Supporting Indigenous Children's Development

Community-University Partnerships

Jessica Ball & Alan Pence

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Preface

This book describes the evolution and practice of an innovative community-based partnership approach to strengthening community capacity to design, deliver, and evaluate culturally appropriate programs to support young children's development. The approach, created through partnerships between First Nations in Canada and the authors at the University of Victoria, represents a significant departure from the established and familiar paths of training and education in North America, which typically promote knowledge transmission and prescribed best practices based on assumptions of their universal validity and desirability. The success of this partnership approach has meant stepping outside expected institutional relationships to identify a common ground of caring, respect, and flexibility, and an orientation toward action from which collaboration in program delivery and co-construction of curriculum can flow.

The pilot partnership that led to the First Nations Partnership Programs was initiated in 1989 by Meadow Lake Tribal Council, representing nine Cree and Dene First Nations in the province of Saskatchewan in north-central Canada. The Tribal Council had determined that the future well-being of these communities rested on the current health and wellness of their children. Since its formation in the early 1980s, Meadow Lake Tribal Council had undertaken several training and economic development ventures. Without reliable child care services, however, participants in the training programs were often forced to drop out. Small business developments, many of which depended on single parents as entrepreneurs and employees, were struggling (Pence and McCallum 1994). The Tribal Council's constituent communities recognized an urgent need for child care services

"developed, administered, and operated by [our] own people" (Meadow Lake Tribal Council 1989). The communities wanted to ensure that child care services reflected community knowledge, culture, and values.

Meadow Lake Tribal Council developed a long-range plan to educate community members in early childhood care and development (ECCD). It envisioned that these practitioners would "walk in both worlds" (Louis Opikokew, tribal Elder coordinator) – the world of non-Indigenous, largely urban-based ECCD and the world of the nine rural Cree and Dene communities represented by the Tribal Council. This vision was the starting point for an innovative approach to co-constructing a bicultural university diploma program in child and youth care focusing on early childhood. The approach has evolved continuously through ten diploma deliveries (ten partnerships) with nine tribal organizations and Indigenous child and family service agencies. These bicultural partnerships have come to be known collectively as the First Nations Partnership Programs. More than sixty First Nations communities in rural areas of western Canada have been involved. Although distributed across distances up to twenty-five hundred kilometres and applied in very different cultural and institutional contexts, the First Nations Partnership Programs, with their partnership approach, have thrived. The programs have had immediate positive impact on caregiving and the development of services for children, as well as far-reaching impacts on community capacity, empowerment, and revitalization of cultural and social structures. The words of some of the partners in the journey described in this book convey their excitement in co-creating an effective approach to strengthening capacity for Indigenous early childhood programs:

> It has been sixteen years since our initial contact with the School of Child and Youth Care, University of Victoria, in 1989. Our dream was to develop early childhood training for First Nation child care workers. Our thoughts at the time were of readiness toward development and operation of First Nation child care facilities on reserve. Who would have thought that the spin-offs to community pride, community development, community empowerment, care and safety of children, community awareness of early childhood development, identity of community strengths and integration and development of many more program initiatives which support children and families would be the outcomes of this initial work? (Marie McCallum, administrator, Meadow Lake Tribal Council)

I think what this program has is truly bicultural, where they have the Indig-
enous philosophy being the core of the program, being the first priority in
the whole two-year curriculum. They also have the same academic excellence
... It's not that the program gives them that Indigenous way, they've had it,
they know it, and the process just allows it to come out ... Students say, "Our
story is important." "Listen to my story." They become convinced that their
cultural history and experience are important. (Lisa Sterling, instructor,
Nzen'man' Child and Family Services)

We are working hard in Lil'wat Nation to develop our human resources and
to create strong programs, and I think that having the interest from the uni-
versity in what we're doing here is very positive. It holds a mirror up for
everyone to see what we're doing, and it amplifies the excitement.

