



**Culturally appropriate implementation of the  
*Ages and Stages Questionnaire* in Aboriginal  
Head Start Programs in BC:  
Findings and recommendations**

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**Jessica Ball, M.P.H., Ph.D.**

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# **Culturally appropriate implementation of the Ages and Stages Questionnaire in Aboriginal Head Start in BC: Findings and recommendations**

**Jessica Ball, M.P.H., Ph.D.**

## **Executive Summary**

This report summarizes findings of a project undertaken to explore steps towards the culturally appropriate implementation of the Ages and Stages Questionnaire (ASQ) in Aboriginal Head Start (AHS) Programs delivered by the Public Health Agency of Canada in BC.

The Ages and Stages Questionnaire is a screening tool based on Euro-western theory of child development and findings of research on typical developmental trajectories for American infants and young children of non-Aboriginal descent. Norms upon which the tool is based are well-established compared to other standardized developmental screening tools available within the North American context. The ASQ is being used increasingly in countries around the globe. Recent efforts have been made by the American authors of the tool, based at the University of Oregon in Eugene, Oregon, to work with local groups to explore the extent to which the tool is equally useful for populations other than the English-language, American population for whom the tool was originally created.

Despite increasingly widespread use of the ASQ in Canada, there has been no empirical validation of the ASQ using a Canadian sample has been published. In BC, training in the use of the ASQ has been offered to staff in Aboriginal child care programs for at least the past six years. In 2008, training in the use of the ASQ was offered to staff in BC's Supported Child Development Program and Infant Development Program. A survey conducted in 2007 (Ball, 2007) showed that about 80% of Aboriginal Head Start Programs on reserves in B.C. were in some way using the ASQ.

Questions concerning the cultural transportability of the ASQ to the context of B.C.'s AHS programs have been raised occasionally by Aboriginal parents and practitioners. Though doubts about the cultural suitability of the tool do not appear to be widespread, expressions of concern need to be investigated to inform decisions about investments in program-wide adoption of this tool. Respect for stakeholder preferences is particularly important in AHS in light of the history of harm done to Aboriginal children and families through the mis-use of standardized procedures and attendant disregard for culturally-based understandings about children's development and some children's needs for extra supports.

This project uncovered a general consensus among practitioners in programs serving Aboriginal young children and families in BC that the ASQ works well with parents and is culturally appropriate. The consultation and review activities gave no indication of a need for

significant changes to the ASQ item content, questionnaire format, reading level, length, or the scoring procedure. However, practitioners in programs underscored the primacy of:

- building positive relationships with parents (or alternative caregivers);
- using the ASQ in a conversational, respectful way to develop shared understandings about a child; and
- making minor adaptations as needed as long as the conceptual intent of items is retained.

In order to ensure these aspects of ‘good practice’ they emphasized the critical need for sufficient and ongoing investments in training front-line practitioners.

Recommendations for implementing the ASQ II in BCs AHS program in order to ensure good practice include:

1. Ongoing investments in training to ensure that practitioners are focused on strengthening parents confidence and parenting skills, and introducing the ASQ as a constructive tool rather than as an evaluative or guiding force.
2. Developmental training that enhances practitioners’ grasp of the conceptual intent of items so that minor modifications to ensure relevance to local family and community settings are made.
3. Assessment of the ecology of services to support children identified as needing a referral and extra supports, to ensure that there is real benefit to children and families as a result of using the ASQ as a screener.
4. Development and support for Canadian capacity, including a training DVD set in an AHS program context, to deliver training in use of the ASQ that is informed by the socio-cultural, jurisdictional and legislative context of BC and that provides Aboriginal role models and advisors for ongoing development of BCs AHS programs.

As an additional resource to support the use of ASQ with Aboriginal families served by AHS, it is recommended that a set of materials are produced showing typical development of Aboriginal infants and young children at various age intervals during their first five years.

## Report overview

This report begins with a brief overview of the research literature on developmental screening and assessment and whether instruments and procedures developed in one cultural context are transportable to other cultural contexts.

The report then sets the stage with reference to programs serving Aboriginal young children in B.C. This project was motivated in part by the apparent widespread receptivity and readiness for introducing a tool such as the ASQ into AHS programs. At the same time, the project sought to understand and, if indicated, develop plans for addressing perceptions that the ASQ may be culturally inappropriate.

Steps taken in this project to estimate the nature and degree of concerns about the cultural appropriateness of the ASQ for AHS programs are described. These steps included consultation sessions conducted in January and February, 2008, by phone, email and face-to-face, with BC AHS Coordinators, and with representatives of the BC Aboriginal Infant Development Program (AIDP) and the BC Aboriginal Supported Child Development Program (ASCDP). Key findings of this information gathering are summarized.

The report then opens out beyond a focus on BC to provide a perspective on issues of cultural transportability of the ASQ from the perspectives of two relevant parties: (1) the members of the team based at the University of Oregon which has authored the ASQ; and (2) members of a team at Kahnawake Mohawk Child and Family Centre in Quebec, where a project focusing specifically on cultural adaptations of the ASQ for a Mohawk population is in its early stages. The advantages and disadvantages of engaging various approaches to ensure the cultural appropriateness of using the ASQ in AHS in BC are considered with reference to ideas and activities of these two key groups.

Overall, the findings of consultation sessions with BC AHS Coordinators and representatives of other Aboriginal programs in BC bring clearly into focus the critical role of a well-conceived, resourced, and delivered program of ongoing training for front-line practitioners to use the ASQ with parents or other primary caregivers.

The report concludes with recommendations for steps that could be taken to prepare current practitioners for culturally appropriate use of the ASQ for BC's AHS programs.

The report also concludes with a note about some possible longer-term, networked collaborations that could lead to the creation of an Aboriginal-specific data base for establishing norms for scoring the ASQ and for creating knowledge about normative patterns and strengths and difficulties of Aboriginal infants and young children.

## Introduction

This report summarizes findings of a project undertaken in the first quarter of 2008 to explore steps towards the culturally appropriate implementation of the Ages and Stages Questionnaire (ASQ) in Aboriginal Head Start (AHS) Programs delivered by the Public Health Agency of Canada in BC.

The report begins with a brief overview of the research literature on developmental screening and assessment and the related field of early intervention. Subsequently, this introductory section summarizes the literature with regard to the question of whether instruments and procedures developed in one cultural context are transportable to other cultural contexts.

### **Developmental perspectives on screening, assessment and early intervention**

There are many definitions and purposes of developmental screening and assessment. Here are a few ideas that have been proffered.

“The ways in which, in our everyday practice, we observe children’s learning, strive to understand it, and then put our understanding to good use.” (Drummond, 1993)

“... the science of examining the *strange* behaviors of children in a *strange* situation with *strange* adults for the *briefest* possible periods of time.” (Bronfenbrenner, 1979)

“...flexible, collective, decision-making process in which teams of parents and professionals repeatedly revise judgments and reach consensus.” (Bagnato, Neisworth & Munson, 1997)

Developmental monitoring, screening and assessment involve a wide variety of ways to collect meaningful information and use it to help decide how to support and enhance a child’s development.

- Developmental monitoring is done to keep track of what a child can do at different ages.
- Developmental screening is done to see if a child is meeting expectations for typical development at their age, based on research studies of other children the same age, and to identify children who would benefit from more in-depth assessment to see if they require extra supports in order to develop their full potential.
- Developmental assessment is done to see if a child shows patterns of development that are typical of children with known developmental difficulties or delays, such as a learning disability, a speech-language disorder, a hearing impairment, or a problem with motor coordination.

## **Developmental Perspectives on Assessment**

Each year children are identified as needing diagnostic assessment to determine the presence and nature of apparent learning, emotional, social or behavioural challenges. The term “developmental delay” is used to describe the development of infants and toddlers who have not achieved typical or expected developmental milestones, specific skills and abilities expected to be mastered by children of the same age. Estimates of the prevalence of developmental delay and development disorders among children between zero and 5 years of age range between 10 to 16%. Developmental delays are interpreted by mainstream development specialists as signalling the need for early intervention services. Ideally, children who are diagnosed as having special needs are referred for extra supports. Unfortunately, the rate of ‘early identification’ far outstrips the rate of ‘early intervention.’ In Canada, it takes time – often years - before children receive services, and many children may start formal schooling while still languishing on wait lists for services.

