CHAPTER 5

Lessons from Community-University Partnerships with First Nations

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"You'll never believe what happened... is always a good way to start.

The Indigenous Child Project (ICP) and the Aboriginal HIPPY Documentation Project (AHDP) were 2 of 10 component studies in the Child Health, Intervention, Learning, and Development (CHILD) Project, funded by the Social Sciences and Humanities Research Council of Canada. Jessica Ball, the university-based principal investigator for the ICP, partnered with two on-reserve First Nations communities and two urban Aboriginal community groups to deliver the project. Lucy Le Mare, the university-based principal investigator for AHDP, partnered with Aboriginal HIPPY Canada (the national office of an early education program) and five on-reserve First Nations communities to conduct the AHDP. Both studies ran from 2003 to 2007 and involved multiple Indigenous community partners with an interest in promoting children's development.

These two studies illustrate several key principles and considerations to support knowledge sharing and cultural safety (elaborated subsequently) in research and in early childhood screening, assessment, and learning programs involving Indigenous and non-Indigenous people working together on behalf of young children. The embedding of the ICP and AHDP studies within the larger collaborative CHILD Project created challenges as well as opportunities since within the CHILD project network, recognition of ethical principles and practices in
research involving Indigenous partners and participants varied considerably. In both projects, the research questions and goals that framed the research at the point of applying for funding and initiating partnerships changed significantly during the first two years of the five-year studies. These shifts occurred as goals that were most pressing for the Indigenous partners became better known and as we came to terms with the need for slow and careful collaborative processes involved in laying the foundation for meaningful partnership research necessitated shifts in priorities from large, tangible outputs—such as a new developmental monitoring tool that had been envisioned for the ICP and a program impact evaluation that had been envisioned for the AHDP—to positively transformative processes. Nevertheless, testimonials from community partners demonstrate that the ICP and AHDP studies produced substantive knowledge and strengthened capacities to engage in collaborative research through community-university partnerships. At this time in the history of relations between Indigenous and non-Indigenous people in Canada, we believe, the studies yield timely insights into the sensitivities surrounding screening, assessment, and early education processes, the notion of surveillance, and the diversity of Indigenous communities’ views on monitoring and supporting Indigenous children’s development.

**Prepare for the Unexpected Because “You’ll Never Believe What Happened…”**

Against the background of a paucity of research and (written) theory on Indigenous children’s development, we ventured as non-Indigenous investigators into the “space between” dominant, university-based expectations and goals for research on child development and less well understood, community-based expectations and goals for the purposes, pace, process, and products of research on child development. The concept of “ethical space,” originated by Roger Poole (1972) and elaborated by Cree scholar Willie Ermine (1995), captures the interpersonal, intellectual, and spiritual space within which emissaries from distal cultural origins meet. Knowledge creation transpires in this space, where no one has jurisdiction, where respect is the currency, and where reciprocal and mutual learning is possible. Given that we were traveling in uncharted territory, it is perhaps unsurprising that each study took a somewhat different route than originally planned, a development to which we allude in the chapter title, borrowed from Cree storyteller, academic, politician, and broadcaster, Thomas King (2005).

Briefly, the AHDP sought to evaluate the impact of a parent-involving early education program on Indigenous children’s “school readiness,” defined as the language, motor, social, and academic skills that (non-Indigenous) teachers typically expect five-year-olds to have when entering kindergarten. The AHDP’s focus shifted to seeking community members’ views of early childhood education and development (ECE/D) programs generally and of the Home Instruction for Parents of Preschool Youngsters (HIPPY) program in particular. The ICP sought to generate culturally based knowledge and goals for children’s development and to identify environmental conditions that promote or detract from optimal developmental outcomes. The ICP came to focus on a topic of pressing concern to the partnering communities: how to improve the developmental monitoring, screening, and assessment practices of early childhood educators and allied professionals.

In this chapter, we seek to contribute to the nascent and growing movement in Canada to understand and support Indigenous communities’ efforts to support the optimal health and development of children. We also suggest ways to promote collaboration in research and practice among parents, ECE/D practitioners, and allied professionals to meet children’s needs. As such, we situate this chapter within the broader social agenda of restorative justice and self-determination of Indigenous Peoples in Canada, following centuries of colonial government interventions (Royal Commission on Aboriginal Peoples, 1996) and knowledge-harvesting by university-based researchers (Smith, 2002).

The chapter begins with a brief overview of the historical context and current situation of Indigenous children in Canada. We then describe the ICP and AHDP and summarize two findings that were common to both studies. Next, we discuss five interrelated themes that emerged from both studies: (1) the importance of attending to the temporal context, or “chronosystem” (Bronfenbrenner, 1979) in which Indigenous child care, education, and development play out; (2) the sociohistorical significance of “surveillance”; (3) relationship-building; (4) the primacy of interpersonal processes and the need for “cultural safety” (Papps & Ramsden, 1996) in the choice of screening, assessment, and education technologies; and (5) the challenges of integrating Indigenous Peoples’ concerns about control, access, ownership, and possession of Indigenous knowledge (Snarch, 2004) or Indigenous self-determination (RCAP, 1996) into a larger research culture that is uninformed of or relatively insensitive to such concerns. As such, this chapter responds to the increasingly vocal calls of
Indigenous scholars for explicit recognition of Indigenous histories, cultures, goals, needs, and approaches to knowledge creation and knowledge sharing.

