

# 14 QUEBEC FIRST NATIONS: EARLY CHILDHOOD SERVICES

Chapter 14 of the Quebec First Nations Regional Health Survey (RHS, 2008) presents findings on the use of early childhood services in First Nations communities in Quebec. In this survey, early childhood services include maternal and child health (MCH) services, childcare services, and services for children with special needs, provided by and within First Nations communities in Quebec, have been observed.

This chapter provides a descriptive picture of the most commonly used services, both generally, and according to demographic, socio-economic and geographic categories. Drawing from existing research and findings from this survey, the authors make assumptions about problems with the availability and accessibility of services. This is a summary of the information included in Chapter 14. Therefore, it does not include all the knowledge covered by the survey, and may be open to different interpretations. To have a complete understanding of the results, the reader is invited to consult the entire chapter.

## Maternal and child health services

The objective of maternal and child health services is to ensure the reproductive health of mothers and the healthy development of children. Previous research demonstrates that women and children in First Nations communities face barriers in accessing quality maternal and child health services resulting from lack of resources, and in the case of remote communities, physical distance from service points. Consequently, there is great disparity in the quality and availability of maternal and child health services in different communities.

In the RHS 2008, the majority of mothers reported that they did not use most maternal and child health services, with the exception of prenatal care. Among adult women (18 and up) who have already given birth, prenatal care was the most commonly used service among mothers (65.8%). After prenatal care, home visits (36.8%), nutritional care (32.5%) and prenatal classes (27.5%) were the most commonly used services by adult mothers. Among young mothers (aged 15-17), childbirth preparation, father involvement initiatives and prenatal classes were the most commonly used services after prenatal care (Table 1). The least commonly used services among all women under the age of 54 were midwives and elder support.

Mothers living in Zone<sup>1</sup> 1 and 2 communities were most likely to use maternal and child health services, while mothers in Zone 4 were least likely to use these services. These findings reflect the existence of geographic barriers to access.

**Table 1: Most frequently used maternal and child health services**

Adult mothers		Youth mothers	
Service	%	Service	%
Prenatal care	65.8	Prenatal care	78.7
Home visit	36.8	Childbirth preparation	43.4
Nutritional care	32.5	Father involvement initiatives	37.0
Prenatal classes	27.5	Prenatal classes	37.0

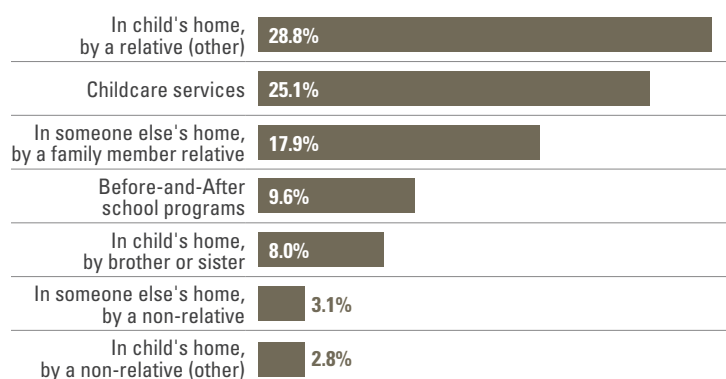
## Childcare services

For the purposes of the RHS 2008, childcare services are defined as childcare centres and initiatives for children aged 0-12 provided to parents who enter the labour market or attend a training program. The RHS 2008 provides data on services provided within communities, and those that are locally available outside of communities. 55% of communities have their own early childcare centres, 91% of communities offer pre-school help programs, and 50% have drop in day care centres in a pre-school environment. Close to two-thirds of communities (62%) do not have home day care centers. Regarding services available locally but outside of the community, 32% have access to pre-school programs, and 36% have access to early childhood centers.

Close to half (47.7%) of children aged 0-11 covered by the RHS 2008 used childcare services, representing a decline of 2.9% from 2002. Children in Zone 4 are least likely to use childcare services.

With regard to the type, location and duration of use of childcare services, the most commonly used are those provided outside of the home, either in day care services or before-and-after school programs (Figure 1). The large majority of children spent nine hours or less in care per week.

**Figure 1: Children 0-11 who have used childcare, based on location and type of person in charge (N=2,933)**



### <sup>1</sup> Geographic zone

Degree of geographic isolation is based on a zone system developed by Indigenous and Northern Affairs Canada (INAC).

Zone 1: The community is located less than 50 km from a service centre with year-round road access.

Zone 2: The community is located between 50 km and 350 km from a service centre with year-round road access.

Zone 3: The community is located over 350 km from a service centre with year-round road access.

Zone 4: The community has no year-round road access to a service centre.

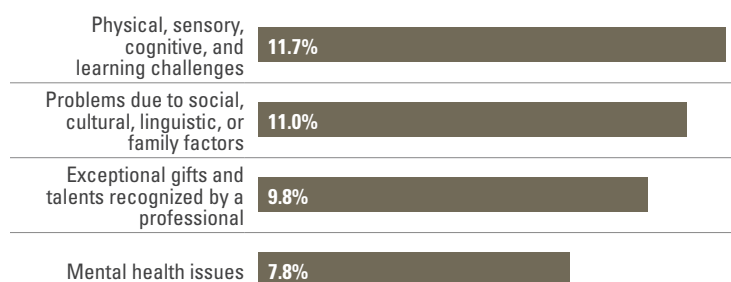
Service centre: The nearest location where the community members must go in order to access service providers, banks and governmental services.

## Special needs and necessary resources

The category of special needs refers to all children who require additional private and/or public resources (i.e. outside of the regular services intended for all children), whether due to exceptional talents or limitations (such as physical, sensory, cognitive and learning limitations, mental health issues, and other problems related to social, cultural, linguistic or family issues). It is important to note that all data collected regarding special needs is from parent reports, and figures do not reflect professional diagnoses.

In the RHS 2008, 11% of children were reported as requiring or using additional resources for special needs. Children reported as having special needs were most likely to have physical, sensory, cognitive and learning limitations, followed by problems related to social, cultural, linguistic or family issues (Figure 2).

**Figure 2: Children with special needs**



The likelihood of requiring additional resources for special needs varied based on the age and gender of the child. Among younger children (0-5), special needs were more often reported for girls. Among older children (6-11), boys were more likely to require additional resources for physical, sensory, cognitive and learning limitations, while girls were more likely to require additional resources for exceptional gifts and talents, or problems related to social, cultural, linguistic or family issues.

Children in Zones 1 and 2, as well as older children (aged 6-11) were more likely to be identified as having special needs. The authors suggest that this disparity is associated with the difficulty of obtaining diagnoses both at an early age and in remote communities, rather than a real difference in the prevalence of special needs between age groups and communities.

The authors cite previous research that found that the main access challenges for children with special needs were a lack of funding, a lack of specialized services within communities, and barriers related to the high cost of transportation. Further, they suggest that there is a lack of “detailed study or evaluation and development of specific intervention protocols” for children with special needs.

## Conclusion

With regard to all types of services for mothers and children, use remains low throughout most communities, and the quality of, and access to, services varies between communities. A lack of resources, both financial and professional, and geographic isolation are the main challenges to access and use of services.

Finally, this summary provides an overview of Chapter 14 of the Quebec First Nations Regional Health Survey. For more details on the survey results, the full chapter is available at the following link: <http://www.cssspnql.com/docs/centre-de-documentation/chapitre-14-services-petite-enfance-eng.pdf?sfvrsn=2>



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