



Hook and Hub: Coordinating Programs to Support Indigenous Children's Early Learning and Development

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Abstract

Indigenous communities know that working together results in better outcomes for children's survival, health, early learning and development than when efforts are fragmented. Around the world, Indigenous perspectives on wellness are holistic, and call for strong linkages among different community programs that cross the artificial, bureaucracy-drive boundaries between education, health, social services, and community development. Yet, artificial boundaries between these sectors, created by government and maintained by professional turfism, have promoted fragmentation among systems of supports for children's health and development. This is inefficient and at odds with Indigenous ways. Where are communities that are successfully breaking down those silos between programs so that children and families enjoy a circle of support for wellness and success? This paper shares stories about some First Nations communities in Canada who have used what can be called a *'hook and hub' model* that is informed by cultural knowledge, and is *community-based* and *community-paced*.

Promising innovations by these First Nations, as well as by some Aboriginal Head Start programs, are demonstrating the potential of Early Childhood Care and Development centres to serve as hubs for a range of programs and services that promote wellness, social cohesion, and cultural continuity, and that prevent malnutrition, childhood injuries, exposure to unsafe environments, and apprehensions of children into protective custody. These examples suggest a reconceptualization of early childhood care and development initiatives as population health initiatives.

There is an international trend in health, education, and social services towards coordination across programs, and certainly this is the case in Canada. Despite the idealistic rhetoric, many challenges must be overcome in order to bring together even two different sectors focused on children's health and development. This paper enumerates some of the challenges and offers some recommendations for enabling variations of a 'hook and hub' model. This paper especially calls for multi-jurisdictional coordination,

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flexible use of pooled funding, streamlined accountability, support for long-term demonstration projects, and Aboriginal Partnerships.

Alongside innovations that bring models for serving Indigenous children and families into line with culturally-based social orientations, there are important questions that remain to be explored. When a large system, such as government, decides to coordinate services or programs, are the families and communities better served? Does coordination affect the kinds of education and profession development training needed by staff, or the conditions required to retain them in community programs? What is essential in any model of coordination to ensure a sustainable system of working together? These are some of the conceptual and practical questions that call for research, pilot projects, and sharing across sectors and populations around the world.

Overview

Many Aboriginal communities are prioritizing strategies to ensure the health and optimal development of young children as an important part of their community development and cultural revitalization agenda. Statistical profiles show a burgeoning of young Aboriginal people in Canada, with forty per cent of the population who self-identify as Aboriginal being less than 20 years of age, and an anticipated two per cent increase in the Aboriginal population per year (Statistics Canada, 2001). The Canadian Royal Commission on Aboriginal Peoples (1996) emphasized investments in health, cultural transmission, and education for the youngest generation in order to secure the future well-being of Aboriginal communities.

A community-university research project conducted from 2003 to 2004 found promising practices in three groups of rural First Nations in Canada that are working towards integration and coordination of programs to meet the needs of children and families (Ball, 2004). The findings suggest a conceptual model of early childhood care and development programs as a ‘hook’ for mobilizing community involvement in strategies to support young children and families and as a ‘hub’ for organizing inter-sectoral service delivery that meets a range of child and family needs (Ball, 2005). = Members of the communities participating in the research and professionals working in these communities reported the following benefits of a ‘hook and hub’ approach to serving children and families: (1) holistic service delivery that can embody cultural values and practices; (2) efficiency; (3) facilitating access to small communities by service providers; (4) laddering of services for children and families, especially those ‘at risk’; (5) stabilization of community services; and (6) capacity development through ongoing, multidisciplinary team work and leadership.

The Desire for Holistic Approaches

Many First Nations are strengthening their capacity to support children and families as part of nation-rebuilding. They express a desire to create models of service delivery that reflect their holistic views of child and family well-being and their community-driven approach to achieving developmental and cultural goals. They seek to avoid the fragmentation and professional turfism so familiar in mainstream education,

health, and social services, calling instead for the pursuit of ‘Aboriginal ways’ for Aboriginal peoples.

Internationally, although early childhood centres have long been advocated as a means of addressing the effects of poverty, supporting good parenting and delivering public health programs, there is a persistence of more rhetoric than concrete examples of inter-sectoral services models. Early childhood programs are often funded and evaluated on the basis of direct benefits to children, such as school readiness, skills development, or socialization. Other services for children, such as immunization, dental and vision screening or supports for special needs, are usually seen as separate services funded by different agencies, provided by distinct professions, and evaluated in terms of discrete outcomes. There is an urgent need for branches of government, other funding bodies, community administrators, and professionals to support the implementation of more holistic approaches to promoting children’s health and development.

