTER IN IMPLEMENTING FOOD SECURITY POLICIES



Certain European countries have been frontrunners in introducing policies that actively promote food security. Since 2004, Scotland's "Eating for health: Meeting the challenge" action plan has been supporting low-income communities by improving their access to healthy food through the Scottish Community Diet Project and the Neighbourhood Shops initiative³⁵⁸. Generally speaking, the recommendations put forward by this project are in addition to measures that have already been adopted in Québec, such as applying a nutrition framework in educational services and passing legislation prohibiting advertising that targets children.

THE IMPORTANCE OF POLICIES THAT PROVIDE VULNERABLE FAMILIES WITH FINANCIAL SUPPORT

Public health experts agree that although the measures presented here are effective in reinforcing the food security of young children, they must be backed by policies that provide financial support to vulnerable families. Family income is a key determining factor in ensuring children's food security. Reducing fixed expenses such as rent allows families to devote a greater portion of their income to food.

The issues of <u>household income</u> and access to <u>suitable</u>, <u>affordable housing</u> are presented in separate chapters of this document.

ACCESS TO SUITABLE, AFFORDABLE HOUSING

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What is the current situation in Québec?

In 2016, among families with at least one child between the ages of 0 and 5:





A dwelling is considered to be unaffordable when shelter costs are more than or equal to 30% of a household's total before-tax income.



12.0% were living in a dwelling of unsuitable size.

A dwelling is considered of suitable size if it has enough bedrooms for the size and composition of the household's residents.



7.9% were living in a dwelling needing major repairs.

Major repairs include defective plumbing or electrical systems or structural repairs to walls, floors or ceilings.

Source: Statistics Canada, 2001, 2006 and 2016 Censuses. Adapted by the Institut de la statistique du Québec.

* Revision Committee members are listed on page 2.



The situation improved in Québec between 2001 and 2016, particularly with respect to unaffordable housing.



According to the CMHC Rental Markey Survey, **the vacancy rate declined and rents increased slightly between 2017 and 2018** in all major cities in Québec (Gatineau, Montréal, Québec, Saguenay, Sherbrooke, Trois-Rivières, etc.)³⁵⁹. Data from this survey show that the vacancy rate for apartments with three rooms or more (i.e., those sought by families) is 1.4% across the province. Finding suitable, affordable housing may therefore become more complicated for families with young children in the coming years.

These data are related solely to the rental market, in urban centres particularly. We do not have any recent data on the issue of access to home ownership among families with young children for the province as a whole.

According to community actors on the ground, these data are limited by their failure to reflect the specific characteristics of certain areas that are currently in transition and that have a very specific social dynamic, such as the Montreal North and Côte-des-Neiges neighbourhoods in Montréal.

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According to a report on disabilities among children in Québec (*L'incapacité chez les enfants du Québec*), there are proportionally fewer children with disabilities living in families that own their own home than children without disabilities. There is also a slightly greater number of children with disabilities living in dwellings that are unaffordable for their families³⁶⁰.

What is the connection between family housing and early childhood development?

UNAFFORDABILITY IS LINKED TO GREATER VULNERABILITY

Children whose families live in unaffordable housing are more likely to be vulnerable in their physical, emotional, cognitive, language and social development. Regarding physical development, for example, young children who live in housing that is too expensive for their parents often weigh less than children in the same age group. This phenomenon is explained by the fact that their parents have much less money to spend on the family's basic needs, such as food³⁶¹.



Many children with disabilities require modifications for accessible housing, which increases the financial load on their families³⁶². Parents who are already financially vulnerable may become even more so if they have to absorb the costs of accommodations, without which their child would be handicapped³⁶³.

HOMES THAT ARE TOO SMALL AND NOISY CAN AFFECT THE QUALITY OF PARENT-CHILD RELATIONSHIPS



We also know that when dwellings are too small for the size of the family or are overcrowded, the number and quality of interactions between parents and their children decline³⁶⁴. Living in a noisy environment of insufficient size can also affect parents' sensitivity to their children's needs and their feelings of parental competence³⁶⁵.

UNSANITARY HOUSING CAN AFFECT CHILDREN'S HEALTH



Unsanitary living conditions are also detrimental to children's health, especially in the case of young children who spend more time at home³⁶⁶. Proportionally more children who live in unsanitary housing have serious respiratory problems³⁶⁷, are affected by lead poisoning from drinking water, and suffer injuries caused by structural damage³⁶⁸.



Unsanitary housing conditions are caused by mould or mildew, insects (cockroaches, bedbugs, ants), rodents (rats, mice), excessive dampness or poor ventilation.

TOO MANY MOVES CREATE INSTABILITY IN YOUNG CHILDREN'S LIVES

In the Québec of today, much more than in the past, tenants are forced to deal with repossession by the owner or eviction to divide up or substantially enlarge the dwelling, or for reallocation or demolition sparked by high demand in certain neighbourhoods and real estate speculation³⁶⁹. This phenomenon results in moves that create instability in young children's lives.

Research has shown that parents threatened with eviction are more likely to suffer from chronic stress that can affect their ability to interact with their children and care for them properly. Stressed parents are more impatient with their children, which can have a negative effect on the parent-child relationship and increase the risk of maltreatment³⁷⁰. Proportion of children who are vulnerable in at least one developmental domain based on the number of times their family moved house before they started kindergarten



Source: Institut de la statistique du Québec, *Québec Survey* on the Preschool Path of Kindergarten Students 2017.

In 2016-2017 in Québec, the proportion of kindergarteners **considered vulnerable** in at least one domain of development was:



move house at all, and

among children who moved three times or more³⁷¹.



THE EFFECT OF NEIGHBOURHOODS ON DEVELOPMENT

Research has also shown that children who live in dwellings that are large enough for their families in stable, safe environments are in better health and have fewer behavioural problems³⁷². A child-friendly neighbourhood, a socially cohesive environment and a good support network all have a positive effect on children's well-being and physical and emotional development³⁷³.

The subject of neighbourhoods is presented in detail in the chapter entitled "Outdoor Public Play Spaces."

What public policies currently exist in Québec?

POLICIES	NATIONAL HOUSING STRATEGY	CANADA HOUSING BENEFIT	ACCÈSLOGIS QUÉBEC	RENT SUPPLEMENT PROGRAM	BY-LAW FOR A DIVERSE METROPOLIS
GOVERNMENTS	Canada	Canada	Québec	Québec	City of Montréal
OBJECTIVES	Ensure that all Canadians have access to affordable housing by 2030 ³⁷⁴ .	Support families by providing up to \$2,500/year to help them pay their rent.	Enable housing bureaus (offices d'habitation – OH), housing cooperatives, non-profit organizations and non-profit purchasing groups to build and offer quality, affordable rental housing to low-income families or people with special housing needs ³⁷⁵ .	Enable low-income households to pay rent based on the same percentage of their income as they would in social housing (HLM), even if they live in an apartment owned by a housing co-op or non-profit organization.	This by-law requires promoters to include social, affordable and family housing in all their construction developments. The by-law is applied differently depending on the borough and total area of the residential project ³⁷⁶ .
CREATION & UPDATES	This strategy was adopted in 2017 by the federal government. At that time, the Québec government demanded recognition of its competence in the area of housing as well as a proportionate transfer of federal funds. An agreement in principle was concluded between the two governments in 2020 ³⁷⁷ .	The Canada Housing Benefit was scheduled to be launched by the federal government in 2020.	The program was created in 1997. On July 9, 2019, the Québec housing corporation (<i>Société</i> <i>d'habitation du Québec</i> – SHQ) announced changes to the program that would accelerate the creation of 15,000 new affordable social housing units ³⁷⁸ . Note: Since the creation of <i>AccèsLogis Montréal</i> in 2016, <i>AccèsLogis</i> <i>Québec</i> no longer covers the Montréal area.	The Rent Supplement Program was introduced in 1978 and has not been updated since that time.	This by-law, which came into effect on April 1, 2021, reinforces Montréal's Strategy for the inclusion of affordable housing adopted in 2005, which was non-coercive.



POLICIES	NATIONAL HOUSING STRATEGY	CANADA HOUSING BENEFIT	ACCÈSLOGIS QUÉBEC	RENT SUPPLEMENT PROGRAM	BY-LAW FOR A DIVERSE METROPOLIS
SCOPE	Aims to create 100,000 new housing units by 2030, which should meet the housing needs of 530,000 Canadian families and allow for the repair and renovation of over 300,000 community units ³⁷⁹ .	300,000 families for whom housing affordability represents a real problem ³⁸⁰ .	In 2016, <i>AccèsLogis</i> <i>Québec</i> came to the aid of a total of 16,421 households ³⁸¹ .	32,000 low-income households ³⁸² .	It is estimated that this program will allow for the construction of 600 social housing units, 1,000 affordable units—300 of which would be allocated to families—and 500 market-price family units ³⁸³ .

In October 2020, the governments of Canada and Québec announced a joint investment of \$3.7 billion over 10 years

to improve social and affordable housing in Québec. The federal-provincial agreement provides for the construction of new social housing, the renovation of existing buildings and payment of rent assistance to low-income families. The agreement includes a total of \$1.84 billion in federal funding and a similar financial commitment from Québec, broken down as follows:

- > 272.25 millions for Québec priorities
- > 1.12 billion for the Federal Community Housing Initiative
- > 454.3 millions for the Canada Housing Benefit.

The agreement, which is retroactive to 2018, will extend until 2028.

How effective are these policies?

POLICIES THAT REDUCE PARENTS' STRESS



Public policies aimed at helping families to find affordable housing or pay their rent, such as the National Housing Strategy, Canadian Housing Benefit and Rent Supplement Program have a direct impact on families' health and quality of life. By helping families to obtain affordable housing, these forms of support help to reduce parents' stress and give them a chance to find more time and money to meet their children's needs³⁸⁴.

POLICIES THAT PROMOTE SOCIAL MIX

We also know that the distribution of social housing throughout a municipality helps to create "social mix," a cohabitation of people and families with different economic and cultural profiles. Social mix can reduce urban discrimination and violence³⁸⁵ and contribute to the creation of living environments where families and children feel safe and make use of public spaces like parks³⁸⁶.

STRENGTHS AND LIMITS OF ACCÈSLOGIS QUÉBEC



According to the Canadian Housing Policy Roundtable (CPHR)³⁸⁷, the *AccèsLogis Québec* program continues to be the most productive in terms of enabling families to obtain housing in Québec, despite certain criticisms it has received—regarding delays in unit deliveries, for example. Roundtable experts believed it would make sense to bolster the *AccèsLogis Québec* program and use its strengths to increase construction of social, family and affordable housing³⁸⁸.

From its creation in 1997 until December 31, 2019, *AccèsLogis Québec* **financed 1,157** housing projects, which resulted in the construction of 33,899 social and affordable units for low-income households and people with special housing needs³⁸⁹. Here are two examples: In Gatineau, in the Outaouais region, *Mimosa du Quartier* has been offering rental housing since 2015 to women who are victims of domestic violence or living in poverty. On-site counsellors provide support, helping them to improve their family's lifestyle and foster their children's psychosocial development. In Montreal North, AccèsLogis Québec made possible the construction of a 200-unit social housing project called L'Îlot Pelletier, including a CPE (early childhood centre) with spaces for 80 children. The project also included the transformation of parking spaces into vegetable gardens and urban cooling islands, as well as a citizenrun seasonal public market, thanks to the efforts of the organization Paroles d'ExcluEs. This market actually inspired a search for a sustainable solution in the form of a solidarity cooperative for food distribution.



In May 2019, however, a report from the Québec Auditor General revealed that several units financed by the *AccèsLogis Québec* program were unaffordable for the families for whom they were intended. In fact, **several units were occupied by households whose incomes were far from modest**³⁹⁰.

In October 2020, the Auditor General's report disclosed that the *Société d'habitation du Québec* (SHQ) was not adequately upholding its responsibilities related to the management of the *AccèsLogis Québec* program. According to this report, the SHQ had been accepting projects **that did not correspond to the objective of building affordable social housing**³⁹¹.



What could we be doing better?

PROTECTING SOCIAL HOUSING

Unlike Canada, many European countries have a large percentage of social housing.

The OECD defines "social housing" as residential rental accommodation provided at sub-market prices that is targeted and allocated according to specific rules, such as identified need or a waiting list, rather than the mechanisms of the market³⁹².





The city of **Vienna, Austria** is an international model for public policy that increases families' access to affordable, quality housing.

This is the proportion of housing units that Vienna controls across its territory. The city has **maintained 220,000 dwellings as social housing for low-income households**³⁹³. Vienna also has a zoning regulation that protects its downtown core by limiting the establishment of businesses outside of the downtown area, which means that residents can do most of their shopping on foot³⁹⁴. Vienna is one of the rare European capitals that has not experienced a major housing crisis³⁹⁵.

REDUCING INEQUALITY IN OBTAINING ADEQUATE HOUSING

In June 2020, the *Institut de recherche et d'informations socioéconomiques* (IRIS) formulated recommendations in response to the housing crisis in Québec. The following examples are aimed particularly at reducing in families' ability to obtain adequate housing:

- The *Régie du logement* (Québec rental board) should set up a rental registry to better control rising rental costs and increase the transparency of the real estate and rental market.
- > The **tax framewor**k governing the amount of income that an individual may earn from rental housing should be revised to counteract existing wealth inequality more effectively.
- Given the current lack of affordable housing, especially larger units that are appropriate for families with several children, the government should intervene more actively in developing the availability of non-market housing³⁹⁶.

TAKING THE SOCIO-ECONOMIC PROFILE OF INDIVIDUAL NEIGHBOURHOODS INTO ACCOUNT

Community actors on the ground agree that local strategies that take neighbourhoods' socio-economic characteristics into account are needed to compensate for the limits of provincial public policy. In their opinion, affordable, adequate housing is an essential prerequisite for the construction of mutually supportive, inclusive and sustainable communities that promote children's healthy development. Strategies must also take into consideration certain realities, however, such as systemic racism, discrimination and stigmatization.



IMPROVING ACCÈSLOGIS QUÉBEC

In October 2020, the Auditor General made **four recommendations** concerning the *AccèsLogis Québec* program:



Develop an intervention strategy that would ensure the judicious use of the main programs providing rental assistance to low-income households to create more social and affordable housing.



Ensure that the need for social and affordable housing is addressed for every project that is accepted, and that the objective of the *AccèsLogis Québec* program to create more social and affordable housing is respected.







Ensure adequate

oversight of technical resource groups and housing development organizations to ensure their independence and integrity, avoid conflicts of interest and identify activities that could present a financial risk for projects funded by the *AccèsLogis Québec* program.

HOUSEHOLD INCOME

Research and analysis: Luc Godbout and Suzie St-Cerny, Research Chair in Taxation and Public Finance, Université de Sherbrooke

Revision: L The Revision Committeee* and Catherine Haeck, Department of Economic Science, Université du Québec à Montréal

What is the current situation in Québec?

In Québec, the percentage of children living in low-income households (based on the Low Income Measure [LIM]) went from...





20.9%

in 2004

to

in 2017

In 2017, a family of four was considered a low-income household if its annual income after taxes was under \$41,929.

* Revision Committee members are listed on page 2.

A study done in 2015 of 15,000 parents showed that the proportion of parents living in a low-income household was higher when they presented certain characteristics:



- Member of a two-parent family in which neither parent is employed (72%)
- > Member of a single-parent family (58%)
- Born outside of Canada (48%)
- Consider their health to be average or poor (36%)
- > Member of a family with three or more children (32%)
- > Identified as female (27%)³⁹⁷.



Parents of children with special needs often suffer financial hardship as a result of their particular situation, which may affect their participation in the labour force. One of the child's parents—usually the mother—may be forced to reduce their working hours (40% of parents) or leave their job (20% of parents) to care for their child. The result is a significant drop in income that can pull many of these families below the low-income cut-off³⁹⁸. In Québec, in 2016, 10% of children between the ages of O and 4 with a disability were living in a low-income family, as compared to 8% of children in the same age group who were not living with a disability³⁹⁹.

What is the connection between household income and early childhood development?

The results of the Québec Longitudinal Study of Child Development (QLSCD) showed that children in kindergarten living in a low-income household were less well-prepared to start school, particularly in the areas of language and cognitive skills, and had lower levels of academic performance in Grade 1⁴⁰⁰.

MEASURING ACADEMIC PERFORMANCE IN GRADE ONE

To evaluate a child's academic performance, the child's teacher is asked to compare them with the other children in their age group and rank them on a scale from one to five, where 1 = well below average, 3 = average, and 5 = well above average. A child's overall academic performance score is obtained by calculating their average based on their scores in reading, writing and arithmetic⁴⁰¹.



In Québec in 2017, approximately

41% of children in kindergarten who were living in low-income households were considered vulnerable in at least one of the five developmental domains. This figure is significantly higher than that for children who were not living in low-income households.



What public policies currently exist in Québec?

POLICIES	CANADA CHILD BENEFIT	EMPLOYMENT INSURANCE BENEFITS	FAMILY ALLOWANCE
GOVERNMENTS	Canada	Canada	Québec Allocation famille
OBJECTIVES	Provides Canadian parents (including those living in Québec) with a tax-free monthly payment to help with the cost of raising children under 18 years of age.	Employment insurance provides an income for individuals who have lost their job through no fault of their own (being laid off, for example) and who are able to work but are unable to find employment.	Provides financial support to parents of children under 18 years of age.
CREATION & UPDATES	Originally called the "family allowance," the child benefit was created in 1945402.	The "unemployment insurance" program has existed in Canada since 1940, a consequence of the Great Depression of the 1930s. In 1996, several changes to the <i>Employment Insurance Act</i> resulted in the current national employment insurance program.	The Québec government created its own family allowance program in 1967 (for children under 16, at the time).
SCOPE	This policy helped about 90% of Canadian parents of children between O and 17 in 2018-2019. As of July 2020, the maximum benefit corresponds to \$6,765 annually for each child under 6 years of age ⁴⁰³ .	Canada's employment insurance program is financed by mandatory contributions by employees and employers. As an example, in 2019, the federal government received \$22.3 billion in contributions and paid out \$18.9 billion in benefits ⁴⁰⁴ . Total benefit payments vary from one year to another depending on the economic situation and the job market.	We can report that 98.7% of parents of children under 18 benefited from the Québec Family Allowance in 2016 ⁴⁰⁵ . In 2020, amounts offered to parents ranged from \$1,000 to \$2,515 annually for each child under 18, based on family income. In the case of single-parent families, per-child amounts ranged from \$1,352 to \$3,397. A supplement is also offered for children with disabilities. If a child requires exceptional care, this supplement can amount to \$11,940 annually (\$995 every month).