We want to retain the staff we have helped to develop, and keep qualified
people working in our community, and so for them to hear from researchers
that other people are interested in what is going on here, and that we are
doing things here that can be useful for others to learn from, that's good ...
And especially in the way that the research is being done – developing long-
term relationships, making sure everyone knows what they are agreeing to,
and ensuring benefit to the community itself ... there is a mutuality and re-
spect that I think is exemplary. (Sheldon Tetreault, senior administrator, Lil'wat
Nation)

The training in early childhood care and development brought forth more
programs – not only child care – but [other programs] for children and fami-
lies. This is still growing. Two of the First Nations just started a child care and
development program – expanded beyond the Aboriginal Head Start pro-
gram. They are sharing, and this sharing is also an outcome of the communi-
cation and understanding that developed between people who were originally
students in the post-secondary training together. It is good to see the commu-
nities working together in this way. (Diane Bigfoot, education coordinator,
Treaty 8 Tribal Association)

After participating in ten partnership programs with First Nations, we
are convinced that the popular demand for culturally sensitive programs
cannot be met through established education and professionalization prac-
tices. To respond meaningfully to the goals and practices of cultural com-
munities – and to the children and families within them – we must

acknowledge the cultural specificity of mainstream research, theory, and professional practice and forge new understandings for preparing human service practitioners to work in cultural communities. By telling the story of the First Nations Partnership Programs, we hope to encourage and support the elaboration and extension of an alternative discourse to the largely exclusionary, Western, modernist agenda of ECCD, which defines universal care principles and best practices to the neglect of many good ways and a multitude of good practices.

Supporting Children and Families with Sustained Community Transformations

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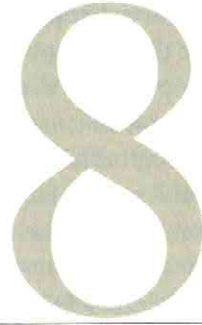
[We wanted to] establish our own daycare, operated by our own people, carrying on our own traditions and values. We have done that. Parents are happy when their children go to this child care program. They develop good habits, have good nutrition, early learning, especially cultural learning, and socialization. We have support from the chief and council and administration here, and the staff who graduated from the post-secondary program with [the University of Victoria] are very happy to be working in our own community. The different departments here work together – the Health, Child Care, Education and Training, Wellness, Economic Development, Social Development – we all work together, and that contributes to the success of our programs.

> – Christine Leo, former director of Community Advancement Programs, Lil'wat Nation

Sustaining Capacity

What has been the return on community investment in delivering a community-based post-secondary program deeply informed by Indigenous knowledge and goals for children's development? This was the question asked by three of our First Nations partners four years after thirty-five members of their communities had graduated from the ECCD program. At the suggestion of community advancement administrators at Treaty 8 Tribal Association, Tl'azt'en Nation, and Lil'wat Nation, a follow-up sustainability study was conducted from 2002 to 2004 (Ball 2004). The study found sustained community transformations building on capacity developed during the First Nations Partnership Programs (Ball 2005).

Through interviews, questionnaires, and forums, seventy-six people from the three groups of communities participated in the research. In addition, the programs that graduates had innovated were profiled through a review of program manuals, policies, and service utilization records, as well as through direct observations of how the programs were reaching out to children and families. The research also explored the ways in which the communities had achieved program implementation, including challenges, benefits, and next steps.

The study found that thirty-three of the thirty-five graduates were working, most in career-relevant practice in their communities. Graduates were building community-based infrastructure to support the holistic development of young children and their families. The study showed that the First Nations Partnership Program's emphasis on Indigenous knowledge, the focus on understanding child and family development in students' communities, and the creation of a cohort of professional early childhood practitioners had prepared graduates to develop and operate programs suited to local needs and goals of families and children.

The communities' involvement with the First Nations Partnership Programs began with their commitment to rebuilding their capacity to support children in the context of the family and the community. The design and delivery of new programs in these First Nations illustrate the benefits of long-term, comprehensive visioning and planning, good community governance, and a steadfast commitment to the youngest generation's well-being as a priority for community development. Christine Leo, then director of Community Advancement Programs for Lil'wat Nation, expressed her community's belief that its future rests on the health and wellness of its children:

> Lil'wat Nation strongly believes in Aboriginal title and rights and our sovereignty over our lands. We need to provide support for families and specifically for young children, and ... for families that are having trouble caring for their young children ... Another value is that we want our children to have cultural training. A few years ago, we did a labour analysis and needs survey, and our first priority was post-secondary training in early childhood, so that we could establish our own daycare, operated by our own people, carrying on our own traditions and values.