Patterns of atypical development may have genetic, biological, or environmental bases. Research in neurobiology, neurodevelopment, and early intervention suggests that the period conception to age 5 is an extremely sensitive and critically important time in a child’s development as the brain changes significantly through rapid physical development and experiential learning. The early environment in which infants and young children are embedded is important because experiences such as adult-child interaction and stimulation (sights, sounds, tastes, smells) during this critical period promote rapid development of the nervous system by connecting, organizing, discarding and strengthening neural pathways (Shonkoff & Phillips, 2000).

From a developmental perspective, the early years are an important period for learning. If opportunities for brain development are missed, they may never be recaptured. Early intervention capitalizes on the plasticity of a young child’s brain by providing repeated specific stimulation in areas of delayed development. Early intervention often involves an integrated approach to stimulate development in one or more domains of a child’s functioning. Early intervention services are provided in a variety of settings, including the home, community or regional service centres. The specific services (e.g., speech-language stimulation, social skills training, physical therapy) will depend upon each child’s needs within the context of community and familial factors.

Research and professional opinion reinforce the widely accepted belief that the earlier a child in need of early intervention services is identified and services are provided, the greater the potential for optimal child development and familial involvement and support. In the USA, examples of effective early intervention programs with proven effectiveness through research include the Abecedarian Project, the Perry Preschool Project, the Infant Health and Development Program (American Academy of Pediatrics, 2001; Blair & Ramey, 1997; Raver, 2002). In addition to greater impact, earlier intervention has also been shown to require less time to achieve intervention goals compared to intervention introduced later in the child’s life. Earlier intervention has also been found to be less costly because the younger the child, the less time for dysfunctional behaviours to have become entrenched and for developmental challenges in one domain to have created barriers to development in other domains. In general,

then, earlier identification is considered to be a goal of many programs aimed at supporting optimal development of infants and young children.

### **Challenges of Early Identification**

**Gathering many views on a child's development.** Identification and remediation of child developmental delays are high priorities for many professionals who work with young children. Yet, detecting developmental delays is often challenging. Children with visible physical disabilities or known medical conditions often have clear delays and functional challenges. However infants and toddlers with mild to moderate sensory impairments (e.g., hearing loss) and mild to moderate functional delays (e.g., speech-language delay) often remain undetected until one or more missed developmental milestones are recognized or they enter the school system and are unable to meet the demands placed upon them in a learning-centred, structured environment. Adding to the challenge of detecting developmental delays, child development, by nature, is a dynamic process and normal development can occur in spurts with uneven development across domains (e.g., communication, fine motor, social emotional). This makes it difficult to distinguish emerging skills and normative development from true developmental delays.

Given these difficulties, it is important that many different sources of information are tapped to gather different perspectives on what an infant or young child can do in different situations and across various developmental domains, the timing and rate of progress in achieving developmental milestones, and any puzzling or concerning aspects of their pattern of development. This is referred to as 'triangulation'; that is, comparing and synthesizing different viewpoints on a child's development, rather than relying on observations from a single observer or from using a single measurement tool. So, for example, it is important to corroborate the impression of a child yielded by parents' reports on the ASQ with information about the child from other sources.

**Individual- or population-based focus.** Research suggests that some children are more "at-risk" for developmental challenges than other children. Most researchers believe that poverty is the single greatest contributor to risk for developmental challenges. "At risk" groups identified by many researchers are children whose parent or guardian: (1) has been diagnosed with a psychological disorder or developmental disability; (2) has used or uses alcohol or other illegal substances (substance abuser); (3) is a teen parent (especially if less than 15 years old); (4) has 10<sup>th</sup> grade education level or less; (5) has a chronic illness; (6) is homeless; (7) abused alcohol or illegal substances during pregnancy; or the child (8) has not been removed from abusive circumstances; (9) has a genetic condition; or (10) was born with very low birth weight, more than three weeks premature, or had medical complications at birth. In community-based programs that target infants and young children whose parents or guardians have one or more of these characteristics, high numbers of children who are positively identified as requiring further diagnostic assessment and extra supports might be expected. This raises the question of whether there are sufficient diagnosticians available to respond to referrals based on early screening using a tool such as the ASQ, and whether there are enough services to provide extra supports for all children who are confirmed as having developmental delays or specific challenges. On the other hand, if a whole community of youngsters

generally matches the profile of children characterized as ‘at risk’, are screening, diagnosis and referral to specialized early intervention services appropriate? Are there other more population-based interventions that would meet the needs of more children, involve more parents, and generate less stigma or sense of general deficiency? Examples might include: parent education, support, and treatment; income generation for parents/guardians; and extra training for front-line staff in daycare and preschool programs to provide extra stimulation in sensitive areas, such as language development.

**Aboriginal perspectives on development.** To date, most research, theory and practice models about child development have been articulated and promoted by investigators of European-heritage living in Europe and North America. Much of the research done to create and demonstrate the usefulness of different observation and diagnostic tools and intervention programs has involved middle class children and families in urban centres. There are no empirically validated tools or early intervention strategies that have been created specifically by or for Aboriginal children in Canada or Native American children in the USA. Yet, many Aboriginal scholars in Canada have written about some distinctive features of the ways that Aboriginal parents may think about how children develop, goals for Aboriginal children’s development, and ways to support optimal developmental outcomes.

One aspect of these conceptualizations is the idea of holism: that is, children’s development must be appreciated as a complex process that involves all aspects of the child’s being, including their social, emotional, intellectual, physical and spiritual nature. Further, children’s development is embedded within an interwoven ecology of elements that includes their ancestors both living and deceased, other family members, and their cultural community. Some Aboriginal parents and Elders may be reluctant to make categorical attributions about a child, to single out a child as having special needs, or to intervene too early in a child’s life when they may still be in close communion with and influenced by the spirit world (Greenwood, n.d.). Such parents may believe that a child’s nature, needs and gifts cannot be accurately seen until the child has passed through their infancy and toddler years and is beginning to take a more active role in the life of the community. These views may not be particularly compatible with the introduction of formal systems of developmental monitoring, screening, diagnostic assessment, and early intervention services.

Aboriginal leaders and agencies across Canada have argued that culturally inappropriate assessment and intervention practices, as well as lack of services, frequently result in serious negative consequences for Aboriginal children (Assembly of First Nations, 1988; B.C. Aboriginal Network for Disabilities Society 1996; Canadian Centre for Justice 2001; Royal Commission on Aboriginal Peoples, 1996; Stairs & Bernhard, 2002). Negative consequences of inappropriate assessment and intervention practices may include:

- over- and under-recognition of children with developmental challenges
- interpretations focusing on challenges in the child rather than in the environment
- services directed at a misinterpretation of the primary problem
- services introduced too late
- undermining Indigenous language and cultural goals for development through an over-valuing the dominant culture (European-heritage) and language (English)

- cultural alienation, and
- high rates of placement in non-Aboriginal foster care.

Aboriginal parents in B.C. who participated in an earlier study of receptivity to formal screening and assessment tools (e.g., Ball & Janyst, 2007) described how formal tools had been misused in their community (for example, as “ammunition against the parent to prove that their child has a delay”) or taken out of context (for example, where a child’s home language is not English and he or she is seen as having a language delay based on an English vocabulary test). Some parents also described how formal tools had worked well in some situations to identify the source of a problem that had been mystifying them, or to establish a child’s eligibility for a therapy program that a parent saw as desperately needed. In this earlier study, both practitioners and Aboriginal parents agreed that nearly all Aboriginal parents want early intervention services for their children when needed, and they want screening, assessment and referral to be carried out in a safe and respectful way.