POLICIES	SOCIAL ASSISTANCE PROGRAM	WORK PREMIUM	QUÉBEC PARENTAL INSURANCE PLAN (QPIP)
GOVERNMENTS	Québec Programme d'aide sociale	Québec Prime au travail	Québec Régime québécois d'assurance parentale (RQAP)
OBJECTIVES	Québec's Social Assistance Program is intended for individuals who do not have a severely limited capacity for employment (such as an intellectual deficiency, chronic illness, long-term effects of an accident, etc.). The program aims to encourage these people to engage in activities that will promote their employment integration or social participation.	The work premium is a refundable tax credit aimed at providing support for low- or average-income households by recognizing work effort, and at encouraging beneficiaries of last resort financial assistance to join the labour market.	Provides parents with income while they are absent from the labour market following the birth or adoption of a child.
CREATION & UPDATES	The Québec government passed the <i>Social Aid Act</i> on December 12, 1969. It came into effect on November 1, 1970. Several changes have been made since that time.	The tax credit that provides a work premium has existed since the 2005 fiscal year, replacing the parental wage assistance program (<i>Aide aux</i> <i>parents pour leurs revenus de travail –</i> APPORT). The incentive has seen regular improvements since it was introduced.	The QPIP has been in effect since January 1, 2006 ⁴⁰⁶ .
SCOPE	The amount allocated varies based on family makeup and other criteria, such as the presence or absence of temporarily limited capacity, type of housing, income, etc. Under the Social Assistance Program, a temporarily limited capacity allowance is added to the basic benefit when an adult member of the family has custody of a child under five years of age and the family is a single-parent family. In 2020, the basic monthly benefit was \$690 for one adult and \$1,049 for a couple. The supplement for temporarily limited capacity was \$138/month.	The work premium varies depending on the type of household and may be reduced based on net household income. Work premium amounts are non-taxable. In 2016, 400,683 individuals (6.1% of taxpayers) received a work premium. Of that number, 29.6% had children.	All eligible workers—salaried and/or self-employed—who take maternity leave, paternity leave, parental leave or adoption leave ⁴⁰⁷ . Eligibility requirements are set out in Section 3 of the <i>Act</i> <i>respecting parental insurance</i> ⁴⁰⁸ . The QPIP annual participation rate (i.e., the proportion of parents who benefit from it every year) increased every year between 2006 and 2017, rising from 81.2% to 87.8% during that period ⁴⁰⁹ . The amount allocated to parents varies depending on their situation, based on two factors: gross income and the plan they decide to use (the basic plan or the special plan) ⁴¹⁰ .



POLICIES	REDUCED CONTRIBUTION FOR EDUCATIONAL CHILDCARE	TAX CREDIT FOR CHILDCARE EXPENSES	ACT TO FACILIATE THE PAYMENT OF SUPPORT
GOVERNMENTS	Québec	Québec	Québec Loi facilitant le paiement des pensions alimentaires
OBJECTIVES	Provide parents of young children with financial support by significantly reducing the portion of their income they use to pay for their young children's educational childcare services.		This Act authorizes <i>Revenu</i> <i>Québec</i> to deduct support payments directly from the payer spouse's salary, at no charge to the beneficiary. This measure saves financially vulnerable parents from having to use the services of a lawyer to obtain the support payments to which they are entitled ⁴¹¹ .
CREATION & UPDATES	The network of CPEs (early childhood centres) was set up in 1997, based on existing non-profit daycares and home childcare agencies. At the time, they were known as "\$5 daycares."	The tax credit for childcare expenses has existed since 1994, when the childcare deduction was transformed into a refundable tax credit for childcare expenses based on household income. Since 2019, ceilings for childcare deductions have been indexed annually ⁴¹² .	The <i>Act</i> was passed in 1995.
SCOPE	In Québec in 2016-2017, 62.6% of young children were attending an educational childcare facility (22.1% in CPEs, 12.2% in subsidized daycares, 10.7% in non-subsidized daycares and 17.6% in a recognized home childcare centre) ⁴¹³ . The "reduced contribution" corresponds to \$8.35/day. Families that are not eligible for reduced contribution childcare services may obtain a refundable tax credit for childcare expenses ranging from 26% to 75% of those expenses. In 2017, 532,081 taxpayers benefited from this tax credit ⁴¹⁴ .		We know that in 2011 in Québec, the proportion of children between the ages of 0 and 4 living in single-parent families was 12.5% ⁴¹⁵ . We do not, however, have any data on the proportion of parents who benefit from the Act to facilitate the payment of support.

The **Supplement for handicapped children** is a targeted policy that provides financial assistance for families to help with the care and education of a child whose disability significantly restricts their ability to perform life habits. The amount of the supplement is the same for every eligible child (\$198/month in 2020), regardless of family income or type of disability. The Québec Family Allowance also includes the Supplement for handicapped children requiring exceptional care⁴¹⁶.



The **Canada Emergency Response Benefit** (CERB) offered financial support to employed and self-employed Canadians who lost their jobs during the initial period of the COVID-19 crisis, from March 15 to September 26, 2020. Eligible individuals were entitled to up to \$500/week (before taxes). In October 2020, CERB was replaced by the simplified Employment Insurance program and three new benefits, including the Canada Recovery Benefit, which offers income support to individuals deprived of income due to the COVID-19 crisis who are not eligible for benefits under the simplified Employment Insurance program. The Canada Recovery Sickness Benefit (CRSB) gives income support to employed and selfemployed individuals who are unable to work because they are sick or need to self-isolate after contracting COVID-19. The Canada Recovery Caregiving Benefit gives income support to employed and self-employed individuals who are unable to work because they must care for their child under 12 years old or for a family member who needs supervised care.

How effective are these policies?

Public policies created to offer financial support to families with young children, such as the Canada Child Benefit, Québec's Family Allowance, the Québec Parental Insurance Plan (QPIP) and the reduced contribution for educational childcare, have a positive effect on their quality of life and their children's development.



THE QPIP: AN ESSENTIAL POLICY FOR ENSURING FAMILIES' FINANCIAL SECURITY



During the first four years of a child's life, a family's income undergoes the most change, for better or for worse⁴¹⁷. According to the OECD, income replacement measures like the Québec Parental Insurance Plan play a crucial role in providing families with a certain degree of financial security while one or both parents are not working⁴¹⁸.

EDUCATIONAL CHILDCARE SERVICES HAVE A POSITIVE IMPACT ON MATERNAL EMPLOYMENT RATES

Subsidized educational childcare services combined with the tax credit for childcare expenses have a beneficial effect on the employment rate of women with children⁴¹⁹. According to the OECD, the presence of mothers on the labour market continues to be one of the key factors for lifting families out of poverty⁴²⁰.

In 2018 in Québec,

82.8% of women between the ages of 25 and 54 were participating in the labour market, as compared to an average of 69.7% for all OECD countries⁴²¹ (see map on the next page). This corresponding figure for Canada as a whole was 79.1%⁴²². In 2018, Québec ranked fifth among countries with the largest proportion of women between 25 and 54 who were active in the labour market, while Canada ranked sixteenth⁴²³.



The proportion of Québec families with at least one child five years of age or under in which both parents (or the sole parent in a single-parent family) work has risen since the early 2000s.



Other policies have also helped to keep mothers with young children in the labour force—the social assistance reform in 1997, for example—as well as the new family allowance and the reformed employment insurance.

LABOUR FORCE PARTICIPATION RATE FOR WOMEN BETWEEN THE AGES OF 25 AND 54 IN 2018, BY COUNTRY (EXPRESSED AS A PERCENTAGE)



0	Iceland	86.2
2	Slovenia	84.8
3	Sweden	84.3
4	Lithuania	84.1
5	Québec	82.8
6	Switzerland	81.8
6 7	Switzerland Portugal	81.8 81.5
0	Portugal	81.5

Φ	Germany	80.6
12	Czech Republic	80.1
13	Netherlands	79.9
14	Luxembourg	79.7
15	Finland	79.5
16	Canada	79.1
16 17	Canada Denmark	79.1 79.1
V	Denmark	79.1

Source: stats.oecd.org/Index.aspx

THE SOCIAL ASSISTANCE PROGRAM: ESSENTIAL BUT NOT ENOUGH ON ITS OWN

According to the work of the Research Chair on Taxation and Public Finance (*Chaire de recherche en fiscalité et en finances publiques*), Québec's social assistance program is not sufficient to meet families' basic needs. Moreover, social assistance differs significantly from other support measures in that it is based not only on private income but also on eligibility testing.



The eligibility test consists in comparing an applicant's cash resources at the time of their application with an amount determined by regulation. This amount varies based on family makeup or the status of the applicant. Since social assistance is a "last resort" social program, it requires the prior dilapidation of assets.

What could we be doing better?

According to the most recent data available for OECD countries (2015), the countries that devote the largest portion of their GDP to public spending on family benefits are:

- > Sweden (3.5%)
- > United Kingdom (3.5%)
- > Denmark (3.4%)

- > Luxembourg (3.4%)
- **Norway** (3.3%)
- **Finland** (3.1%)

> Iceland (3.4%)

For comparison purposes, the corresponding figure for the United States was 0.6%424.



In 2018, **Québec** allocated 3.1% of its GDP on public spending on family benefits over the course of the year⁴²⁵. Québec thus ranks among the most generous countries in the world in terms of family benefit spending.

However, even though household income has risen over the years and Québec's family benefits are relatively generous, certain conditions persist within Québec society:



1 family out of 10 with at least one very young child still experiences **food insecurity**.



13.6% of families live in housing they cannot afford, and



live in dwellings of **inadequate size**.



39% of mothers and **23%** of fathers of young children report high levels of stress related to their efforts to balance responsibilities inside and outside the family⁴²⁶.



As the COVID-19 crisis has compounded the precarious financial situations of many families, it will be important to monitor these indicators. A bulletin from the *Institut de la statistique du Québec* reported that the province's economy lost some 450,000 jobs as a result of the pandemic—a drop of about 10% in total employment volume over the same period in 2019. Statistics Canada has also reported that the percentage of parents who had a job and were working plummeted from 70% to 52% between February and March 2020.

According to documents published by the Research Chair in Taxation and Public Finance, aside from the issues of eligibility testing and the required liquidation of assets, the social assistance program alone cannot cover basic needs (Market Basket Measure). Even with the addition of other government support measures, it is not possible to achieve 100% coverage of basic needs in 2020 without employment.



To be more effective and better reflect reality, family support policies must be combined with policies that promote <u>food security</u> and access to <u>affordable</u>, <u>adequate housing</u>. They must also be supported by <u>family-work balance</u> measures (or family-work-study in certain cases). These issues are discussed in other chapters of this Portrait.

FAMILY-WORK-STUDY BALANCE

Research and analysis: Nathalie St-Amour and Mélanie Bourque, Department of Social Work, Université du Québec en Outaouais

Revision: The Revision Committee^{*} and the following external reviewers: Diane-Gabrielle Tremblay, School of Administrative Sciences, Université TÉLUQ; Marie Rhéaume, Réseau pour un Québec Famille

What is the current situation in Québec?

The situation of Québec families has changed a great deal over the past 40 years. Families generally have fewer children, and women's participation in the labour force has increased considerably⁴²⁷.



As early as 1997, on the eve of the adoption of its new family policy, the government of Québec was already recognizing that reconciling family and professional responsibilities would present a major issue⁴²⁸.

* Revision Committee members are listed on page 2.

Twenty years later, achieving family-work balance continues to be a real challenge.

39%

Respective proportions of mothers and fathers of children between 6 months and 5 years who present high levels of stress related to balancing their responsibilities inside and outside the family (2018)



Source: Institut de la statistique du Québec, La violence familiale dans la vie des enfants du Québec, 2012 et 2018: les attitudes parentales et les pratiques familiales.

According to a Léger survey conducted in 2018 for the *Réseau pour un Québec Famille*, the proportion of parents for whom **family-work balance is a major source of stress** is higher in the following groups⁴²⁹:

- > women
- parents who spend between 60 and 180 minutes in transportation every day
- > parents whose work encroaches on family life every week
- parents who have a university diploma (because of the types of position they hold and the longer hours they require)
- > parents whose income is under \$40,000/year.

This survey also showed that,

59% of parents of small children in Québec found that society did little to accommodate family-work responsibilities.

the Early Childhood Observatory in November 2020 showed that as sources of stress accumulated during the pandemic, 51% of parents of young children reported

high levels of stress in connection with the COVID-19 crisis.

A brief survey done by

What is the connection between family-work-study balance and early childhood development?

Problems related to reconciling professional obligations with family responsibilities can affect parenting practices. For example, a high level of family-work conflict reduces parents' psychological availability for their child, making it less likely that they will engage in activities with their child that will stimulate their development (such as playing a game, reading out loud or going to the park)⁴³⁰.Parents who are affected by this type of conflict can be more irritable, less affectionate and less consistent in their dealings with their children^{431, 432}.

Family-work conflict arises when work-related demands interfere with parents' ability to fulfill their family responsibilities, or vice versa. When tasks and responsibilities accumulate, the risk of conflict is greater as parents have only a limited amount of time, energy and concentration to devote to each of their roles⁴³³.



Certain researchers therefore believe that family-work conflict can compromise parenting capacities⁴³⁴, to the extent that they may even be associated with certain negative parenting practices. For example, parents who report high levels of familywork conflict are more likely to shout, raise their voice or become angry with their child at least once a day. They are also more likely to lose patience at least a few times a day when their children ask for attention⁴³⁵.

All of this can influence children's development. Studies have shown that family-work conflict is linked to poorer control of emotions and behaviour in young children^{436, 437}. Problems such as anxiety, depression, defiance and aggressive behaviour have also been observed⁴³⁸. The effects are even greater when both parents experience such conflict⁴³⁹.





Fortunately, however, parents' work outside the home can also have beneficial effects. According to a study by an Australian research team, mothers and fathers who say that their job helps them to feel fulfilled and competent are more consistent and affectionate in their parenting practices^{440, 441}. Certain experts maintain that satisfaction and efficiency at work can actually strengthen parent-child bonds⁴⁴².



Parents of children with a disability live with a great deal of stress caused by their efforts to reconcile their family-work-rehabilitation responsibilities. For some parents—usually mothers—it is difficult to reconcile their presence in the labour force with their disabled child's need for care and rehabilitation⁴⁴³. Giving mothers and fathers who have a child with a disability more support and latitude at work would allow them to attend evaluation, therapy and rehabilitation meetings with their child without worrying about loss of income or employment⁴⁴⁴.

What public policies currently exist in Québec?

POLICIES	QUÉBEC PARENTAL INSURANCE PLAN (QPIP)	REDUCED CONTRIBUTION FOR EDUCATIONAL CHILDCARE SERVICES	TAX CREDIT FOR CHILDCARE SERVICES
GOVERNMENTS	Québec <i>Régime québécois d'assurance parentale</i> (RQAP)	Québec	Québec
OBJECTIVES	Provides financial support for new parents, encourages them to have children, and helps them to devote more time to their children during the first months of life ⁴⁴⁵ .	Allows parents to rely on reliable, accessible and stimulating childcare while continuing to fulfill their role in the education of their young children ⁴⁴⁶ .	Helps parents pay for private unsubsidized daycare, an unsubsidized home childcare centre, or childcare at home.
CREATION & UPDATES	The QPIP was adopted on January 1, 2006 ⁴⁴⁷ . The Act mainly to improve the flexibility of the parental insurance plan to promote family-work balance was passed on October 29, 2020 and implemented on January 1, 2021. ⁴⁴⁸ .	The network of CPEs (early childhood centres) was set up in 1997, based on existing non-profit daycares and home childcare agencies ⁴⁴⁹ .	The tax credit for childcare services has existed since 1994 ⁴⁵⁰ .
SCOPE	All eligible employed and self-employed workers who take maternity, paternity, parental or adoption leave ⁴⁵¹ . Eligibility criteria are set out in Section 3 of the <i>Act respecting parental insurance</i> ⁴⁵² .	Parents of a child under 5 years of age who meet one of the criteria in Section 3 of the <i>Reduced Contribution Regulation</i> (being a Canadian citizen or permanent resident, for example) ⁴⁵³ .	Families that are not eligible for reduced contribution childcare services are entitled to a refundable tax credit for childcare expenses ranging from 26% to 75% of those expenses, based on their net household income.



POLICIES	ACT RESPECTING LABOUR STANDARDS ⁴⁵⁴	FINANCIAL SUPPORT PROGRAM FOR FAMILY-WORK-STUDY BALANCE INTENDED FOR PARENT-STUDENTS IN CERTAIN EDUCATIONAL INSTITUTIONS	FINANCIAL SUPPORT PROGRAM FOR FAMILY-WORK-STUDY BALANCE (EMPLOYERS)
GOVERNMENTS	Québec Loi sur les normes du travail	Québec Programme de soutien financier en matière de conciliation famille-travail- études destine à certains milieux d'enseignement pour les parents-étudiants	Québec Programme de soutien financier en matière de conciliation famille-travail destiné aux milieux de travail
OBJECTIVES	Improves families' quality of life and increases the amount of leave for family, parental or individual responsibilities ⁴⁵⁵ . Under the terms of the <i>Act</i> , an employee with three years of uninterrupted service for the same employer is entitled to a minimum of three consecutive weeks of vacation. It also stipulates that an employee no longer requires three months of uninterrupted service to be eligible for certain types of long-term leave for family or parental obligations ⁴⁵⁶ .	Financially supports school boards offering vocational training and adult education services as well as certain higher education institutions. With an annual budget of \$200,000, this program thus promotes the adoption of good family-work-study balance practices to support parent-students ⁴⁵⁷ .	Supports employers and organizations that want to adopt good family-work balance practices to improve the quality of life of workers with family responsibilities. The program is also aimed at promoting family-work balance measures as an organizational practice that benefits all of society ⁴⁵⁸ . Financial support provided through the program varies based on the type of project, with a maximum of \$40,000 ⁴⁵⁹ .
CREATION & UPDATES	The <i>Act</i> came into effect in 2018.	This program came into effect in 2018 and will continue until March 31, 2021.	This program came into effect in 2018 and will continue until March 31, 2021.
SCOPE	All Québec employees	Any school board offering vocational training and adult education, as well as certain higher education institutions that give courses in the province of Québec.	Any employer with under 500 employees who is based in Québec and registered with the <i>Registraire des entreprises du</i> <i>Québec</i> . Eligibility may vary depending on the various sections of the program.

