

# **Early Childhood Care and Development Programs as Hubs for Inter-Sectoral Service Delivery Supporting Aboriginal Population Health\***

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## **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 under 20 years of age, and an anticipated two per cent increase in the Aboriginal population per year. The Royal Commission on Aboriginal Peoples emphasized investments in health, cultural transmission, and education for the youngest generation in order to secure the future well-being of Aboriginal communities.

This presentation suggests 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. Benefits of the 'EDC as Hook and Hub' approach include: (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.

Findings of a community-university research partnership will be discussed, illustrating promising practices in three rural First Nations communities that are working towards integrated service models to meet the needs of children and families. Other examples will focus on Aboriginal Head Start programs, where varying approaches are demonstrating the value of organizing inter-sectoral services around culturally driven, family centred, early childhood development programs.

## **Background**

Early childhood programs are often evaluated in terms 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. Within rural settings of Canada in particular, and perhaps in urban settings as well, there is need for branches of government, other funding bodies, community administrators, and professionals to support the implementation of more holistic approaches to promoting children's development. Findings of the research reported in this presentation suggest that integrated, or inter-sectoral models of service provision, can effectively address issues of access and equitable health service delivery.

Many First Nations are increasing capacity as they move towards self-governance of child and family services. They have expressed a desire to create models of service delivery that

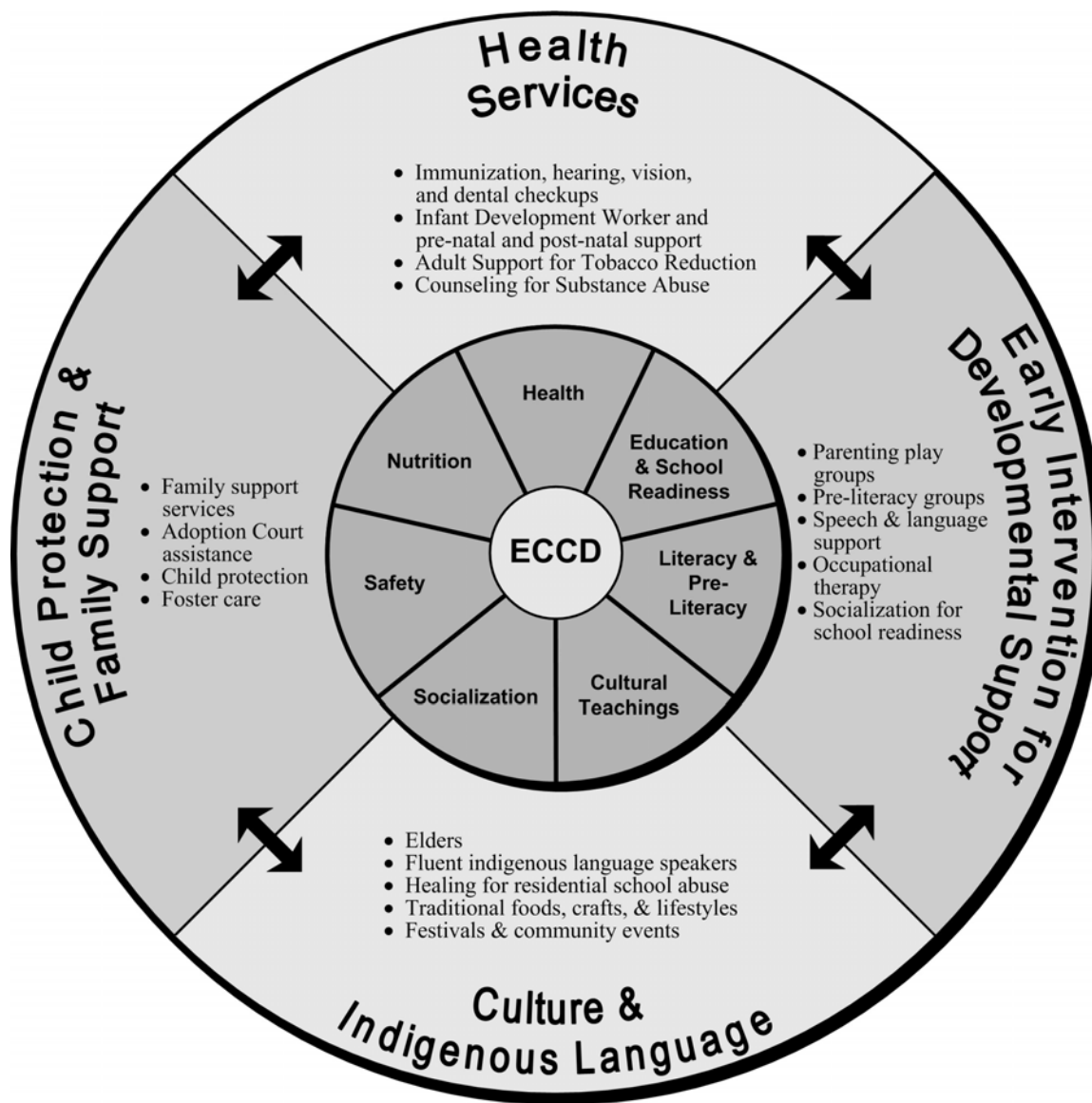
reflect their holistic views of child and family well-being and their community-driven approach to achieving developmental and cultural goals. They seek to avoid the fragmentation and professional turfism so familiar in mainstream education, health, and social services, calling instead for the pursuit of 'aboriginal ways' for aboriginal people. 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. The promising approaches currently being explored by some First Nations in Canada warrant examination for lessons that may be applicable in other Aboriginal contexts and beyond.