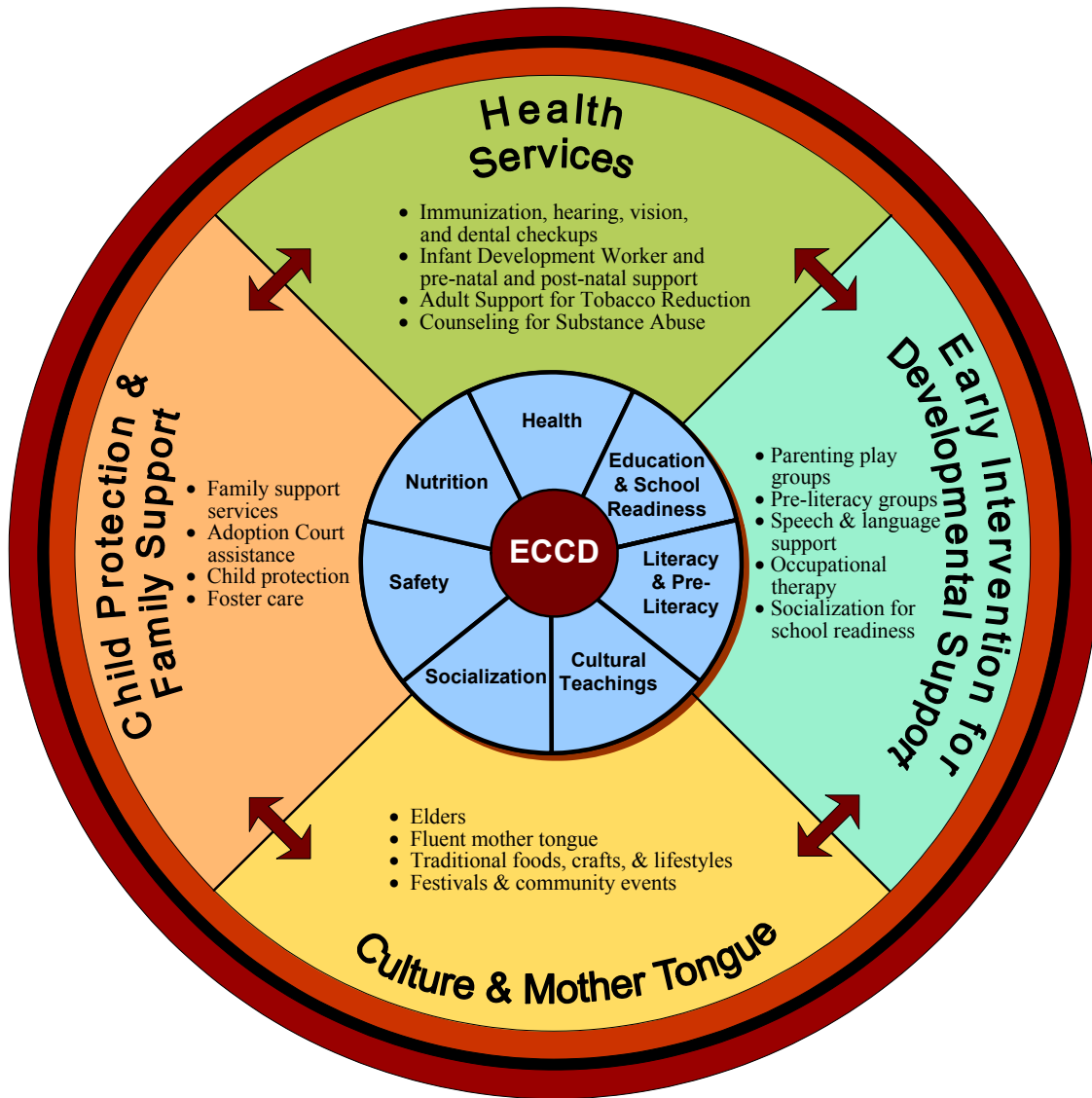
Research in Three Groups of First Nations Communities

Three groups of First Nations serve as case examples to examine ways of effectively using culturally appropriate, community-based care as a hub for service delivery in rural and remote communities in BC. Each of the three partnering community groups boasted a successful cohort of students graduating from a community-based university-accredited, two-year, diploma in child and youth care in 1999 (Ball & Pence, 2000; Ball & Pence, in press). The practitioners training program was specifically designed to provide culturally and locally relevant training focused on early childhood care and development. In 2003, four years after graduation, at the request of the First Nations that had partnered in the education program, field researchers worked with community-based research collaborators to do a follow up study. They documented the stage that the three communities had reached in implementing plans to mount early childhood care and development services and other programs aimed at improving community-based supports for young First Nations children and their families.

