



# Improving Healthy Child Development: Building Capacity for Action

EXPERT INTERVIEW SUMMARY  
WORKING PAPER

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Expert Interview Summary – Working Paper

October 2015

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Améliorer le développement sain de l'enfant : Renforcer les capacités d'action  
Sommaire des entrevues avec les experts – Document de travail

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# Contents

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Summary .....	3
1. Introduction .....	5
2. Background .....	5
3. Method .....	6
3.1. Interviewee selection .....	6
3.2. Analytical approach .....	6
4. Results .....	8
4.1. Make multi-sectoral data accessible .....	8
4.2. Create a forum for dialogue and knowledge exchange .....	9
4.3. Engage communities and parents .....	10
4.4. Translate evidence on children ages 0–3 for policy-makers and the general public .....	11
4.5. Standardize the implementation of screening tools and assessments for children ages 0–3 .....	12
4.6. Collect longitudinal data for children ages 0–3 .....	13
5. Conclusion .....	14
Appendix A: Healthy Child Development Task Group Membership .....	15
Appendix B: Interview Questions .....	16
Appendix C: Examples of Collaborative Intersectoral Initiatives and Interventions .....	17





# Summary

As part of its current work plan for 2014–2017, the Canadian Council on Social Determinants of Health (CCSDH) focused on exploring opportunities for multi-sectoral innovative initiatives to advance healthy child development (HCD).

The Healthy Child Development Task Group of the CCSDH recommended a three-step process to support the development of the initiative which included: (a) reviewing HCD models to determine which sectors have the potential for significant impact; (b) conducting expert informal interviews to gain insight into the gaps, sectors, and initiatives where the CCSDH could contribute a unique multi-sectoral perspective;

and (c) creating an informal network of intersectoral HCD experts to inform the initiative. This information was seen as key to inform the CCSDH's initiative of building capacity for intersectoral action on healthy child development.

*Improving Healthy Child Development: Building Capacity for Action, Expert Interview Summary – Working Paper* provides an overview of the themes emerging from informal interviews with HCD experts from across Canada. The Secretariat for the CCSDH interviewed twelve experts. Three themes as well as additional sub-themes emerged from the qualitative data analyzed. These three themes and their sub-themes include:

## **THEME 1: DEVELOP AN ONLINE PLATFORM TO SHARE EVIDENCE, CHALLENGES AND APPROACHES TO PLANNING, IMPLEMENTATION AND EVALUATION OF INTERSECTORAL INTERVENTIONS IN HCD**

- Make multi-sectoral data accessible
- Create a forum for dialogue and knowledge exchange

## **THEME 2: ENGAGE SECTORS TO MAXIMIZE HEALTHY CHILD DEVELOPMENT KNOWLEDGE EXCHANGE**

- Engage communities and parents

## **THEME 3: A FOCUS ON CHILDREN AGES 0–3**

- Translate evidence on children ages 0–3 for policy-makers and the general public
- Standardize the implementation of screening tools and assessments for children ages 0–3
- Collect longitudinal data for children ages 0–3

Promising innovative examples of current collaborative initiatives and interventions to address the current gaps from across Canada and internationally (Appendix C) — from large-scale to community-based that are supported by governments, non-government organizations, the private sector and communities — were also identified in the interviews. These illustrate cross-sector collaboration and how different sectors can work together to strengthen their efforts.

Moving forward, these three themes as well as existing intersectoral initiatives identified by the experts will inform the foundation of the CCSDH's Healthy Child Development initiative. Advancing the HCD initiative will require involvement from many sectors — including business, government, health and others — to build capacity for intersectoral action on healthy child development.



# 1. Introduction

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*Improving Healthy Child Development: Building Capacity for Action, Expert Interview Summary – Working Paper* provides an overview of the themes emerging from interviews with healthy child development experts from across Canada.

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For the purposes of this working paper, healthy child development (HCD) is defined as a set of concepts, principles and facts that account for the processes in change from immature to mature status and functioning.<sup>1</sup>

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# 2. Background

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As part of the current work plan for 2014–2017, the CCSDH agreed that an initiative focussed on HCD would be developed and supported by other CCSDH initiatives including *Intersectoral Action to Address Inequity for Aboriginal Peoples* and *Engaging across Sectors on Community Wellbeing*.

