

Indigenous early childhood development programs as 'hook' and 'hub' for inter-sectoral service delivery¹

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Introduction

Indigenous communities in Canada have placed high priority upon community development and capacity building that will improve conditions and outcomes for Indigenous children. Promising innovations by First Nations communities in rural British Columbia are demonstrating the potential of Early Childhood Development (ECD) centres to: (a) enhance child safety, health, and development; (b) increase opportunities for education, employment, social support, and well-being among Indigenous parents; and (c) serve as hubs for a range of programs and services that promote wellness, social cohesion, and cultural continuity.

Beginning in 2002, I began to collaborate with a number of First Nations and agencies serving Aboriginal people in British Columbia to mount a multi-year, multi-dimensional, multi-purpose program of research. The theme that unified the various components of this research is understanding the determinants of Indigenous child, family and community development. The focus of the research, initially, is on Indigenous peoples in Canada. This program of research has several goals:

(a) to respond to requests from government, communities, and programs for research to establish culturally meaningful indicators, criteria, and tools for monitoring and measuring the development and well-being of Aboriginal children;

(b) to assist with documentation, experimentation, and evaluation of population-based programs intended by Indigenous leaders and practitioners to improve developmental conditions and developmental outcomes for young Indigenous children;

(c) to support the ongoing return to self-direction and self-governance of First Nations with regards to child- and family-serving policies and programs; and

(d) to provide a culturally relevant context for mentoring Indigenous researchers, creating within the School of Child and Youth Care at UVic a team learning environment and funding for exploring topics in which many emerging Indigenous leaders are keenly interested.

Demographic and epidemiological indicators

According to Statistics Canada, there are about 700,000 First Nations and 50,000 Inuit people in Canada, comprising about 3% of the Canadian population. As a group, the First Nations and Inuit population in Canada has a uniquely young demographic: the average age is 25.5 years, which is 10 years younger than Canadians as a whole. Forty

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per cent of the First Nations and Inuit population is under 20 years of age. The proportion of First Nations and Inuit children under five years of age is 70% greater than in the non-Aboriginal population. There is a projected 3% increase among Aboriginal people in ten years, which is double the increase projected among non-Aboriginal people in Canada.

There are about 605 registered First Nations in Canada. First Nations people are culturally diverse and geographically dispersed. Many of the approximately 800 Aboriginal communities in Canada are small (77% have under 1000 members), and many are isolated or remote.

There are long-standing disparities between Aboriginal and non-Aboriginal peoples in Canada with regards to overall health, education, and employment, and access to health services, opportunities for relevant and effective education, training, and work equity (First Nations and Inuit Health Branch, Health Canada (2003). Cumulative effects of colonial abuses, persistent racism, and pervasive poverty show on nearly all indicators of health, education, and social-well-being. Examples include:

- lower life expectancies
- higher rates of chronic illnesses such as diabetes, HIV, cardiac disease
- higher rates of injury
- higher rates of poverty and unemployment
- higher prevalence of health risk behaviours including suicide and attempts.

In Canada, 27% of children are growing up in single parent families, and over 40% of single Aboriginal mothers earn less than \$12,000 per year.

In British Columbia, there is a higher birth rate of the Aboriginal population, with more adolescent mothers. Fifty per cent of Aboriginal children living off-reserve live in single parent homes, compared to 17% of children in single parent homes in the general population. Aboriginal are seven times more likely to be in the care of the Minister for Child and Family Development: 40% of children in care are Aboriginal. Fifty-two per cent of Aboriginal children are living below the poverty line. As a population, Aboriginal children are over-represented on nearly every risk indicator (Province of British Columbia, Vital Statistics (2002).

“Children are our future”

The survival and resilience of Indigenous people in Canada - despite a multitude of hardships - have been attributed by Indigenous leaders to the strength of their communities, their spiritual beliefs, and the practical value of their cultural knowledge. Many First Nations parents and community leaders emphasize the continuation of cultural practices, the elevation of cultural identity and pride, and preservation of heritage or ancestral language, and the resulting reinforcement of positive cultural identity among young children as a key to First Nations health and community revitalization. There are many effective, socially cohesive First Nations communities in urban and rural settings in Canada. It is a basic premise of the current program of research that all Canadian communities may benefit from learning more about the creative and holistic approaches to child care and development that are now being demonstrated in some First Nations throughout the province.

‘Aboriginal ways’

Our initial assumptions about health and wellness profoundly influence how we design, implement, and evaluate systems of supports for health and development. Rich and diverse philosophical systems for understanding the nature and purpose of human life and how best to support it reside within Indigenous communities in Canada. These knowledge systems are beginning to find their way into discussions about how to move forward to improve the health and wellness of Indigenous people.

In British Columbia, there is a major transition underway with 82% of eligible First Nations assuming control over some or all of the community health, primary health, and children’s services for their members. With this shift, chronic unmet needs for training of Indigenous people in health and human services have become acute. In provincial and regional meetings of Indigenous leaders about ways to strengthen the capacity of their communities to mount and operate new services or to take over existing services, a point repeatedly heard is that Indigenous people want to learn from the mistakes of non-Indigenous people. They do not want to replicate the fragmentation and inefficiencies of mainstream health care in Canada. A representative of one of the regional inter-tribal health authorities in British Columbia put it this way: *“Yes, we need training. But what do we want to train them to do and to become? The transition to Aboriginal control should not mean simply Aboriginal people taking over White jobs, doing things in White ways. We want to do things in Aboriginal ways, and we need training that will support our members in remembering their cultures and creating Aboriginal services that are really Aboriginal.”*

The First Nations participating in the current program of research have engaged in extensive community-wide discussions about the meanings of child and family wellness within the culture and lifestyles of their own people. Across all the communities, recurrent themes involve holism, ecological contextualism, and community-embeddedness. Indeed, we can find the core concepts of ‘population health’ in the ideas of many Indigenous people about how to support the survival, healthy growth and optimal development of all Indigenous children by ensuring equitable access to the conditions that produce these outcomes.