Across the study sites, 60 community members were interviewed individually and in group forums, including 27 of a total of 34 graduates from the training program, plus former instructors, parents with children in community programs, Elders, administrators, and service providers. Each person was asked about changes they observed in their community, how they thought children and families were benefiting, and what this meant to them culturally as well as in terms of needs they saw in their communities. Based on program records, two communities provided time series data about child care enrolment, waitlists, service provider qualifications, and service provisions.

Analyses highlighted several ways that centre-based early childhood care and development programs are functioning as a hub for enhanced health and social support service delivery. Four years after delivering training to community members, all three communities had mounted child care programs. Two had also implemented Aboriginal Head Start programs. All programs were thriving and were looking forward to expansion, especially in the area of infant care. All 27 program graduates who were interviewed (representing 77% of the graduating cohorts) were working full-time as staff

in their own community's child care program, with the exception of one graduate who was service director for a multiplex facility offering multiple services. Differences among the communities offered opportunities to examine different program models and different ways in which they were working in the communities. All of the communities were taking steps towards integrating child health and development programs on site in their child care programs, and towards clear operational linkages between the child care program and other health, cultural, and social programs to benefit to children and/or parents.



- Resources include:**
- Facilities
 - Self-governance & Self-determination
 - Flexible sources of funding (local, provincial, & federal)
 - Local, regional, provincial and federal networks

Key principles for community-empowering program implementation

The current research on coordinated programs led to the identification of the following characteristics of thriving community-based programs of support for young children's development:

- Service models are holistic and population-based, providing developmental, social, health, and cultural programs as well as 'special needs' 'children-at-risk' and 'special needs' supports
- Programs are co-located with cultural meeting places and community kitchens, serving as a 'hook' for attracting and retaining a broad representation of community members
- Community members are extensively involvement from the beginning of delivering training program staff, planning and implementing services, serving as a hook for sustained community commitment to and participation in the programs.
- Families are conceptualized as the central organizing focus for delivery of services, such that the well-being of young children is seen as dependent upon and contributing to family well-being. Family centred practice is a preferred model in most Aboriginal communities.

Enabling conditions for community-driven program success

What makes coordinated efforts with these characteristics possible? In the research, community members' stories of how early childhood care programs became the 'hook and hub' of community services suggested several pre-conditions or enabling factors that made these initiatives work:

- Financial, administrative, and community commitment to children, youth and families;
- Start-up funds or access to resources;
- A key visionary person who 'stays the course' in spite of setbacks or challenges;
- At least one mentor present throughout who can lead the way and provide expertise;
- Interpersonal bonding and trust (friendships);
- Rigor and accountability (e.g., through an accredited training program and/or efforts to achieve program licensing);
- Child care and family support for those at work;
- A culturally sensitive, appropriate program for training community members to be service practitioners; and
- Ongoing professional development.

Family and community driven programs and services.

In the research study, community members agreed upon the importance of building cultural self-esteem and developing a community-wide knowledge of their culture and heritage language. They emphasized that for practitioners coming in to a First Nations community to work from, it is critical for them to learn about the cultural beliefs, practices and way of being of the families and communities served, being aware of diversity within and between communities, and developing and providing programs and services that are family and community driven. In the child care programs, a family

centred approach has been found to be the more culturally appropriate and effective program focus than a focus only on children's care and development. Some have argued that for First Nations, the community as a whole is the most appropriate unit of service delivery. The philosophy of family-centered practice has been recognized as a core principle within the field of early intervention for children with special needs. However, many First Nations community members underscored the suitability of family-centred practice for all children and families. Some community members suggested that community-centred practice was the most appropriate focus of service delivery and unit of analysis for evaluating program effectiveness.

Direct benefits of coordinated programs

Community members and service professionals in the First Nations participating in the research identified several important direct and secondary benefits of their coordinated program efforts for children, families, and the whole community.