The Healthy Child Development Task Group (Appendix A) of the CCSDH recommended that interviews be conducted with HCD experts from across Canada to gather information that would shape the CCSDH's initiative of building capacity for intersectoral action on healthy child development.

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<sup>1</sup> Katz, L. G. (1996). Child development knowledge and teacher preparation: Confronting assumptions. *Early Childhood Research Quarterly*, 11, 135–146.



## 3. Method

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### 3.1 INTERVIEWEE SELECTION

A list of healthy child development experts was developed based on selection criteria developed by the HCD Task Group including extensive expertise in child development and an awareness of both gaps and existing intersectoral initiatives underway to address these gaps. Twelve experts from across Canada, representing four sectors were interviewed (Figure 1).

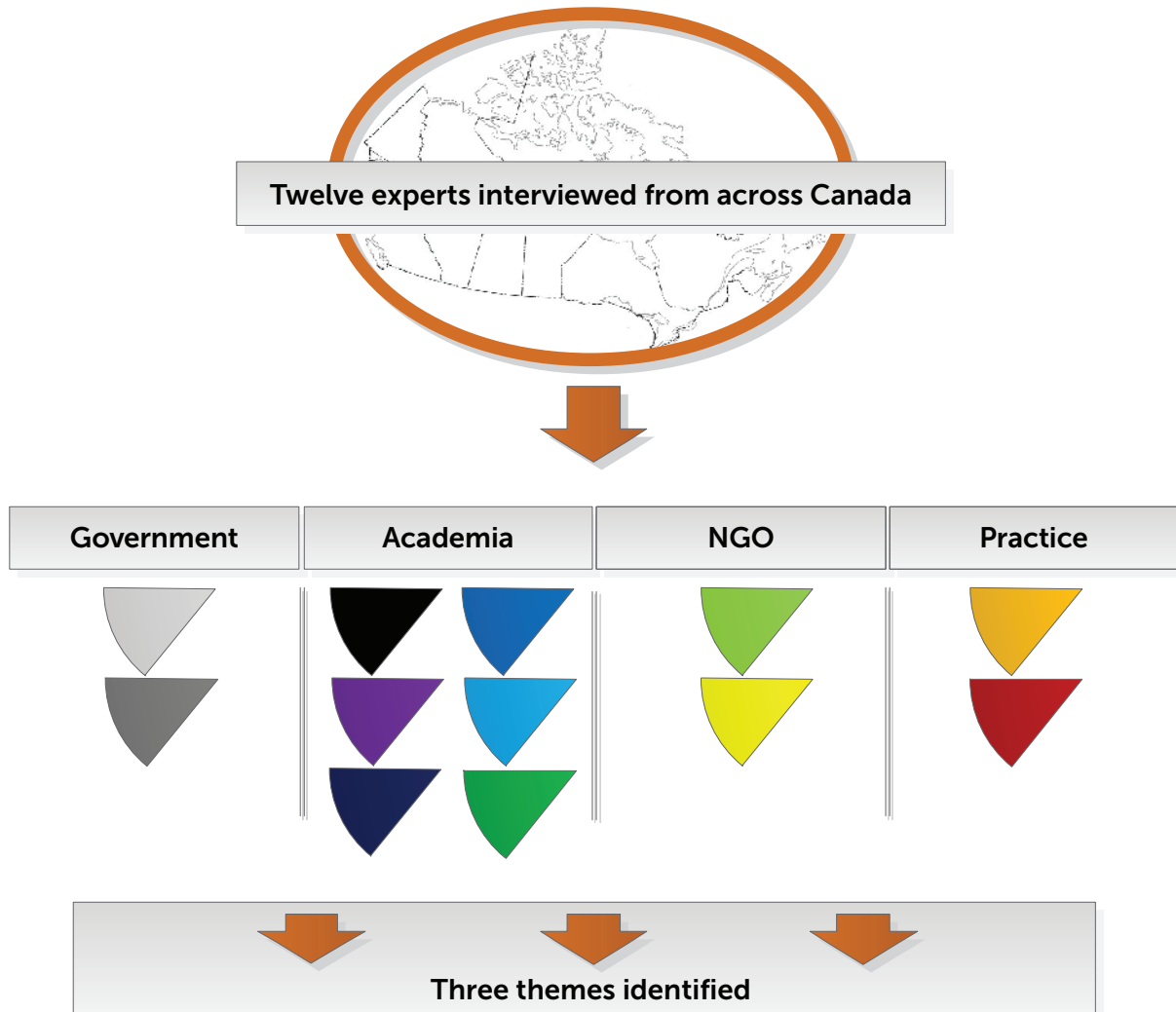
Open-ended interview questions (Appendix B) were developed in consultation with the HCD Task Group to explore the current status of the field including gaps and knowledge of innovative examples of intersectoral initiatives underway. The interviews were conducted by the Secretariat of the CCSDH, and then transcribed and sent to the experts for verification.