## **The Ages and Stages Questionnaire: What is it?**

The Ages and Stages Questionnaire, Second Edition (ASQ II) is a parent-completed system of monitoring child development from the ages of 4 to 48 months in the areas of:

- Communication
- Gross motor
- Fine motor
- Problem solving
- Personal-social
- Overall

The ASQ II has 19 different reproducible questionnaires for use at ages 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, and 60 months. For each age, there are six items within each developmental domain (6 items X 5 domains – 30 items). Each item is rated by a parent reporter on a three point scale (1 = Yes, 2 = Sometimes, 3 = Not Yet). The ASQ II also includes a section where parents can record general concerns/issues that are not captured in the questionnaire. Items are written in familiar, non-jargon language and designed not to exceed a sixth-grade reading level. Illustrations and concrete examples are provided with many items.

The ASQ II is a fast, simple tool for:

- Involving and educating parents in monitoring of their youngster’s development;
- Identifying children who require further assessment.

Parents typically complete the 30-item questionnaire for each age in about 20 minutes. The ASQ II can also be completed during home visits by a program staff member. Staff can transfer parents’ responses of “yes”, “sometimes”, or “not yet” on to colour-coded scoring sheets, allowing determination of a child’s progress in each developmental area with reference

to developmental norms. Scoring can be done in five minutes by staff who have received instructions on scoring. According to the authors of the ASQ II, if a child's score indicates cause for concern, then a referral for further assessment is recommended. It is generally understood that if a child's score on the ASQ falls below the cut-off for referral, the child would be quite noticeably delayed; that is, the tool does not trigger referrals of children whose development is only very marginally delayed.

The ASQ was originally developed to track very low birth weight infants graduating from neonatal intensive care units. It was one of the first formalized tools that relied upon the assumption that parents can report accurately on their children's development. Subsequent to the development of the tool, evidence has been gathered confirming that, in general, parents in dominant cultural communities can report reliably on their children's development (e.g., Glascoe, 1999; Squires, 1996). In some settings, the ASQ is being used more as an educational tool than as a screener, at least initially. By reading and discussing the items on the ASQ with reference to their infant or young child, parents are encouraged to notice what their child can do, their attention is drawn to various dimensions of a child's development, and they are more likely to become aware of changes (or lack of change) in their child's responses.

Items on the ASQ II are based on a strong conceptual grasp of young children's development and research evidence about expected age ranges for developmental milestones. ASQ II items were developed using a variety of sources, including standardized developmental tests, non-standardized tests focused on early development, and literature containing information about early developmental milestones. Normative data upon which the items for the ASQ were selected involved a sample of 2,008 children assessed between 1980 and 1988. The population sampled was American. It was ethnically diverse (e.g., 14.6% Native American, 4% Latina/Hispanic), but it was not nationally representative.

Compared to other such short screening tools, such as the Nipissing District Developmental Screen, the Giselle, or the Denver, the ASQ II is far superior in its grounding in quite recent research evidence of normative developmental trajectories. The ASQ II demonstrates adequate to excellent reliability (.65 or higher). The tool has been shown to have fairly strong psychometric properties in terms of overall concurrent validity. However, validation research by the authors of the tool showed that sensitivity rates varied by age of the children in the sample. These ranged from 51% among 4 month old infants to 90% among 36 month old children (Squires, Potter, & Bricker, 1999).

Some community-based programs have been known to develop their own 'checklists' for observing and recording changes in children's development. These are often thought to be simpler and less expensive than formal tools, and tailored to local interests in children's development. While 'boot-strapped' checklists may be useful in some ways, customized checklists are often based on misconceptions about what infants and children are typically able to do at different age intervals. As noted, the ASQ has a solid foundation in normative research on children's developmental trajectories. Information from informal, customized checklists may not be readily shareable with program staff in other communities, and may not have much credibility with specialists such as physicians or occupational therapists when used as a basis for referral. The ASQ is widely known and generally credible among early childhood educators

and developmental specialists. Some people believe that a major reason for using the ASQ is that it provides parents with an “evidence-based” justification for insisting that their child receive diagnostic assessment and, if necessary, early intervention services. It is worth noting here that the ASQ can be photocopied. Unlike other tools, such as the Nipissing District Development Screen, there is no need to order a new set of questionnaires from the publisher for each new child seen in a program.

The ASQ II has been translated into a number of languages, including Canadian French, and it is used in an increasing number of countries.

Despite its increasing use in Canada, including BC, no empirical validation of the ASQ has been published using a Canadian sample. More specific to the current focus, neither the ASQ I nor ASQ II has not been normed on a representative sample of Aboriginal children in Canada. Some investigators have speculated that Aboriginal children in some geographic locations show a slower pace of development that is normative within their own context and that does not predict subsequent expressions of developmental delay or disorders. No research has been reported to investigate this possibility. Analyses of the Aboriginal Children’s Survey data collected in 2007 by Statistics Canada would be one approach to establishing parent-reported developmental milestones for a large (13,000) sample of Aboriginal children across Canada. This is discussed at the end of this report.

In terms of item content, the ASQ II does not include any items specifically designed to monitor child development from an Aboriginal perspective. Therefore, it is reasonable to explore whether practitioners and Aboriginal parents caring for Aboriginal infants, toddlers and preschoolers perceive a need to develop new items to monitor Aboriginal children’s development in areas that are important to Aboriginal parents and guardians.

With reference to cultural generalizability, it is worth noting here that a related early development screening tool is the ASQ – Social Emotional Questionnaire (ASQ – SE). As suggested by the name, this tool focuses specifically on a child’s social and emotional responses. It is generally understood that the ASQ-SE may be especially culturally bound; that is, it reflects what is valued in the dominant culture of middle-class America (e.g., early autonomy/independence and self-direction) and assumptions about the kinds of materials that are available in a typical home. The primary author of the ASQ-SE, Dr. Jane Squires at the University of Oregon, and the publisher, Paul Brooks, are receptive to negotiating with organizations and groups to explore the creation of other versions of the ASQ-SE to ensure its validity and relevance in various cultural settings. It is not the focus of the current report to explore the advisability of introducing the ASQ-SE in BCs AHS programs.

\*For the remainder of this report, ASQ II (second edition) will be referred to simply as ASQ.

### **Cross-cultural transportability of standardized screening and assessment tools**

The issue of cultural transportability of the ASQ to programs serving Aboriginal young children in B.C. has not received much research attention. Yet the cultural nature of child development and socialization in the early years is widely acknowledged (Rogoff, 2003).

Cultures vary in a number of ways that affect child development, such as: (1) the salience attached to certain skills; (2) the combination of skills and attributes that are required for success in a given context; (3) the order in which specific skills are expected to be learned; and (4) the ways that primary caregivers support the development of valued skills at various ages. In most cultures, parents, teachers, siblings, Elders, and friends ‘highlight’ those skills, abilities, and competencies that are successful and adaptive in their culture and attempt to socialize (through positive reinforcement, modeling and direct teaching) children to acquire those skills and characteristics. The result is that children from diverse cultures may learn different skills and develop different attributes and competencies to be ‘successful’ and ‘intelligent’ in their own culture (Nsamenang, 1992). They may also develop similar skills earlier or later depending upon varying socialization practices, the physical environment, and opportunities to acquire and practice those skills.

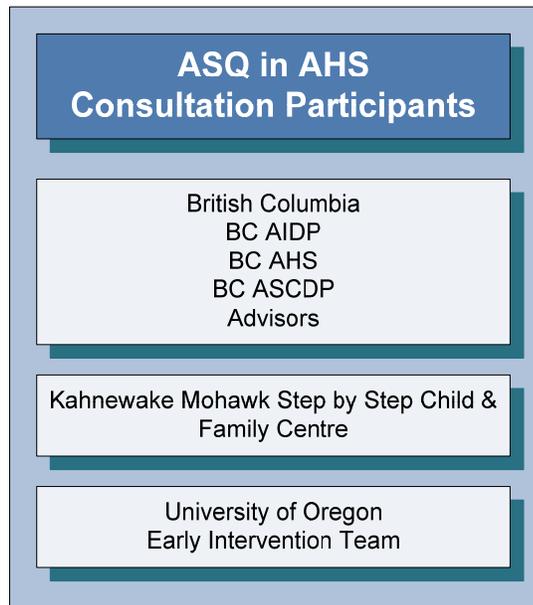
Nearly all developmental monitoring, screening and assessment tools, norms, and cut-off criteria have been developed through research involving samples of children with limited cultural variability. The items that make up the tools have been informed by research and theory created in the dominant culture, reflecting values and assumptions that inform dominant cultural conceptualizations of what it means to be healthy and developmentally ‘on track.’ Understandably, there are a number of questions that need to be answered and issues that must be addressed in decisions about whether and what tools to use with Aboriginal children, and how to ensure culturally safe and conceptual validity in the ways that tools are administered, scored and used in Aboriginal community programs. It is important to discover whether practitioners who work closely with Aboriginal infants, children and families in BC experience the ASQ as culturally appropriate, conceptually valid, and practically useful in Aboriginal community programs and would recommend its adoption on a programmatic or policy level.