Direct benefits for children:

- Child health promotion through healthy snack programs, regular outdoor exercise, injury prevention training, and hygiene education.
- Development of school-readiness skills, literacy, and numeracy
- Enhanced socialization support including getting to know extended family members (as staff, Elders, and age-mates) and community members
- Cultural education, including beginning fluency in heritage language

Direct benefits for families:

- Enable parents to obtain and sustain employment, return to training or upgrading, or pursue personal health and healing.
- Transmit cultural knowledge and education to parents through their children in songs, dances, and ways of being.
- Offer parent support and education through spin-off programs such as Mother Goose language development, Best Babies, and social clubs.
- Support parents of children with exceptional gifts by providing respite, reinforcing interventions being implemented in the home, supporting or facilitating access to specialized service providers, and supporting early identification of risk and special needs

Secondary benefits for children:

- Support speech and language development through professional training that occurs when staff are working together across disciplines.
- On-site speech and language assessment and referral.
- On-site intervention programs and referral for children needing extra support.
- Ready contact between public health and the child for regular immunizations, vision and hearing testing. The most successful model was an integrated child care/health service community centre.
- Develop a community of children who have good health habits.
- Provide emergency care for children during power outages, floods, and family crises until family members can respond.

- Able to keep children under child protection or mandatory supervision orders in the community because of the availability of qualified staff at the child care centre and an integrated laddering of other services for parents as well as children.
- Support children with special needs who otherwise might need diagnosis or treatment in distant urban centres (typically 1 to 3 hours distant by car).

Secondary benefits for the community:

- Develop high quality child care role-modeling
- Stabilize adult employment in the community
- Develop leadership and administrative capacity
- Enhance school readiness for many children resulting in improved early school adjustment and performance
- Enhance relations between children and Elders, and between adults and Elders due to cultural involvement and sharing in the child care program.

Challenges and recommendations

- Accountability is typically tied to measurable outcomes at the level of individuals, and this tends to drive program models and staff to be concerned with meeting the needs of individuals.
 - ▶ Accountability should encompass efforts to strengthen families and communities.
- In fragmented service delivery models driven by medical models of health, programs are targeted at special needs, disease, and disease prevention.
 - ▶ Holistic concepts of wellness embrace an ecological model of wellness and call for population-based programs to promote health and well-being.
- Funding is tied to short-term (e.g., 2-4 years) outcomes. In Early Childhood Development, our most significant outcomes show up in 10-20 years.
 - ▶ Funding is needed for multi-site longitudinal research to determine latent and lasting impacts.
- Funding, program governance, and evaluation happens in bureaucracies characterized by silos and competition, creating barriers to streamlined efficiency, inter-sectoral collaboration and inter-disciplinary professional development.
 - ▶ Partnerships among agencies in education, health, and social services can create opportunities for integrated and inter-sectoral service delivery.
- Training in health and human services tends to be highly specialized, requiring many community members to pursue many different training and career paths, and reproducing professional turfism and fragmentation in community services.
 - ▶ An initial core of common training, followed by specialization, would increase the ability of communities to develop their own professional capacity.

- Capital funds for development of hard infrastructure in communities usually derive from different government agencies each with distinctive mandates to support specific dimensions of community development. Lack of cooperation among agencies often creates barriers to realizing the vision of consolidated, coherent and efficient ‘hubs’ of services that are welcoming and accessible to community members.
 - ▶ Coordinated capital funds can enable construction of modularized community centres with a cultural centre, Elders’ meeting room, and community kitchen and dining area in a common central area, and facilities for child care and development, health, and social development services located around the centre. ‘Multiplex’ construction reflects a holistic, community-driven philosophy, and increases cost-efficiency, accessibility of programs, inter-professional communication, possibilities for laddering of services in case management of children and families at risk, and community-wide involvement and support.

References

- Ball, J. & Pence, A. (in press). *As If Communities Mattered: Strengthening Indigenous Capacity for Early Childhood Programs*. Vancouver: University of British Columbia Press.
- Ball, J. & Pence, A. (2000). A post-modernist approach to culturally grounded training in early childhood care and development. *Australian Journal of Early Childhood*, 25 (1), 21-25.
- Ball, J. (2004). *Hook and Hub: Early childhood care and development programs as Hook and Hub: Promising practices in First Nations communities in Canada*. University of Victoria, School of Child and Youth Care. Available at www.ecdip.org/reports/index.htm
- Ball, J. (2005) Early childhood care and development programs as Hook and Hub for inter-sectoral service delivery in First Nations communities. *Journal of Aboriginal Health*, 1 (2), 36-50.
- Royal Commission on Aboriginal Peoples* (1996). Volume 5. Ottawa: Government of Canada.
- Statistics Canada (2001). *Census of the population*. Ottawa: Government of Canada.