**The Historical Context of Indigenous Childhood**

Indigenous Peoples in Canada have withstood numerous assaults to their populations, social structures, and cultures, including a history of assimilationist education and child welfare policies that has undermined Indigenous parenting, family life, and the transmission of culture (Royal Commission on Aboriginal Peoples, 1996). Beginning in the latter half of the nineteenth century and lasting for over 100 years, Indigenous children were forcibly educated through government-sponsored, church-run residential schools designed to break the bonds between Indigenous children and their families and to assimilate children into European-heritage culture and the Christian faith (Royal Commission on Aboriginal Peoples, 1996; Trocmé, Knoke, & Blackstock, 2004). By 1930, these institutions housed approximately 75 percent of all First Nations children between the ages of 7 and 15 years (Fournier & Crey, 1997) and a significant proportion of Métis and Inuit children (RCAP, 1996). Children were forbidden to speak their own languages or maintain their spiritual and cultural traditions. Distances between schools and the children’s home communities prevented contact with parents and other family members. In residence, siblings were separated, abuse was common, and many children succumbed to disease. In these institutions children were traumatized and rarely encountered healthy parental role models. Consequently, as adults, many had diminished capacity to care for their own children (Bennett & Blackstock, 2002; Smolewski & Wesley-Esquimaux, 2003).

As residential schools closed in the second half of the twentieth century, the government instituted a new approach to the assimilation of Indigenous children, commonly referred to as the “Sixties Scoop.” Child welfare workers were encouraged to apprehend Indigenous children and place them in the care of non-Indigenous families (Fournier & Crey, 1997; Miller, 1996), often out of province and sometimes out of country (Trocmé, Knoke, & Blackstock, 2004). Between 1960 and 1990, over 11,000 children of Indian status were adopted outside their communities (Department of Indian Affairs, quoted by the Royal Commission on Aboriginal Peoples, 1996), a statistic that does not include children whose Indian status was not recorded or Indigenous children who remained in the child welfare system, but were not legally adopted.

**The Current Situation for Indigenous Children in Canada**

As a legacy of such colonial government interventions, Indigenous children are now among the most marginalized children in Canada (UNICEF, 2010). Despite some advances, Indigenous children are at least two or three times worse off than other Canadian children on almost any index of health and well-being. One in four Indigenous children lives in poverty, compared to one in nine Canadian children (UNICEF, 2010). The province of British Columbia, where the studies took place, has the highest child poverty rate in the country and census figures show that here Indigenous children have a poverty rate that is almost double that of non-Indigenous children, a rate that would be even higher if children living on reserves were included in the statistics (Kemp, 2008). In their early years, Indigenous children are less likely than non-Indigenous children to see a physician or other health care provider. Indigenous children remain significantly overrepresented in the child welfare system, comprising approximately 40 percent nationally—and up to 80 percent in some provinces—of children living in out-of-home care (Trocmé, Knoke, & Blackstock, 2004). The educational attainment of Indigenous children is lower than that of non-Indigenous children across elementary and high schools (e.g., Morin, 2004), especially for Indigenous children in out-of-home care, whose educational attainment is less than that of Indigenous children who remain in their homes and of non-Indigenous children in their homes or in out-of-home care (Joint Special Report by the Representative for Children and Youth and the Office of the Provincial Health Officer, 2007). As teens, Indigenous youth are more likely than non-Indigenous youth to leave school before graduation, and, especially in those communities in which cultural continuity has been most disrupted, they are much more likely to commit suicide (Chandler & Lalonde, 1998).

Notwithstanding this grim picture, Indigenous Peoples regard children as cherished gifts from the Creator whose well-being is key to the social, cultural, and economic future of their communities (Greenwood, 2006). At all levels and sectors of Indigenous governance, Indigenous communities are making concerted efforts to restore, revitalize, and recreate family and community supports for
children’s development (Anderson & Ball, in press; Castellano, 2002). It is within this context that the ICP and AHDP studies unfolded.

**Overview of the Aboriginal HIPPY Documentation Project and Indigenous Child Project (AHDP)**

As previously noted, the AHDP examined the views of First Nations parents, Elders, ECE/D educators, and paraprofessional educators on ECE/D programs for young Indigenous children in general, and on the HIPPY program that was implemented in the five participating on-reserve communities in particular. Often, ECE/D programs for Indigenous children do not meaningfully incorporate the cultural heritage and worldviews of Indigenous people. While perspectives on this situation range from highly critical (e.g., Kirkness, 1998) to cautiously supportive (e.g., Charters-Voght, 1999; Goulet et al., 2001), scholars and community leaders generally agree on the importance of parental and community control over educational programming for young children and the inclusion of Indigenous cultural content and heritage language learning (Beatch & Le Mare, 2007).

The HIPPY program, a 30-week, home-based, early intervention program, was developed in Israel in the late 1960s to improve the school readiness of low-income, immigrant preschoolers and to support parents as their children’s first and most important teachers. In HIPPY, currently delivered in more than a dozen countries internationally (HIPPY International, n.d.), community-based, paraprofessional Home Visitors train and support parents to strengthen their children’s linguistic, cognitive, and social skills. Home Visitors meet with enrolled families to introduce the curriculum and model the lessons, which parents then conduct with their children. Home Visitors also run group meetings for all the families they work with, providing further support and additional activities. A program coordinator supports the Home Visitors and oversees the program (for a detailed description of HIPPY, see Lombard, 1981 and Westheimer, 2003). Over the course of the AHDP, Indigenous Home Visitors’ views of the HIPPY program and of their roles within it transformed as they strengthened their own Indigenous identities, leading them to seek out and infuse the program with Indigenous content and processes (Beatch & Le Mare, 2007).

As part of the AHDP, we also sought the views of community members and public school teachers on how young Indigenous children from urban reserves fare in off-reserve public elementary schools. Indigenous leaders and agencies have argued that Indigenous children’s lower educational attainment stems from the lack of culturally appropriate services for very young children and the failure of schools to be welcoming places for Indigenous children and families (Assembly of First Nations, 1988). Accordingly, we were particularly interested in participants’ perceptions of how early education and parent involvement might affect children’s transitions to public school and the relationships between public schools and the on-reserve communities they serve.