### 3.2 ANALYTICAL APPROACH

Upon completion of the interviews, a content analysis was undertaken. The names and organizations of the experts were removed from the data to protect their confidentiality. Similar patterns emerged and three themes were identified. For each of the themes, commonly expressed views were categorized into sub-themes.



FIGURE 1: INTERVIEWEE SELECTION AND THEMES IDENTIFIED BY EXPERTS FROM ACROSS CANADA



**Theme 1:**

Develop an online platform to share evidence, challenges and approaches to planning, implementation and evaluation of intersectoral interventions in HCD

**Theme 2:**

Engage sectors to maximize HCD knowledge exchange

**Theme 3:**

A focus on children ages 0–3



## 4. Results

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This section provides an overview of the themes emerging from interviews. Throughout the working paper, the language of the experts is used wherever possible and direct quotes are identified in *green italics*. Given the sampling methodology and the limited sample size,

the results cannot be generalized to all those working in the HCD field; however, they do provide an indication of the current gaps, intersectoral initiatives underway, and potential areas for future action.

### **THEME 1: DEVELOP AN ONLINE PLATFORM TO SHARE EVIDENCE, CHALLENGES AND APPROACHES TO PLANNING, IMPLEMENTATION AND EVALUATION OF INTERSECTORAL INTERVENTIONS IN HCD**

Experts indicated that there is a need to create an online platform with a pan-Canadian scope to fulfill the needs of those working in HCD. The purpose of the online platform would be to consolidate the evidence, provide links to selected sources of information and create a forum for dialogue and knowledge exchange.

Many experts indicated that there is a need *to move research from those who generate it to users who can act on it*. They suggested that an online platform would lead to an increase in knowledge sharing amongst stakeholders regarding their insights, challenges and approaches to planning, implementation and evaluation of intersectoral interventions in HCD.

They stated that such an online platform for educators, practitioners, researchers and community members would also allow for increased interaction among stakeholders. For example, professionals working in different sectors could disseminate HCD information on programs and interventions that could be tailored to best meet the needs of the children within a specific community, including those identified as vulnerable.

In addition, experts expressed that an ideal online platform would showcase case studies that have implemented evidence-based interventions in collaboration with other sectors and also feature strategies on how to adapt and implement evidence-based interventions within a variety of settings.

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*There is a clear need to explicitly assist the flow of relevant information between all the concerned parties... All stakeholders need to be brought into the mix.*

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#### **4.1 MAKE MULTI-SECTORAL DATA ACCESSIBLE**

Experts indicated that there is a need to make HCD-related data accessible, including at the community level when possible. Easier access to existing pan-Canadian multi-sectoral data would allow stakeholders to better understand the current status of the children within their community/jurisdiction.

Access to recent data to inform decision-making and program improvements and evaluation is needed.

In particular, experts stated that providing access to census-based and community and neighbourhood data would also be very useful as there are clear indications of associations between geographic location and children's development.

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*The communities and jurisdictions should have access to data so they know what is going on with their kids and have a better understanding of the issues that need to be addressed.*

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## 4.2 CREATE A FORUM FOR DIALOGUE AND KNOWLEDGE EXCHANGE

A pervasive message that emerged in the interviews with experts was the necessity of integrating research and practice. Experts noted that this would help ensure interventions undertaken in practice are evidence-based and bridge the gap between researchers and service providers.

Better integration of research into practice could be accomplished by providing a forum for dialogue, uptake and dissemination to a broader audience. The forum would encourage interaction *beyond the walls of organizations* and allow stakeholders to come together to share information on *what has or has not worked and why*.

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*We need to strengthen knowledge exchange by communicating it in forms and mediums that are accessible and memorable.*

*A venue that creates opportunities for dialogue and exchange among practitioners, researchers, decision-makers, parents and others would be very useful.*

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The forum would also allow those working in remote communities to have improved access to practice-based evidence. For example, some experts noted that an online platform would provide the opportunity to explore ways to support children living in the North.

