

# National Children's Alliance Spring Newsletter

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## The Alliance National Symposium: March 22/24 2002

The National Children's Alliance invited its constituents from across the country to participate in three days of strategy development around Alliance priorities for the next two years. Sixty-five representatives of the membership came to Ottawa to share their best thoughts and ideas in the discussions.

The theme chosen was "Building Momentum", as the Symposium was an opportunity to create the collective strategies that will facilitate implementation of the Alliance's key priority areas. The objectives established for the Symposium were to develop:

1. A strategy that will address the implications of monitoring the Early Childhood Development Agreement (which is the enhancement and expansion of services through expenditures made by provinces with federal investment), and the well-being of children through child outcome indicators;
2. Policy directions for the alliance for children ages 6 to 12, leading towards a national agenda;
3. A strategy that will provide Alliance members with recommendations for their participation in the current regional consultations of the Romanow Commission on Health Care System Reform.

4. Communication and advocacy strategies to promote the key priorities and the work of the Alliance, the national organizations with the federal government, and the participants with their respective provincial/territorial governments.

Four discussion papers were prepared to inform the discussions. They were:

1. "The National Children's Alliance Strategic Priorities" by Dianne Bascombe
2. "From Precious Resource to Societal Accessory: Canada's Children Six to Twelve Years of Age" by Bob Couchman
3. "Monitoring the Early Childhood Development Agreement and Child Outcome Indicators" by Karen Kidder and Karen Scott
4. "An Intervention Strategy for the Health Care System Reform: A Draft Submission to the Romanow Commission" by Shelley Callaghan.

Discussion papers, and the Symposium Proceedings Report are available on the Alliance website: <a href="http://www.nationalchildrensalliance.com">www.nationalchildrensalliance.com</a> .
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## **Alliance Strategic Directions for 2002 to 2004**

Members of the Alliance felt that it was timely to consider the Alliance's collective strategic directions for the next two years. Consultations and meetings beginning in December 2001 helped to develop the content for the National Symposium dialogue. The discussions were an opportunity to check-in and ensure that the work of the Alliance Steering Committee was on track and to ensure that all the strategic pieces were 'present and accounted for'.

The strategic directions were drafted with guiding criteria:

- < Organizations cannot effectively "go it alone" - a collective voice is needed;
- < Strategies developed fill a gap in the current policy dialogue;
- < The direction taken has the potential to "fit" the agendas of government; and is consistent with the Alliance vision; and
- < The strategies have the potential to "excite" and mobilize constituencies.

Overall there remains a strong commitment to drive the National Children's Agenda (NCA) back to a higher profile on the provincial and territorial government agendas. The rationale of the Alliance is to get the issue on the public agenda by framing it through the NCA, retaining a holistic and multi-sectoral approach.

To achieve this over-arching goal six strategic directions were drafted and supported by Symposium participants:

1. Promoting the vision of a NCA;
2. Supporting the Early Childhood Development Agreement (ECD), including work on monitoring and child outcome indicators;
3. Developing a national strategy for children aged 6 to 12;
4. Working with regional constituent groups;
5. Promoting the UN Convention on the Rights of the Child through closer ties with the Canadian Coalition on the Rights of Children (CCRC); and
6. Addressing youth issues with National Youth Serving Agencies (NYSAs).

The Alliance Steering Committee will develop a work plan that will develop the policy directions and the advocacy and communications plan to support the six strategic areas.

### **Third Party Monitoring of the Early Childhood Development Initiative & Child Outcome Indicators**

The agreement to move towards implementation of a National Children's Agenda and the subsequent announcement of \$2.2 billion towards the federal/provincial/territorial Early Childhood Development (ECD) agreement has made it increasingly clear that third party monitoring is critical. Evaluation mechanisms are vital to monitor the health and well being of children, youth and families. Successful implementation of the NCA will be dependent upon a vibrant third sector to collaborate in the planning, implementation and evaluation phases. The voluntary / NGO sector's role in national information sharing is crucial for dissemination of best practices in program delivery and evaluation.

The Alliance has played an important role in promoting dialogue about the role of the voluntary/NGO sector as the third party in monitoring the ECD agreement. In a brief to The Standing Committee on Finance in October 2001, The Alliance presented the following recommendations:

- < Funding third party monitoring of expenditures of the ECD agreement;
- < Creating sustainable mechanisms to engage the voluntary / NGO sector in the policy development processes at the federal level, particularly within the context of federal/provincial/territorial decision making on a NCA;
- < Developing and implementing a national policy and funding strategy to enable capacity building in the Voluntary / NGO Sector to develop comprehensive indicators to measure child well-being;
- < Funding third party monitoring in the 2002 review of SUFA; and

< Developing an integrated public education campaign on the determinants of child health and support awareness and monitoring of the United Nations Convention on the Rights of the Child.