Through the AHDP, we conducted 37 individual interviews with Indigenous participants (15 parents, 3 Elders, 4 ECE/D educators, 2 Band Education Coordinators, 8 HIPPY Home Visitors, and 5 Aboriginal support workers employed by public schools) and 9 individual interviews with non-Indigenous participants (5 public school kindergarten teachers, 1 public school grade-one teacher, and 3 Band employees, including a preschool teacher, social worker, and child care director). In addition, we hosted two focus groups, one with Indigenous HIPPY Home Visitors and the second with Indigenous early childhood educators in one on-reserve community. Using a version of grounded theory (Strauss & Corbin, 1990), interview responses clustered around three key themes, including (1) community members’ views on, and aspirations for, ECE/D programs in their communities; (2) community members’ and Home Visitors’ views of the Aboriginal HIPPY program; and (3) community members’ and public school teachers’ views of the relationship between on-reserve communities and off-reserve public elementary schools.

**ICP**

The ICP examined the views of First Nations parents, Elders, and ECE/D practitioners regarding the developmental monitoring, screening, and assessment of young Indigenous children. Many Indigenous parents and ECE/D practitioners reportedly believe that formal tools and approaches to screening and assessment are culturally inappropriate or unhelpful for Indigenous children and families (Royal Commission on Aboriginal Peoples, 1996). Many find the very concept of testing, scoring, or comparing the developmental levels of children offensive (Stairs & Bernhard, 2002). Some perceive assessment to conflict with cultural values and practices that welcome the “gifts” of each child or that affirm the wisdom of waiting until children are older before making categorical attributions about
them. In addition, Indigenous leaders and agencies across Canada have argued that culturally inappropriate assessment and intervention practices and lack of services often have serious negative consequences for Indigenous children (Assembly of First Nations, 1988; B.C. Aboriginal Network for Disabilities Society, 1996; Canadian Centre for Justice, 2001). These consequences include over- and underrecognition of children with developmental challenges; interpretations that focus on the individual child rather than the role of the environment; services that are introduced too late or that are directed at a misinterpretation of the primary problem; undermining of Indigenous language and cultural goals through the overvaluation of the dominant, European-heritage culture and language (English); and high rates of placement in non-Indigenous foster care.

Through the ICP, 42 community-based ECE/D practitioners contributed to group forums and questionnaires and 47 parents and 16 Elders participated in individual interviews. The study sought community members' views on early childhood development, ECE/D programs, typical and atypical development, and developmental monitoring, screening, and assessment, including what approaches had been used recently in early childhood programs, which approaches were considered useful, and what could be done to improve associated tools and practices. A grounded theory approach to data analysis was conducted by an Indigenous project team, including a team leader and locally chosen members of each of the four partnering communities. Initial findings were presented to groups within each community and final interpretations and recommendations for practice were formulated, based on community members' feedback.

Broad Perspectives on ECE/D Practice

In this section, we highlight two general findings, common to both the ICP and AHDP studies that convey essential components of the community contexts in which our studies took place. These two findings set the stage for the presentation of five key, cross-cutting themes in the next section of the chapter. (For detailed findings specific to ICP, see Ball, 2004; 2005; Ball & Janyst, 2007; for AHDP, see Beache & Le Mare, 2007; Le Mare, 2005.)

Endorsement of ECE/D Supports

As previously noted, Indigenous communities are revitalizing supports for parenting and children's development after centuries of disruptive and destructive colonial government interventions (Smolewski & Wesley-Esquimaux, 2003). Many community leaders and program staff are eager to introduce workshops, programs, media, and intervention services to promote the well-being of children, youth, families, and the community as a whole.

In the ICP, parents and practitioners confirmed a desire for ECE/D programs that engage families and that impart cultural knowledge and skills, and for early intervention services for children when necessary. However, based on their previous experiences, participants felt that formal monitoring, screening, or assessment might not be congruent with their priorities for family development and parent support. They also expressed concern that an externally designed, formalized observation and evaluation system could undermine ECE/D programs' capacity to promote knowledge of Indigenous language, spirituality, arts, and skills for living on the land, as well as traditional ways of teaching and learning, for example, through listening, quiet observation, and meaningful participation in family and community activities.

In the AHDP, participants and communities affirmed the need to invest in ECE/D programs that support young children's learning and development. Many participants saw education as key to alleviating poverty and other social issues in their communities. At the same time, community members saw a strong Indigenous identity as the foundation for children's healthy development and school success and ECE/D programs as important settings to create that foundation. Participants hoped that ECE/D programs, while promoting school readiness skills, could focus at least as strongly on local Indigenous culture, including language, spirituality, art, and subsistence practices. Parents expressed appreciation for resources provided by ECE/D programs, such as opportunities to interact with other parents, to engage in adult cultural activities, and access information that supports children's healthy development.

Parents as Children's "Most Valuable Player"

In concert with strengthening community-based supports for Indigenous children's development, families are reasserting their roles and rights with respect to their children. Parents affirmed the primacy of their perspectives on what they want for their children, the timing of supports, and the design and implementation of ECE/D programs that support their involvement.

Parents and practitioners in the ICP group forums and interviews underscored the need for policies, programs, and practices to support
children within the context of their families and cultures. All participants voiced the importance of supporting families to recapture and strengthen Indigenous child-rearing skills, drawing on cultural understandings of the holistic nature of children’s development, and the embeddedness of children’s lives within their families, communities, mainstream institutions, and society. This larger agenda establishes the context for understanding the safety, relevance, and usefulness of screening, assessment, and early intervention practice.

AHDP participants echoed the central importance of understanding and supporting children in the context of their families and cultures. Several participants commented on the loss of parenting knowledge and skills from the Residential School era and the desire for support to promote the positive development of their children. All parents expressed a desire to be involved in their children’s education in the early years and beyond. Indigenous early childhood educators commented that “ideal” ECE/D programs in their communities would include, among other things, parent involvement, Elder involvement, and support and resources for families, including parents, grandparents, aunts, uncles, siblings, extended family and friends.

In summary, participants in both the ICP and AHDP affirmed the potential for ECE/D programs not only to support the well-being of young Indigenous children but also to engage parents, families, and communities in the revitalization of Indigenous language, culture, and traditions. It is within the context of these commonly held aspirations that the five themes discussed in the next section, which present both challenges and opportunities for ECE/D research and practice with Indigenous communities, hold particular salience.