Holism. In these First Nations, child development is viewed holistically, with the many aspects of a child’s body, mind, and spirit seen as intertwined and requiring nurturance, guidance, and respect. This view permeated community decisions about what child care and development programs should entail; namely, a proactive, developmental approach to the ‘whole child’ that included nutrition, preventive health, socialization, education, Indigenous language and culture.

Ecological contextualism. The goal of improved community conditions for child health and development was seen as dependent upon the goal of supporting family wellness. Thus a goal of the child care and development strategies in these communities has been to provide a culturally safe (i.e., free of racism and culturally respectful), socially supportive centre for parents to be consulted about their child and offered opportunities to participate in the child care program, parent education and support programs, and service referrals as needed.

Community-specificity. Effective population health strategies are not uniform; rather, they are based on geographically, politically, and culturally situated understandings of what health is and how to achieve it in particular populations and

locations. Given the enormous diversity among Indigenous people in Canada and elsewhere, I question the notion of ‘best practices’ in this area of research and practice. The concept itself is reminiscent of modernist ideals of ‘truth’ and ‘one size fits all’ approaches to community development and population health. These ideas are antagonistic to approaches based on a recognition of health as a multiply determined, multi-dimensional outcome that varies depending upon the population and setting.

Promising practices. The First Nations who are participating in the current program of research reject a ‘one size fits all’ approach to training and the possibility of any imported ‘best practice’ model that would be suitable for adoption in their communities. They have sought training programs and have created program models that draw upon Indigenous knowledge retained by Elders and other community members, and that address the specific needs, circumstances, and goals of their constituent communities.

The participating communities have undertaken various community forums, task forces, training workshops and courses, and pilot projects intended to recover, uncover, and construct understandings of child and family care and development that:

- (a) fit well to describe their communities;
- (b) work to explain the current health status and conditions for development of their children; and
- (c) yield insights into what needs to be done to innovate ‘promising practices’ for achieving community-identified goals for improved health and well-being for all of the children in their communities.

These ideas have provided the conceptual foundation for development of community-based services which will be documented and evaluated in the current program of research in terms of their promise as an effective practice in certain circumstances for achieving specific goals.

Guiding postulates for the research. This research program rests on three postulates: (1) the first posits that services appropriate to Indigenous people should probably be based on conceptualizations of child and family wellness as holistic, ecologically contextualized, and embedded within specific community development and health needs, goals, and cultural knowledge; (2) the second posits that training and services must recognize the socio-historical experiences that have negatively pre-disposed many Indigenous people towards health, social and education services and certain cultural, financial and geographic factors that increase the likelihood of success of integrated, community-based service delivery with families as a whole; and (3) the third posits that Indigenous communities must be the drivers of initiatives to improve Indigenous population health and well-being.

Integrated program delivery. All of participating First Nations in the research are exploring the proposition that community-involving early childhood development initiatives of various kinds can be effective ‘hooks’ for mobilizing community commitment and energy and effective ‘hubs’ for the gradual introduction of inter-relating, inter-sectoral programs. The current program of research will document various approaches to Indigenous Early Childhood Development (IECD) as hook and hub’ in several First Nations communities in B.C. In all of the participating communities, leaders expect that their IECD programs that are functioning in various ways as hubs will

provide the conditions for improved health and well-being among young Indigenous children. The program of research will determine the extent to which improved developmental conditions for children are realized through community successes in mounting inter-sectoral programs using IECD as the initial, central, organizing ‘hub.’

The recommendations of the Romanow Commission provide strong support for initiatives that place child care and development of a community’s children at the hub of a coordinated, inter-sectoral system of programs and services for children, families, and the community as whole. In particular, the Romanow Report (2002) recommended ECD programs as a promising approach to improving the health of Aboriginal people and Canadians residing in rural and remote settings. In the Romanow Report, the National Aboriginal Health Organization is quoted as submitting that: “...*one of the essential ingredients in creating effective Aboriginal health systems is a multi-jurisdictional approach to health service reform*” (p. 224).

While the philosophical and practical rationale for breaking down jurisdictional silos and coordinating training and service efforts may be a recent illumination here in Canada, there is a voluminous international literature advocating ‘inter-sectoral’ and ‘integrated’ service delivery for promoting maternal and child health, growth and development (e.g., Haddad, 2001; UNICEF, 2001; Woodhead, 1996). Unfortunately, the international literature on inspiring examples in practice is much more attenuated (O’Gara, Lusk, Canahuati, Yablick, & Huffman, 1999). Chronic disappointments in moving forward on the inter-sectoral agenda in Canada and abroad can be attributed to a number of political, conceptual, and practical barriers. Given these substantial challenges, the innovative approaches of the First Nations participating in the current research are particularly worthy of examination.

Given the current culture and environment for health and well-being that encourages ‘siloeing’ of funding and services, lack of inter-jurisdictional coordination, and professional/disciplinary turfism, how are the First Nations participating in the research overcoming these obstacles to implementing holistic, inter-sectoral program models and what challenges remain? The current program of research will yield insights into the process of mounting intersectoral services using IECD as a hub, and will evaluate the effectiveness of these program initiatives for improving children’s health and development, using evaluation criteria specified by First Nations parents, service providers, and community leaders.

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