Some of the experts stated that peer-to-peer learning can be a powerful way to discuss HCD interventions and successful approaches. The forum would provide a *community of practice* where there is openness to learning from other professionals about barriers, solutions and opportunities within a community.

Experts indicated that those working in the HCD field are continuously seeking professional development opportunities, including how to modify their work in order to build and improve professional practice.

## THEME 2: ENGAGE SECTORS TO MAXIMIZE HCD KNOWLEDGE EXCHANGE

Several experts noted the importance of engaging sectors to maximize HCD knowledge exchange. They identified examples of current innovative collaborative intersectoral initiatives from across Canada and internationally (Appendix C) — from large-scale to community-based that are supported by governments, non-government organizations, the private sector and communities. As demonstrated in the initiatives profiled, engagement of sectors to maximize HCD knowledge exchange can be labour intensive, however, the benefits lie in leveraging opportunities that create synergies to address specific gaps.

Despite advancements made through intersectoral initiatives to address current gaps, experts expressed that in many cases engagement from different sectors is still limited and that many sectors act independently from one another.

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*I can't stress enough the importance of sharing knowledge from different sectors — we need to do a better job at coming together — sharing information — to support children.*

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Many noted that the engagement across sectors to maximize HCD knowledge exchange supports a **culture of shared responsibility**. Collaborative and cooperative partnerships with a clear vision that targets

local needs and brings together known sectors including business, philanthropy, education, NGOs, and academia, as well as those less common — infrastructure and technology — are critical because the sectors involved in a child's life will vary over time.

Given the level of effort involved to address HCD, experts stated that collaboration across governments would be beneficial. For instance, several experts noted that aligning efforts from federal, provincial and local levels of government would build knowledge linkages that support service delivery.

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*We require the participation from many different parts, and from related sectors... It's not always easy to bring individuals together but when it occurs the results can be striking.*

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### 4.3 ENGAGE COMMUNITIES AND PARENTS

Experts identified factors such as family, extended family and specifically the community as playing a significant role in determining the outcomes of children. Communities were seen as **integral** to work in unison with other sectors to bring HCD knowledge to the forefront. Experts indicated that it is important to leverage the resources within the community and rely on the work of other sectors already in a community.

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***Strong community engagement is a must to support healthier outcomes for children... Right now there is a lack of effort in some communities to reach children where they live, learn and play.***

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Communities were described as being in the ***ideal position***, given their knowledge of local needs to work with sectors to deliver services and develop interventions that have the best chance of success in addressing HCD. Communities need to be proactive in coming together to decide where targeted efforts can be made that draw from local cultures and values. Leadership at the community level that

engages a broad range of sectors including urban planning, transportation, education, housing, public health and others to work together and share knowledge is vital. Experts also indicated that communities are integral in developing stronger collaborations with the private sector by targeting business and philanthropic leaders to support HCD initiatives.

Experts stated that given that parents are ***one of the most significant influences on children***, it is important to ensure that parents are fully engaged in their child's development. They also noted that a ***societal attitude shift*** towards parenting is needed: whereby the achievement of high standards is understood as a shared responsibility and in everyone's best interest.

### **THEME 3: A FOCUS ON CHILDREN AGES 0–3**

The early period of 0–3 years was identified by experts as one of the most important developmental stages throughout the lifespan. It was described as ***critical to the development of neural pathways that lead to linguistic, cognitive and socio-emotional capacities***.

Interviewees indicated that while there is a high level of awareness among the experts regarding science, policy-makers and the general public do not have the same depth of understanding of the importance of the 0–3 years. Tools and resources that have a particular focus on children ages 0–3 would be useful.

#### **4.4 TRANSLATE EVIDENCE ON CHILDREN AGES 0–3 FOR POLICY-MAKERS AND THE GENERAL PUBLIC**

Bridging the gap between how researchers explain the evidence regarding early child development, particularly among children ages 0–3 for policy-makers was identified. The experts indicated that researchers must find non-traditional ways to share their findings in a way that is coherent and tangible to policy-makers. The experts indicated that providing an online platform that allows for this type of communication could be the impetus for the development of more evidence-based programs that will make a measurable difference in the lives of children.