ECE/D Research and Practice: Contested Terrain It’s About Time

Both the ICP and AHDP highlighted the critical importance of considering the impact of historical trauma on Indigenous families in every undertaking affecting children and families, including research, policy, and practice. Normative, universalistic concepts of child development or policymaking tend to disregard or minimize the dimension of sociohistorical time. A philosophical orientation that emphasizes contemporary child-environment interactions cannot fully accommodate the unfolding sociohistorical context of Indigenous Peoples as they came under colonial rule and as they gather the strength to engage in a still nascent process of truth and reconciliation with their colonizers, whose understanding of Indigenous realities often remains shallow and naive (Aboriginal Healing Foundation, 2008). Following Bronfenbrenner’s (1979) concept of the chronosystem, it is critically important for child development scholars and policymakers to recognize the history of Indigenous childhood in Canada during and following the Indian Residential School era as part of the contemporary ecology of Indigenous child development (Fournier & Crey, 1997; Haig-Brown, 1988; Trosme, Knoke, & Blackstock, 2004).

This multigenerational view, extending both backward and forward in time, figured prominently in the accounts of many Indigenous participants in the ICP and AHDP, including the Indigenous coordinators from both projects. In the AHDP, the Indigenous coordinator initiated an explicit and systematic examination of the colonial history of Indigenous peoples in Canada, bringing the entire study team to a deeper understanding of the need to cast Indigenous parenting and child development within a historical context. Most participants across both studies explained how their own experiences of childhood, parenthood, and/or ECE/D practice were affected by colonial interventions, including residential schooling. In interviews and personal narratives, participants often highlighted the themes of personal wellness and healing, the reconstitution of family life, and the revitalization of cultural knowledge and culturally based ways of raising children. This reference to a personal and collective past and future is captured in Chief Willie Charley’s encouragement to the CHILD Project group to see each child “seven generations into the past and seven generations into the future,” as cited in Chapter 2.

Throughout the data collection, ICP participants expressed sensitivity and skepticism about the use, motivation, and benefits of standardized developmental screening and assessment tools and of prescriptive early intervention programs imported from non-Indigenous contexts. These views were echoed among AHDP participants, particularly older adults who had observed their children’s public schooling and had seen numerous imported programs come and go from their communities, leaving little lasting impact. In explaining their skepticism, Indigenous participants referred to the historical and contemporary damage imposed on families by exclusionary practices that stigmatize and overdiagnose Indigenous people and that reflect a persistent assumption that European-heritage ways of knowing and thinking about child development are the right, best, or only ways. Against that background, many Indigenous community members, agencies, and allied professionals voiced suspicion about the perceived tendency of non-Indigenous professionals to construct profiles of Indigenous children as “at risk,” “vulnerable,” or “diagnostically significant.”
and to view Indigenous families as “uncaring” or “incompetent.” As other CHILD researchers learned over the course of the project, this kind of language reflects both “words of power” and the “power of words.”

To address these concerns, practitioner training must promote awareness of the sociohistorical context of Indigenous childhood. Such awareness can support a generally more sensitive approach to understanding and interacting with Indigenous families, and more particularly can inform screening, assessment, and intervention decisions, including which tools or nonstandard approaches to use with a particular child or program at a given time. This awareness must also infuse the practice of screening, assessment, and intervention, so that parents are kept informed at each stage. ECE/D practitioners who work with Indigenous children and families also need to be kept informed, since they often initiate the screening and assessment process through referral, and are also most likely to be positioned to provide ongoing support to children and families.

In general, awareness of the chronosphere may help to create a climate of cultural safety for Indigenous partners and research participants, as well as for Indigenous parents and children in ECE/D settings. Attunement to this broader context can help broaden discussion from an exclusive focus on the individual child or parent to include consideration of how improved social environments can better support the optimal development of Indigenous children.

**Surveillance: A World in a Word**

In the public health context, “surveillance” refers to the ongoing and systematic collection, analysis, and interpretation of data on infectious diseases to enable appropriate and timely responses for the prevention of illness (Disease Control Priorities Project, 2008). More recently, this term has been used to describe the routine use of developmental monitoring and screening to identify children who may need extra support for optimal development. As such, the concept of surveillance was central to the Early identification and screening studies in the CHILD Project and was discussed positively and, initially, uncritically in the larger interdisciplinary CHILD group. For instance, Scandinavian government-funded early childhood surveillance programs with frequent monitoring, screening, and diagnostic assessments of young children were often presented as envious examples of caring governments’ commitment to supporting young children’s optimal development. However, ICP and AHDP participants raised several concerns about the meaning and practice of “universal surveillance” for Indigenous Peoples living in the shadows of devastating colonial interventions.

In discussions with the larger CHILD Project group, the term “surveillance” evoked a strong negative response on the part of the first Indigenous coordinator of the ICP, as did the idea of introducing a universal school readiness assessment tool in First Nations communities. This coordinator ultimately resigned from the study, finding that several different foci and objectives of the overall CHILD Project failed to resonate with the historical experiences or current needs and goals of Indigenous communities. Given the history of government invasions into the lives of Indigenous children and families, such responses are unsurprising. Many ICP and AHDP participants reported being negatively affected by screening and assessment, as well as by school-based monitoring of “school readiness.” Parents and practitioners expressed concerns that developmental “testing” or “monitoring” situates Indigenous children, families, and communities within a deficit framework. Some ECE/D program managers saw current calls for routine universal developmental monitoring—for example, through the Early Development Instrument (Janus & Oford, 2007; Kershaw, Irwin, Trafford, & Hertzman, 2005)—as motivated by the needs of governments and researchers, more than by a true desire to understand children and families holistically. Participants noted that this kind of surveillance does not necessarily entail any follow-up services, leading them to question the purpose and utility of such initiatives for children, families, and communities. Thus, the discussion of surveillance as an example of “words of power and the power of words” had the effect of forcing others in the broader CHILD network to seriously reflect on what until that point had been considered a neutral or descriptive term.