How effective are these policies?

EDUCATIONAL CHILDCARE SERVICES

According to several experts, the introduction of the educational childcare network in Québec contributed to the significant increase in the presence of Québec mothers in the labour force^{460, 461, 462, 463}.

From 1996 to 2016, the **participation rate of women between 15 and 44** whose youngest child was under 3 years of age rose by almost 19 percentage points in Québec (from 61% to 80%), as compared to a rise of just 4 points in Ontario—a province that does not have a comparable childcare network (from 66% to 70%)⁴⁶⁴.



There are still gaps in the system, however. Parents who work atypical hours have more trouble obtaining spaces in daycare⁴⁶⁵. According to a 2015 survey by the *Institut de la statistique du Québec*, **29% of fathers and 26% of mothers of children between 0 and 5 years old had a job that required them to work atypical hours**, such as evenings, weekends or on call. Young parents (29 years old and under), parents born outside of Canada, parents without a high school diploma and those with lower incomes were more likely to be working atypical hours^{466, 467}. In Québec in 2016, just 1% of CPEs and daycares (subsidized or not) offered services during evenings, nights and weekends^{468, 469}.



Barriers to accessing services in the educational childcare network are discussed in more detail in the chapter on educational childcare.

QUÉBEC PARENTAL INSURANCE PLAN (QPIP)

As it now stands, the QPIP is more accessible than the Employment Insurance Program it replaced, as it is available for self-employed workers and its eligibility threshold is lower.

The introduction of the QPIP in 2006 led to an increase in the number of mothers and fathers requesting parental leave⁴⁷⁰. It is estimated that close to 1.9 million parents benefited from the plan between 2006 and 2020, enabling them to care for some 1,100,000 enfants⁴⁷¹.



The proportion of mothers who received QPIP benefits was 79.6% in 2019, compared to 69.3% in 2005. The impact of the QPIP on fathers was apparent right away in 2006. The proportion of fathers who benefited from the plan almost doubled, going from 27.8% in 2005 to 56.1% in 2006. Since 2006, the participation rate among fathers has increased consistently, reaching 72.0% in 2019⁴⁷².



INCREASED PARTICIPATION AMONG FATHERS

The main reason for the increase in the number of fathers requesting parental leave lies in their feeling more legitimately "permitted" to take time off work in the form of a non-transferable paternity leave following the birth of their child⁴⁷³.

This phenomenon has positive effects on early childhood development. Research shows that a leave of least five weeks has an influence on the way a man learns how to be a father—an influence that continues after he returns to work. Fathers spending time at home after their children are born also contributes to a more equitable sharing of parenting responsibilities between fathers and mothers⁴⁷⁴.

LIMITS OF THE QPIP

The QPIP has received its share of criticism, however. The structure of the plan is geared primarily to parents who work full-time. Students, parents who are unemployed or working part-time receive significantly lower amounts, and some are not even eligible⁴⁷⁵. The amounts for which they are eligible, however, are still higher than amounts available under the federal Employment Insurance Program.



A Québec study also showed that the length of leave taken by fathers can vary based on the family's socioeconomic status and the father's professional sector⁴⁷⁶. Fathers may choose to return to work after five weeks to assure their family's financial security or because their employer is reluctant to grant them a longer leave. This reticence is a factor particularly in male-dominated sectors⁴⁷⁷.

In September 2020, the *Regroupement pour la valorisation de la paternité* (RVP) called for a three-week extension to basic paternity leave, which would bring it to eight weeks instead of five. According to the RVP, this change would reinforce the benefits that come with fathers' increased involvement in their children's lives and their responsibility as a parent. This measure could also contribute to changing social norms related to fathers taking parental leave⁴⁷⁸.

BILL 51



An Act mainly to improve the flexibility of the parental insurance plan in order to promote family-work balance, assented on October 29, 2020, was introduced to respond to some of those criticisms while providing more flexibility⁴⁷⁹.

Here is a summary of the main legislative changes that came into effect on January 1, 2021:

- > The period during which parents are entitled to parental, paternity and adoption benefits was extended from 52 weeks (12 months) to 78 weeks (18 months).
- > Four additional weeks of shareable benefits will be attributed when both parents each use a minimum of eight weeks of parental or adoption benefits.
- Five additional weeks of benefits will be granted to each parent in the case of a multiple birth or adoption.
- > All adoptive parents will be entitled to five additional weeks of benefits⁴⁸⁰.

ACT RESPECTING LABOUR STANDARDS

It is too early to identify the repercussions of Bill 176 amending the Act respecting labour standards on family-work balance. The *Ordre des conseillers en ressources humaines* (Order of professionals in human resources) has expressed its approval of the addition of measures to facilitate personal work-life balance, particularly regarding its positive effects on workers' health⁴⁸¹.

The Québec coalition for family-work-study balance (*Coalition pour la conciliation famille-travail-études*) is critical of the fact that the changes are not part of a comprehensive plan for family-work-study balance, however. Although the Coalition appreciates several of the new measures, it would have liked to see employees be able to benefit from more paid leave for family or parental responsibilities⁴⁸². Some experts think that such a plan should also include more possibilities for employees to work remotely and to organize their time based on their personal and family situation⁴⁸³. The COVID-19 crisis has revealed the extent of these needs among workers who are also parents of young children.

According to a January 2018 survey on family-work balance of 3,006 Québec parents on behalf of the *Réseau pour un Québec Famille*, 55% of parents of young children did not take advantage of family-work balance measures even if they were available to them, preferring to manage otherwise on their own⁴⁸⁴. These results raise questions: Are family-work balance measures an accurate reflection of parents' realities? Are Québec parents comfortable using them?


What could we be doing better?



According to the experts, an improved family-work balance in Québec would require the application of various measures by employers to meet the needs of their employees.

Two of those measures are particularly in demand by parents of young children: remote working and flexible schedules⁴⁸⁵. Expert Diane-Gabrielle Tremblay has said that in order for family-work balance to improve in Québec, the largest possible number of employees would require access to these measures⁴⁸⁶.



A survey commissioned in June 2020 by the *Réseau pour un Québec Famille* showed that, in the context of the pandemic, workers would need more flexibility from their employers with respect to family-work balance, particularly in the form of flexible working hours and the possibility of interrupting work or returning home quickly in an emergency. **The survey revealed that 46% of respondents felt that the family-work balance measures proposed by their employer would have to be adapted**, and 39% of respondents said their family responsibilities required more accommodation from their workplace. Among the desired measures:



Flexible schedules (79%)



Possibility of returning home quickly in an emergency (77%)



Possibility of interrupting work for a certain period if something comes up (74%)



More paid leaves for family responsibilities (73%)



Possibility of banking hours for overtime worked (68%)



Maintaining the possibility of working remotely (66%)⁴⁸⁷.

INTRODUCING A SHORTER WORK WEEK



Reducing the length of the work week (to 35 or 30 hours, for example) is another measure that would promote family-work balance. In 2016, Sweden adopted a policy to shorten the normal working day to six hours. Québec parents, however, are more interested in moving to a shorter work week⁴⁸⁸.

OFFERING ALTERNATE ARRANGEMENTS AND FLEXIBILITY

Employees who work for companies governed by the Canada Labour Code (telecommunications, for example) may also request flexible working hours. Employees who have six months of continuous service may request alternate arrangements regarding their number of working hours, schedule and place of work. These arrangements must be set out in an agreement between the employer and the employee⁴⁸⁹.



Governments can introduce regulations that facilitate family-work balance for parents of young children. In 2009, for example, the Australian government adopted the Fair Work Act⁴⁹⁰, which gives parents of school-age children or younger the right to ask for flexible arrangements at work⁴⁹¹.

Some examples of possible arrangements:

> Changing the starting and ending times of the workday



- Requesting a part-time or shared positionDistributing working hours over fewer days
- Working overtime to bank hours for subsequent leave
- Taking a day off instead of financial compensation for overtime worked
- > Modifying place of work (working from home, for example).

Although employers have the right to refuse, they must have serious reasons to do so. Eligible reasons include:



- > The arrangement would be too costly for the employer.
- > The arrangements would require accommodations from other employees that are not possible.
- > The arrangement would result in an excessive loss of productivity.
- > The arrangements would have significant repercussions on customer service.



Other countries, such as **Great Britain**, have policies like Australia's. The Employment Relations (Flexible Working Arrangements) *Amendment Act*, introduced by **New Zealand** in 2007, provides for the statutory right to request flexible working hours⁴⁹².

SUPPORTING EMPLOYERS

There are also measures that support companies. Certain governments around the world have introduced policies to support employers who want to review how work is structured in their organizations. These government-created tools encourage innovation in the workplace. In 2009 in **Germany**, for example, the federal ministry of education and research launched a research and development service aimed at "balancing flexibility and stability in a changing professional world"⁴⁹³.

In Québec, the *Réseau pour un Québec Famille* has created an initiative called *Concilivi*, which includes the *Concilivi* seal of certification and a centre of expertise in familywork balance. This initiative, under the *Bureau de normalisation du Québec* (standard BNQ 9700-820), recognizes businesses that have set up consultation processes with their employees with a view to adopting family-work balance measures that reflect their needs⁴⁹⁴.



SUPPORTING COMMUNITY ORGANIZATIONS THAT PROVIDE SERVICES FOR FAMILIES

Research and analysis: Dominique Mailloux and Carl Lacharité, Department of Psychology, Université du Québec à Trois-Rivières Revision: The Revision Committee⁺ and the following external revisors: François Larose, Department of Preschool and Primary Education, Université de Sherbrooke; Sonia Daly, Avenir d'enfants; Marie-Eve Brunet Kitchen, Fédération québécoise des organismes communautaires Famille (FQOCF); Amélie Landry, Réseau des centres de ressources périnatales du Québec (RCRPQ) Marie Simard, Confédération des organismes familiaux du Québec (COFAQ)

What is the current situation in Québec?

WHAT IS THE MISSION OF COMMUNITY ORGANIZATIONS?

Generally speaking, community organizations support actions that fight exclusion and promote equality. They fight against poverty and discrimination, and work to improve the living conditions of citizens in their neighbourhoods⁴⁹⁶. The Québec government has created a government policy on community action⁴⁹⁷ as well as a secretariat for independent community action and social initiatives⁴⁹⁸ initiatives⁴⁹⁸ to recognize the role of community organizations and their contribution to social development.

Independent community organizations usually work in various sectors that contribute to improving the living conditions of families and children (early childhood, families, women, immigrants, food security, housing, defense of rights, support for parents of children with disabilities, housing for fathers and children, education, etc.).

COMMUNITY ORGANIZATIONS WORKING IN THE FAMILY SECTOR

The mission of independent community-based organizations that work primarily in the family sector is to provide mothers and fathers with support in their role as parents and to improve the living conditions of families in their neighbourhoods. These include Family-centred community organizations (*organismes communautaires Famille* or OCFs) and Perinatal resource centres (*Centres de ressources périnatales* or CRPs).



* Revision Committee members are listed on page 2.

To achieve their mission, community organizations lead initiatives in social support, popular education and material assistance. The main characteristic of these actions is that they reflect the realities and needs of local families, which vary from one community to another⁴⁹⁹.

Activities offered to families

Most independent community-based organizations that work with families offer a wide range of services to mothers and fathers of young children, as well as to those expecting a child⁵⁰⁰:



- Individual or group activities for mothers and fathers that focus on parental enrichment, such as thematic workshops based on their needs (attachment, communication and self-esteem) and home visits after a birth
- Parent-child activities that encourage the kind of warm, responsive, stimulating and structured interactions that are necessary for the development of good family relationships
- Activities intended specifically for very young children, such as drop-in daycares and activities that encourage reading and writing development
- Family activities that promote solidarity among families in a community, such as neighbourhood parties and collective events at different times of the year, to break the social isolation experienced by some of them.
- Information activities to develop people's knowledge and understanding of different types of families, families' rights, and services available for families who have a child with special needs or are dealing with a difficult situation (separation, divorce, blended families, immigration, etc.).

In addition to the educational and social initiatives led by community-based organizations, some also offer services aimed at improving the living conditions of families with young children, such as community kitchens and thrift stores/food banks that distribute donations of food, clothing and household goods and sell used clothing and other goods at reduced prices. There are also organizations that focus on family- work-study balance, housing and recreation and leisure, among others⁵⁰¹. See the table on pages 164-169 for a more comprehensive list of community actions.

ORGANISMES COMMUNAUTAIRES FAMILLE (OCFS)

A 2018 survey done of Family-centred community organizations (OCFs) showed that they are strongly engaged in concerted actions at the local and regional levels. They are also actively involved in joint actions with other service organizations that are interested in the development of young children in their area (CISSSs or CIUSSSs, daycares, schools, municipalities, public libraries, etc.)⁵⁰². Survey results also showed that the place occupied by these community organizations in the service continuum was being increasingly recognized by their partners in the public network—especially for the local approach that characterized their work with families.

The Québec community network has been working in the family sector for over five decades⁵⁰³.

279 local OCFs, 1 regional coalition and 8 provincial coalitions recognized by the *ministère de la Famille*, for a total of

> 288 organizations.

These organizations provide a wide range of activities and information and training services that affect a large number of families, of which approximately

> 135,000 have at least one child aged 5 or under⁵⁰⁴.

What is the connection between supporting these organizations and early childhood development?

DEVELOPING PARENTS' AUTONOMY AND ENRICHING THE PARENTAL EXPERIENCE



A recent review of the international scientific literature⁵⁰⁵ and Québec research has shown that parents' contact with community organizations improves their autonomy and enriches their parental experience, while encouraging them to use the services offered in their community⁵⁰⁶. This phenomenon applies particularly to families that are vulnerable in many ways—for example, families in which parents earn low incomes, have low levels of education, have a child with special needs, do not speak the language of the country, or have no one to count on for help⁵⁰⁷. Furthermore, the overall support offered by community-based organizations corresponds to best practices in promoting the healthy development of young children living in difficult situations⁵⁰⁸.

ENCOURAGING MUTUAL ASSISTANCE



These organizations also offer parents something that very few other organizations can: a framework that encourages them to help each other and develop a collective reflection as parents, balancing the professional discourse to which they are constantly exposed⁵⁰⁹. Community organizations help parents find solutions to collective problems, assert their rights (through citizen participation activities), and develop their own empowerment.

ACCOMPANYING PARENTS WHO ARE THE MOST VULNERABLE



We now know that community organization workers play an important role in accompanying vulnerable parents to meetings with professionals (such as a psycho-educator, social worker or doctor) to discuss their child's development and their role in their child's life. This is particularly true in the case of mothers and fathers who are socially isolated, such as recent immigrants and those whose children have special needs. It also applies to parents who have been uprooted by the gentrification of urban environments or the impoverishment of rural communities, or who have had to move to the city for work or education. Community workers can help these parents understand the very formal language of certain professionals or navigate the administrative procedures needed to access various services.

Over the long term, this kind of support can strengthen parents' confidence and improve their ability to express themselves in situations with professionals, which in turn has a positive impact on their children's development during early childhood and their academic performance in school⁵¹⁰.

IMPROVING FAMILIES' MATERIAL LIVING CONDITIONS



The material assistance offered by many community-based organizations (in the form of community kitchens and food aid, thrift shops/food banks, exchange networks, etc.) makes a direct contribution to improving families' material living conditions, particularly for families in vulnerable situations⁵¹¹.

What public policies currently exist in Québec?

POLICIES	COMMUNITY ACTION PROGRAM FOR CHILDREN (CAPC)	FAMILY COMMUNITY ACTION SUPPORT PROGRAM	PROGRAM PROVIDING ACCOMPANIMENT AND SUPPORT FOR INTEGRATION
GOVERNMENTS	Canada	Québec Programme de soutien financier à l'action communautaire auprès des familles	Québec Programme d'accompagnement et de soutien à l'intégration – PASI
OBJECTIVES	Offer 3-year funding to community groups that work with young children in vulnerable situations and their families, Funding is intended to help such groups optimize their funds, expand their services and strengthen partnerships.	Provide financial support for community- based organizations that work with families (organismes communautaires Famille or OCFs). The funding program includes three types of financing: support for an organization's overall mission, financing by service agreement and funding of one-off projects. OCFs use the funding they receive to support mothers and fathers in their role as parents throughout all stages of their child's development. This funding is also intended to enable OCFs to contribute to mobilizing their community around the concerns of families.	 The purpose of the PASI program is to help recent immigrants integrate more quickly by providing them with support during their settlement and integration process so that they can become active members of Québec society. The program offers five different services: Support services for the personalized support pathway (<i>Parcours</i> d'accompagnement personnalisé) Support services for full participation Welcome and settlement of refugees and humanitarian-protected persons abroad resettled to Canada, and protected persons in Canada Support for innovation to improve services offered to immigrants in the context of the program.