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*We (researchers) need to communicate this robust evidence in a way that is meaningful to stakeholders.*

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For example, experts indicated that there is still insufficient awareness of the impact of brain development in the early years of life on future wellbeing. If a child experiences adversity from the ages of 0–3 such as poverty, poor health, neglect or a lack of early stimulation, it can undermine a child’s brain development. Policy-makers need to understand the nature of the evidence when it comes to brain development, including the brain’s plasticity in order to support implementation of effective interventions (e.g. screening tools and assessments).

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*Brain plasticity and the ability to change behaviour decreases over time and getting it right early is less costly, to individuals and society, than trying to fix it later.*

*The science of brain plasticity allows policy-makers to focus the right resources at the right times, increasing efficiency of investments.*

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Experts also noted that the general public needs to be educated regarding children ages 0–3 in order to advocate for services that produce positive and cost effective outcomes. The science of brain development, if communicated in ways that are consistent and evidence-based, will help illustrate why early child development — particularly from birth to three years — is a **foundation for a prosperous and sustainable society**.

#### **4.5 STANDARDIZE THE IMPLEMENTATION OF SCREENING TOOLS AND ASSESSMENTS FOR CHILDREN AGES 0-3**

Experts indicated that early developmental delays based on socio-economic, health or other risk factors are generally not identified in a timely way. The lack of screening and assessment to identify vulnerabilities **can exact large costs on individuals, their communities and society**. These effects can be cumulative and can exacerbate negative outcomes for children. Many children with developmental delays are not identified until kindergarten or later — well beyond the period in which early intervention is most effective. Therefore, in many cases, opportunities to intervene early to improve children’s outcomes are missed. Validated screening tools that could increase the identification of developmental delays exist across Canada, however most physicians do not use them systematically to screen and identify vulnerable children ages 0–3.

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*Current screening tools and assessments in Canada are not standardized and are usually focussed on pre or middle school children and vary from province to province. This is a major gap.*

*We need to get people to see that, if we wait until pre-K to intervene in a child’s life we are starting too late.*

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Experts noted that the implementation of standardized screening tools and assessments across Canada for children ages 0–3 would help to better identify greater numbers of children who are not meeting their developmental milestones.

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*We need to support screening among children ages 0–3 — that way we can intervene as early as possible.*

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The resulting data from screening tools and assessments are crucial to informing policy-makers from multiple sectors about the need for and effectiveness of HCD interventions. Highlighting the evidence obtained through screening and assessment by creating an online platform could help minimize the barriers that some children experience in early childhood and identify the roles that various sectors can play.

#### **4.6 COLLECT LONGITUDINAL DATA FOR CHILDREN AGES 0-3**

The need for longitudinal data for children ages 0–3 was identified as important. Experts indicated that longitudinal data would provide the opportunity for children’s trajectories to be tracked over time and provide unique information about the determinants that are shaping children’s early development. The data would also provide information for comparing results among cities and provinces to monitor change.

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*Systematically tracking children’s trajectories to assess the impact of different circumstances in a child’s life has many benefits.*

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Experts also indicated that if longitudinal data was broadly disseminated it could potentially be used to evaluate the effectiveness of an intervention that has been implemented in a specific community. This would allow those working in the field to evaluate the impact of their interventions and highlight additional sectors for collaboration to target populations most in need.

## 5. Conclusion

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Three themes emerged from interviews with healthy child development (HCD) experts from across Canada. These themes include the need to develop an online platform to share evidence, challenges and approaches to planning, implementing and evaluating intersectoral initiatives; to engage sectors to maximize HCD knowledge exchange; and focus on children ages 0–3.

Innovative examples of current collaborative initiatives and interventions to address the current gaps from across Canada and internationally — from large-scale to community-based that are supported by governments, non-government organizations, the private sector and communities — were also identified.

Moving forward, these three themes as well as current collaborative initiatives identified by the experts will inform the foundation of the CCSDH's Healthy Child Development initiative in order to meet its goal of building capacity for intersectoral action on healthy child development.