Respondents also expressed the fear that surveillance could provide “ammunition” to remove children from families and communities. In this regard, the term seemed to evoke the sense of police surveillance—that is, the close observation of a person or group under suspicion. Again, this fear must be understood within a historical context: generations of Indigenous children have been removed from their families to be raised in residential schools and/or the foster care system. This issue remains a genuine concern for Indigenous families in Canada. For example, in British Columbia, where the CHILD Project took place, Indigenous children comprise 7 percent of all children, but close to 50 percent of all children within the foster care system (Joint Special Report by the Representative for Children
and Youth and the Office of the Provincial Health Officer, 2007). Indeed, AHDP Home Visitors reported that when inviting parents to participate in the HIPPY program, one of the first questions families asked was whether it was associated with the Ministry of Children and Family Development, the ministry responsible for child protection. Families were often reluctant to allow surveillance and monitoring of their children and their parenting, out of fear that their children might be taken from them.

On the other hand, many parents and most practitioners in Indigenous communities expressed a desire to know if a child could benefit from extra supports. Despite indicating that they perceived developmental screening, and diagnostic assessments as culturally challenging, most parents and practitioners felt these methods could be useful if practiced “respectfully.” Most agreed that it is highly desirable to identify a serious developmental disability, delay, or challenge so that early interventions can be introduced. Similarly, in the AHDP, parents welcomed the opportunity to engage with their children in community-based, family-paced, nonjudgmental, and growth-oriented programs. In this kind of family-centered program, parents were receptive to further information on child assessment and other potentially supportive services.

The ICP and AHDP highlight the need to develop respectful and empowering early identification processes that lead to accurate identification of children who need extra supports, while avoiding “one-size-fits-all” assumptions that portray Indigenous children and families as deficient. Early identification processes must be clearly linked to the provision of supportive services, rather than being used simply to document developmental patterns in Indigenous populations. Appropriate collaborations with Indigenous peoples might lead to the co-construction of approaches that empower parents and early childhood educators, while avoiding the unwitting perpetuation or reproduction of expert-subject dichotomies, dependencies, and oppressive child welfare practices—just some of the fears expressed among ICP and AHDP participants about universal surveillance.

The Pivotal Role of Relationships
ICP and AHDP participants repeatedly stressed the foundational role of positive interpersonal relationships in conducting research with Indigenous partners and in the practices of screening, assessment, and intervention with Indigenous children. Around the time the CHILD Project began, some frameworks for ethical research involving Indigenous peoples and Indigenous knowledge were emerging (e.g., Cole, 2002; Interagency Advisory Panel on Research EthICP, 2003; Schnarch, 2004; Smith, 2002). However, to date, there remain no formal points of reference or guidelines for working in and with Indigenous communities. Relationship-building was key to this process. In this ongoing learning process, the openness, patience, and generosity of our community partners, our shared commitment to social justice, and our willingness to depart from mainstream research training and practice were all essential. In developing our sensitivity to the importance of relationship-building, we relied on our Indigenous colleagues, community partners, and the current literature on Indigenous research methods (e.g., Schnarch, 2004; Smith, 2002). Along the way, we learned a great deal through trial and error, self-reflection, and dialogue with Indigenous team members, some of which we discuss below.

Non-Indigenous university-based researchers need to acknowledge their positions of power as members of the dominant society and of prestigious academic institutions. Otherwise, research can unwittingly serve as an instrument to oppress Indigenous peoples, perpetuating a history of exploitation. One significant issue that arose within the AHDP concerned the title of the research study. Relatively early in the study, we announced to our Indigenous partners that we had changed the name of the study from “Aboriginal HIPPY” to “HIPPY in Aboriginal Communities.” The reason for the name change was well intended. At that time, the aim of the study was to evaluate the effectiveness of HIPPY, an imported program, in Indigenous communities. We felt it was presumptuous to call the program “Aboriginal” HIPPY when it had originated in Israel and was as yet “untested” for Indigenous children and families. The Indigenous Home Visitors strongly objected both to the name change and to its having been made without consultation with them. To the Home Visitors, the name change conveyed that the program and the research study no longer belonged to them and their communities, an important loss reminiscent of other losses incurred by Indigenous peoples at the hands of those in power. This example illustrates the need for researchers: (1) to be aware of, and sensitive to, the sociopolitical history and lasting impact of colonial relationships between Indigenous and non-Indigenous people; (2) to explicitly acknowledge differences in power; (3) to establish and maintain an egalitarian research relationship; and (4) to be vigilant about the importance of language and terminology, particularly in settings where power differences are at play.
Drawing on these principles, the Aboriginal Home Visitors and the university-based team in the AHDP came to a deeper knowledge and trust of each other by individually and collectively exploring the colonial history of Indigenous childhood. These explorations culminated in a retreat, supported with funds from the research study, in which the full study team traveled to the Chehalis reserve in southwestern British Columbia to participate in a two-day cultural workshop including drum-making, storytelling, singing, dancing, eating, and a tour of sacred sites. This is an example of but one activity that built trust and understanding within our university-Indigenous community research partnership.

In both the ICP and AHDP, relationship-building took considerable time, which put us “out-of-step” with the timelines established for the larger CHILD Project. While other studies were moving into data collection and analysis, we were still trying to establish who our community partners really were in practice. At the point of applying for the research grant to support the CHILD Project, the national offices of HIPPY Canada and Aboriginal Head Start served as the nominal partners of the AHDP and ICP, respectively. However, as the studies began to unfold, it became clear that the Indigenous community members who were actively implementing and contributing to the studies and with whom we were building relationships were our working partners. Moreover, there was a strong desire on their parts to “take ownership” of the research as well as of the substantive topic or program. In both studies, the identification of the national offices as partners became somewhat problematic, potentially reproducing the perceived interference of agencies and governing authorities in community and personal decision making. In some instances, Indigenous community partners felt awkward and even potentially threatened by the national partners, perhaps fearing that as funders, these authorities might be privy to, and try to influence, what was being discovered about the internal workings of programs and screening processes. This predicament harkens back to the theme of surveillance discussed earlier.