### **Research in Three First Nations Communities**

Three First Nations partnership programs 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 communities successfully graduated a cohort of students from a unique, university-accredited, two-year, diploma in child and youth care in 1999 (see [www.fnpp.org](http://www.fnpp.org)). The program was specifically designed to provide culturally and locally relevant training focused on early childhood care and development. In 2003, four years after graduation, field researchers worked with community-based research collaborators to investigate 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 developmental 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 can function as a hub for enhanced health and social support service delivery. By four years after delivering training to community members, all three communities had mounted child care programs. Two had also implemented Head Start programs. All programs were thriving and were looking forward to expansion. All child care programs had waitlists for infant care. All 27 training 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. 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. Differences among the communities offered opportunities to examine different program models and different ways in which they were working in the communities.



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

**Direct benefits to 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 to families**

- Enabling parents to obtain and sustain employment, return to training or upgrading, or pursue personal health and healing
- Transmission of cultural knowledge and education to parents through their children in songs, dances, and ways of being
- Spin-off programs such as Mother Goose language development, Best Babies, and social clubs, offering parent support and education
- Support for parents of special needs children 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 to children**

- Speech and language development support through professional training by program staff, spin-off programs such as Mother Goose and early literacy programs
- 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 (uneven access depending on structure of external services. The most successful model was an integrate child care/health service community centre)
- Development of a community of children who were knowledgeable about healthy habits
- Emergency care for children during power outages, floods, and family crises until family members can respond
- Ability to keep children under child protection or mandatory supervision orders at home in the community because of the availability of qualified staff at the child care centre and an integrated laddering of other services
- Support for 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 to community**

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

### **Enabling conditions for community-driven program success**

Earlier findings of research (see [www.ecdip.org/publications](http://www.ecdip.org/publications)) has shown that enabling conditions for successful First Nations capacity building initiatives designed to increase child and family services include:

- 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 training program and ongoing professional development.

### **Key Principles for community-empowering program implementation**

The current research 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.

### **Family and community driven programs and services**

In the research study, a high level of agreement was found among community interviewees regarding 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 Aboriginal Head Start, as well, a family centred approach has been found to be the more culturally appropriate and effective program focus than a focus on children as individuals. Some have argued that for First Nations, the community as a whole is the most appropriate unit of analysis. The philosophy of family-centered practice has been recognized as a core principle within the field of early intervention. Key features of family-centered practices are noted below.

- Recognize and mobilize the pivotal role of family support systems
- Respect cultural and ethnic diversity
- Use the community as a context for supporting families
- Promote family decision making and choice
- Encourage family/practitioner collaboration and partnerships
- Share relevant information and encouraging family decision making
- Employ flexible and accessible practices
- Strengthen family self-help and help-giving practices
- Encourage parent-to-parent and family-to-family support

### **Challenges and recommendations**

- Funding is tied to measurable outcomes at the level of individuals. Funding is needed to support and strengthen families and communities, and this should be reflected in dimensions of outcome evaluation.
- Much funding is targeted for special needs, disease, and disease prevention. Funding is needed 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 are needed to create opportunities for integrated and inter-sectoral service delivery.
- An initial core of common training, followed by specialization, would increase the ability of communities to develop their own professional capacity.
- 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.

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