POLICIES	COMMUNITY ACTION PROGRAM FOR CHILDREN (CAPC)	FAMILY COMMUNITY ACTION SUPPORT PROGRAM	PROGRAM PROVIDING ACCOMPANIMENT AND SUPPORT FOR INTEGRATION
CREATION & UPDATES	Launched in 1993, the CAPC was one of the results of <i>Brighter Futures</i> , Canada's Action Plan for Children created in 1992, which was itself inspired by Canada's signing of the Convention on the Rights of the Child in 1991. Program funding has remained unchanged since 1997.	Before this program was implemented in 2005, community organizations were funded by the Québec Ministry of Health and Social Services (MSSS). In 2008, the program's frame of reference was updated to enable the Family Ministry (MFA) to identify more accurately the organizations it agrees to finance.	The PASI was implemented in 2019 by the Québec Ministry of Immigration, Francization and Integration.
SCOPE	The main beneficiaries of the CAPC are children who are the most vulnerable: Métis, Inuit and First Nations children living off-reserve, children of recent newcomers to Canada and refugees, children in single-parent families and children living in remote and isolated communities ⁵¹² . Of all the children in Canada currently benefiting from the CAPC, 15.6% have special needs, with problems related to hearing, vision, speech, learning, mobility or behaviour. The corresponding figure for Québec is 28.8% ⁵¹³ . Every year, the federal government funds approximately 400 CAPC projects serving over 230,000 vulnerable children and parents/caregivers in over 3,000 communities across Canada ⁵¹⁴ . In Québec, in 2020, the program provided support for over 203 projects ⁵¹⁵ . Of the total financing of CAPC projects, 60.5% comes from the Public Health Agency of Canada, 11.9% from provincial or territorial governments, and 4% from municipal or regional governments. In 2008, \$11,094,100 was offered to community- based organizations in Québec.	Every year, the Family Community Action Support Program provides financial support for 279 local OCFs, 1 regional coalition and 8 provincial coalitions recognized by the Family Ministry, for a total of 288 organizations. It is estimated that funded OCFs help 135,000 families with at least one young child ⁵¹⁶ . In 2019-2020, the Family Ministry earmarked approximately \$19 million for the program. An additional investment of \$85 million over 5 years for community-based organizations that provide support for families was announced in November 2020 to give those organizations the means to achieve their mission ⁵¹⁷ .	Non-profit organizations which provide services that advance the program's objectives are eligible.

POLICIES	FINANCIAL SUPPORT PROGRAM FOR COMMUNITY DROP-IN CHILDCARE SERVICES	FUNDING OF PERINATAL RESOURCE CENTRES (CRPs)	POLICIES FOR THE RECOGNITION AND SUPPORT OF NON-PROFIT ORGANIZATIONS (NPOS)
GOVERNMENTS	Québec Programme de soutien financier aux activités de halte-garderie communautaires	Québec Centres de ressources périnatales – CRP	Municipalities Politiques de reconnaissance et de soutien aux organismes
OBJECTIVES	 The program has three objectives: Encourage families to take advantage of the support and accompaniment activities/services offered by community-based organizations. Promote the participation of parents or children in specific actions offered by community-based organizations or by public/para-public non-profit organizations that have a mission to accompany, assist and/or support families or children. Consolidate and support drop-in daycare services associated with the activities and services of community organizations and their partners⁵¹⁸. 	The objective of CRPs funded by Québec's social economy action plan (<i>Plan québécois d'action en économie</i> <i>sociale</i>) is to make ongoing perinatal services available to all women and all families ⁵¹⁹ . This funding allows them to focus on reaching out to families that meet various eligibility criteria: low income, adolescent pregnancy, low education, single parent, etc. It also enables them to access families whose profiles do not present the above risk factors.	 A policy for the recognition and support of non-profit organizations reflects a municipality's desire to: define the types of relationships between the municipality and its organizations define the types of support offered to organizations define the ways that support is allocated and designated determine the recognition process (mechanisms and obligations) as well as the conditions and procedures for accessing services. Support may be offered by municipalities to organizations in the following forms: rent, financial, technical and events, promotional, professional, administrative and office technology.

POLICIES	FINANCIAL SUPPORT PROGRAM FOR COMMUNITY DROP-IN CHILDCARE SERVICES	FUNDING OF PERINATAL RESOURCE CENTRES (CRPs)	POLICIES FOR THE RECOGNITION AND SUPPORT OF NON-PROFIT ORGANIZATIONS (NPOS)
CREATION & UPDATES	The Montréal association of drop-in daycare centres (<i>Association des haltes- garderies de la région de Montréal</i> or AHGRM) was created in 1992, and its provincial counterpart (<i>Association des haltes-garderies communautaires du Québec</i> or AHGCQ) followed suit in 2000. In 2004, the Québec Ministry for Families and Children recognized the AHGCQ as a Québec organisme national famille. In March 2006, the Finance Minister announced \$3 million in extraordinary funding for community drop-in daycare centres, and this measure became permanent in the 2007 budget. The educational project <i>Je grandis en halte- garderie</i> was subsequently created in 2011, backed up by a training tour across Québec. After the financial support program for community drop-in childcare services was implemented in 2017, 2018 saw the publication of the approach entitled <i>Tout le monde grandit en halte- garderie</i> , aimed at supporting community drop-in daycare teams in their efforts to assimilate the <i>Je grandis en halte-garderie</i> educational program ⁵²⁰ .	After the second Québec perinatal policy was adopted in 1993, Perinatal resource centres (CRPs) were set up starting in 1998, at which point they began receiving funding from the Québec government.	Since every municipality has its own policy, creation and renewal dates vary.
SCOPE	This program is intended for independent community-based organizations that offer drop-in educational childcare services.	The government financing of 18 recognized CRPs helped 12,719 families, corresponding to 56% of all births in the territories they serve, but only 9% of all births every year in Québec ⁵²¹ . The 18 recognized CRPs receive an annual subsidy of between \$100,000 and \$150,000 for their social economy aspect, which covers 40% of their operating costs. In September 2019, the Québec government announced an increase in funding for the 18 CRPs, assuring them each of a minimum of \$250,000 annually ⁵²² .	Every incorporated non-profit organization that maintains a democratic process (with a board of directors and AGM) and provides an annual report is eligible for recognition and support from the municipality in which it is located. Although there are no statistics on the proportion of municipalities that have a policy for the recognition and support of non-profit organizations, the experts we consulted said it would be fair to state that almost all Québec municipalities with a population over 10,000 and a municipal recreation department have such a policy.

Apart from governments at the federal, provincial and municipal levels, other organizations—such as Centraide/United Way and private foundations—also provide financial support for community-based organizations that work with families. Community organizations can also contribute to their own funding through fundraising campaigns.

How effective are these policies?

STRENGTHS AND LIMITS OF THE COMMUNITY ACTION PROGRAM FOR CHILDREN (CAPC)

A study to evaluate CAPC outcomes between 2010 and 2015 showed that the program enabled Canadian community-based organizations that work with children and their families to enhance program delivery⁵²³. During its first 25 years (1993 to 2018), the CAPC gave parents better access to the following services:

- > Parenting and health promotion programs
- > Child development activities
- > Referrals to the appropriate community services⁵²⁴.

Parents' responses to a 2016 questionnaire confirmed several CAPC outcomes, as shown below.



On a less positive note, however, CAPC financing has not been increased or indexed to the cost of living since 1997. The resulting 16% decrease means that funding is now insufficient for the needs of community-based organizations. In fact, 52% of these organizations have waiting lists for the program, and 36% have been forced to refuse participants because of a lack of funds⁵²⁵.

INSUFFICIENT AND FRAGMENTED FUNDING

According to a research report by Dominique Mailloux and Carl Lacharité, the current financing of organizations does not permit them to fulfill their mission of promoting children's well-being, supporting their parents, and preventing parenting difficulties⁵²⁶.

The underfunding of organizations creates concrete problems: fewer activities, poor working conditions, reduced hours, temporary or permanent layoffs, temporary or definitive closures, etc.⁵²⁷.

With respect to Québec government financing, studies have revealed the gap between social recognition of community-based organizations in the family sector and financial recognition by the public system. Although there are many sources of financing for these organizations, the resulting inadequate and fragmented funding complicates their ability to achieve their missions and limits their actions (as shown in the Mailloux and Lacharité report⁵²⁸). Moreover, community organizations are obliged to invest considerable efforts in obtaining ad hoc financing from various private sources to maintain their current level of activities⁵²⁹. In the authors' opinion, this phenomenon of underfunding limits the public policies that support community organizations and restricts both the maintenance and the development of the community sector's response to the needs of children and parents⁵³⁰.

In November 2020, the Québec Family Ministry announced a minimum of \$130,000 in annual funding over the next five years for every OCF (Family-centred community organization) in the province. It is important to clarify, however, that this financing will only benefit recognized OCFs eligible for the Family Ministry's financial support program.

THE CASE OF PERINATAL RESOURCE CENTRES (CRPs)

An evaluation of the *Relevailles* (postpartum support) program offered by Perinatal resource centres (CRPs) illustrates the challenges faced by these organizations in financing just this single activity⁵³¹. To provide this kind of support to families in their territory, CRPs need to accumulate at least 20 sources of funding, each of which involves an accountability report—all with no guarantee of stability in the future⁵³².

The objective behind the original creation of CRPs was to make basic perinatal services more accessible to all families. Due to inadequate funding, however, centres are unable to meet the demand for their services and forced to restrict their offer.

The fact is that the 18 recognized CRPs provide assistance with only 9% of births every year across Québec⁵³³. This figure, which applies to all CRP services, illustrates the negative impact of the insufficient, fragmented funding of community action for Québec families⁵³⁴.

In September 2019, the Québec Ministry of Health and Social Service announced an increase in the annual funding granted to 10 Perinatal resource centres (CRPs) in nine different regions. This initiative represents a total investment of over \$1.2 million for 2019-2020 to ensure a minimum of \$250,000 per CRP⁵³⁵.

What could we be doing better?

GIVING MORE FORMAL RECOGNITION TO COMMUNITY ORGANIZATIONS' UNIVERSAL, GLOBAL APPROACH



Public financing of community-based organizations that work with families is based mainly on targeting vulnerable families, not proportionate universalism⁵³⁶.

Since targeting specific families can be stigmatizing for the parents who benefit, and since certain vulnerable families are not eligible for programs like CAPC, one study has suggested that these measures be offered to all families at a scale and intensity proportionate to each family's degree of need⁵³⁷.

According to Lacharité and his colleagues⁵³⁸, if Québec community organizations working with families are to be better supported, more formal recognition to their universal, global approach and their place in the continuum of services for young children and their parents will be necessary. An increase in public financing would be the first concrete step this recognition.

SIMPLIFYING AND INCREASING THE FUNDING OF COMMUNITY ORGANIZATIONS



Simplifying the financing of community organizations that work with young children and their families would save those organizations a great deal of time and money in terms of management and accountability⁵³⁹, enabling them to concentrate on the immediate needs of their clientele⁵⁴⁰.

Studies done in Québec have come to certain conclusions regarding the funding of community organizations in the province, especially those that work with families. Here are some of the guidelines they propose to improve public policy in this area:

- Increase mission-based funding for community action with families so that organizations working with that mission can play a stronger role in the service continuum⁵⁴¹;
- Organize the public funding of these organizations based on proportionate universalism, focusing on universal measures to promote well-being, improve living conditions and prevent difficulties on behalf of young children and their parents, and a simplified financing package for organizations⁵⁴²;

Rethink the practices of entrepreneurial governance and accountability with respect to public funding with a view to introducing a new type of relationship between the state—provincial and federal and this network of community-based organizations that would make all parties partners in achieving social objectives aimed at reducing inequality in the lives of young children and their families⁵⁴³.



In a brief submitted to the Québec Ministry of Labour, Employment and Social Solidarity, the Lucie and André Chagnon Foundation made the following recommendation in response to the underfunding of community organizations: that the government give priority to maintaining the preponderance of multi-year, indexed government financing to support the mission of community organizations and assure adequate working conditions for their staff⁵⁴⁴. This recommendation concerns not just OCFs but all organizations that work to promote social solidarity and inclusion.



In its 10-year activity report, the *Avenir d'enfants* project underlined the importance of supporting collective action through funding and assistance based on priorities established by local and regional actors, and by limiting financing by calls for one-off project proposals using flexible financing criteria that leave room for experimentation and innovation. *Avenir d'enfants* also stressed the importance of supporting the roll-out of action plans over at least three years and simplifying accountability in cases where several funding bodies are supporting the same project. These measures could help to facilitate the establishment of winning conditions to support community action with children and families⁵⁴⁵.



More recently, in December 2019, the Special Commission on the Rights of the Child and Youth Protection presided by Régine Laurent included the following proposal in its initial "recommendACTIONS": grant ongoing, long-term financial assistance to organizations that support families, covering all their operating expenses for a minimum of \$200,000 every year, prioritizing *organismes communautaires Famille* (OCFs) that are well-established in their neighbourhoods and that work in partnership with institutional street-level organizations⁵⁴⁶.

Actions aimed at improving services proposed by community organizations entail more than just simplifying and increasing their funding. In 2019, the Québec network for independent community action (*Réseau québécois de l'action communautaire autonome*) recommended that the government:



Support the integration and inclusion of people with disabilities, immigrants, refugees, racialized persons and any persons in situations of poverty and exclusion—both in the workplace and in the community life of organizations.



Recognize the need of all organizations to develop practices in response to climate change and social justice and grant the necessary mission-based financing to support them.



Integrate intersectional gender analysis into the government's action plan for community action (Plan d'action gouvernemental en action communautaire) to consider the fact that the majority of workers in community-based organizations and the people who use them are women.





> Set up a program to



Directly finance 100% of compensation and supervision costs for students doing placements in community organizations.



Increase the minimum wage to at least \$15/hour, improve working standards and increase mission-based funding for all organizations accordingly.

Examples of organizations, projects and activities in the community sector

Content adapted from the <u>agirtot.org</u>* website

Revision: Sonia Daly, Avenir d'enfants; Carl Lacharité, Université du Québec à Trois-Rivières

Some community-based organizations in Québec work directly with young children and their parents, supporting mothers and fathers by offering a wide range of services, resources and activities focused on parenting skills and the optimal development of their young children.

Other community organizations are dedicated to improving families' living conditions. The table below provides some examples of these organization, using examples to illustrate the many ways that community action contributes to the healthy development of young children and better living conditions for families.

AREAS OF ACTION	TYPES OF SERVICES	EXAMPLES OF ORGANIZATIONS	PROJECTS	ACTIVITIES
DIRECT SERVICES FOR YOUNG CHILDREN		<i>Réseau 0-5</i> Haut-Saint-Laurent Ormstown (Montérégie)	Introduction to reading and writing with Violette	Partners have set up story time activities in local libraries, family organizations and CPEs. Two storybooks have been created by partners in early childhood ⁵⁴⁷ .
	Activities to stimulate language development and encourage an interest in reading and writing	<i>Cal en bourg 0-5 ans</i> Sainte-Agathe-des- Monts (Laurentians)	CIRCULITOUT	Leading activities that encourage an interest in reading, as well as games and other activities for young children in home daycares, CPEs, schools, drop-in community daycares, parks, etc. Support and training for people involved in children's lives, such as parents, educators, teachers and librarians ⁵⁴⁸ .
DIRECT SI		<i>Table d'actions concertées 0-5</i> Beauharnois- Salaberry; Salaberry- de-Valleyfield (Montérégie)	Hilalu	Setting up book displays and reading corners, book-sharing boxes (<i>croque-livres</i>) in parks and municipalities and reading clubs and <i>Brindami</i> (social development program for young children) in libraries ⁵⁴⁹ .

* Since the initiatives listed here were taken from a survey done by Avenir d'enfants in the spring of 2020, some of them may no longer be offered.

AREAS OF ACTION	TYPES OF SERVICES	EXAMPLES OF ORGANIZATIONS	PROJECTS	ACTIVITIES
		Carrefour de la Miséricorde Gatineau (Outaouais)	Lien d'attachement (attachment bond)	The <i>Lien d'attachement</i> (attachment bond) is a group that provides education and support. Its mission is to welcome, listen to and support mothers in helping them create a mutual assistance network ⁵⁵⁰ .
	Activities to stimulate children's socio-emotional development and reinforce the attachment bond	<i>Domaine du Roy O-5 ans</i> Saint-Prime (Saguenay– Lac- Saint-Jean)	Ateliers Bébémerveille (marvellous baby) workshops	The objective of these workshops is to develop the parent-child attachment bond and strengthen the parenting skills of parents of children between 0 and 6 months who present vulnerability factors. Workshops include language stimulation activities and advice on sleeping and nutrition for babies ⁵⁵¹ .
UNG CHILDREN		<i>Comité soutien à l'intégration scolaire</i> (support committee for transition to school) Shawinigan (Mauricie)	Découverte de la maternelle (introduction to kindergarten)	The various partners on this committee (personnel in schools, community organizations, early childhood educational services and the CIUSSS-MCQ) lead half- day activities six months before children start school, during which the children and their families participate in various games. The committee also provides information for parents ⁵⁵² .
DIRECT SERVICES FOR YOUNG CHILDREN	Preparing to transition to school	Priorité enfants de Lotbinière (Children first) Saint-Agapit (Chaudière-Appalaches)	<i>La super fête</i> (celebrating starting school)	Four- and five-year-olds (future <i>Passe-Partout</i> and kindergarten students) are invited to come to school with their parents. The objective of this festive activity is to give families an opportunity to discover their new school and get to know the personnel (administration, <i>Passe-Partout</i> team and kindergarten teachers, as well as educators in the lunchtime and after-school program) in a relaxed setting ⁵⁵³ .
**		<i>Tandem 0-6 ans</i> Saint-Eustache (Laurentians)	Espace libre action (play spaces)	<i>Espaces libre action</i> are welcoming indoor playgrounds that offer families material and equipment designed to foster the overall development of children from 0 to 5 years of age ⁵⁵⁴ .
	Activities to develop healthy living habits	<i>Manicouagan, on s'attache!</i> (Manicouagan, we're in this together!) Baie-Comeau (Côte-Nord)	running psychomotor games and ball p <i>Espaces familles</i> young children a safe place to	Providing inflatable play structures, courses, psychomotor games and ball pits to give young children a safe place to play that is adapted to their needs ⁵⁵⁵ .
	(physical activity, healthy eating)	Priorité Enfants (Centre-du-Québec)	Minigym	Minigym workshops are spaces for children between 0 and 5 and their siblings, offering a large room with material and equipment. Children can enjoy free play, run around and develop their overall motor skills ⁵⁵⁶ .