In addition to providing the foundation for research between Indigenous and non-Indigenous partners, within the ICP and AHDP trusting relationships between Indigenous families and providers of ECE/D interventions were essential to maximize the benefits of those programs to children and families. The ICP and AHDP highlighted two common ways in which ECE/D professionals enter into relationships with Indigenous children: (1) through developmental screening and assessment; and (2) in the context of early education programs.

Developmental screening and assessment processes tend to focus on the individual child, ignoring parents, extended family, or community. Parents in both the ICP and AHDP reported their displeasure with this approach, associating it with “surveillance,” the continued marginalization of Indigenous families’ knowledge and role in supporting children’s development, and the associated transfer of power from families to specialists. Rather than using screening and assessment as the portal for engagement with Indigenous families, community leaders and practitioners repeatedly underscored the priority of rebuilding parents’ confidence in their own capacity to understand and respond appropriately to their children, even when specialists or others are needed to provide extra support.

ECE/D programs, such as Aboriginal HIPPY and Aboriginal Head Start, are a second common starting point in building relationships with Indigenous children and families (Indian and Northern Affairs Canada, 2008). In contrast to screening and assessment programs, in which the links between “testing” and the provision of supportive services are not always clear, ECD/D programs such as these offer immediate benefits to children and families. These family-based interventions share several characteristics, in that they

- regard families with dignity and respect;
- provide families with information to support decision making, including about intervention options;
- apply individualized, flexible, and responsive practices;
- foster parent–professional collaboration and partnerships; and
- provide and mobilize resources and supports necessary for families to care for their children in ways that produce optimal child, parent, and family outcomes (Ingber & Dromi, 2010).

The relational competencies of ECE/D professionals in these programs must include knowledge of the sociohistorical context of Indigenous childhood, along with empathy, respect, a nonjudgmental approach, and positive beliefs about parenting capabilities. This approach to relationships differs considerably from that found in developmental assessment and screening programs, and was overwhelmingly preferred by participants in both the ICP and AHDP. Provision of specialist support in the form of screening, assessment, and targeted early intervention for individual children, can be offered after these important foundational steps have been taken.

**The Primacy of Process**

ICP and AHDP participants noted that once a door to engagement has been opened in a relationship, the ensuing interpersonal processes
are more important than the content of any tools or programs provided. For example, a key ICP finding was that the ways in which developmental monitoring, screening, and assessment were introduced, conducted, reported, and acted upon were of greater concern than the specific tools used. Similarly, in the AHDP, community members were concerned about who decides what ECE program(s) are available in communities and who staffs the program(s), as these issues were seen as closely tied to how the program would be run.

Most Indigenous parents and ECE/D practitioners saw the screening and assessment of Indigenous children as perpetuating of the colonial imposition of policies, procedures, criteria, and performance demands that has produced the social exclusion of Indigenous children, parents, and caregivers. Similarly, formal education programs have notoriously required that parents leave their children at the door and return only when asked to meet with school staff or to serve as an audience for children. In general, meaningful parental inclusion has never been a strong feature of formal education, and this has been particularly true for Indigenous families.

In both studies, parents expressed grave dissatisfaction with professionals’ perceived lack of respect for parents’ own knowledge of their children; and, in the ICP, with professionals’ failure to inform parents of the assessment and its nature, to obtain their consent, and to provide feedback about assessment results. This dissatisfaction extended to the Early Development Instrument (Janus & Offord, 2007), used in public schools to gauge school readiness and to other school-based monitoring and assessment practices. In the AHDP, participants expressed frustration with the perceived failure of educators in off-reserve preschools and public schools to solicit information from parents about their children or to listen to parents when information was offered.

In the ICP most parents demonstrated little knowledge about the assessment tools that were used in their community, the content of those tools, and the purposes of assessment. Few parents or community-based practitioners generated substantial recommendations for Indigenous content. The distinctiveness of the cultures, language issues and preferences, practices and developmental goals for young children that exists between First Nations and between communities on reserves and in more urban centers off reserves was emphasized; underscoring the monumental difficulty of creating any tools that would be fitting across a range of Indigenous populations even within the province of British Columbia. While community members’ testimonies rarely distinguished explicitly between the process and content of assessment, nearly all concerns expressed by respondents pertained to how assessment was done, rather than to the specific tools used.

A salient theme in ICP respondents’ testimonies pertained to who decides that assessment will take place. For example, many participants experienced federal and provincial funding and advisory bodies as authoritarian rather than consultative in their demands for particular kinds of assessment. Respondents often considered these bodies to be unreasonable in their expectations of unprepared, overworked frontline practitioners, and indifferent to feedback from community-based agencies. Most frontline practitioners reported feeling excluded from decision making about developmental assessment. Moreover, community-based practitioners repeatedly commented on a perceived failure of ECE/D program funders and early intervention specialists to recognize their knowledge of the children and families with whom they worked as providing the richest and most valid source of information necessary to monitor development and to identify the need for diagnostic observation or early intervention services.

A prominent theme in AHDP respondents’ testimonies concerned who delivers early education programs and where they are located. Participants strongly preferred ECE/D programs to be locally delivered by community members, as this approach was seen to promote culturally appropriate programs that are responsive to families. One feature of the HIPPY program that respondents viewed positively was its delivery by community members. Their belief that this feature would result in greater responsiveness to families’ needs was confirmed. Over time, the Home Visitors became increasingly sensitive to the need to include and support culturally based teaching and learning opportunities. Equally importantly, all Home Visitors were willing and able to adapt the program to meet the needs of individual families by recognizing and supporting their desire to teach their children within the constraints of multiple burdens and responsibilities. Sometimes this meant adjusting the pace of the program, the timing of home visits, or who would be working with the child. This responsiveness not only helped to build trusting and positive relationships between Home Visitors and families, but also helped ensure that children and families experienced success.