## **Perspectives on the ASQ in BC: Consultation results**

This section of the report situates the current questions at hand with reference to programs serving Aboriginal young children in BC.

The exploration leading up to this report was motivated in part by the apparent receptivity and readiness for introducing tools such as the ASQ into AHS programs. AHS programs have now been operating in BC for a decade, and other community-based programs serving Aboriginal children and families have also become quite well established (e.g., Aboriginal Infant Development and Supported Child Development Programs). Many practitioners in these programs have already explored the use of formal tools for developmental monitoring, screening and assessment. At the same time, concerns are heard occasionally about whether any formal tools, including the ASQ, are culturally appropriate. Steps taken to estimate the degree and focus of concerns about the ASQ involved consultation conducted by phone, email and face-to-face, with:

- (1) BC AHS Coordinators;
- (2) representatives of the BC Aboriginal Infant Development Program (AIDP);
- (3) representatives of the BC Aboriginal Supported Child Development Program.



Participants in the consultations were asked to consider the following issues.

*“As leaders in our field, we all agree that family support, resources for optimal development from conception throughout the early years (and beyond), and early intervention are key conditions to secure the best possible outcomes for Aboriginal children. Hearing from primary caregivers about how they perceive their child’s development, and early identification of difficulties provides a stimulus and direction to work effectively with a child and his or her family. In B.C., the ASQ is known to be a favoured tool among Aboriginal practitioners both for structuring conversations between primary caregivers and practitioners about a child’s development, and for screening. Yet, we hear from some practitioners and parents that the ASQ is not ‘culturally appropriate.’*

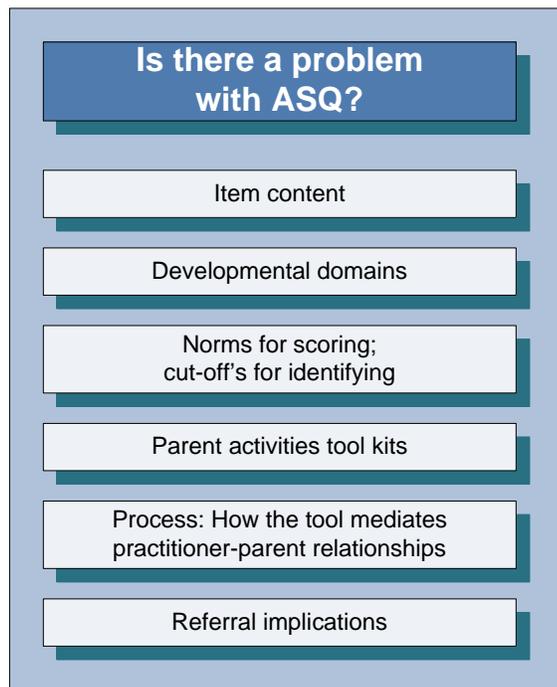
1. *What is our understanding of what this critique means? What is it a comment upon? (e.g., the process, the vocabulary /reading level, the content of the items, the way the scores are used, the failure to provide meaningful follow-up?).*
2. *What needs to be changed in order to put to rest the critique that the ASQ is not ‘culturally appropriate’ for use with Aboriginal children in BC? Is it the process, the item content, the way the scores are used that needs to change? Is it the training the practitioners receive that needs to change? Is it communication with parents that needs to change? Is it the scoring criteria or methods that need to change?*
3. *If we have some ideas about WHAT needs to change, HOW does it need to change? e.g., if our training needs to change, how should it be changed? If parent communication needs to change, how so? If the item content needs to change – what kinds of items are problematic?*

*You may or may not have much or any experience with the ASQ. Regardless, if you have things you wish to say about the ASQ, then this is a good opportunity to offer your input.”*

These orienting questions were then followed with a series of more specific questions probing each practitioner’s experiences with the ASQ.

### **Is there a problem with ASQ?**

The consultation process was aimed at gathering perspectives and uncovering any concerns about the cultural appropriateness of the ASQ. Areas that could potentially contribute to perceptions of ‘cultural inappropriateness’ are listed and discussed below.



**FINDING:** Overall, there were no expressions of concern among practitioners in AIDP or AHS programs serving Aboriginal infants and children in BC about the use of the ASQ. There was no indication of a need for significant changes to the ASQ item content or the scoring procedure. However, practitioners underscored the primacy of:

- building positive relationships with parents (or alternative caregivers);
- using the ASQ in a conversational, respectful way to develop shared understandings about a child; and
- making minor adaptations as needed as long as the conceptual intent of items is retained.

In order to ensure these aspects of ‘good practice’ they emphasized the critical need for sufficient and ongoing investments in training front-line practitioners.

Some of the comments made by AIDP Regional Advisors illustrate some key themes that emerged.

*“The ASQ is just a screener. It indicates whether more investigation is needed. It’s a pea in the pod of screening and assessment.”* Dianna Elliott, BC AIDP Regional Advisor

*“There are open-ended questions that can be used to engage families in talking about whatever is important to them about their child’s development. Anything can be added. It’s not closed.”* Nadine Gagne, Fraser AIDP Regional Advisor

*“It’s been field tested in 14 First Nations on Vancouver Island’s west coast.”* Marc Lalonde, Vancouver/Coastal AIDP Regional Advisor

*“It should be used from a family-centred perspective. I used it with a grandfather raising his grandchildren and I asked him directly what he thought of the questionnaire and he said it was all good! Questions can be added in the section at the end that asks if the family wants to mention anything else that is important to them about their child’s development. Each family will vary in what they want to add. There is variation not just Nation to Nation, but family to family. The tool allows for flexibility and extension to accommodate that.”* Lance Ambrose, Nu-chah-nulth AIDP Program

*“It’s good to use it as an educational tool in conversations with parents.”* Jackie Watts, Vancouver Island AIDP Regional Advisor

A sample of additional comments made by practitioners in AIDP and SCDP are noted below.

*“ASQ can be presented to parents not as a screening tool but as an educational tool.”*

*“The language on the ASQ is easy to understand. It’s a non-threatening tool, which is important given our history with the mis-use of assessments.”*

*“ASQ is family friendly.”*

*“We introduce it in our post-natal group. After that, parents ask for it! We visit the families every month, and every two months they fill out the ASQ themselves and give it back to be scored or just to be filed. There have never been any refusals or complaints!”*

*“We do not need a whole new tool. We should have a side-note about how to adapt items in minor ways to make sure the item makes sense to parents. Only one or two items do not apply, like the question about mirror-play, which is against cultural beliefs for many but not all First Nations.”*

*“In our community we find no need to adapt any item. Not even the item on mirror play. They are all relevant.”*

*“We all like the ASQ and have been using it for years with virtually no negative feedback from the Aboriginal parents and caregivers we serve. In fact, everyone is receptive when administering the ASQ. We encourage leaving this screening tool as it is.”*

*“I don’t know a better general screening tool than the ASQ. Of course, the best tool still has to be used, so if there are concerns, these must be addressed. Of course, the most important thing is to support families to meet children’s needs and to get early intervention services as early as possible if this is what they need. Often the challenge is not which tool we use, it’s connecting with families and connecting families with the services their child needs.”*

*“Scoring is easy – very visual.”*

*“Practitioners always need to be reminded of cultural sensitivity and cultural safety. Parents tend to be both cautious and modest in their responses. We need to explain why we are suggesting using the ASQ, and encourage parents to observe and share what they are observing about their child.”*

*“Training is the most important aspect, especially for non-Aboriginal professionals. Given our history of colonization, parents are untrusting of government agencies and outsiders. We need to build the relationships and trust first.”*

*“It’s not the tool; it’s how we’re using it. We have to train people to use it in a good way.”*

A sample of comments by practitioners in AHS is offered below.