AREAS OF ACTION	TYPES OF SERVICES	EXAMPLES OF ORGANIZATIONS	PROJECTS	ACTIVITIES
DIRECT SERVICES FOR YOUNG CHILDREN	Sensory calming activities for children with special needs	<i>Relais du Quartier</i> St-Vincent-de-Paul Laval	Confort sensoriel (sensory calming)	The purpose of these activities is to help parents better understand the development of their special needs child, and to reduce the child's distress related to physical reactions to certain stimuli (such as a fear of getting their hands dirty, walking barefoot in the grass, tasting new foods, experiencing new textures, etc.) ⁵⁵⁷ .
	Drop-in daycare and respite care	<i>Comité 0-5 ans des Pays-d'en-Haut</i> Sainte-Adèle (Laurentians)	Halte-répit familiale Sainte- Marguerite-du- Lac-Masson (family drop-in centre)	The mission of the Ages 0-5 Committee is to contribute to children's overall development by helping them to have a successful transition when starting school. The program focuses primarily on parents and children who are not enrolled in home daycare, private daycare or CPEs ⁵⁵⁸ .
PARENTS		<i>Manicouagan, on s'attache!</i> (Manicouagan, we're in this together!) Baie-Comeau (Côte-Nord)	Avec papa c'est différent ! (It's different with Daddy!)	Early stimulation program for fathers and their children. The format of the workshops has evolved over time to expand the age group (O-5) and include siblings. Fathers can therefore bring more than one child ⁵⁵⁹ .
SERVICES FOR PARENTS	Parenting programs	COSMOSS Les Basques Trois-Pistoles (Bas-Saint-Laurent)	Accompagne- ment familial (family support)	The family support program offers personalized support for families that feel out of their depth in dealing with discipline issues and are having difficulty maintaining rules at home or during daily activities ⁵⁶⁰ .
	COSMOSS Témiscouata Pohénégamook (Bas-Saint-Laurent)	Témiscouata Pohénégamook	Ateliers Parents- Enfants-Plaisir (PEP) (activity workshops for parents and children)	The objectives of these workshops are to break social isolation, encourage socialization among parents and the sharing of experiences and tips for bringing up children ⁵⁶¹ .
	Social support	Maison de la Famille des Maskoutains Saint-Hyacinthe (Montérégie)	<i>Café-rencontre «Entre parents»</i> (coffee club for parents)	Helps parents to break their isolation and create a social network. Meetings are led by a facilitator, with topics drawn from parents' concerns about parenting issues ⁵⁶² .

AREAS OF ACTION	TYPES OF SERVICES	EXAMPLES OF ORGANIZATIONS	PROJECTS	ACTIVITIES
		Table de concertation en petite enfance de Rosemont (Round table on early childhood) Montréal	Agente de milieu et de développement (Community development officer)	The community development officer identifies families' needs and distributes information on available resources. She also provides personalized support for parents to help them find the help or services they need ⁵⁶³ .
R PARENTS		Comité 0-5 ans de la Table ÉPÉ Jardins-Fleuris Sherbrooke (Estrie)	<i>Les amis du quartier</i> (Friends in the neighbourhood)	This mandate of the committee works to welcome immigrant families. Multilingual liaison officers who are familiar with the culture of newcomers to the neighbourhood are charged with finding better ways to approach these families. Meetings among people of different origins and cultures are organized to foster trust and mutual respect ⁵⁶⁴ .
SERVICES FOR PARENTS	Local community support	<i>Priorité enfants</i> (Children first) Nicolet (Centre-du-Québec)	À la croisée des chemins (At the crossroads)	To better support parents of young children, community development officers have been mandated to make connections with families and actively support them during stressful periods in their lives. Officers work with local family resources to create a safety net for these families ⁵⁶⁵ .
		Table de concertation de la petite enfance et des personnes démunies de la Vallée-des-Patriotes (Round table for early childhood and vulnerable persons) Belœil (Montérégie)	Les Mères- veilleuses du Centre périnatal Le Berceau ("Guardian angels" from the Le Berceau Perinatal centre)	This mutual assistance group provides support for women dealing with symptoms of post-partum depression and offers mother- child workshops aimed at increasing positive interactions ⁵⁶⁶ .
		Parc-Extension Montréal	<i>Projet Parents</i> Multiplier agents	This project seeks to involve parents who have shown leadership in the Parc-Extension area of Montréal by acknowledging their knowledge of their neighbourhood and respective strengths. These representatives of different cultural communities then act as liaison officers between local and community resources ⁵⁶⁷ .

AREAS OF ACTION	TYPES OF SERVICES	EXAMPLES OF ORGANIZATIONS	PROJECTS	ACTIVITIES
R PARENTS		Concertation enfance- famille de Saint-Michel (Round table for children and families) Montréal	<i>Les Relevailles* de Saint-Michel</i> (Postpartum support)	This approach was developed in the Saint-Michel neighbourhood to reach out to isolated immigrant families and provide support after the birth of a child. The bonds that "fairy godmothers" create with the families they support (helping with parenting skills, for example) help them to develop a secure attachment bond with their babies ⁵⁶⁸ .
SERVICES FOR PARENTS	Perinatal support	<i>Comité 0-5 ans des Pays-d'en-Haut</i> Sainte-Adèle (Laurentians)	Visites VIP	"VIP visits" are personalized home visits to parents of a new baby (between 4 and 8 months), parents with children between 0 and 5 who are newcomers to the area, or families that are not aware of the services available to them ⁵⁶⁹ .
		Native Friendship Centre in Val-d'Or Val-d'Or (Abitibi- Témiscamingue)	<i>Abinodjic</i> (phase 2)	The objective of this program is to help pregnant women and new mothers work together to create favourable conditions for their children's development. <i>Abinodjic</i> also works to improve the ability of fathers, the extended family and the whole community to support mothers ⁵⁷⁰ .
lons	Food security	<i>Cœur d'enfant</i> Sainte-Thérèse (Laurentians)	<i>Croque la vie!</i> (Take a bite out of life!)	This program provides support for low- income families by helping them to create healthy menus at a low cost. Participants get together once a week to prepare meals with food that is less than fresh ("ugly" produce, for example), avoiding waste while offering families free cooked meals ⁵⁷¹ .
		<i>Parcours d'enfants</i> Saint-Jérôme (Laurentians)	Community gardens	Through gardening, families create bonds with others and acquire new knowledge. The affiliated community kitchen gives participants an opportunity to strengthen those bonds, learn useful skills and share a tasty meal prepared with produce from the gardens ⁵⁷² .
	Socio-professional integration	<i>Ascot en santé</i> Sherbrooke (Eastern Townships)	Helping immigrant families find employment	This organization helps parents who want to enter the labour force or go back to school. Personalized support is offered to immigrant parents with young children to enable them to acquire work experience through an internship or a part- or full-time job ⁵⁷³ .

AREAS OF ACTION	TYPES OF SERVICES	EXAMPLES OF ORGANIZATIONS	PROJECTS	ACTIVITIES
SNOILIO		<i>Relais familial d'Auteuil</i> (family support) (Laval)	Reasonably priced apartments for low-income single-parent families	Offers affordable housing and a healthy living environment to families, including a community kitchen, help with homework, etc.
	Housing	Cité les 3 R (Laurentians)	Affordable apartments for low-income families, persons over 75 with a modest income, and persons with special needs	Offers affordable housing and a friendly, safe living environment. Services have been designed to encourage intergenerational exchange.

The role of municipalities in the lives of young children

According to *Espace MUNI* (formerly the *Carrefour action municipale et famille*, or CAMF), 90% of families are now living in municipalities that have their own family policy. Furthermore, over 50% of children in Québec currently live in a municipality or MRC (regional county municipality) that is part of the *Municipalité amie des enfants* (child-friendly municipality) network, joining the international UNICEF movement that includes over 1,000 child-friendly cities.

UNICEF reminds us that it is local governments that are closest to the lives of children and their families⁵⁷⁴. By enacting measures in sectors as varied as recreation, transport, public security and housing, municipalities have the competence and power to have a direct impact on families' quality of life.

The agirtot.org website lists three categories of measures:

- > Planning and regulations (urban planning, municipal regulations, etc.)
- Policies and programming (family municipal policy, children's policy, cultural policy, transport policy, child-friendly certification, etc.)
- Direct intervention in public spaces (creating parks, supporting cultural and athletic organizations, offering recreational, cultural, sports and community activities, block parties, family festivals, etc.)⁵⁷⁵

HOW MUNICIPAL FAMILY POLICIES PROMOTE EARLY CHILDHOOD DEVELOPMENT

Research and analysis: Marie-Soleil Cloutier and Valérie Andreetta, Urbanisation Culture Société Research Centre, Institut national de la recherche scientifique (INRS)

Revision: The Revision Committee^{*} and the following external reviewers: Éric Robitaille, School of Public Health, Université de Montréal; Nathalie Simard, Espace MUNI

What is the current situation in Québec?

MUNICIPALITIES AND YOUNG CHILDREN

Municipalities have a mission to provide services, infrastructure and facilities to their taxpaying citizens, especially families with young children, aimed at improving their well-being. These services include access to culture, recreation, community life, parks and green spaces, as well as public transport, housing and security.



MUNICIPAL FAMILY POLICIES (MFPs): A PLANNING TOOL

To provide those services, municipalities and MRCs (regional county municipalities) have a planning tool: municipal family policies (MFPs). In Québec, every municipality deploys its own MFP based on the size of its population, financial means, human and material resources and the values its decision-makers want to uphold. This model—which is unique in the world—is the result of a partnership between a civil society organization and the Québec government

* Revision Committee members are listed on page 2.

An MFP is the result of a process of consultation and partnership. Its objective is to ensure that municipalities have an action plan that includes measures to improve families' quality of life⁵⁷⁶.

The main themes that all Québec municipal policies have in common regarding children are:

- > a safe living environment
- > mobility
- > access to culture, recreation and sports activities
- > family participation in community activities.



What is the connection between municipal family policies and early childhood development?

An MFP is a lever that allows local governments (i.e., municipalities) to strengthen their role in developing communities that are responsive to the needs of children and families. Research has shown that children who live in family-friendly neighbourhoods are more likely to have the conditions they need for healthy development⁵⁷⁸.

Measures implemented as part of MFPs can have tangible repercussions for young children:



- Imposing appropriate speed limits or abolishing public nuisance by-laws can help municipalities to encourage free and safe play for children in public spaces.
- Redesigning parks to comply with accessibility standards improves access for young children with disabilities, improving their motor development.
- > Limiting noise from various sources can improve the quality of young children's sleep.
- Investing in a network of safe, clearly identified bike paths can encourage children to adopt healthy life habits.
- Organizing educational activities like story time in parks or libraries can provide children with various positive and educational and experiences⁵⁷⁹.

The 2017 *Québec Survey on the Preschool Path of Kindergarten Students* showed that kindergarteners who had not or only rarely visited a library during the previous year were proportionally more likely to be vulnerable in at least one domain of development (35.5% as compared to 23.5%)⁵⁸⁰.



A longitudinal Québec study that measured children's development between kindergarten and Grade 4 revealed that children who participated in a variety of organized activities (sports, clubs, recreation) were less likely to present disruptive behaviours—that is, behaviours inappropriate to a given context (at home, at school or during a cultural or athletic activity)⁵⁸¹.



What public policies currently exist in Québec?

MUNICIPAL FAMILY POLICY SUPPORT PROGRAM

The Québec government's municipal family policy support program (*Programme de soutien aux politiques familiales municipales*) offers financial support to municipalities with under 100,000 inhabitants, MRCs and band councils that want to set up or update a municipal family policy.

The program also provides technical support through *Espace MUNI*, an organization whose mission is to ensure that objectives targeted by municipalities are translated into concrete actions.

Creation and updates

The program was created in 2002. In 2018, it was renewed until 2023. Some of the objectives included in the Québec Family Ministry's 2019-2023 strategic plan were to "support the development of municipal family policies," "encourage organizations and corporate partners to promote family-work balance" and "increase support for children with disabilities."

Scope

During 2018-2019, 75 Québec municipalities and MRCs benefited from this program, receiving funding totalling \$659,195 (for all 75). More specifically, \$492,695 was paid directly to municipalities and \$166,500 to *Espace MUNI* for providing operational support. In 2018-2019, the Family Ministry reported that 844 municipalities and 39 MRCs—representing 74% of all municipalities and MRCs in the province—were working to develop a family policy or had already adopted one since the program began⁵⁸².



THE EXAMPLE OF LAVAL

Laval is one of the Québec cities that has been part of the "child-friendly municipality" network (*Municipalité amie des enfants*) since 2014. The city has also adopted an MFP, through which it has implemented childfriendly measures, including:

- supporting partners' local initiatives in organizing activities in recognition of International Children's Day
- setting up innovative projects especially for children that encourage their participation
- adapting the number of day camps and children's groups to the requirements of individual residential developments and parents' needs
- supporting introduction to reading programs, such as Ma tente à lire, Pataugeons dans les mots and Biblio-mobile.

THE EXAMPLE SET BY VICTORIAVILLE

Victoriaville's family policy (2020-2027) includes the following objectives:

- > Improve integration activities and make them easier to access for immigrant families.
- > Improve and increase work-family-study balance measures.
- > Encourage more children to walk to school.

ACCREDITATION OF CHILD-FRIENDLY MUNICIPALITIES (PROGRAMME D'ACCRÉDITATION MUNICIPALITÉ AMIE DES ENFANTS – MAE)

An extensive network of municipalities focused on children's needs has been spreading across Québec since 2009, following the launching of the Child-Friendly Municipality accreditation program by the *Carrefour action municipale et famille*, or CAMF (now called *Espace MUNI*). The MAE (*Municipalité amie des enfants*) is the Québec version of the global initiative called "Child-Friendly Cities" (CFC), an international recognition created by UNICEF aimed at making municipalities places that are adapted to the needs of all children. Based on the United Nations' Convention on the Rights of the Child, this program encourages municipalities to rethink their structure, services and urban planning, all of which have repercussions on the quality of life in their communities.

The objective of the MAE accreditation program is to recognize municipalities' achievements and intentions in giving importance to children in the service offering included in their municipal family policy. The accreditation is a powerful lever that enables municipalities to make a commitment, by resolution, to do even more for children in their community.

More specifically, the MAE aims to:

- create living environments that are increasingly welcoming and accessible for children by improving their safety, their surroundings and their access to culture and recreational activities
- > educate the citizens of tomorrow by supporting children's participation and development
- instill civic values in children and youth to encourage them to become involved in their communities by participating in structures where their voices will be heard and respected
- encourage municipalities to take the opinions, needs and priorities of children into account in their decision-making processes, policies and public programs
- > strengthen their municipal family policy by integrating children's rights
- contribute to public awareness of the situation of children around the world to develop a spirit of international solidarity.



In Québec, the MAE network currently includes:

How effective are these policies?

An evaluation report by the Léger firm that documented the repercussions of the Municipal family policy support program (*Programme de soutien aux politiques familiales municipales*)⁵⁸³ indicated that all municipal actors judged the program to be "very pertinent" and that it should be maintained. Municipal actors also stated that they had seen positive effects on the ground, as well as changes in ways of acting, planning and working in cities that had resulted in a decompartmentalization of directions in areas where decisions concerning families were made⁵⁸⁴.

The scientific analysis prepared by Professor Marie-Soleil Cloutier for this document highlights the lack of measures related to food security and healthy eating in municipal family policies in Québec—areas in which they are in a good position to act. Her analysis also points outs that municipal family policies focus primarily on recreation (libraries, parks, recreation centres), paying less attention to housing and education—areas closely linked to early childhood development on which they could also act.



What could we be doing better?

POSSIBILITIES FOR UPDATING MUNICIPAL FAMILY POLICIES

Professor Marie-Soleil Cloutier's analysis suggests ways that municipal family policies could be updated:



- Ensure that the various departments in a municipality work together. Urban planning could coordinate with public transport, for example. Access to affordable housing and public transport could make it easier for vulnerable children and children with disabilities to access healthcare services, recreation centres, libraries, etc.
- Provide for a protocol to evaluate the outcomes of policies and the measures they include so that they can be followed up in the event of a change of government to ensure funding is renewed.

RECOMMENDATIONS FROM MUNICIPAL ACTORS

Further to the Léger evaluation of the Municipal family policy support program, two recommendations were proposed by actors in the municipal sector:



- Ensure that municipalities and MRCs have the tools they need to search for statistics on their population by centralizing, where possible, the information produced by different ministries.
- Review the Program in the light of the termination of funding by Avenir d'enfants and Québec en Forme of several measures included in municipal family policies⁵⁸⁵.

IMPROVING MUNICIPALITIES' CAPACITY FOR ACTION

Espace MUNI (formerly the CAMF), guardian of the *Municipalité amie des enfants* (MAE) program since 2009, is working with experts to improve municipalities' capacity for action in their role as child-friendly environments.

A FEW OF THE COURSES OF ACTION PROPOSED BY *ESPACE MUNI:*

Provide inclusive public spaces for children

Inclusive public spaces are spaces on a human scale that encourage social interaction and cooperative games. For children, they are safe places to play and explore, with possibilities for both organized sports and spontaneous activities.

FOR EXAMPLE...

Set up playgrounds for children with minimal equipment, opting for grassy expanses for unstructured play, places to relax with public seating (picnic areas, groups of park benches, etc.) and natural spaces (wooded areas, fields, clearings, etc.).

Make resources and services accessible for children

Municipalities can offer cultural and sporting events that are accessible, safe, varied and adapted to children's development. They can also provide support for local organizations and other community actors by facilitating collaborative and partnership agreements to expand their service offering. They can ensure that services are equitably distributed across their territory and, finally, use various media to make sure that their citizens are aware of everything available to them.

FOR EXAMPLE...

Develop infrastructures that encourage children and families to get out and enjoy winter sports: hills for sledding, skating rinks with heated shelters nearby, snow-cleared bike paths, cross-country ski trails (in parks, for example), etc.

Make all facilities accessible to children with limitations: set up ramps for pool access, create adapted play areas in parks, etc.