The communities have realized the benefits and learned what it takes to move beyond the rhetoric of "culturally appropriate" and "community-driven" services to engage incrementally in steps that lead to the goal of

comprehensive, culturally grounded, community-based supports for children and families.

A point made repeatedly by Aboriginal leaders in Canada as they work to strengthen their communities' capacity to mount and operate services – or to take over staff positions in existing services – is that Aboriginal people want to learn from the mistakes of others. They have no wish to replicate the fragmentation, inefficiency, and philosophically dissonant concepts that often drive mainstream health and social services and community development in Canada. In the words of a representative of one of British Columbia's inter-tribal health authorities:

> Yes, we need training. But what do we want to train our people 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. We need training that will support our members in remembering their cultures and creating Aboriginal services that are really Aboriginal.

The kind of training a community makes available to its members affects both the graduates' and the community's readiness to create services that respond constructively to the goals of families for their children rather than to discrete problems (e.g., a speech-language difficulty) or needs defined in terms of specific services (e.g., child care). In contrast, mainstream training and services are overwhelmingly problem-driven and conceptualized outside the context of the family and the community. Throughout the two-year post-secondary program, members of the participating communities discussed what child and family wellness means within the historical context, culture, and lifestyles of their people. Across all the communities, the pivotal concepts of holism, social inclusion, and community-centred development elaborated in Chapter 7 were returned to again and again. Training that is community-based, community-driven, and community-involving, and that builds on community-specific cultural knowledge and practices, helps ensure that graduates can deliver the services and supports the community needs in ways it will accept and appreciate.

Community Approaches
The approach of all of the communities involved in the First Nations Partnership Programs has been to increase access to services in a number of ways, and not just through geographic proximity or by providing financial subsidies but also by ensuring cultural safety and by providing services

that meet locally determined needs and goals. The communities have em-
barked on long-range plans that move away from fragmented, individual-
focused service delivery toward community-centred models that integrate
health and development programs. Clear operational links are being cre-
ated between child care and other health, social, and cultural programs
intended to benefit children and families.

Treaty 8 Tribal Association

By the time the students graduated, three of the six First Nations in Treaty
8 Tribal Association had developed new facilities and services for children.
Because of other pressing priorities, one community had been unable to
develop services, but two others had used existing educational facilities to
mount new child care programs. Two Aboriginal Head Start programs –
both staffed by program graduates – are now located in two of the smaller
communities, Blueberry River and Saulteau First Nation.

The remote communities of Treaty 8 Tribal Association face special chal-
lenges because of their small population base. Funding is often allocated
on a per capita basis, which limits the communities' ability to realize a
broad range of integrated, community-appropriate services. Diane Bigfoot,
the Tribal Association's education coordinator, spoke of the ongoing effort
to strengthen ECCD capacity:

> The training in early childhood care and development brought forth more
> programs – not only child care – but for children and families, and it brought
> these to the communities. This is still growing. Two of the First Nations just
> started a child care and development program – expanded beyond the Abo-
> riginal Head Start program. They are sharing, and this sharing is also an out-
> come of the communication and understanding that developed between
> people who were originally students in the post-secondary training together.
> It is good to see the communities working together in this way.

Although some variability exists among the small communities that form
the Tribal Association, the emergence of a community-based service ap-
proach was evident in each village. The six First Nations each have a school,
a child care centre, and a health care centre in or near their largest on-
reserve population centre. The health care centre typically consists of three
or four small offices where similar services are effectively clustered together.
Because of the small number of community members and visiting special-
ists involved, the services delivered through these offices are coordinated.

Communication, service memory, and intersection occur because, in general, everyone knows everyone else. ECCD programs and specialist services remain essentially fragmented, however, with regard to sources of funding, service mandate, scope of practice, and accountability requirements. According to Diane Bigfoot, the presence of trained community members keeps attention focused on the importance of culturally appropriate programs for children and youth: "There are all sorts of programs running – even if the administration changes or the political level is turbulent, the services continue. This is very important."