*“I have used the ASQ a few times when a teacher has requested it. Not once has someone asked if it was culturally appropriate and I have never had a problem with parents understanding the questions or finding them relevant.”*

*“I have no worries whatsoever that this tool is not culturally appropriate. Our families love this questionnaire. We use it to know whether the child has any delays or areas to work on and this is important to know and address before they start school. It can also let the mainstream school know if they are going to need extra support.”*

*“Our staff is looking forward to the training, including how to talk with the families so that have a good understanding of why we are introducing the ASQ.”*

*“I believe we should do the ASQ in August before the program starts so we know as much as we can about a child and we can address their needs. It could also help parents to realize that the program is not a babysitting service – it is to support them in supporting their child’s development.”*

## **Item content**

Overall, practitioners strongly endorsed the item content as it is provided by the standardized tool. They pointed out that the items seem to be relevant for each age, items are easy to read and understand, and parents do not have difficulty reporting on their children's behaviour with reference to each item. One exception was an item asking about 'mirror play': some participants noted that in the Aboriginal communities they serve, mirror play is not acceptable and that this item is not appropriate. They had some difficulty finding a suitable replacement for this item that would indicate the developmental skill that mirror play is thought to reflect. Other participants noted that there are no cultural beliefs prohibiting mirror play in their community setting, and that this item is culturally appropriate for the families they serve.

Some participants noted that the items asking whether a child knows their address or knows their middle name are not relevant in their community setting, because there are no street names or house numbers, and few children have middle names – although they may be given additional names as they grow older. The same issue (address and middle name) was raised in discussion with practitioners in a Kahnawake Mohawk Step-by-Step program in Quebec.

Some practitioners who are already using the ASQ in their program (e.g., AIDP) acknowledged that their staff and they occasionally do "adjust" the content of items to make the specific details relevant for the local setting. Practitioners did not see these minor adjustments as sufficient to call into question the cultural appropriateness of the ASQ or to warrant creation of a new 'Aboriginal version' or even to create a set of 'add on items.' Rather, they saw these as so minor that the conceptual intent of the item is not affected. This point was also made by the author of the ASQ, Dr. Diane Bricker and by members of the University of Oregon team that conducts training in the use of the ASQ. They emphasized that minor adjustments should be made as needed to make an item sensible and relevant in the local context, provided that the conceptual intent of the item is reflected in the modified item. This is an important issue to address in training staff to use the ASQ, and is addressed again later in this report.

**Add-on items.** Participants discussed the advisability of 'adding on' to the standardized questionnaires certain 'Aboriginal' specific items tapping aspects of development of children at various ages that are valued by Aboriginal parents. Several participants noted that this approach has been attempted with other tools, such as the Work Sampling System (WSS), and that some discussion is underway in BC about the possibility of doing this for the Early Development Inventory (EDI). However, participants generally advised against a province-wide consultation and development effort on this, because of the wide variability among Aboriginal cultural groups served by Aboriginal programs and also the wide variability in values and goals for children's development within communities served by the same program. Several participants stressed the point that there is a question at the end of the questionnaire for each age level, asking parents if they wish to comment on any other aspect of their child's development or any concern. Participants favoured a more informal and individually customized approach to 'adding on' content, rather than an institutional approach to attempting a 'pan-Aboriginal' revision or supplement to the standardized tool.

### **Developmental domains**

The five domains of development tapped by the ASQ were seen as acceptable and culturally relevant. Many oral and written depictions of Aboriginal images of the child and ways of thinking about how children develop do not map exactly onto European-heritage images of the child and child development. In general, participants in the current consultation were unconcerned about this, insofar as they agreed that various terms such as ‘intellect’ and ‘cognition’ could be taken as synonymous. One conspicuous exception noted is the inclusion of spirituality or spiritual development in most Aboriginal depictions of child development. This is absent on the ASQ. However, participants expressed their view that spirituality would not be conducive to measurement through a standardized tool, and further that it would not be particularly informative or useful in terms of what a standardized tool is intended to do (e.g., screening for further diagnostic assessment, or referral for early intervention). They agreed that supporting and working with parents on some aspects of a child’s development, such as their spirit nature, or spiritual development, should be the subject of conversation without the aid of a standardized tool.

### **Norms for scoring and cut-off criteria**

Participants noted that scoring the ASQ is not based on norms established in research with Aboriginal infants and children, and there could be some differences in the pace of development in various domains or on specific items. A few examples were given, where a child was very early in developing a skill because of extensive opportunities to practice the skill in their particular family and community setting, or where a child was somewhat late in developing a skill because of little exposure or opportunities to try out and practice the skill. Participants indicated some interest in whether different age-norms might be found for Aboriginal children, or between urban and rural children. However, no participants expressed the view that the norms were significantly out of step with their observations of Aboriginal children’s development.

Participants raised the question of what cut-off criteria should be used for Aboriginal children seen in their program. It was noted that cut-off criteria should be determined based on the purpose of the ASQ combined with knowledge of the availability of extra supports for children who are screened ‘in.’ If there are few resources for extra supports, then a more stringent cut-off criteria is probably more useful. There is no legislation in BC about entitlements to extra supports based on scores on the ASQ.

### **Parent activities tool kits**

Very positive comments were made by participants about the parent activities tools that accompany the ASQ for each age interval. Comments included that parents like these tools and find them useful, and that practitioners see these tools as part of the value of using the ASQ in their programs. Programs that are not currently using the ASQ noted that this is an aspect of introducing the ASQ to which they look forward!

### **Process: How the tool mediates relationships between parents and practitioners**

The ‘process’ rather than the ‘content’ of the ASQ generated much discussion about the need for caution in introducing the ASQ and sensitivity in the way it is used in communities. Participants emphasized that one of the greatest values of using the ASQ is for structuring conversations between primary caregivers and program staff about a child. Benefits of these conversations, mediated by the ASQ, include developing relationships between parents and staff, reflecting interest and joy in the child’s growth and development, raising parents’ awareness of the various aspects of a child’s development and progress, and reinforcing the parents’ skills in observing their child.

Participants emphasized that the tool should never be used to dominate a parent, to over-rule a parent’s views, to criticize a parent’s capacity to observe or accurately report on their child, or to threaten a parent. They emphasized the sensitivity that many Aboriginal parents have about being observed, having their child or child-rearing practices evaluated or judged in terms of how well they are doing, or being told that their child is somehow defective or may have needs that the parent may not be able to meet. They emphasized the importance of pacing the introduction of the ASQ according to each parent’s receptivity and readiness, and ensuring a safe and supportive relationship as a foundational step in working with families. A casual and informal introduction of the ASQ has proven effective in some settings, where the ASQ is not administered in its entirety, not scored, and may not even be seen or collected by program staff, but rather left with parents to read and review at their leisure and in private. Pacing and cultural safety were key themes in this nuanced discussion with participants, and these principles are featured among the recommendations at the conclusion of this report.

### **Referral implications**

Nothing raised the ire of participants more than the idea that the ASQ is primarily a screening tool for early identification and that the first priority is to identify and refer children who fall below cut-off criteria. From the perspective of many participants, this clinical application of the tool is probably premature with many families, and great care must be taken to refer children to specialized services only if there is a good probability that the child will actually be able to access those services. Long wait lists, geographic distances, lack of adults to accompany children to service appointments, lack of transportation, fears of crossing cultural and institutional boundaries, and lack of trust in professional service providers were mentioned as issues that often prevent any good coming from referring a child to a service. It would not be helpful to refer half the children in a community because they may fall below an arbitrarily defined cut-off point, in a context where there are home or centre-based programs but no specialist services.

On the other hand, participants noted that parents with whom they work generally want to know if their child has special needs, and want all the support they can get to ensure that a child’s needs are met. The message was that the extent and purpose of the using the ASQ needs to be conceived with a realistic assessment of the child’s ecology and the location of resources to support a child with extra needs (e.g., the home, the daycare, preschool, AHS, contract specialists, clinics, hospitals).