Encourage active transport for children

Municipalities can set up systems for active transport (on foot, bicycles, scooters, skateboards, etc.) that are safe and adapted for children's needs. These kinds of arrangements allow young children to travel to and from daycare or school in complete safety while helping them to develop healthy life habits. Traffic-calming measures can also be implemented to encourage active transport among children.

FOR EXAMPLE...

Set aside certain streets for free play, close others to transit and create "school streets" or pedestrian streets around schools or other areas frequented by children.

Create active transport corridors, including landscape markers, play installations and road markings.

Provide suitable housing for families

Municipalities can offer clean, affordable, and suitable housing that meets families' needs. They can also consider family diversity in a given neighbourhood or sector by developing different types of housing (private, rental or social, intergenerational, cooperative, etc.).

FOR EXAMPLE...

Ensure that new residential projects **include a certain percentage of social housing**. **Promote the construction of intergenerational housing** for families with young children, etc.

Make a commitment to children's educational success

Municipalities can play an active role in children's education and educational success. They can offer resources and services that complement lunchtime and after-school childcare services by sharing municipal and school infrastructures for sports activities, day camps, etc. They could also encourage collaboration between educational childcare services, school and community organizations to ensure that measures are deployed consistently for all children in the same territory.

FOR EXAMPLE...

Draw up service and use agreements that define rules of use for infrastructures and service accessibility. Such regulations would make municipalities, schools, school boards (*centre de services scolaire*) and community organizations jointly responsible for the management and maintenance of infrastructures and equipment.

PROVIDE SUPPORT FOR FAMILIES WITH CHILDREN LIVING WITH DISABILITIES

The Québec bureau for persons with disabilities (*Office des personnes handicapées du Québec*) has the following suggestions for municipalities that are developing or updating their family policy:



- > Include measures specifically for families with a child or relative who is living with disability.
- Associate measures set out in the annual action plan for persons with disabilities to those included in the family policy.
- Include accessibility measures in plans for spaces designed for family activities, hire additional monitors so that children with disabilities can attend day camps, etc.
PUBLIC OUTDOOR PLAY SPACES

Research and analysis: Juan Torres and Laurence Nault, School of Urban Design and Landscape Architecture, Université de Montréal **Revision:** Revision Committee^{*} and the following external reviewer: Katherine Frohlich, School of Public Health, Université de Montréal

What is the current situation in Québec?

WHAT IS AN PUBLIC OUTDOOR PLAY SPACE?

Public outdoor play spaces include streets, parks, natural areas and cycling and pedestrian zones. These spaces complement those around housing and private spaces, providing possibilities for a wider range of daily activities that promote well-being.



Public outdoor play spaces are not restricted to parks. In addition to structures reserved specifically for children, children need public areas near their homes that they can get to easily on foot or by bike.

* Revision Committee members are listed on page 2.

HOW MANY CHILDREN HAVE ACCESS TO THESE SPACES?

Although there is no data in Québec on public outdoor play spaces per se, data from the *Québec 2017 Survey on the Preschool Path of Kindergarten Students* showed that:



92.4% of kindergartners were living in neighbourhoods where they could play safely outdoors during the day.

90.8% of kindergartners were living in neighbourhoods where there were parks, playgrounds and other safe places to play⁵⁸⁶.

In 2017, however:



of parents of kindergartners said that they often went to a public park witha playground. Of that number:



- 39% went to public pools, wading pools or splash pads,
- 27% went to arenas or sports grounds (soccer, tennis, baseball, etc.), and
- > 20% visited libraries.





In Québec, there are more and more play areas in parks that are accessible to children living with a disability. This is a very positive development, as these children tend to get much less physical exercise after school: 38% almost never do, while the corresponding figure for children without limitations is just 10%⁵⁸⁷.

Play areas that are universally accessible have wide passageways and firm ground surfaces that make it easier for children in wheelchairs to manoeuvre, games and structures in colours contrasting the surroundings to help children with a visual impairment get their bearings, and different types of swings (wider, higher) that can accommodate wheelchairs. These inclusive parks provide children living with a disability with places to play and development alongside children without limitations. Trois-Rivières is an example of a city that has created this type of park⁵⁸⁸.

What is the connection between public outdoor play spaces and early childhood development?

ENVIRONMENTS THAT HELP TO DEVELOP CREATIVITY AND AUTONOMY

Generally speaking, urban environments that feature abundant vegetation contribute to the development of children's creativity and autonomy⁵⁸⁹. Whether they are found in a child's backyard or in the neighbourhood, natural elements like vegetation, water, earth and animal life attract and stimulate children^{590, 591} while helping to reduce stress caused by living in an urban environment⁵⁹².



POSITIVE EFFECTS ON PARENTS AND THEIR CHILDREN

Making use of public spaces has positive effects on both parents and their children, especially in families living in a context of deprivation or as newcomers to Canada. These effects include:

- > an increase in daily physical exercise as a family,
- > a decreased risk of exclusion and social isolation, and
- > the possibility of connecting with other parents in the neighbourhood⁵⁹³.



During the COVID-19 crisis, the *Institut national de santé publique du Québec* (INSPQ) stressed the importance of children having access to public outdoor play spaces, particularly during periods of confinement. The INSPQ explained that these spaces represented some of the rare safe places where children could continue to enjoy various forms of physical and social activity. Moreover, parks and green spaces improve several aspects of the population's physical and mental health and provide cool "islands" during periods of extreme heat⁵⁹⁴.





What public policies currently exist in Québec?

POLICIES	GAS TAX FUND (GTF) KNOWN AS THE CANADA COMMUNITY-BUILDING FUND (CCBF) SINCE JUNE 29, 2021	GREEN MUNICIPAL FUND (GMF) OF THE FEDERATION OF CANADIAN MUNICIPALITIES	FINANCIAL ASSISTANCE PROGRAM FOR RECREATIONAL AND SPORTS INFRASTRUCTURE (MINISTRIES OF EDUCATION AND POST-SECONDARY EDUCATION)
GOVERNMENTS	Canada	Canada	Québec Programme d'aide financière aux infrastructures récréatives et sportives – PAFIRS – des ministères de l'Éducation et de l'Enseignement supérieur
OBJECTIVES	Enables Canadian municipalities to invest in several categories, including sports, recreation and active transport. The Québec municipality of Terrebonne, for example, used these funds to finance the creation of new bike paths along its major arteries ⁵⁹⁵ .	Helps Canadian municipalities to fund sustainable transport and active transport initiatives. In 2014, the GMF provided the Québec municipality of Lac-Mégantic with support for the preparation of a sustainable neighbourhood plan for reconstruction of the area devastated by the 2013 rail disaster ⁵⁹⁶ .	Helps cooperatives, non-profit organizations and school to operate or maintain installations such as footpaths or athletics fields.
CREATION & UPDATES	The Gas Tax Fund was created during the 2005 federal budget, at which time \$5 billion was allotted for communities across Canada over a period of five years. On June 29, 2021, the fund was renamed the Canada Community-Building Fund to reflect how the project had evolved over time.	This fund was created in 2000 and celebrated its 20th anniversary in 2020.	This program is part of another larger federal program called <i>Investing in Canada</i> <i>Infrastructure Program</i> . An agreement between Québec and Canada was drawn up during the summer of 2018.
SCOPE	In Québec, in 2014, municipalities with populations of 6,500 or more received \$289.39 per capita. Municipalities with fewer than 6,500 inhabitants received \$226.13 per capita, in addition to a basic amount of \$427,500. In 2018-2019, the federal government paid \$504 million to the province of Québec. Between 2019 and 2024, 1,125 Québec communities will receive a total of over \$495 million every year ⁵⁹⁷ .	To date, the GMF has made possible 1,300 sustainable projects in many different areas, including active transport (like walking and biking). Between 2000 and 2020, \$862 million was allocated to sustainable development initiatives.	In 2018-2019, the program provided funding for 130 different projects ⁵⁹⁸ , for a total of \$4,630,175 ⁵⁹⁹ .

POLICIES	CONTRIBUTION FOR THE PURPOSE OF PARKS, PLAYGROUNDS AND NATURAL AREAS	PLANS FOR SUSTAINABLE OR ACTIVE TRANSPORT
GOVERNMENTS	Québec	Municipalities
OBJECTIVES	Gives municipalities the right to require, in connection with applications for construction or subdivision, a contribution specifically for the creation of parks and playgrounds and the protection of natural spaces. The purpose of this contribution is to protect citizens' access to these types of areas ⁶⁰⁰ . Such projects may not exceed 10% of the land area or 10% of the value of the site unless the land is located in a central space in whole or in part.	Helps communities to opt for more sustainable transport options, promoting active and alternative modes of transport over single-occupant cars
CREATION & UPDATES	This power granted to municipalities resulted from the <i>Act respecting land use planning and</i> <i>development</i> that was adopted in 1979. In 1993, a reform gave municipalities more flexibility in exercising their power ⁶⁰¹ .	Local transport plans took off in the early 2000s in Québec, inspired by programs like <i>À pied, à vélo, ville active</i> launched by Vélo Québec.
SCOPE	There is no data available that would enable us to quantify the scope of these contributions in financial terms.	There are currently hundreds of local transport plans that have been developed by municipalities across Québec—in Montréal, every borough has its own ⁶⁰² . Although their scope can vary, even a small municipality with fewer than 1,500 inhabitants (like Armagh in the MRC of Bellechasse) can have a substantial local transport plan ⁶⁰³ .

Community organizations can be precious allies for municipalities interested in creating inclusive public spaces where children can play. Whether by understanding citizens' needs and desires, creating inclusive spaces or running activities in those spaces, community organizations can become key partners in ensuring the success of local initiatives.



An Act mainly to recognize that municipalities are local governments and to increase their autonomy and powers allows municipalities to implement projects that promote active play. For example, the city of Gatineau recently launched a pilot project called *Jouer dans ma rue* (Playing in my street), that has allowed 50 streets and four city blocks to be designated as spaces where free play is permitted. "Free play" signs have been installed in these streets⁶⁰⁴.



How effective are these policies?

Developing public outdoor play spaces in municipalities of all sizes is considered an effective way to improve children's physical environments. This solution is particularly successful when it considers the realities of different neighbourhoods (rural, suburban, urban) and includes a plan to inform families of the location of these spaces⁶⁰⁵.

POLICIES THAT ENCOURAGE PHYSICAL ACTIVITY AND ACTIVE TRANSPORT

Research has shown that the features of a given environment influence people's behaviour. For example, cities that set up measures encouraging drivers to slow down make it easier for young children to engage in active play safely outside. The quality of public transport services and the presence of bike paths in cities encourage citizens to use active modes of transport rather than drive⁶⁰⁶.



THE "*TROTTIBUS*" REDUCES THE NUMBER OF FAMILIES DRIVING CHILDREN TO SCHOOL

Local strategies like pedestrian road surface markings, crossing guards and the "*Trottibus*" (walking school buses) for children of kindergarten age and up help to reduce the speed of cars in cities and allow children to walk safely to school. Longueuil, Laval, Rimouski and Mont-Saint-Hilaire are all examples of cities that have included these measures in their transport plans.



An evaluation of the *Trottibus* plan in Québec has shown that walking as a mode of transport increases significantly when families participate in the program, while the number of children being driven to school decreases. This evaluation also points out, however, that recruiting enough volunteers for the program to operate smoothly remains a challenge⁶⁰⁷.

Research on walking school buses in New Zealand revealed that they actually reduce the total number of family car trips in neighbourhoods while improving drivers' attitudes towards pedestrians⁶⁰⁸. Walking school buses are therefore an effective way to help create safe neighbourhoods when urban planning permits: safe sidewalks are a prerequisite for walking school buses.

What could we be doing better?

En 2017, 53% of parents said that creating play areas and installations that were adapted and accessible to the needs of young children and their families should be a priority for municipalities⁶⁰⁹.

There are already many examples throughout Québec of municipal initiatives aimed at making it easier for families with young children to have access to safe neighbourhoods that encourage outdoor play.

MRC OF BELLECHASSE

Four municipalities in the MRC of Bellechasse set up a policy to share sports infrastructures. This initiative allowed them to offer more athletic activities to young families, who tend to leave the regions for urban centres that offer more services. The four municipalities also developed a network of interconnected footpaths and created an intermunicipal hockey league. A common day camp for children in all the municipalities was also created⁶¹⁰.

CITY OF BELŒIL

In 2016, the city of Belœil in the Montérégie region developed a project called "*Dans ma rue, on joue*" (playing in my street) that encourages free play in safe conditions in residential streets. Once a street has been officially designated as an area for free play, new signage is installed to reduce the speed limit to 30 km/h. Residents must also agree to respect a code of conduct (play permitted between the hours of 7 am and 9 pm only, parental supervision required, children must play safely, etc.)⁶¹¹.

VICTORIAVILLE

En 2016, Victoriaville created "*parcours ludiques*" ("play on the way" pedestrian routes) that provide students with an opportunity to have fun while walking to school. The objective of this pilot project was to clearly identify children's routes to school and help ensure their safety⁶¹².

Source: https://www.victoriaville.ca/nouvelle/201608/2832/les-parcours-ludiquesun-pas-de-plus-pour-encourager-le-transport-actif.aspx.



GIVING THE STREETS BACK TO CHILDREN

In Montréal, the borough of Verdun decided to abolish a nuisance by-law that prevented children from playing in the street⁶¹³. In Ontario, the city of Toronto introduced the concept of "school streets," which consists in temporarily closing streets in front of schools to traffic during periods when children are going to and from school to encourage families to walk to school⁶¹⁴.



In May 2020, when Québec was engulfed in the COVID-19 crisis, the Montréal borough of Rosemont–La Petite-Patrie announced that it was launching a "school street" pilot project to give children and their parents an opportunity for physical activity while continuing to practice social distancing⁶¹⁵.

RECOGNIZING MUNICIPALITIES' EFFORTS

Elsewhere around the world, in 2014 Wales introduced a policy called "Play Sufficiency Duty," which obligated municipal authorities to assess their local possibilities for play and to prepare an action plan that would secure sufficient opportunities for children in Wales to play. A study of this policy showed that public recognition of cities' efforts to promote unstructured play (by awarding prizes at a gala, for example) had the effect of encouraging other municipalities to join this child-friendly movement⁶¹⁶.



During the pandemic, some municipalities took action to make it easier for children to access public outdoor play spaces. For example, the Montréal borough of Rosemont–La Petite-Patrie ensured that swings were placed two metres apart in certain parks. The borough also kept open the *Île aux Volcans* project, a public space for children dedicated to free play. In Ontario, the city of Ottawa drew white circles on the grass in several large parks to encourage physical distancing between groups that gathered there. The city of Paris (France) installed soap dispensers next to water fountains in several parks and playgrounds⁶¹⁷.

ENCOURAGING THE GREENING OF OUTDOOR PUBLIC SPACES WHERE YOUNG CHILDREN PLAY

Certain measures could be undertaken to encourage the greening of public outdoor spaces where young children like to play:

- > Introduce the "Une naissance, un arbre" program (planting a tree for every birth)
- > Create areas for relaxation and play like teaching gardens (in cooperation with CPEs, daycares and schools).

Montréal's green alleys are an example of citizen initiatives aimed at greening public outdoor spaces to make them more conducive to playing and socializing. Citizens involved in these project are supported by the Nature-Action Québec organization.

In short, there are many concrete actions that Québec municipalities can take to facilitate the creation and use of public outdoor play spaces:





- Reorganize traffic patterns by reducing the number of lanes, routes and parking spaces (especially in the street) to lessen traffic volume.
- Create streets where free play is allowed and others that are closed to traffic, as well as "school streets" and pedestrian streets near schools and other areas frequented by children.
- > Create active transport routes that include playful installations and road surface markings.
- > Build wide sidewalks to accommodate children who are walking and cycling, as well as families.
- Consult children and families on a regular basis to learn what their needs are and develop projects in cooperation with them.

To this list could be added the idea of adapting parks and playgrounds to the needs of children living with disabilities, allowing them equal access to these spaces.

ACCESS TO PUBLIC TRANSIT FOR CHILDREN AND FAMILIES

Research and analysis: Marie-Soleil Cloutier and Karima Bessai, Urbanisation Culture Société Research Centre, Institut national de la recherche scientifique (INRS)

Revision: The Revision Committee^{*} and the following external reviewer: Sophie Paquin, Department of Urban and Tourism Studies, Université du Québec à Montréal (UQAM)

What is the current situation in Québec?

WHICH SECTORS OF THE POPULATION USE PUBLIC TRANSIT THE MOST?

According to Statistics Canada's 2010 *General Social Survey*, the sectors of the Québec population with easy access to a public transit network and most likely to use it regularly at age 15 years and over were as follows:



* Revision Committee members are listed on page 2.

In Québec, in 2006,



use public transit to go to work⁶¹⁹.

Mothers are more likely than fathers to have to deal with the inconvenience and stress of using public transport with children.

OBSTACLES TO USING PUBLIC TRANSPORT

Too expensive for families

One of the obstacles to families' use of public transit is its high cost in the household budget, particularly if parents have to pay the fares of one or more children⁶²⁰. In Montréal, parents have to begin paying for their children's *Société de transport de Montréal* (STM) tickets when they are 6 years old.

Parents who live in communities on Montréal's north and south shores who have to travel onto the island of Montréal with their children are particularly affected by the high cost of public transport because they have to pay for their local service in addition to STM service⁶²¹.



Lack of space on buses and subways



Another factor that discourages parents from using public transport is the lack of space on buses and subway cars during rush hour, especially if they have a child in a stroller⁶²². Families travelling during peak-volume times can be forced to cope with discomfort, exclusion and even rejection from other passengers—or even drivers⁶²³.

Obstacles in less populated cities

In certain smaller cities in Québec, such as Joliette (population 20,000), there are other factors that discourage families from using public transport, including:

- > infrequent buses
- > extremely long, roundabout bus routes to essential services
- > no bus shelters⁶²⁴.