Tl'azt'en Nation

Before the training program began, Tl'azt'en Nation received Aboriginal Head Start and other funding that enabled them to construct a licensed child care facility in an unused wing of the school in Tache, the largest on-reserve population centre. During the training program, students planned the Nation's first child care centre, which they named *Sum Yaz*, or Little Star. They developed operational policies and procedures, created curriculum activities to teach young children their traditional Carrier language and promote a positive Tl'azt'enne identity, and negotiated contracts with a carpentry training program on reserve to create furniture and toys for the facility. Students completed their final practicum at the new centre. Eight of ten students who completed the training program were hired as staff in the child care and Aboriginal Head Start programs.

Both of the children's programs have received excellent evaluations from the regional ECE licensing officer and from Aboriginal Head Start. Children come by bus from the villages of Binche and Dzitl'ainli, twenty to forty-five minutes away, to attend the school, Head Start, and the child care program. During the follow-up study, ECCD practitioners, community administrators, and contract service providers described how the child care and Head Start facilities are used as sites for the integration of services. This integration enables access between specialists and children and parents, development of service memory among staff, multidisciplinary professional development for on-reserve staff, and cultural learning for visiting specialists.

The community decided to locate health services, adult counselling, and drug and alcohol treatment services in an area of the village away from the school, the child care centre, and the Head Start facility. Administrators and ECCD practitioners explained that this decision was taken to prevent the spread of illness and to provide some children-only space away from

the concerns of adults involved in social services, treatment, and recovery programs.
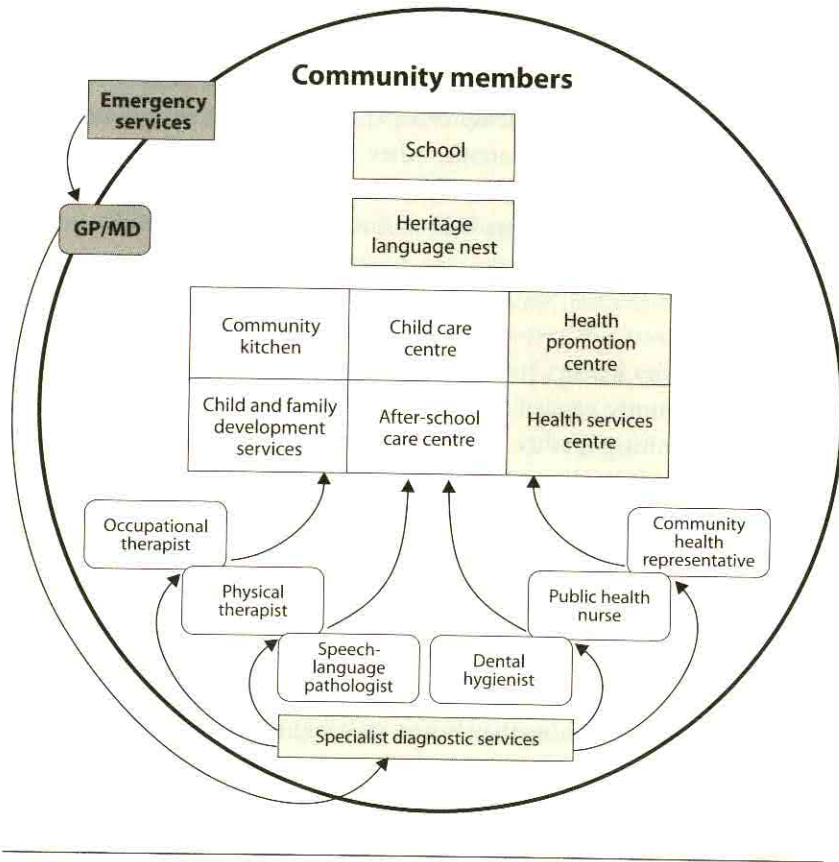
Lil'wat Nation

Lil'wat Nation has the largest population base among the communities that participated in the follow-up study. About one thousand people live in one main community, and eight hundred others live in four affiliated communities. Together they have established a well-developed planning structure, stable leadership, and a long history of successful development initiatives. In the mid-1990s, Lil'wat Nation decided to plan for comprehensive, integrated child care and development programs incorporating cultural values, heritage language, and cultural literacy. Its goals were to enable parents to take up healing programs, continued education, and employment, and to support the development and cultural identity of young children. As illustrated in Figure 4, their concept for services to families is community-centred, beginning with culturally consistent, quality child care delivered by trained community members in a licensed setting.