**FINDING: In summary, consultation sessions with BC AHS Coordinators and representatives of other Aboriginal programs in BC bring clearly into focus:**

- **the general consensus that the ASQ works well with parents and is culturally appropriate;**
- **the critical role of a well-conceived, resourced, and delivered program of ongoing training for front-line practitioners to use the ASQ with parents (or other primary caregivers);**
- **the need to consider the larger ecology in which the ASQ is being used, in terms of parents' readiness for various uses of the ASQ, and the availability of various kinds of supports for children who are identified by the ASQ as needing extra supports.**

## Benefits of ASQ

*The consultation process yielded a holistic view of the potential gains for participating children, families and practitioners as a result of implementation of the ASQ in BC's AHS program sites.*

Structuring conversations between parents & practitioners about the child

Education about normative expectations for children's development

Promoting interest in what the child can do

Prompting parents' and practitioners' mindful observations of the child

Encouraging positive parenting activities

Growing knowledge about Aboriginal children's developmental strengths & challenges

Screening for assessment & need for early intervention

## **Beyond BC: Ideas for the future of ASQ**

This report now opens out beyond a focus on BC to provide a perspective on issues of cultural transportability of the ASQ from the perspectives of two relevant parties:

1. members of the team based at the University of Oregon that has authored the ASQ;
2. members of the team at Kahnawake Mohawk Child and Family Centre in Quebec, where a project focusing specifically on cultural adaptations of the ASQ for a Mohawk population is in early stages.

The advantages and disadvantages of engaging various approaches to ensuring the cultural appropriateness of using the ASQ in AHS in BC are considered with reference to ideas and activities of these two key groups. In addition, a recent round of discussions convened by the Centre of Excellence for Children and Adolescents with Special Needs yielded relevant commentary summarized below.

### **University of Oregon ASQ team**

This group is well known for its training in Canada and elsewhere in the use of the ASQ, and its open stance with regards to collaborating on projects to:

- a) adjust item content;
- b) gather data on norms for a specific population; and
- c) establish cut-off criteria relevant to a particular population and setting.

Consultation with Dr. Diane Bricker and others indicated their willingness and, indeed, enthusiasm to collaborate with Aboriginal Head Start in B.C. They reinforced impressions that Paul Brookes Publishing is willing to allow ‘small changes’ to be made to the ASQ package to accommodate new groups of users. Dr. Bricker referred to the acceptability of ‘tweaking’ items to ensure that they ‘make sense’ and mean what they are intended to mean in different social and cultural contexts. She suggested that it would be useful to show and discuss the ASQ forms with focus groups of community members, going through item by item to identify any offensive items or items that do not make sense in each setting. She anticipated that most likely focus groups would identify a few changes that need to be made at the level of ‘tweaking’ but that, to date, the Oregon group has not received feedback about any major changes needed. If major changes were introduced, then it would be important to collect normative data from the population for whom the changes were introduced, in order to ensure the empirical validity of cut-off criteria.

Interestingly, some members of the Oregon team seemed genuinely surprised to learn that the question of cultural appropriateness of the ASQ had even been asked, so convinced were they that the tool has been very positively received by groups to whom they have delivered training in BC and elsewhere in Canada to date. One of the trainers who was consulted is Sue Yockleson. She has worked quite extensively in Canada and reported that a third edition of the ASQ is expected to be released in 2009, with new norms based on data collection involving 18,000 children. She noted that the cut-offs for identifying children needing diagnostic assessment have not changed significantly from ASQ II.

Some members of the Oregon team emphasized that steps should be taken to ensure that practitioners and parents understand that the ASQ is not intended as a parenting program or as an early childhood curriculum; that is, infants and children should not be ‘taught’ to acquire skills specifically so that they receive ‘yes’ ratings on the ASQ. They also noted that in most situations, it is not advisable to administer every form of the ASQ at every age interval for which it is available; rather, twice a year is sufficient to obtain a snapshot of whether a child is generally on track developmentally and whether a parent has any significant concerns.

Dr. Diane Bricker is currently embarked on a research project with Kahnewake Mohawk Child and Family Centre in Quebec to explore needs for adaptations of the ASQ for that population.

### **Kahnewake Mohawk Child and Family Centre in Quebec**

This centre includes a Step-by-Step program that the director, Nancy Rother and assistant Rose Ann Beauvais, describe as “essentially an Aboriginal Head Start Program.” The Centre has been using the ASQ, translated into French, for some time, and have found that is culturally appropriate. They noted that there are two items that do not fit their on-reserve, cultural context; namely, asking children their address, and asking if they know their middle names. Beyond these, this group strongly supports the way the ASQ is currently constructed. They noted that there is the open-ended question at the end of each form, and that when there are certain dimensions of development or concerns that a family may have, such as a family history of a condition affecting childhood development, they do make use of this open-ended item.

This Centre is currently the community site for a research project directed by Dr. Carmen Dionne, a faculty member of Universite Trois Rivieres in Quebec, and funded by the federal Social Sciences and Humanities Research Council of Canada. Dr. Carmen Dionne has completed a translation of the ASQ into French. The project with the Kahewake Mohawk Centre has just begun. A goal of the project is to gather ASQ data from children in the Kahnewake Mohawk community at each age level assessed by the sequence of ASQ forms, and to establish development norms specifically for this population. Subsequently, cut-off criteria for early identification will be based on the new, population-specific norms. Adjustments to item content, and possibly even to the way the tool is conceptually organized into five domains, will be made as needed, based on implementation of the tool during the research project.

The Centre Director explained her hopes that this project will become a flagship project for other Aboriginal communities in Canada. She envisioned the possibility that as other communities collect data from children at each age interval represented by the ASQ, these data could be collated with data from Kahnewake, resulting in increments to an Aboriginal-specific population data base. Eventually this could yield a kind of pan-Aboriginal ASQ for use in programs serving Aboriginal children throughout Canada.

This is an intriguing project that is unique in Canada and very relevant to the exploration of implementing ASQ in AHS programs in BC. It remains to be seen in the next few years whether the project will demonstrate significant differences in developmental

trajectories of Aboriginal infants and young children that warrant the development of new items, new organizational schemes, new scoring criteria or cut-offs.

### **Centre of Excellence for Children's Well-Being: Children and Adolescents with Special Needs**

This nationally networked centre has examined developmental monitoring, screening and assessment tools in early childhood programs serving children and adolescents with special needs. They convened two meetings, on November 7, 2007 and March 9, 2008 of researchers involved with Aboriginal early childhood programs, to explore ways to support culturally appropriate practice in monitoring, screening and assessing Aboriginal children's development.

The first meeting identified:

- The potential of the Aboriginal Children's Survey (ACS) conducted by Statistics Canada to yield developmental milestones of Aboriginal children, based on parent report data;
- The potential to use selected items on the ACS to develop one or more domain specific screening tools (e.g., language development rating scale), the need for training practitioners to ensure culturally safe and sensitive practice when using mainstream tools;
- The need to encourage and support communities to create local protocols governing the use of formal tools with children and families served by community-based programs, so that parents and practitioners know their rights (e.g., to know the scores, to receive copies of assessment reports, to be included in deliberations about follow-up, etc.), and about ownership and storage of completed screening and assessment forms.
- The need to use non-threatening, community friendly language, and to avoid 'bafelgab' and terms like 'universal', 'standard', and 'surveillance.'