**Of these the Committee adopted the Alliance's recommendation that the federal government fund third party monitoring of expenditures of the ECD agreement.<sup>1</sup>**

In addition to being important, third party monitoring is very complex. A discussion paper: *The Monitoring Report* was presented during the National Symposium to generate discussion on how best to monitor the ECD agreement from the perspective of non-governmental, voluntary organizations serving and advocating on behalf of Canadian children and their families.

The discussions led the participants to recommend that the Alliance step back and think about what the role of the Third Sector should be in monitoring, and to look at the broader picture of child outcomes and indicators. The discussions created more key questions, such as:

- < What would the Alliance monitor? Would it monitor the state of our children, and/or the service systems across the country, and/or the Agreement itself?
- < Should the Alliance advocate for another independent body to take on this role and leave it free to do what it does best, which is visioning and advocacy?
- What does the Alliance need to do to make monitoring happen?

In discussing whose role it is to monitor the ECD Agreement, the Alliance and its members resoundingly agreed that the Alliance is a critical voice in the monitoring piece. However, it was noted that monitoring effectively requires resources beyond the Alliance's current capacity. The Alliance will continue to share feedback, as this will be used to determine its direction and decisions. The input has been integrated into the *Monitoring Report*, posted on the website.

## **DEVELOPING AN ALLIANCE NATIONAL STRATEGY FOR CHILDREN AGED SIX TO TWELVE**

Despite the 1998 Social Union Framework Agreement (SUFA) to "reform and review Canada's systems of social services and to reassure Canadians that their pan-Canadian social programs are strong and secure", the networks of health and social services at the community level are still fragile and insecure.

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<sup>1</sup> M. Bevilacqua, *Securing our Future: Report of the Standing Committee on Finance.* (Ottawa: House of Commons), November 2001: p.108.

In addition, there seems to be a loss in the excitement, momentum and policy development processes within the federal government, and there are varied degrees of uptake in the 'torch' for active policy dialogue and action among the provinces and territories.

**Participants Say: "Keep the 0 to 6 Focus & Add 6 to 12"**

Developing an Alliance national strategy for children aged 6 to 12 was a significant component of the National Symposium. The discussions about a 6 to 12 strategy resulted in strong agreement that the job has not yet been completed for children aged 0 to 6, but added that major policy attention is also needed for children aged 6 to 12. The Alliance therefore needs to keep the 0 to 6 focus while it expands its policy development to include the 6 to 12 age group.

**The ECD Agreement is only the first step.**

The implications of the ECD agreement extend well beyond services for early childhood. Next year SUFA will be reviewed; the ECD agreement is the major inter-governmental initiative under SUFA. Federal spending power and cost sharing has been replaced by indicators and monitoring as the levers for national policy. If we hope to see sustainable national infrastructure for health and social services across jurisdictions, now is the time to bolster the policy research capacity of the voluntary sector.

**The Key Issues for 6 to 12**

The discussion paper prepared for the Symposium by Bob Couchman: "*From Precious Resource to Societal Accessory: Canada's Children Six to Twelve Years of Age*" was the basis for the presentation and acted as a springboard for discussion. This paper provided a list of the issues facing the 6 to 12 age group, which were then used to develop initial policy statements and directions.

**Summary List of Issues Identified for Children Aged 6 to 12**

1. Promoting social responsibility
2. Pursuing an asset based approach
3. Major trend towards kids with problems
4. Changing attitudes to valuing kids as a sacred trust
5. Children living in families and universal access
6. Fear, loneliness and safety
7. Lack of family security
8. Avoiding the shopping cart approach on how we make policy change and moving towards a community planning mechanism
9. Using the school as entry point (seamless)
10. Children with special needs

Recommendations for policy development for this age group will be further developed by the Alliance, at the National Roundtable being held in Hamilton on June 20<sup>th</sup> and 21<sup>st</sup>.

Forging ahead with the direction given at the Symposium, invited representatives from the voluntary sector, health, education and social services as well as with representatives from the federal, provincial, territorial and municipal levels of government, will meet in Hamilton to develop a public policy agenda for children aged 6 to 12.

## THE HEALTH CARE SYSTEM REFORM PROCESS

A sustainable health care system starts with an investment in children and youth.

The Romanow discussion paper was presented during the Symposium to allow participants to respond with their perspectives and to provide input into twelve (12) recommendations drafted for discussion. The input has been integrated into the paper, which is now available electronically for Alliance members to use as a basis for a submission to the reform process.

It is important to position the particular needs of children, as they require special considerations within the health care system.

*Children... ..do not have time to wait for services.*

*...do not have money.*

*...do spend a great majority of their time in the school, at home, and in their communities and need integrated health care services within school and community settings.*

The Alliance believed it was important to prepare an independent paper to the Commission that focused on the health service system through the lens of children, youth and their families. The discussion paper's key points were organized around the four main points outlined in the *Commission on the Future of Health Care in Canada's Interim Report*, particularly as they related to children and youth issues, needs and priorities.

### **Canadian Values:**

- Canadians want and need more for their children. Children are a high priority for public spending, and require a high level of sustained investment by all stakeholders.
- Access to timely and appropriate care. The health system needs to recognize the special developmental needs of children and youth.
- Health professionals working together in teams provide the best possible care for their patients, particularly for children and youth who often have many professionals involved in their care.