In both studies, participants cited the importance of involving parents. For instance, in the ICP, participants suggested that professionals should consult with primary caregivers (whether fathers, mothers, grandparents, or aunts), and reinforce their existing skills in observing and supporting children’s development, rather than
making them feel that professionals always know more or know best. AHDP participants valued the HIPPY program, despite its “outside” origins, because it emphasized supporting parents’ role in their children’s development and education. Indigenous participants noted the importance of parental involvement in supporting their children’s education, but also spoke of barriers to meaningful engagement in their children’s education once the children were in public school. Respondents identified racism, a lack of respect for parents, and the tendency to view Indigenous children from a deficit perspective as factors that negatively affected school-community relationships and parental involvement in education. Although public school teachers reported wanting greater Indigenous parental involvement, they also described methods of soliciting parent involvement that have not proven successful with Indigenous families (e.g., posting volunteer sign-up sheets in their classrooms). Further, kindergarten teachers reported knowing little about the ECE/D programs Indigenous children had participated in prior to school entry, a situation that could be remedied through direct communication with families.

ICP participants noted that formal tools had sometimes worked well to identify the source of a problem that had mystified a parent, or to establish a child’s eligibility for a desperately needed therapy program. However, parents in all communities noted that referrals often created false expectations that services would be delivered, when in fact, long waitlists and geographic inaccessibility of services sometimes resulted in a lack of follow-up. Participants also told stories about a perceived misuse of formal tools—cases where tools were used as “ammunition against the parent to prove that their child had a delay” or taken out of context, as in the use of an English vocabulary test on a non-English child, resulting in a possibly inappropriate diagnosis of language delay.

Regarding assessment, some ICP participants expressed concerns about privacy, confidentiality, and social exclusion. Respondents also raised concerns about the overwhelming focus in BC on assessments of school readiness, overlooking common Indigenous values and concepts relating to children’s developing spirituality, cultural knowledge, Indigenous language proficiency, subsistence skills, and relationships with Elders and other clan members. Similar concerns were raised by participants in the AHDP, who saw educators’ tendencies to overlook Indigenous values and developmental concepts as significant contributors to the alienation that Indigenous children and their parents often feel in school contexts. In both studies, parents and practitioners alike voiced dismay about media reports of surveys of health, development, or school readiness that often negatively compare Indigenous children with non-Indigenous children, without providing historical or political analysis to contextualize the results, and without surveying strengths or resiliencies of Indigenous children in the face of overwhelming environmental challenges. Community participants disparaged the perpetuation of negative stereotypes of Indigenous children and families in Canada that they perceived as an ill-too-frequent outcome of surveillance and survey research.

The values and care practices emphasized by community participants in both projects generally supported the holistic model of caring for young Indigenous children demonstrated by a number of First Nations in an earlier study reported by Ball (2004). The elaboration of multiservice hubs designed and operated by communities to serve

Figure 5.1 The Hook and Hub Model in Indigenous Communities
local Indigenous children and families has come to be known as the “Hook an Hub” approach, illustrated in figure 5.1. An incremental approach to service implementation begins with provision of baby clinics and infant and child care programs, alongside community kitchens and a space of Elder involvement and socializing. This approach starts with involving parents in a culturally safe environment that promotes Indigenous culture and values as well as the development of social relationships that are primarily supportive rather than primarily educational or framed as early intervention. Over time, as the model in figure 5.1 indicates, child care and development programs can be integrated or co-located with social and health services, screening and services for children requiring extra support, early intervention, and even child and family support programs offered under the auspices of child welfare services. This model supports AHDP recommendations of providing resources for families beyond immediate programming such as opportunities for adults to interact with each other, enrichment activities for adults, and information on topics related to supporting children’s healthy development.

Embedded Research

In this section we share what we learned from engaging in research partnerships with Indigenous communities within a collaborative context in which the dominant paradigm was not informed by Indigenous concerns. First, several months after the studies began, community members echoed our questions, described earlier, about who their partners in the studies really were. Although all community partners had received copious written and verbal information about the location of the AHDP and within the CHILD Project, confusion—and ultimately, alarm—arose when the realities of being embedded within a larger project began to sink in. The extent and form of collaboration among the 10 CHILD studies were unclear from the outset, a factor that became problematic for the ICP and AHDP. As the CHILD Project progressed, interstudy collaboration gained greater priority. Community and university partners in each study were invited to participate in meetings of all 10 studies, where they were expected to share data, disseminate early findings, disclose experiences of the research process, and consider community site visits from other project teams. As requests for greater collaboration emerged, ICP and AHDP team members grew increasingly uncomfortable. They saw themselves as primarily accountable to their own communities to explain and seek approval of study activities, especially those that involved non-Indigenous, university-based investigators, with whom they had no relationship.

Second, concerns arose about data sharing. In the past decade, a number of frameworks to guide ethical decision making in Canadian research involving Indigenous peoples have emerged that specify active roles for Indigenous partners in all phases of a research study (Canadian Institutes of Health Research, 2007; Castellano, 2004; National Aboriginal Health Organization, 2002; Schnarch, 2004; Ten Fingers, 2005). Many of these requirements raise new ethical concerns—for example, how to protect confidentiality when data is retained by a community, and how to extend opportunities for individuals to participate in research when an invitation is declined at the community level. They also raise practical concerns, such as the added time necessary to build relationships and negotiate community-level agreements, uncertainty about whether academic partners will be able to disseminate results, and whether community partners will achieve the outputs they hoped for. When studies are part of larger research collaborations, these concerns are magnified—especially when the larger networks include non-Indigenous partners who are unaware of or unsympathetic to research ethics involving Indigenous partners, as was the case in the ICP and AHDP.

Third, the sheer size of the CHILD Project was not conducive to the development of trusting relationships among the Indigenous community representatives and team members. As described in a foregoing section, both the ICP and AHDP were founded on the ongoing development of trusting relationships between university- and community-based research team members. Making trusting relationships the basis for ethical engagement in research is easy to endorse, but difficult to enact. Trusting relationships require geographic proximity, time, personal risks, funding, open communication, flexible programs of activity, and other accommodations. These challenges compete with other realities of collaborative or networked investigations. The CHILD Project involved over 50 investigative team members, including a large rotation of graduate students.