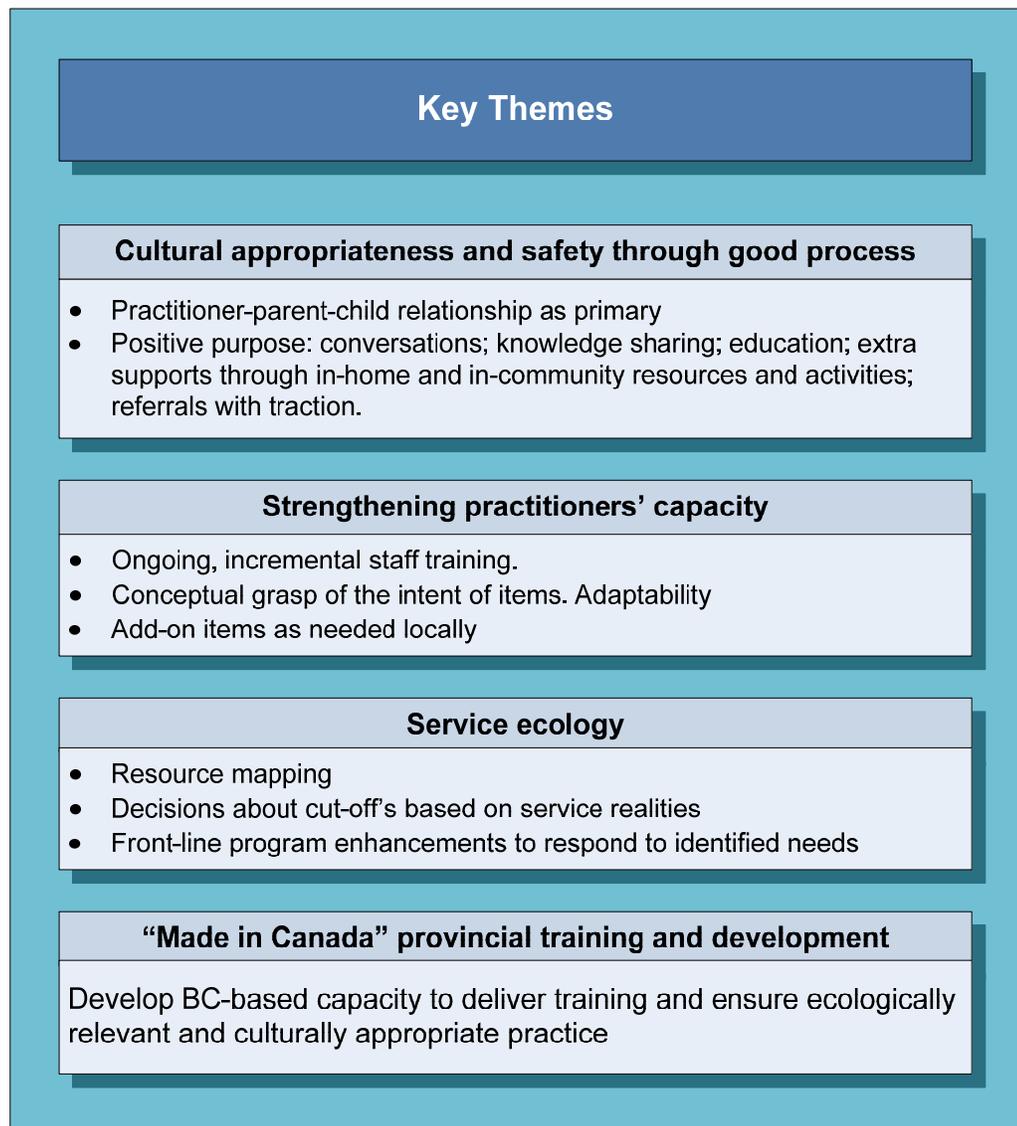
The second meeting tentatively identified needs for:

- A glossary on developmental screening and assessment;
- A needs assessment with regards to what kinds of new tools or adaptations to existing tools and training will fill gaps for Aboriginal children;
- An investigation of what Aboriginal parents know and believe about how infants and children develop;
- An examination of the potential of utilizing a 'stories' approach to observing and characterizing Aboriginal young children's development.

This Centre has received renewed funding for FY 2008-2009. There could be good potential to involve the special interest group on Aboriginal screening and assessment that has been convened by this Centre (including Dr. Carmen Dionne, Dr. Louise Poulin of CIHR, etc.) with resource development (e.g., parent education materials) and training needs (e.g., a DVD on culturally appropriate practice) in BCs AHS program as plans for implementation of ASQ evolve.

## Steps to prepare practitioners for culturally appropriate use of the ASQ

This section of the report offers recommendations for preparing practitioners for culturally appropriate use of the ASQ for BC's AHS sites. Discussion and feedback from participants in the consultation for this project led to the identification of several themes, noted below.



## **I. Cultural appropriateness and safety**

### **Relational practice**

Recognizing the foundational and defining role of cultural context is a first step for meaningful developmental monitoring, screening, assessment and program delivery. Every cultural group and geographic setting has unique features that affect a child's experiences with the world and opportunities to develop their senses and to learn and practice various skills. Every community-based program develops an understanding that the families they serve have some unique characteristics, needs, goals, worries and hopes. This means that adjustments need to be made by practitioners to the tools and methods they use, how they introduce those tools and methods, and how they establish relationships with children and their primary caregivers. These aspects of good community-based, family-centred practice extend to the use of the ASQ. Although it is a standardized tool, certain adjustments can and should be made to ensure that it is cultural appropriate, that parents feel culturally safe, and that the tool is used for positive purposes.

### **Positive purpose**

Practitioners need to be trained to use the ASQ in a process-oriented way within the broader context of building positive partnerships in which parents experience cultural safety and positive intent. The findings also point to the need for training to go beyond procedural knowledge to a deeper knowledge of the intent of the tool, the meaning of the domains, and the developmental concept assessed by each item. With this conceptual grasp, practitioners should then become adept in adapting items to fit the particulars of children's environments and exposure to objects and situations. The findings also point to the need to attend to the ecology of services and supports for children in particular communities, and to ensure that the ASQ is used in ways that are positive and constructive, and do not lead to unwarranted or useless labeling and referrals if there are no suitable or available services for a child. Positive rapport, flexible adaptations within the scope of item intent, and positive purpose in terms of outcomes for children and caregivers are key principles derived from information gathered in this project about how to ensure culturally appropriate implementation of the ASQ in AHS.

## **II. Strengthening practitioners' capacity**

### **Ongoing staff development**

Training was identified in this consultation project as the key to ensuring culturally appropriate and effective implementation of the ASQ. Training is probably best undertaken as an iterative process. Following is a suggested sequence.

- Culturally safe, family-centred practice. Introduction to developmental monitoring, screening, assessment and referral within a family centred practice model with an emphasis on cultural safety and relationship building.
- Parent involvement. Introduction to the ASQ with an emphasis on the use of the tool as a means of education and structured dialogue between parents and practitioners about children's development.

- Item analysis and adaptation. Developing understanding of the relationship of items to concepts about infant and child development and developmental domains, including item by item review of content with reference to practitioners' context of practice.
- Scoring, early identification, referral and service navigation. Communicating with parents about scoring and interpretation, reporting, and collaborating with parents about follow-up.

Given the relatively high turn-over of practitioners in early childhood programs, there is a need for ongoing investments in training and a developmental approach. As staff move through more advanced levels of training, they can train newcomer staff in their programs. This will help to ensure the sustainability of investments in ASQ training and will develop local champions and culturally informed contributors to ongoing development of the appropriate use of the tool.

### **Conceptual grasp of item intent**

Items on the ASQ can be adapted to reflect particularities of the context for children's development, provided that the conceptual intent of the item is retained. This flexible adaptation, encouraged by the authors of the ASQ, is what can ensure that the content ASQ is culturally appropriate. Therefore, practitioners need to understand what each item is trying to assess. It is this understanding that should guide their observations of the child or conversations with parents to determine whether a child has acquired the developmental competence that an item is intended to measure.

### **Add-on items**

Some community programs may opt to establish a list of items to add on to the ASQ at one or more age-levels in order to respect and respond to the community's goals for child's skill development. Focus groups with parents in AHS may yield consensus about items to be added. No doubt a focus group process would stimulate valuable discussion among AHS parents and practitioners about what matters to them about how and what children are learning.

## **III. Service ecology**

### **Resource mapping.**

Implementation of the ASQ needs to take stock of the ecology of supports (sometimes called an 'ecogram') available for infants, children and their primary caregivers. If conversations guided by the ASQ yield a picture of a child who has needs for extra supports, or who may need to be referred for diagnostic assessment, what are the resources for following up in a timely and practically feasible way? Referrals for services often set parents up with a false expectation that services will be delivered to their child, when in fact long wait lists and geographic inaccessibility of services can mean that there is no follow-up.