**Sustainability & Funding:**

- The current health care system operates within a system of divisive silos, particularly in funding allocations to education, health and social services, resulting in overlap of services.
- As part of health care system reform, it is essential that long-term funding commitments be made and that funding results are monitored. Health funding specifically allocated to children and youth should come with conditions to ensure governments are accountable for spending health funding on improvements that have an impact on health outcomes for children and youth.

**Quality & Access**

- What is currently being funded through the Canada Health Act is not adequate to meet the needs of children. Home care, long-term care, rehabilitation services, pharmacare, public health and primary health service delivery are all essential services for children and youth.

**Leadership, Collaboration & Responsibility**

- To create a model based on best practices, common wisdom and mutual support, the transfer of knowledge must be supported by a proper infrastructure at the community, regional and national level. NGO's play a critical role and are in a unique position to bring it all together. Systematic health related data collection is imperative.

Fourteen (14) recommendations were presented and subsequently revised and supported by Symposium participants:

1. Establish a protected, sustained, comprehensive, timely, long-term budget targeted for universally accessible child and youth health care services and programs, funded regardless of family income.
2. Expand and re-distribute essential health care services within the Canada Health Act to ensure equitable access for children and youth.
3. Develop integrated human resources strategies, for health matters specific to children and youth.
4. Develop increased accountability within the health system based on national goals for child health outcomes.
5. Create integrated systems between health, education and social programs/services at the community level so that children and their families are the central focus.

6. Explore alternative models of service delivery to promote cost-effective integration and coordination of the broad range of health services.
7. Develop disease prevention and health promotion strategies that address children and youth through public health programs and services.
8. Implement policies, programs and services to address the determinants of health.
9. Exempt health care from the rules of international trade.
10. Increase funding to support the design and management of research, surveillance, data collection systems and regulatory frameworks that recognize the special susceptibilities and vulnerabilities of children and youth.
11. Support the delivery of technological advances in geographically, socially and economically isolated communities.
12. Recognize the role environment plays in child/youth health and include environmental health strategies within the health care reform system.
13. Expand health services to include adequate and accessible access to mental health diagnosis, treatment and care.
14. Create opportunities for children and youth to participate in decisions that affect them - children have a right to be heard.

### **HRDC: Knowledge Matters Paper**

In launching Canada's Innovation Strategy on February 12, 2002 the Honourable Jane Stewart, Minister of Human Resources Development Canada, described the strategy as "supporting both economic growth and social development". Minister Stewart stated that this is a long-term agenda and the Minister also said "as a result of our work on the National Children's Agenda and the Early Childhood Development strategies, we have built strong stakeholder partnerships focusing on our youngest citizens. I'm absolutely convinced that, by placing our work in support of children in a broader and dynamic skills and learning strategy, we will re-energize those partnerships and continue to find the best approaches to make sure our kids have the best start possible."

In her foreword to the paper Minister Stewart states "This paper is an invitation from the Government of Canada to participate in a national dialogue..."

The Alliance looks forward to continuing to play a leadership role in shaping public policy that improves the well being our children and youth. Prior to the release of the paper Minister Stewart met with the Alliance to provide a briefing on the upcoming announcement. The Minister made a clear commitment to children's issues and to ensuring that the Alliance would play an important role in the upcoming consultation process to support HRDC policy development on the skills and learning agenda.

The Alliance's Response to "Knowledge Matters" is available online at [www.nationalchildrensalliance.com](http://www.nationalchildrensalliance.com).

## The National Children's Alliance: Members & Membership

An increasing number of organizations are becoming part of the Alliance. Currently there are 46 organizations who are "part of a national 'conspiracy' for social development", a phrase coined at the Strengthening Capacity Project national meeting in March 2001.

The Alliance has the means and resources for voluntary organizations with a stake in the health and well being of our children and our families to affect social policy development. Being part of the Alliance means that:

- ⊙ Your organization or group joins with the efforts of others that are determined to show governments how our children and our families are best served and supported;
- ⊙ Your direct participation in identifying and implementing the 'common ground' activities of the Alliance is how the work gets done. *You are the Alliance - the Alliance is us.*
- ⊙ Your involvement will:
  1. Help develop the mechanisms through which organizations and groups at all levels can act in a coordinated way to advance the National Children's Agenda. Good examples include:
    - < Provincial, territorial and regional organizations working collaboratively to promote the NCA; and
    - < Developing strong networks that in turn strengthen the work of voluntary organizations and their capacity to focus on issues that cannot be carried on one's own.
  2. Result in effective lobbying for children's issues.
  3. Facilitate and 'grow' the voice for our children and our families, thus ensuring appropriate dialogue occurs with government.

***Consider this your standing invitation to join the team, to roll up your sleeves and make things happen.***

\* This newsletter prepared by Gail Todd, in consultation with Dianne Bascombe and Beverly Suderman.