# Appendix A: Healthy Child Development Task Group Membership

Janet Austin	Chief Executive Officer, YWCA Metro Vancouver
Stephen Bent	Executive Director, Division of Children Seniors and Healthy Development, Public Health Agency of Canada
Marie DesMeules	Director, Social Determinants and Science Integration Directorate, Public Health Agency of Canada
Erica Di Ruggiero	Deputy Scientific Director, Institute of Population and Public Health, Canadian Institutes of Health Research
Margo Greenwood	Academic Leader, National Collaborating Centre for Aboriginal Health
Martin Guhn	Assistant Professor, Human Early Learning Partnership (HELP), University of British Columbia
Trevor Hancock	Professor and Senior Scholar, School of Public Health and Social Policy, University of Victoria
Jean Harvey	Director, Canadian Population Health Initiative, Canadian Institute for Health Information
Louise Potvin	Scientific Director, Centre Léa-Roback sur les inégalités sociales de Montréal
Marjolaine Sioui	Executive Director, The First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC)
Jane Laishes	Secretariat, Canadian Council on Social Determinants of Health
Tiffany Thornton	Secretariat, Canadian Council on Social Determinants of Health



## Appendix B: Interview Questions

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1. What is your current involvement in the field of healthy child development?
2. In your view, what is the current status of knowledge, efforts, and interventions in the field of healthy child development?
  - Can you identify 1–3 gaps that need to be addressed?
  - Can you specify the sectors and/or disciplines where these gaps exist and what kind of efforts would be required to address them?
3. Can you identify 1–3 current innovative examples of collaborative initiatives and interventions that might be actionable to address these gaps?



# Appendix C: Examples of Collaborative Intersectoral Initiatives and Interventions

This table summarizes examples of current innovative collaborative intersectoral initiatives from across Canada and internationally that were identified by the experts. The examples represent a cross-section of initiatives from large-scale to community-based that are supported by governments, non-government organizations, the private sector and communities. The list is not exhaustive rather it serves to illustrate how multiple sectors can work together to improve healthy child development.

	INITIATIVE	GAPS ADDRESSED	SECTORS
1.	<p><b>Early Development Instrument (EDI)</b></p> <p>The Early Development Instrument (EDI) is a questionnaire designed to provide HCD stakeholders with population-level data on four key early childhood development indicators. EDI was developed by researchers at McMaster University and is distributed to Kindergarten teachers who complete the questionnaire for each of their students.</p> <p><a href="http://earlylearning.ubc.ca/edi/">http://earlylearning.ubc.ca/edi/</a></p>	<ul style="list-style-type: none"><li>• Collects standardized data to allow for systematic tracking of healthy child development indicators</li></ul>	<ul style="list-style-type: none"><li>• Academia</li><li>• Education</li></ul>

	INITIATIVE	GAPS ADDRESSED	SECTORS
2.	<p><b>Ontario Early Years Policy Framework</b></p> <p>This policy framework was developed by the Ontario Government in collaboration with early childhood development experts and stakeholders. The framework’s objectives include: (1) continuing the implementation of full-day kindergarten; (2) implementing Best Start Child and Family Centres; (3) improving the delivery of speech and language services for young children; and (4) ensuring the child-care system in Ontario is high-quality and accessible.</p> <p><a href="http://www.edu.gov.on.ca/childcare/earlyyearsvision.html">http://www.edu.gov.on.ca/childcare/earlyyearsvision.html</a></p>	<ul style="list-style-type: none"> <li>• Supports intersectoral approach to healthy child development</li> </ul>	<ul style="list-style-type: none"> <li>• Academia</li> <li>• Education</li> <li>• Provincial government</li> </ul>
3.	<p><b>Handle with Care</b></p> <p><i>Handle with Care</i> is a booklet created by the Hincks-Dellcrest Centre and the Canadian Mental Health Association that outlines strategies for promoting mental health in young children (ages 0 to 6) in community-based settings. The recommendations in <i>Handle With Care</i> are based on interviews with early childhood development practitioners and child centre directors from across Canada.</p> <p><a href="http://www.hincksdellcrest.org/Home/Resources-And-Publications/Handle-With-Care.aspx">http://www.hincksdellcrest.org/Home/Resources-And-Publications/Handle-With-Care.aspx</a></p>	<ul style="list-style-type: none"> <li>• Supports community engagement</li> <li>• Disseminates current best practices regarding healthy child development</li> </ul>	<ul style="list-style-type: none"> <li>• Non-profit</li> <li>• Health</li> <li>• Education</li> </ul>