Regions with no public transportation



It is also important to remember that many people living in Québec simply do not have access to public transportation: those in the northern and rural regions, as well as others living in small towns at a distance from major urban centres. In some locations—smaller municipalities on the outskirts of Montréal, for example—public transit is available for getting to work downtown, but only during morning and evening rush hours.



The adapted transport situation, however, has been steadily improving. In 2014 in Québec, only 87 municipalities out of 1,111 did not offer adapted transport services⁶²⁵.

THE COST OF PUBLIC TRANSIT FOR MUNICIPALITIES

In Québec, although the cost of road maintenance is paid by the Transport Ministry, public transportation costs are the responsibility of individual cities, representing a burdensome budget item that many cannot afford⁶²⁶.



What is the connection between access to public transit and early childhood development?

INCREASED LEVELS OF PHYSICAL ACTIVITY



Since using public transport involves walking certain (even short) distances, it increases levels of physical activity among parents and their children, which has a positive effect on their health⁶²⁷.

EASIER ACCESS TO SERVICES AND INFRASTRUCTURES



Having access to efficient public transport in the city where they live makes it much easier for families to get to services and infrastructures like parks, recreational centres and libraries, all of which foster their children's healthy development⁶²⁸.

The *Québec 2017 Survey on the Preschool Path of Kindergarten Students* revealed that kindergartners who did not visit—or rarely visited—a library with an adult in their household were more likely to be vulnerable in at least one developmental domain⁶²⁹.

NEIGHBOURHOODS WHERE CHILDREN HAVE MORE FREEDOM TO PLAY SAFELY OUTDOORS



Since public transit has the potential to reduce traffic, it can help to make neighbourhoods safer for children to play freely outdoors. This positive effect is enhanced when traffic calming measures, such as speed bumps, curb extensions and visible pedestrian crosswalks, are also installed in neighbourhoods^{630, 631}.

What public policies currently exist in Québec?

ROLE OF THE ASSOCIATION DU TRANSPORT URBAIN DU QUÉBEC (ATUQ)

The nine largest cities that contain 60% of the population of Québec account for 99% of public transit use across the province: Greater Montréal, Québec City, Lévis, Laval, Longueuil, Gatineau, Trois-Rivières, Saguenay and Sherbrooke. These cities are all members of Québec's Urban transport association—the *Association du transport urbain du Québec* (ATUQ). The ATUQ is a non-profit organization whose goal is provide public transport authorities with the services they need to accomplish their mission⁶³².

ACT RESPECTING PUBLIC TRANSIT AUTHORITIES

The activities of public transit authorities are governed by the *Act respecting public transit* authorities, adopted in 2001. Under this Act, municipalities have the right to collect financial contribution from their citizens for the purpose of financing the services they provide.

PROGRAMME D'AIDE AU DÉVELOPPEMENT DU TRANSPORT COLLECTIF (PADTC)

The Québec public transit development assistance program offers funding for four types of activities: urban public transport, regional public transport, rate reductions for regional transit passes, and studies on reducing greenhouse gas emissions and the operations of transportation management centres.

SUSTAINABLE MOBILITY POLICY 2018-2023 ACTION PLAN

Although there are no provincial public policies in Québec specifically aimed at facilitating the use of public transport by families with children, some of the objectives proposed in the 2018-2023 Action plan of the Sustainable mobility policy could improve families' access to public transport:

- > Integrate urban and regional transport into urban planning.
- > Make urban public transit more attractive and competitive.
- > Promote regional and interurban transport by making it a more attractive option.
- > Facilitate travel for persons with reduced mobility⁶³³.

FREE ACCESS FOR CHILDREN UNDER AGE 6

All Québec municipalities with public transit offer passage free of charge to children under 6 with no exception. The situation differs from one municipality to another, however, in the case of children over 5 and number of children per family.

By offering free or reduced-rate fares to children 12 and under, Québec's nine largest cities have adopted policies similar to those of major cities around the world.

A FEW EXAMPLES OF PUBLIC TRANSPORT POLICIES

In Montréal, Laval and Longueuil, parents can travel with up to five children between the ages of 6 and 11 free of charge on weekends, holidays and during the summer. This economical measure can encourage parents of children 11 and under to use public transportation.

In Québec City and Trois-Rivières, an adult with a valid ticket or pass can travel with up to three or four children (respectively) at no additional cost at any time.

In Sherbrooke, a monthly family pass entitles parents to a reduced rate when they are accompanied by a child aged 12 or under. Sherbrooke also offers free transportation to all children under 12.

Another example of accommodations for parents with young children is the taxi bus service that has been set up in the MRC of Joliette, which makes it easier for families to travel to and from parks, libraries and recreational centres⁶³⁴.

Other municipalities also offer similar measures. Sainte-Julie provides free transportation for all residents within its territory⁶³⁵. La Prairie, Candiac and Saint-Philippe have collaborated to offer the same service. Other municipalities, such as Saint-Bruno-de-Montarville, offer taxi buses or taxi-ados ("teen taxis") to compensate for less frequent bus service⁶³⁶. Some even offer their citizens training in the use of public transport.

PARATRANSIT ELIGIBLITY POLICY

Québec also has a paratransit eligibility policy. Paratransit (or adapted transport) is a public transportation service designed to meet the needs of persons with disabilities, including young children. Children under 6 who wish to use this service must be accompanied by a parent (or person in charge of them)⁶³⁷.

How effective are these policies?

There is little research that would allow us to evaluate municipal public transit policies in Québec. It appears to be difficult for researchers and even transport authorities themselves to obtain an accurate portrait of families' use of current or adapted public transit, and even harder to show the effects on their health and well-being.

According to the 2018 Origin-destination survey (for 2013 to 2018), however, during weekday rush hours in the Greater Montréal region⁶³⁸:



AN EFFECTIVE MEASURE... AS LONG AS IT RESPONDS TO RIDERS' NEEDS

Studies to date on use of public transit confirm the following:

- > Public transit continues to be an effective way to reduce individual car use, provided citizens have access to frequent and reliable service by train, subway or bus.
- > People's propensity to use public transit depends largely on their perception of how much time and money it will save and how much it will simplify their lives (avoiding traffic, looking for parking)⁶³⁹.

REASONS FOR NON-USE

The main reason for non-use of public transit given in 2010 by people aged 15 and over who had not used it in the past 12 months, even with convenient access to a public transit network, was that it wasn't necessary because they owned a car (62.5%)⁶⁴⁰.

What could we be doing better?

MEASURES AVAILABLE TO MUNICIPALITIES, MRCs AND ADMINISTRATIVE REGIONS



In Québec, every municipality, MRC and administrative region is responsible for adopting its own public transit measures for families with children. Here are a few examples:

- > Adopt public transit accessibility guidelines for persons with reduced mobility and parents/caregivers with strollers.
- > Adopt measures (by-laws or policies) to adapt fares or introduce social fares for children by offering free transportation for children under 12.
- > Draw up intermunicipal service agreements with neighbouring cities or MRCs to make it easier for children to use public transit.
- > Offer carpooling services (or some other type of transportation) for children and their parents in connection with certain events organized by the municipality.

INNOVATE TO IMPROVE CITIZENS' MOBILITY IN RURAL AREAS

Although it is difficult for regions with low population density to maintain a regular bus service, some have come up with flexible solutions to serve their population:

- A pilot project by the intermunicipal transport board for the region of Gaspésie– Îles-de-la-Madeleine is looking at ways to increase the available options for travel throughout the vast territory of the Gaspé peninsula. The project is based on a more diversified service offering, including carsharing of electric vehicles owned by a municipality, carpooling, and ridesharing coordinated among taxi companies or individuals. The Gaspésie municipalities of Gaspé, Grande-Rivière, Chandler, Maria and Carleton-sur-Mer are all participating in the pilot project.
- To the west of Lac Saint-Jean, the organization Accès Transport combines taxis, buses and adapted transport to meet the needs of its population over a vast territory that includes nine municipalities.

PROVIDING RELIABLE SERVICE TO BRING FAMILIES ON BOARD

Cities are still faced with two significant challenges. First, they have to be able to provide a reliable service with schedules that reflect families' realities and, second, they need to convince families that public transit can make their lives easier and save them money⁶⁴¹.

To meet those challenges, the heads of major European cities like Paris, Copenhagen, Zurich and Berlin actively promote the idea that using public transit improves citizens' well-being and feeling of commitment⁶⁴².



In November 2019, the **city of Victoria in British Columbia** launched its Youth Transit Pass Program, offering free transportation to children and youth 18 years of age and under. Through the introduction of this measure, the city hopes to make using public transit a lifelong habit among young adults⁶⁴³.

In more concrete terms, research has shown that lower fares combined with measures designed to change public transit use habits could encourage more families to travel by public transit. For example, public information campaigns could be created to provide specific examples of how different types of families could make public transit a part of their daily routine⁶⁴⁴.

IMPROVING ACCESS FOR LESS PRIVILEGED POPULATIONS

Another study showed that although the public transit policies of large North American cities, including Montréal, include the notion of social equality, this does not generally translate into clear, measurable objectives⁶⁴⁵.

Based on these principles of equality, cities should make changes to their public transit schedules to make it easier for less privileged population groups to get to destinations that are important for them, whether those destinations are work-related or not. Researchers stress the importance of basing decisions and actions on data that identifies which neighbourhoods have the largest proportions of low-income families with low levels of social support⁶⁴⁶.

RETHINKING URBAN PLANNING AND LAND USE

Effective urban planning can also help to reduce the use of cars, thus promoting physical activity and improving pedestrian safety. This has been the case in neighbourhoods or cities that offer residents a large number of services close to their homes (grocery stores, restaurants, pharmacies, libraries, sports centres, etc.) and easy access to public transit⁶⁴⁷. This type of urban planning is called Transit-oriented development (TOD) or human scale development. Vällingby, a neighbourhood in Stockholm, Sweden, is often cited as an example of human scale development⁶⁴⁸. In Québec, the municipality of Sainte-Thérèse is seen as an example of a TOD municipality, particularly because of its transit-oriented development over the past several years⁶⁴⁹.



INDIGENOUS CHILDREN LIVING IN QUÉBEC

The Early Childhood Observatory was intent on including a chapter devoted entirely to the young children of Indigenous Peoples in Québec in its review of public policies. Our collaboration with the First Nations of Québec and Labrador Health and Social Services Commission (FNQLHSSC) and the Québec association of Native Friendship Centres (*Regroupement des centres d'amitié autochtones du Québec* or RCAAQ) enabled us to compile a certain amount of information which we are pleased to be able to share with you. We are grateful to the FNQLHCC and the RCAAQ for their generous assistance.

We were unfortunately unable, however, to establish collaborations that would have allowed us to present similar information on young children living in Inuit, Cree and Naskapi communities. The Early Childhood Observatory team is aware that these communities have very specific realities that have been determined by their geographical location and their relationships with the governments of Québec and Canada.

During the coming years, we at the Early Childhood Observatory hope to be able to collaborate in projects that will shine a light on the lives of all Indigenous children. To that end, we invite all persons and organizations who are interested in establishing this type of collaborative relationship to contact the members of our team at:

info@tout-petits.org.



There are 11 Indigenous Peoples living in Québec: the Inuit and the 10 First Nations, which are the Abenaki, Algonquin, Atikamekw, Cree, Huron-Wendat, Innu, Malecite, Mi'kmaq, Mohawk and Naskapi nations. From a legal standpoint, the Inuit are separate from the First Nations because they are not subject to the *Indian Act*.



Those who are members of their respective First Nations or of the Inuit do not necessarily live in the same geographical area. They may live in different communities or in urban centres. For example, there are nine Innu communities in Québec, stretched along the north shore of the St. Lawrence and throughout the Côte-Nord and Saguenay–Lac-Saint-Jean regions.

There are approximately 110,000 Indigenous persons (First Nations and Inuit) living in Québec: 95,000 members of First Nations and 14,000 Inuit, representing 1.4% of the population of the province⁶⁵⁰.



The mother tongue of over 40,000 people in Québec is an Indigenous language. The languages that have the largest numbers of native speakers are, in order: Cree, Inuktitut, Innu-aimun and Atikamekw. There are also many people who speak Algonquin, Naskapi, Mi'kmaq and the Mohawk language. Some Indigenous languages continue to be spoken and used by over 80% of individuals within a nation in Québec, such as the Cree, the Inuit and the Atikamekw. The 2016 Canadian census data showed that these languages have retained exceptional vitality in the Canadian context⁶⁵¹. Other nations, including the Huron-Wendat, the Abenaki and the Malecite, have been making great efforts to preserve and revitalize their languages. One thing is certain: language is of vital importance to Indigenous Peoples in Québec.



Who are the young Indigenous children?

Indigenous children, like all children living in Québec, are faced with certain challenges, some of which are similar, and some different from those experienced by non-Indigenous children. According to a study by the Canada Centre for Policy Alternatives (CCPA), Indigenous children are among the most marginalized and economically disadvantaged in Canada, regardless of where they live.

Data from the 2016 survey tell us that:



This section of the Early Childhood Observatory Portrait of Public Policies is devoted to the reality of young Indigenous children, focusing on two specific groups: young First Nations children living in their communities and those living in urban areas. We will begin by looking at the major public policies that currently exist that are common to all Indigenous children.



THE REALITY OF YOUNG FIRST NATIONS CHILDREN LIVING IN QUÉBEC

Research advisors: Caroline Fiset, Jasmine Sawadogo, Joannie Gray Roussel and Julie Bernier, First Nations of Québec and Labrador Health and Social Services Commission (FNQLHSSC)

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What do we know about young First Nations children? How are they faring?

The following data on First Nations children were compiled based on the 2014 *First Nations Regional Early Childhood, Education and Employment Survey* (REEES) and the 2015 *First Nations Regional Health Survey* (RHS). The former involved 20 communities from eight different nations and the latter, 21 communities from eight different nations.

FIRST NATIONS CHILDREN AND THEIR FAMILIES LIVING IN QUÉBEC

In 2019, **children between the ages of O and 5 accounted for 7%** of the total population living in First Nations communities, according to the Indian Register of Indigenous Service Canada (ISC).





In 2015, according to the RHS, the composition of First Nations families differed from that of non-Indigenous families.



REEES data from 2014 show that:



A little over **40%** of First Nations children take part in a cultural event at least once a month.



86.9% (the majority) of children between 0 and 11 have knowledge of a First Nations language, even if only a few words. Of that percentage, **half (52.2%)** speak that language relatively well or very well⁶⁵³;



48.5% of children between 0 and 11 speak primarily French at school, **30%** speak a First Nations language and **21.3%**, English⁶⁵⁴.





The data show that

89.1% of parents feel that it is very or fairly important that their child learn the traditional teachings (beliefs, values, remedies, practices, ceremonies, stories, songs and activities)⁶⁵⁵.

HIGH LEVELS OF CHILD POVERTY

In 2014, according to the REEES, half of First Nations children were living in a household with an annual income of between \$10,000 and \$29,000. Moreover, only 53.2% of households earned income from paid employment; 59.5% received child tax benefits⁶⁵⁶.



WORRYING PROPORTION OF INADEQUATE AND UNAFFORDABLE HOUSING



According to RHS data for 2015, one child out of four between the ages of 0 and 11 (23%) was living in housing considered overcrowded. According to the REEES, 9.8%* of households had difficulty paying their housing costs "a few times" in 2014 and 12%* difficulty paying for public utilities⁶⁵⁷.

* Since these data have a coefficient of variation of between 16.6% and 33.3%, they must be interpreted with caution.

ONE QUARTER OF HOUSEHOLDS EXPERIENCE FOOD INSECURITY

In 2015, according to the RHS, virtually all children between the ages of 3 and 11 years (96%) ate breakfast on a regular basis: "every day" or "almost every day"⁶⁵⁸. Data from the same study, however, showed that **8% of First Nations adults living with children experienced moderate food insecurity and 15%, severe food insecurity**⁶⁵⁹.



TOOTH DECAY: A SERIOUS HEALTH PROBLEM

Almost 1 child out of 7 affected by "baby bottle syndrome" In 2015, close to one out of every seven First Nations children between 0 and 5 had decay in their baby teeth, usually called "baby bottle syndrome." This proportion was higher in rural, isolated or remote communities⁶⁶⁰.

THE REALITY OF INDIGENOUS CHILDEN LIVING IN URBAN AREAS

Research advisor: Audrey Pinsonneault, Québec association of Native Friendship Centres (Regroupement des centres d'amitié autochtones du Québec or RCAAQ)

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Obtaining access to data and knowledge on the subject of Indigenous people living in urban areas represents a challenge. Their mobility within the territory and the fact that they are not living in their community means that it is difficult for them to participate in population surveys—which, in any case, still do not ask questions about their cultural, social or family situation. The data and knowledge presented in this chapter, which were compiled and offered by the Québec association of Native Friendship Centres (*Regroupement des centres d'amitié autochtones du Québec* or RCAAQ), represent the most pertinent, recent information available to us in our attempt to describe the realities of young Indigenous children living in urban areas in Québec.

What do we know about young Indigenous children living in urban areas?

In Québec, as in the rest of Canada, a growing number of Indigenous families and children are taking up temporary or permanent residence outside of their territorial communities (which corresponds in Québec to "Indian reservations" under the Indian Act, reserved and unreserved establishment and lands, the Cri and the Naskapi, and the northern villages of Nunavik).

According to 2016 census data from Statistics Canada, 55% of First Nations persons and 15% of Inuit live in cities and towns (small municipalities and large urban centres), which translates into an Indigenous urban population of 54,000 individuals. From 2001 to 2016, the total First Nations and Inuit population officially living in cities rose by 171.2% (or 38,065 persons), which represents an average annual growth of 6.9%.



PROFILE OF PARENTS OF INDIGENOUS CHILDREN BETWEEN THE AGES OF 0 AND 5

Data from the Québec association of Native Friendship Centres (RCAAQ) provided the following information on parents of Indigenous children between the ages of 0 and 5 living in urban areas in 2018⁶⁶¹:



said they had been **70** victims of racism or discrimination in the Québec health and social services system

Fewer than one-third of parents of Indigenous children between 0 and 5 living in urban areas were employed in 2018.



What services are offered to young Indigenous children in urban areas?