Fourth, early in the ICP and AHDP studies, Indigenous team members had experiences of being the lone Indigenous person at meetings of the 10 CHILD studies, which were located in unfamiliar territory in an underground university campus in an urban centre far from their home communities. Indigenous team members reported feeling intimidated, challenged about their values and concerns, and unprepared to participate meaningfully in dialogues that were dominated by university faculty and graduate students whom they didn’t
know. As the CHILD Project progressed, meetings with teams in the larger collaborative fell outside of what could reasonably be expected of community-based team members, even with financial support for travel and time.

The experiences of Indigenous team members in the larger CHILD study evoke the concept of “cultural safety” discussed by scholars working in Aotearoa/New Zealand with Maori nurses (Kearns & Dyck, 1996; Papps & Ramsden, 1996), in Aboriginal nursing (Reimer et al., 2002) and in child and youth care in Canada (Ball, 2007). Cultural safety emerges from interactions in which individuals, who may be service recipients, or participants in a project or program, experience their cultural identity and way of being as respected—or, at least, not challenged or harmed. Respectful, equitable partnerships in which all parties have the right to influence the terms of engagement are essential to creating cultural safety.

Given the general receptivity and, indeed, expressed eagerness on the part of many Indigenous community members to engage young Indigenous children in ECE/D programs and to identify and meet children’s needs for special supports before they start school, it is worthwhile to consider what accounts for a lack of cultural safety and what steps can be taken to promote it. To grasp the extent of the challenge, we need to step back in time to understand the historical background that undermines cultural integrity. With that historical picture in mind, we need to step back and gain a perspective on how the contemporary focus on rising “standardization,” “universal surveillance,” and “one-size-fits-all” approaches to parent education, child development curricula, and evaluation of school readiness are likely to be experienced by Indigenous children, families, and communities.

**Conclusion**

“Be prepared for the unexpected” can be a difficult stance when pitching a project to federal research funding agencies or when working within a larger research network. Indeed, the outcomes of our studies may have been disappointing to those who had hoped for the creation of a developmental monitoring or screening tool for Indigenous children, the original intention of the ICP, or a child-based evaluation of the Aboriginal HIPPY program, the original aim of the AHDP. Yet, this is the reality—and the potential—of building secure and productive Indigenous community-university partnerships. When relationship-building and good process are given priority over predetermined research agendas, methodologies, and output commitments, the potential for new knowledge, learning opportunities, and collaborative partnerships opens up. Our experiences in the ICP and AHDP studies show that university-community partnerships can teach us valuable lessons about ourselves, our preparedness, and our competence to engage in collaborative research with Indigenous Peoples.

“Do it in a good way” is advice that we often heard from Elders and other Indigenous community partners when we were struggling to address emerging concerns and goals for our work together. This statement doesn’t prescribe a set of principles or steps to move forward. Rather, it calls upon us to be forthright, reliable, and responsive in our engagement with community members and to be mindful of the relative importance and potential impacts of our research within the broader context of the healing journey of Indigenous Peoples in Canada and the overwhelming drive for self-determination. While it is not possible to offer a prescription for a “good way” in all Indigenous communities, our learnings in the ICP and AHDP concerning the importance of cultural safety, relationships, and process provide guidelines for future endeavors.

Just as there is no prescription for how to engage in community-university research with Indigenous Peoples, there are no “best practices” for developmental screening and assessment or early learning programs that will be acceptable, useful, or timely for use with all Indigenous children, families, or communities. An emphasis on cultural safety and family-based practice is important. However, given the lack of published research in Canada on the impacts of various early childhood tools and programs on Indigenous children’s development, federal investment in community-engaged research is necessary to explore new and existing approaches to promoting child development in diverse community settings and to document promising practices.

**Notes**

1. This chapter has been reviewed and approved by the Indigenous coordinator of the AHDP, Tammy Harkey, and of the ICP, Pauline Janyst. The authors acknowledge significant contributions to the projects reported in this chapter made by project coordinators Michelle Beatch and Pauline Janyst. The authors thank the Indigenous parents and practitioners who participated in the research and the community partners who made the studies possible.
2. The terms Indigenous and Aboriginal are used almost synonymously at this time in Canada to refer to people who identify themselves as descendents of the original inhabitants of the land now called Canada. Section 35 of the Canadian Constitution recognizes First Nations, Inuit, and Métis as Aboriginal people of Canada. The term Aboriginal was coined in the 1980s by the Canadian colonial government. The term Indigenous (as used here) is inclusive of First Peoples internationally. Many prefer the term Indigenous as a resistance against imposed colonial naming and because the term Indigenous is more widely used in global advocacy movements and donor agencies to promote Indigenous Peoples’ rights, development, and equity.

CHAP TE R 6

What We Learned about Early Identification and Screening

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This chapter focuses on The Developmental Pathways, Infant Neuromotor, Community-Based Screening, and The Indigenous Child studies. We have chosen to focus on these four studies for two particular reasons. First, issues around early identification and screening have been identified as priority areas in those disciplines represented in the CHILD Project. These include paediatrics (AAP, 2001; Drotar, Stancin, & Dworkin, 2008; Sand et al., 2007; Synnes, Lisonkova, Houbé, Klassen, & Lee, 2004; Synnes et al., 2006); rehabilitation sciences (Lee & Harris, 2006); nursing (Pinto-Martin, Dunkle, Earls, Fiedner, & Landes, 2005); school psychology (Carlton & Winsler, 1999; Pianta & McCoy, 1997); and First Nations Studies (Ball, 2004; Panagiotopoulos, Rozmus, Gagnon, & Macnab, 2007). Second, precisely because each of these studies arises from particular disciplinary contexts, they present different but complementary perspectives on efforts to determine the health and developmental status of young children. This chapter briefly provides the context, content, and main findings of each of these studies. It also discusses the ways in which these studies both contributed to and were informed by the other studies in CHILD, and the implications for early intervention practice and for further research.

All four of these studies arose out of the recognition that in any population there are children who need extra support. The research has