	INITIATIVE	GAPS ADDRESSED	SECTORS
4.	<p><b>Learning Through Play (LTP)</b></p> <p>Developed by the Hincks-Dellcrest Centre, the LTP project aims to improve the long-term mental health development of young children by encouraging active parental involvement in play activities. The project's objectives include: (a) providing parents with information on the development of young children (ages 0 to 6); (b) teaching parents age-appropriate play activities that enhance child development; and (c) promoting child-parent attachment.</p> <p><a href="http://www.hincksdellcrest.org/Home/Resources-And-Publications/Learning-through-Play/Learning-through-Play.aspx">http://www.hincksdellcrest.org/Home/Resources-And-Publications/Learning-through-Play/Learning-through-Play.aspx</a></p>	<ul style="list-style-type: none"> <li>• Supports community engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Non-profit</li> <li>• Health</li> </ul>
5.	<p><b>Healthy Child Manitoba (HCM)</b></p> <p><i>Healthy Child Manitoba</i> is the Government of Manitoba's long-term, cross-departmental strategy to improve the well-being of Manitoba's children and youth. HCM focuses on child-centred public policy through the integration of financial and community-based supports to families.</p> <p><a href="http://www.gov.mb.ca/healthychild/">http://www.gov.mb.ca/healthychild/</a></p>	<ul style="list-style-type: none"> <li>• Supports intersectoral action on healthy child development</li> <li>• Supports community engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Provincial government</li> </ul>

	INITIATIVE	GAPS ADDRESSED	SECTORS
6.	<p><b>First Nations Inuit and Health Branch (FNIHB) healthy living initiatives</b></p> <p>The FNIHB of Health Canada aims to improve health outcomes among First Nations and Inuit communities by delivering health promotion programs and primary care services (e.g. drug, dental services) to these populations. The FNIHB supports greater control of the health system by First Nations and Inuit communities.</p> <p><a href="http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/index-eng.php">http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/index-eng.php</a></p>	<ul style="list-style-type: none"> <li>• Supports community engagement and community ownership of resources</li> </ul>	<ul style="list-style-type: none"> <li>• Federal government</li> <li>• Aboriginal health</li> </ul>
7.	<p><b>Hamilton Roundtable for Poverty Reduction — Making Hamilton the Best Place to Raise a Child</b></p> <p>The Hamilton Round Table for Poverty Reduction is a group of leaders from the business, non-profit, government sectors, and persons living in poverty that aims to reduce and eliminate poverty in Hamilton in order to improve community wellbeing (including healthy child development). The group engages in advocacy at local, provincial, and federal levels to facilitate policy and systems-level change to achieve long-term solutions to poverty.</p> <p><a href="http://hamiltonpoverty.ca/">http://hamiltonpoverty.ca/</a></p>	<ul style="list-style-type: none"> <li>• Supports community engagement</li> <li>• Supports intersectoral action on healthy child development</li> </ul>	<ul style="list-style-type: none"> <li>• Non-profit</li> <li>• Business</li> <li>• Education</li> </ul>

	INITIATIVE	GAPS ADDRESSED	SECTORS
8.	<p><b>211 Community Services Directory</b></p> <p>This service is a free telephone helpline that responds to public inquiries and directs callers to various community services. The Directory is currently available in seven provinces in Canada. The Directory provides a means to increase knowledge of the range of services and resources available to the public in order for them to address various issues (including health services, income support services, housing support services, etc.) and to connect with the appropriate individuals/agencies immediately.</p> <p><a href="http://www.211.ca/">http://www.211.ca/</a></p>	<ul style="list-style-type: none"> <li>Disseminates information regarding community services</li> </ul>	<ul style="list-style-type: none"> <li>Non-profit</li> <li>Federal government</li> <li>Provincial governments</li> </ul>
9.	<p><b>Best Start Listservs for Service Providers</b></p> <p><i>The Maternal Newborn and Child Health Promotion Network (MNCHP) and the Best Start Aboriginal Sharing Circle Network</i> allow individuals and organizations to subscribe to email notifications regarding current events, statistics and resources related to maternal, newborn and young child health and Aboriginal health. They also allow subscribers to contribute content the listservs.</p> <p><a href="http://www.beststart.org/services/MNCHP.html">http://www.beststart.org/services/MNCHP.html</a></p> <p><a href="http://lists.beststart.org/listinfo.cgi/bsasc-beststart.org">http://lists.beststart.org/listinfo.cgi/bsasc-beststart.org</a></p>	<ul style="list-style-type: none"> <li>Supports sharing and uptake of knowledge</li> </ul>	<ul style="list-style-type: none"> <li>Health</li> <li>Non-profit</li> <li>Education</li> </ul>