According to data compiled by the RCAAQ, in 2018-2019 more than 300 children attended a Native Friendship Centre in one of the 11 cities where the Québec Native Friendship Centre Movement is present (Chibougamau, Joliette, La Tuque, Maniwaki, Montréal, Québec, Roberval, Trois-Rivières, Senneterre, Sept-Îles and Val-d'Or). A total of 95 staff members worked at the 11 Native Friendship Centres, 25 of whom worked directly with young children and their parents.



Native Friendship Centres offer several activities that foster young children's development and well-being:

- > Parent-child activities and workshops
- > Discussion and sharing circles for parents
- > Family and intergenerational activities (sports, outings, events, parties)
- > Traditional ceremonies recognizing important moments in the lives of children and their families
- > Traditional and cultural activities that strengthen the identity pride of parents and their children
- Creative programming that includes a wide range of activities, such as *cardiopoussette* (stroller workouts), community kitchens for traditional dishes, storytelling, gathering medicinal plants, soup lunches, meetings for foster parents, first steps ceremonies, postnatal home visits, coffee clubs, arts and crafts evenings, *makushan*, etc.)⁶⁶².



Limits to accessing services in urban areas

The rapid, significant increase in the number of Indigenous parents and children living in Québec cities has given rise to new challenges. In early childhood and education, critical issues include access to specialized services, parents' economic insecurity, family-work-study balance, preservation of children's cultural identity, and living in harmony in society⁶⁶³.

Current studies are unanimous in stating that the public institutions set up in the past have created social and health inequalities between Indigenous and non-Indigenous children⁶⁶⁴.

For example, according to the *Aboriginal Children's Survey 2006*, First Nations, Inuit and Métis children living in urban centres have less access to childcare services than their counterparts in the general Canadian population. According to experts, there is a serious need for services for young Indigenous children and their families living in urban areas⁶⁶⁵.

According to the report of the *Public Inquiry Commission on relations between Indigenous Peoples and certain public services in Québec: listening, reconciliation and progress,* the lack of public transportation in regional cities like La Tuque, Senneterre and Val-d'Or is another barrier to service accessibility.

The fact that workers in the public service network have little knowledge of the challenges faced by Indigenous persons in urban areas adds to parents' difficulties⁶⁶⁶.

Inspiring resources and practices

INTEGRATING INDIGENOUS CULTURES INTO EDUCATIONAL CHILDCARE SERVICES



In the area of early learning and childcare services, the BC Aboriginal Child Care Society in British Columbia maintains that the following measures are essential for ensuring the well-being and development of young Indigenous children in the respect for their culture:

- > Serving traditional foods
- > Exploring traditional ceremonies and sacred teachings
- > Promoting traditional dance and music
- > Sharing stories and legends
- > Organizing outside activities on the territory
- > Collecting traditional toys and fabrics

THE EXAMPLE OF NEW ZEALAND



New Zealand's educational childcare program was developed in conjunction with the Maori and draws abundantly on Maori culture⁶⁶⁷. A sense of belonging to the cultural values of both the Maori and Pakeha (New Zealanders primarily of European descent) is at the centre of this bicultural program⁶⁶⁸. The program is recognized for the importance it gives to continuity and coherence between educational services, families and the community, as well as to the relationships that unite them⁶⁶⁹. In Canada, the National Collaborating Centre for Indigenous health (NCCIH) considers it critical that education programs take parents into account in their role as "first teachers"⁶⁷⁰.

THE POSITIVE IMPACT OF CHILDREN BEING EDUCATED IN THEIR MOTHER TONGUE

Preliminary research in Nunavik has already shown that children between the ages of 5 and 8 who are taught primarily in Inuktitut are likely to have better self-esteem than children who were taught in a second language⁶⁷¹.

Another study showed that a child's language skills in Inuktitut at the end of Grade 3 was the best predictor of academic success over the coming years, whether instruction was in English or French⁶⁷².

EXAMPLES FOR COMMUNITIES

Some of the projects that have been implemented in Québec Native Friendship Centres provide good examples for community organizations that work with young Indigenous children and their families in urban settings.



In Maniwaki, a study was done on early childhood needs to accurately orient the development of services for Indigenous families.

In Val-d'Or, children's stories and a teacher's guide were written and published to support early childhood workers involved with Indigenous families.

In La Tuque and Lac-Saint-Jean, an extensive collaborative project to revitalize and promote traditional practices throughout the territory was initiated for Indigenous children and their parents.

According to certain researchers, the ultimate goal of services for young Indigenous children should be to support them in developing their Indigenous identity⁶⁷³.

CURRENT PUBLIC POLICIES IN QUÉBEC FOR YOUNG INDIGENOUS CHILDREN

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Revision: Médérik Sioui and Nancy Gros-Louis McHugh, First Nations of Québec and Labrador Health and Social Services Commission; Mélanie Moreau and Amélie Lainé, Québec association of Native Friendship Centres (Regroupement des centres d'amitié autochtones du Québec or RCAAQ); and Aurélie Arnaud, Bureau des relations gouvernementales et municipales, City of Montréal.

What public policies currently exist in Québec for young First Nations children?

DECLARATION ON THE RIGHTS OF FIRST NATIONS CHILDREN



In 2014, the Assembly of First Nations Québec-Labrador (AFNQL) adopted and proclaimed the Declaration on the Rights of First Nations Children. This declaration is a commitment by the Chiefs of the AFNQL to ensure that all First Nations children under 18 years of age have access to the essential resources they need to grow and to live fulfilled lives⁶⁷⁴.

JORDAN'S PRINCIPLE



Since 2016, it has been easier for young First Nations children across Canada to obtain medical and paramedical services through the implementation of Jordan's Principle. Jordan's Principle is a legal rule in Canada that helps to ensure that First Nations children and youth have access to the services they need, when they need them and without prejudice.



In concrete terms, Jordan's Principle is administered by the government of Canada, which must prioritize the interests of the child by paying for certain health, social and educational services that are required to meet the needs that current government programs do not.

All First Nations children living in Québec are entitled to benefit from Jordan's Principle, whether they live in their community or in an urban area. However, since Inuit children are not subject to the terms of the Indian Act, they are not covered by Jordan's Principle.

MATERNAL CHILD HEALTH PROGRAM (MCHP)



To support pregnant women and parents of infants or young children, First Nations and Inuit Health Branch (FNIHB) of Health Canada invested in the creation of the Maternal Child Health (MCH) program. The objective of the program is to improve the overall health of children and families living in Indigenous communities.

RIGHT TO ACCOMPANY A CHILD ON AIR AMBULANCE FLIGHTS



In previous years, it was not possible for a parent to accompany their child to the hospital on a government air ambulance flight. This resulted in situations where children who spoke neither French nor English were evacuated by air on their own and unable to communicate with medical personnel. Today, it is now possible for parents to accompany their children on air ambulance flights.

CHILDREN'S ORAL HEALTH INITIATIVE (COHI)



The Children's Oral Health Initiative (COHI) was set up in 2002 by the government of Canada to improve young children's oral health. The program's objective is to close the gap in oral health that exists between First Nations and Inuit communities and the Canadian population as a whole. The COHI focuses primarily on preventing oral diseases and promoting good oral hygiene habits⁶⁷⁵.

FIRST NATIONS AND INUIT CHILD CARE INITIATIVE (FNICCI)



Public childcare services were first introduced in First Nations communities in 1995, financed by the First Nations and Inuit Child Care Initiative (FNICCI). Through its employment and social development program, Service Canada wanted to facilitate access to quality childcare for First Nations parents returning to the labour force. Another objective of this initiative was to help to ensure that every child had the best possible start in life in an environment that respected their language and the culture to which they belonged.


In Québec, most First Nations communities have had a CPE (early childhood centre) in their community since 1997. In 2015, after several years of negotiations, the provincial Family Ministry concluded an agreement with the First Nations of Québec and Labrador Health and Social Services Commission (FNQLHSSC) aimed at delegating certain powers to the Commission, particularly regarding the management of CPE permits. The purpose of this agreement was to promote the acquisition of childcare services that met the needs of First Nations populations in their communities. Agreements were also established with other Indigenous groups, including the community of Kahnawake and the Cree, Atikamekw and Inuit nations.

CHILDCARE AGREEMENTS IN INDIGENOUS COMMUNTIES



As part of its 2018-2022 governmental strategy to ensure the occupancy and vitality of territories, the Québec Family Ministry concluded an agreement with the First Nations of Québec and Labrador Health and Social Services Commission (FNQLHSSC). The objective of this agreement was to improve access to services that met the needs of Indigenous peoples, particularly with respect to childcare services in Indigenous communities. The agreement was still in effect in 2020⁶⁷⁶.

CPEs IN CERTAIN FIRST NATIONS COMMUNITIES



Since the Québec Family Ministry began to set up CPEs, several First Nations communities have obtained childcare facilities and services. In the many Algonquin communities in Abitibi-Témiscamingue, for example, there are six CPEs. On the Côte-Nord, where there are several Innu communities and one Naskapi community, there are eight⁶⁷⁷. There are also Indigenous CPEs in some cities, such as Val-D'Or, La Tuque, Trois-Rivières, Chibougamau and Montréal, that focus on Indigenous languages and cultures and give priority to First Nations and Inuit families living in urban areas.

INDIGENOUS HOUSING PROGRAM



In 1996, the Canadian government adopted the Indigenous Housing Policy, which allows First Nations to decide where, when and how funds allocated for housing will be used. The First Nations Housing Program is an offshoot of this policy, providing financial support for building, renovating and maintaining housing in communities⁶⁷⁸.

INCOME SECURITY POLICY



In 2005, the First Nations developed the Québec First Nations Income Security Policy Framework, whose objectives include setting up an income security program administered by the First Nations themselves and improving the income level of families living in their communities⁶⁷⁹.



ABORIGINAL HEAD START IN URBAN AND NORTHERN COMMUNITIES (AHSUNC)



The Aboriginal Head Start in Urban and Northern Communities (AHSUNC) is a Canada-wide community-based early intervention program funded by the Public Health Agency of Canada. Introduced in 1995, the AHSUNC focuses on the development of young Indigenous children (First Nations, Inuit and Métis) and their families who live off-reserve. In Québec, this program supports and complements a culturally appropriate service offering for young children and their families in several Indigenous CPEs in urban settings, as well as in various Indigenous community organizations in urban areas that include several Native Friendship Centres.

Soup kitchens and food banks have also been set up in some communities to help those who are experiencing food insecurity⁶⁸⁰.

What are the outcomes and limits of these policies?

THE MATERNAL CHILD HEALTH PROGRAM (MCHP): THE MOST ACCESSIBLE PERINATAL SERVICE

It has been shown that the Maternal Child Health Program (MCHP) facilitates the service offering through the addition of resources aimed at improving support for First Nations families before, during and after pregnancy, as well as during early childhood (ages 0 to 6). According to the different phases of the First Nations Regional Health Survey (RHS) (2002, 2008 and 2015), pregnancy monitoring and follow-up was and still is the most accessible service, regardless of the mother's age.





FIRST NATIONS AND INUIT CHILD CARE INITIATIVE (FNICCI)

The FNICCI has made it possible for many First Nations children to be welcomed into an educational childcare service where their langue and culture are recognized and valued within a quality educational program.

About half of childcare facilities offer weekly traditional teachings, providing a perfect opportunity for children to learn about their culture and foster their overall development. **The language most often spoken in daycares in First Nations communities is a First Nations language (42%)**⁶⁸¹. In 2014, almost all parents who took part in the *First Nations Regional Early Childhood, Education and Employment Survey* (REEES) said they were "satisfied" or "very satisfied" with the educational childcare services that were offered to their children⁶⁸².



CPES IN CERTAIN INDIGENOUS COMMUNITIES

According to REEES data, **approximately half of children between the ages of O and 5 were attending daycare in 2014**. Of the children who attended childcare services or an after-school activity program, **88.2%** were benefiting from childcare services in their community. A large majority of the children attending childcare services frequently attended an early childcare centre (CPE) or affiliated daycare. **One child out of ten, however, was still waiting for a space in a CPE in 2014**.

LIMITS OF JORDAN'S PRINCIPLE



Jordan's Principle was introduced in 2016. Already by the end of that year, the implementation of the Principle was being qualified as extremely limited in scope. It was alleged that "treatments constituted discriminatory acts prohibited under the *Canada Human Rights Act*"⁶⁸³. There was frequent litigation between the federal and provincial governments concerning payments for services for First Nations children, who often had to wait to receive vital services or were even refused services provided to other children, such as health care, for example⁶⁸⁴.

Since then, certain changes have been made. In urban areas, for example, Native Friendship Centres help families complete their Jordan's Principle applications and prepare group applications for children who arrive at a Centre with similar needs. Some centres have also developed collaborations with professionals who have demonstrated an ability to adjust their services to reflect the cultural and linguistic realities of Indigenous children (occupational therapy, speech therapy, psychology, etc.).



DIFFICULTY IN ACCESSING SERVICES

Moreover, when services are requested for children who live in remote communities, the lack of professionals and specialists in certain regions makes access even more difficult. According the 2015 RHS, the challenges most frequently mentioned by parents of children between the ages of 0 and 11 who needed health care services were: **waiting lists too long (16%)**, **services not available (14%) and services not covered under the Non-Insured Health Benefits (NIHB) program (9%)**⁶⁸⁵. Finally, the same findings resulted from a provincial survey by the Québec



association of insurance brokers (*Regroupement des cabinets de courtage d'assurance du Québec* or RCCAQ) in 2018 and the report of the *Public Inquiry Commission on relations between Indigenous Peoples and certain public services in Québec: listening, reconciliation and progress:* cultural barriers, racism and discrimination limit Indigenous families' access to adequate services in the Québec public system, regardless of where they live⁶⁸⁶.

In Québec, when medication and medical services are not covered under private insurance or by the *Régie de l'assurance maladie du Québec*, Health Canada's Non Insured Health Benefits (NIHB) program pays or reimburses certain services⁶⁸⁷.

According to the National Collaborating Centre for Indigenous Health, any improvement to health services offered to young Indigenous children and their families will require the implementation of the concept of "cultural safety." In concrete terms, this means that services and care offered must not only respect Indigenous languages, culture and spiritual beliefs, but also aim to reduce social inequalities in health⁶⁸⁸.

AUTONOMOUS YOUTH PROTECTION

More recently, the final report of the *Public Inquiry Commission on relations between Indigenous Peoples and certain public services* recommended that "communities that want to update their agreements or to take over youth protection services under s. 37.7 of the Youth Protection Act be provided with financial support and immediate and unrestricted guidance" (Call for Action No. 135). The Atikamekw, for example, have obtained youth protection autonomy, which has led to an **80% decrease in cases brought before the court**⁶⁸⁹. On June 21, 2019, the Canadian government adopted the *Act respecting First Nations, Inuit and Métis children, youth and families*, which affirms and recognizes the jurisdiction of Indigenous Peoples over child and family services. This Act underlines, for example, the importance of having recourse to front-line preventive services. Since the introduction of this Act on January 1, 2020, First Nations and Inuit communities and organizations have been free to develop their own youth protection act. Furthermore, the principles of Bill C-92 are added to and have precedence over certain provincial principles provided under the Youth Protection Act with respect to child and family services.

PUBLIC POLICIES THAT BENEFIT CHILDREN LIVING IN QUÉBEC

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CONCLUSION

This first Portrait of Public Policies from the Early Childhood Observatory shows us that Québec has implemented many collective measures that are having positive effects on the development of young children and their families' quality of life.

The most effective strategies are those that combine direct intervention with young children with broader measures that have an impact on families and all of the environments in which children grow up.

This Portrait also shows, however, that individual public policies on their own are not enough. It is the sum of multiple cohesive policies based on a current, integrated vision that takes the early childhood development continuum into account that has the best chance of ensuring equal opportunities for all young children living in Québec.

Persistent social problems

Although there has been some progress, there continue to be social problems in Québec. We know, for example, that there are many families still experiencing food insecurity or housing difficulties. Tens of thousands of children are still waiting for educational childcare spaces. And too many young children are the subject of reports retained for evaluation by the Directors of Youth Protection (DYP).

During 2020, the COVID-19 crisis accentuated the precarity of many families' financial situations by causing an increase in business closures, lay-offs and employment insurance applications. Vulnerable families were hit hardest by the pandemic.

Challenges and potential solutions

According to our Portrait, certain programs fail to take sufficient account of the barriers to access to services for vulnerable families. This problem is particularly acute for families in Indigenous communities, immigrant families and parents of children with special needs.

We have also learned that we have little scientific knowledge on the impact of public policies on the development of young children and their families' living conditions. If we are to accurately evaluate the effectiveness of our policies, however, that is exactly the kind of knowledge we must be able to rely on.

Measures that have been introduced here in Québec and around the world that could be sources of inspiration for policy improvement. Actions such as protecting social housing from private interests, adopting legislation that entitles parents of young children to request flexible working arrangements, and introducing healthcare programs that offer universal free service for families could all contribute to optimal early childhood development.

Looking ahead

In the coming years, such "new" challenges as climate change, social inequalities intensified by COVID-19, and the integration of immigrant populations will attract the attention of political decision-makers. In that context, existing public policies could become powerful drivers to promote the well-being and development of young children.

On the eve of the submission of the report from the Special Commission on the Rights of the Child and Youth Protection, and at a time when several risk factors for maltreatment have been aggravated by the pandemic, it is more crucial than ever that our current policies be not only maintained but optimally implemented and adapted to our new realities. The combination of these policies could have an impact on the living conditions that increase the risk of child maltreatment.

Science tells us that societies that invest in early childhood and families have the best levels of health and the lowest levels of health inequality in the world⁶⁹⁰ ». When young children are offered the opportunity to develop their full potential starting as early as their mother's pregnancy, we are creating positive conditions for not only their futures, but our society's future as well.

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The mission of the Early Childhood Observatory, a project of the Lucie and André Chagnon Foundation, is to communicate the current state of knowledge in order to promote informed decision-making on the subject of early childhood in Québec. Our goal is to ensure that every young child living in the province has access to conditions that will enable them to develop their full potential, regardless of where they were born or where they are growing up.

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