Sometimes the ASQ may be used more for educational purposes or to mediate relationship building between parents and practitioners. But if it is used as a screener to identify children for whom follow-up by specialists seems warranted, plans need to have been

made for practitioners to be able to connect children and their caregivers with needed follow-up services. One way to elicit charges of “inappropriate practice” is to introduce screening that raises alarms about children’s developmental wellness without providing services to respond to heightened awareness of a child’s outstanding needs.

### **Decisions about cut-offs based on service realities**

The AHS program should decide on scoring criteria that make sense given a realistic assessment of the prevalence of needs among AHS children for diagnostic and intervention services, balanced by a realistic assessment of the availability of these services. Though not everyone agrees on this point, from the perspective of this reporter, the decision about what criteria to use to make a referral is not only an empirical one, but also a policy decision. In B.C. there are no absolute, policy-based criteria for determining when an infant or child must receive diagnostic assessment or is entitled to specialist services (unlike Oregon, where this appears to be a matter of legislation).

### **Front-line program enhancements to respond to identified needs**

When many children are screened ‘in’ based on ASQ scores, it is intended that this indicates a population with a high level of risk or unmet needs. Anticipating the possibility that implementation of the ASQ will yield an impression of high needs in some communities, consideration could be given to enhanced training for front-line practitioners in AHS programs so that needs in some areas could be addressed through daily program activities (e.g., speech-language delays and challenges, cognitive skills, etc).

## **IV. “Made in Canada” drivers for ASQ implementation**

All of the themes above call for knowledge and sensitivity to the particular characteristics, needs, and hopes of Aboriginal families in BC, as well as knowledge of the service ecology that should inform decisions about the uses of the ASQ and decisions such as the cut-off scores for early identification. It would be highly desirable to engage Aboriginal practitioners in BC, as well as other BC based leaders in ECD, to develop and deliver training for the implementation of the ASQ in AHS in BC. The originators of the ASQ based at the University of Oregon, and other US-based training consultants, are not familiar with the unique histories, politics, cultures, geographical circumstances or service environments of BC’s varied Aboriginal communities, and can not be expected to know about whether or how children and families can access diagnostic and early intervention services. Compared to BC, different policies govern the service implications of using the ASQ in Oregon and other American states. In order to develop confidence among parents and practitioners in BCs AHS programs, and to ensure that implementation of the ASQ is seen to be done “in a good way” that is culturally appropriate with respect to the Aboriginal context in BC, Canadian drivers are needed for the journey that lies ahead.

A resource development project that could increase the ‘made in Canada’ sensitivity of training would involve the creation of a DVD featuring applications of the ASQ in BCs AHS programs. Rather than focusing on the content and scoring of the tool, the DVD could be used to emphasize the need for culturally appropriate and safe process surrounding the use of the ASQ. The DVD could feature an Aboriginal narrator introducing the tool, and could include

footage illustrating various ways that the ASQ is being used with Aboriginal families of infants and young children. The DVD could also emphasize the importance of using the ASQ within the context of strengths-focused, respectful conversations with mothers, fathers, and alternative caregivers. The DVD could show a conversation with a parent about referring a child for further assessment.

## **Additional Steps to consider over a longer-term**

This section of the report suggests some possible longer-term, networked collaborations for developing knowledge and practice involving the ASQ.

### **Learning Activities that support implementation of the ASQ**

A feature of the ASQ that was reviewed very favourably by practitioners who were consulted for the current report is the package of learning activity pages that accompany the tool, authored by Dr. Elizabeth Twombly at the University of Oregon. A consideration for implementation of the ASQ in BC AHS programs could include the production of learning activity pages, pamphlets or booklets to inspire and support parents of Aboriginal infants and children at various ages (e.g., one for each 6 month age span). These could be created by a BC based team of developmental specialists, a writer, photographer, and Aboriginal artist.

### **Prospects for norming the ASQ for an Aboriginal population**

It seems desirable to contribute to the creation of a data base for establishing norms for scoring the ASQ specifically for Aboriginal children in Canada, and for tracking developmental trajectories, relative strengths and difficulties among Aboriginal youngsters.

The Kahnawake Mohawk group is interested in being a leader in Canada “for other First Nations” to become involved in creating normative data specific to Aboriginal children. Dr. Carmen Dionne, professor at Universite Trois Rivieres, may be keen to take a leading role in this. The Kahnawake Mohawk group has proposed to the national First Nations Education Council (FNEC) that there could be support for a networked effort with other First Nations, whereby each Nation would contribute data from ASQ’s completed on a number of Aboriginal children at each age level assessed by the ASQ, lodging these data in a national data repository. Gradually sufficient data could be accumulated to conduct statistical analyses to establish new norms specific to an Aboriginal child population.

Dr. Diane Bricker and other members of the University of Oregon team also expressed a desire to be involved if a Canadian initiative gets underway to collect data from an Aboriginal sample. Statistical data analyses for the purpose of norming requires data from a minimum of 30 children and ideal of 100 children at each age interval.

### **Prospects for Creating a National Data Bank about Aboriginal children**

To date there are no population level data about Aboriginal young children’s development. The Aboriginal Children’s Survey, completed for the first time by Statistics Canada in 2006-2007, will yield the population level data, to be released in October, 2008. Data collected on this survey, composed of a unique set of questions about a wide range of developmental domains and experiences, will lend themselves to creation of a set of ‘milestones’ that are normative for Aboriginal children, and for disaggregated populations of Aboriginal children (e.g., First Nations, Métis, Inuit, and by first language, ancestral language, rural/urban, etc.). This is a promising approach to the long-sought-after population level data about Aboriginal children.

## Conclusion

The consultation and review project reported here revealed no significant impediments to implementation of the ASQ II in BCs AHS programs. In fact a high degree of enthusiasm was heard among practitioners in Aboriginal family-serving programs for a program of training and development to enable good practice with parents using the ASQ as part of a community-based, culturally-sensitive, and family-centred practice approach.

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# Appendix A

## Consultation participants in the project for this report

The author gratefully acknowledges the contributions made by the following individuals who described their experiences with the ASQ and offered recommendations for ensuring culturally appropriate use in BC's AHS program sites.

Aboriginal Head Start (UNC) Program Coordinators  
Aboriginal Infant Development Program Regional Advisors  
Shelly Littlechild, Manager, B.C. Aboriginal Head Start in Urban and Northern Communities  
Lorraine Aitken, Coordinator, Aboriginal Supported Child Development Advisor  
Diana Elliott, B.C. Aboriginal Infant Development Program Advisor  
Mary Stewart, Ph.D. (Cand.), UBC, IDP Regional Advisor for the North (B.C.)

Dr. Dana Brynelson, B.C. Infant Development Program Advisor  
Dr. Sue Yockleson, Professor, University of California at Irvine

University of Oregon, Early Intervention Group:

- Dr. Elizabeth Twombly
- Dr. Diane Bricker
- Dr. Hollie Hix-Small

Kahnawake Mohawk Step By Step Child and Family Center:

- Nancy Rother, Coordinator of Inclusive Programming
- Rose Ann Beauvais, M. Ed. (Cand.) and Practitioners, Step By Step

## Potential contributors for future advisory, consultation, or project roles

A partial list of possible participants for an advisory group on use of the ASQ and other developmental monitoring, screening and assessment tools in BCs AHS programs is offered below, in addition to those consulted for the current project.

- Rose Alma McDonald (“Dolly”)
- Nancy Rother, Kahnawake Mohawk Child and Family Services Centre
- Dr. Judith Johnston, Professor Emeritus, UBC
- Sharla Peltier, M.Ed. (Cand.), Nipissing University and SLP, Nipissing First Nation
- Dr. Carmen Dionne, Professor, University of Quebec at Trois-Riviere
- Chris Mushquash, Ph.D. (Cand.), St. Francis Xavier University
- Dr. Rob Santos, Assistant Professor, University of Manitoba
- Dr. Sue Yockleson, Professor, University of California at Irvine
- Dr. Chris Dollaghan, Professor, University of Texas
- Dr. Jessica Ball, Professor, University of Victoria
- Dr. Hollie Hix-Small, University of Oregon