In May 1999, just as fourteen of the fifteen students enrolled in the training program were graduating, the community opened a multiplex called *Pqusnalhcw,* or Eagles Nest. The facility, located two hundred metres from a band-operated K-12 school, is a culturally vibrant gathering place that also serves to promote health and wellness for the whole community. Trained community members staff the facility, which functions as a site for the integrated delivery of a range of health and development services.

A large preschool program called *Skwalx,* or Baby Eagle, and an infant care centre called *Tsepalin,* or Baby Basket, are housed in the multiplex, along with an after-school care program that shares some staff, activities, outdoor play space, and equipment with the child care programs. Over time, the services delivered inside the child care centre have evolved to include occupational therapy; special needs child care; developmental monitoring, assessment, and referral; speech-language pathology screening and monitoring; and preventive dentistry. In 2003, the child care programs served 110 children ranging from infancy to six years of age. The community recently added a "language nest" preschool between the multiplex and the school, where graduates of the training program team with Elder speakers of the Lil'wat language to deliver a heritage language immersion program for a dozen preschoolers (McIvor 2004).

The health service wing of the multiplex has a staff room, examination rooms, and a health information and promotion area. Health services offered include drug and alcohol counselling, tobacco reduction, and diabetes

FIGURE 4

Community-based service model with child care centre as integration site

prevention. Also located in the multiplex are a community kitchen and multipurpose rooms that offer a range of family services, as shown in Figure 4.

According to Christine Leo, Lil'wat Nation's former director of Community Advancement Programs: "Capacity increased in our community not only because all but one of the students finished the whole program but also because parents will be able to take advantage of employment and training opportunities now that there is a good daycare right here. And the Generative Curriculum Model meant that our values and language are integrated into the daycare program, so that the children's capacity to use our language and know our culture will be stronger."

ECCD as "Hook" and "Hub"

The First Nations partners that participated in the follow-up study have taken significant steps to support the well-being of children and families. Although each community is approaching service development differently, all of the administrators and practitioners expressed satisfaction with their progress. They are incrementally rolling out services that ensure their communities' children receive quality care. The services are introduced in a way that effectively "hooks" parents, other caregivers, Elders, and community administrators to participate in both child care and in other laddered health and development services built around the "hub" of a child care program (Ball 2005).

Hooks

When community leaders held forums to discuss making ECCD a focal point of community capacity building and infrastructural development, the value of assuring quality care for babies and preschoolers mobilized positive community action. Child care is the central hook that attracts families to new community services and secures their attachment to programs supporting the well-being of all family members. Many of the child care staff interviewed for the follow-up study said that while parents are often willing to seek playmates for their children, respite from the constant demands of parenting, or reliable daycare so they can work, they may be less willing to seek supports or services for themselves or other family members. Parents described how they began by bringing their children for care and then expanded their involvement to access other, co-located services for children. Over time, as they became comfortable with the staff and the quality of care, they came to the centre for social support and services for themselves.

Other hooks for securing family attachment to comprehensive community-based supports for achieving wellness include involving community members in the ECCD training program as guest speakers, mentors, planners, and helpers; co-locating programs with cultural meeting places and community kitchens; and holding events such as open houses and family days that welcome the whole community. In several of the partnering First Nations, child care programs are located with the pregnancy outreach program Best Babies, mom-and-tot groups such as parent-child Mother Goose, language facilitation programs, nutrition workshops, hands-on displays on healthy living (e.g., diabetes prevention, exercise, medication), and similar programs to promote child and family well-being. When parents bring their child for care, they pick up information about other

available programs. They see other community members attending these programs. Staff in the centre get to know them and may draw their attention to particular program offerings. Gradually, parents become more involved. They might volunteer to help in the community kitchen or spend time with children in the child care program. After a period of familiarization, they develop a sense of safety and trust in the staff. They may then enrol in a program themselves. As one community member said:

> Ever since this place happened, I feel like people can come out more and get the help and support they need. This child care program has been like a magnet that has drawn us to get together and keeps us here, doing things to help and heal ourselves and that will hopefully make our community stronger and a better place for our children and everyone who lives here and even those who want to move back here.