	INITIATIVE	GAPS ADDRESSED	SECTORS
10.	<p><b>Early Years Centre model in Nova Scotia</b></p> <p>The Early Years Centre model is an initiative led by the Early Years Branch of the Government of Nova Scotia's Department of Education and Early Childhood Development to create four early childhood education centres in or close to schools in order to enhance accessibility to child development services. These services include before-and-afterschool programs, child care, early learning programs, and parent education programs.</p> <p><a href="http://www.ednet.ns.ca/earlyyears/">http://www.ednet.ns.ca/earlyyears/</a></p>	<ul style="list-style-type: none"> <li>• Supports intersectoral approach to healthy child development</li> <li>• Supports community engagement in healthy child development</li> </ul>	<ul style="list-style-type: none"> <li>• Provincial government</li> <li>• Health</li> <li>• Non-Profit</li> </ul>
11.	<p><b>Australian Early Development Census (AEDC)</b></p> <p>The AEDC is an annual nationwide survey using the Early Development Instrument (EDI) that assesses the development of young children in Australia as they begin their first year of full-time education. The AEDC provides evidence to support policy, planning and action for health, education and community support.</p> <p><a href="https://www.aedc.gov.au/">https://www.aedc.gov.au/</a></p>	<ul style="list-style-type: none"> <li>• Collects uniform data to allow for systematic tracking of developmental trajectories</li> </ul>	<ul style="list-style-type: none"> <li>• Federal government</li> <li>• Education</li> </ul>



	INITIATIVE	GAPS ADDRESSED	SECTORS
12.	<p><b>Qaujigiartiit Health Research Centre (QHRC)</b></p> <p>The QHRC is based in Nunavut and aims to enable health research to be conducted by persons from Nunavut (Nunavummiut) in a supportive, safe, and culturally-sensitive manner. The QHRC has published various documents related to child and youth mental health wellness research in Nunavummiut communities.</p> <p><a href="http://qhrc.ca">http://qhrc.ca</a></p>	<ul style="list-style-type: none"> <li>• Supports community engagement and community ownership of resources</li> </ul>	<ul style="list-style-type: none"> <li>• Aboriginal Health</li> </ul>
13.	<p><b>Australian Research Alliance for Children and Youth (ARACY)</b></p> <p>The ARACY is a national non-profit organization of researchers, policy makers, and child development practitioners that aims to promote evidence-based programs to improve child and youth health outcomes. The ARACY also advocates for greater collaboration between stakeholders involved in promoting HCD.</p> <p><a href="http://www.aracy.org.au">www.aracy.org.au</a></p>	<ul style="list-style-type: none"> <li>• Disseminates knowledge and evidence from promising, innovative projects</li> </ul>	<ul style="list-style-type: none"> <li>• Non-profit</li> <li>• Education</li> <li>• Government</li> <li>• Academia</li> </ul>

	INITIATIVE	GAPS ADDRESSED	SECTORS
14.	<p><b>Alberta Family Wellness Initiative (AFWI)</b></p> <p>The AFWI's aim is to apply emerging research about brain and biological development as it relates to early childhood development and children's mental health. The AFWI has established partnerships with numerous local, provincial, national, and international organizations including leading scientists and other experts, researchers, policy-makers, healthcare professionals, front-line workers, and the public to share innovative ideas and co-ordinate strategies that promote family wellness.</p> <p><a href="http://www.albertafamilywellness.org">http://www.albertafamilywellness.org</a></p>	<ul style="list-style-type: none"> <li>• Supports intersectoral action on healthy child development</li> <li>• Supports dissemination and uptake of knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• Provincial government</li> <li>• Health</li> <li>• Non-profit</li> <li>• Academia</li> </ul>
15.	<p><b>Early Years Task Force — Canadian Paediatric Society</b></p> <p>The Early Years Task Force is a group of paediatricians who call for the Canadian federal and provincial/territorial governments to commit to creating a robust monitoring system for early childhood development indicators in order to have broad data available to early childhood development researchers and practitioners. The Early Years Task Force suggests the use of four population-level surveys to obtain rigorous, high-quality data on child development indicators.</p> <p><a href="http://www.cps.ca/documents/authors-auteurs/early-years-task-force">http://www.cps.ca/documents/authors-auteurs/early-years-task-force</a></p>	<ul style="list-style-type: none"> <li>• Advocates for uniform data collection on key healthy child development indicators</li> </ul>	<ul style="list-style-type: none"> <li>• Health</li> </ul>