Hubs

While the hook approach is a child-centred model of service delivery, the hub model centres on families and communities. Services are specifically designed to meet community needs for developmental, social, cultural, and primary health programs, as well as to support children at risk and those with special needs. By setting up their child care centre as the hub of a larger system of community programs and meeting spaces, some First Nations communities have created a service delivery model that is multi-dimensional, accessible, and culturally appropriate.

In the follow-up study, many community members spoke about the concept of early childhood as a foreign idea that artificially segregates young children from "all children" or "the whole community." One Elder said, "Our children need to be understood as part of a whole that includes their family, community, culture, and the natural environment." In these communities, the child care facilities are primary sites for bringing people of all ages together for cultural events and for services and programs that address the well-being of the "whole child" and the "whole family." These include information and education, social support, health, and speech-language services. A grandmother who regularly brings her grandsons to the child development programs explained:

> Our child care is a holistic model, and feels natural to us as Aboriginal people, where we have always seen children and the community as one. Children are the future of our community – they are, or they should be, the centre of everything we do.

Promising Practices

The communities that participated in the follow-up study are addressing a range of needs and goals for children by providing a corresponding range of direct, accessible services and by rebuilding cultural, social, and physical environments for child and family development within a culturally congruent, community-based development model. These promising practices show how holistic thinking, good governance, community-driven training, forethought, and ingenuity can create cost- and resource-efficient service systems that are tailored to a community's culture, circumstances, readiness, needs, and goals.

Each of the partnering communities is different, and the research found variations in how each is able to support the "whole child" within the context of their family and community. Larger communities have more funding, more trained community members, and often a larger group of core leaders in governance and community development, thus they are able to implement more comprehensive training and service programs. Communities with smaller populations – especially those that are geographically remote – have access to less funding, especially when funding levels are determined on a per capita basis. These communities find it difficult to access training, attract and retain practitioners, and provide mentoring and professional development for program staff. Small communities are often less ready to articulate their goals for community development, and they may not have the leadership or resources to advocate effectively for training and service development or to implement long-range plans for community-based services. The follow-up study found that the small communities in Treaty 8 Tribal Association are finding success through working with neighbouring communities to coordinate programs and services. Supporting children and families in small, remote communities across Canada, as Romanow (2002) points out, is a challenge that calls for national dialogue and changes in policies and funding priorities.

First Nations in Canada are diverse; it is unlikely that any one vision, plan, or model will be appropriate for all. As Romanow (2002) and the National Aboriginal Health Organization (2002) emphasize, training programs and service delivery models must be adapted to the realities of different Indigenous communities. Community members need to be directly involved in defining the training and services they need and determining how to organize and deliver them most effectively. Respecting that there are many paths to achieving the goal of community-centred services, most Indigenous communities in Canada advocate holistic approaches to child and family well-being that require partnerships between communities and

training institutions, among communities and across sectors. It is clear that capacity-building initiatives must be anchored deeply within each community's socio-historical context, geography, culture, values, and goals.

For those First Nations that are blazing new trails for Indigenous communities across Canada to realize their vision of a comprehensive, culturally fitting, community-centred strategy to address children's development holistically and contextually, the road has been far from smooth. During both the program evaluation and the follow-up study, First Nations and institutional partners described many sources of frustration and challenge: finding and sustaining funding, staying the course over long periods to ensure that programs take root, and encountering duplications in accountability requirements across funders and sectors. They also identified the challenge of having ground-breaking pilot projects recognized and supported in remote rural settings, far from centralized monitoring bodies and campus-based administrators. Institutions must engage in supportive long-term partnerships with communities that will enable the communities to evolve and implement creative approaches over time. Despite the challenges, the communities and post-secondary institutions involved in the First Nations Partnership Programs have demonstrated strong leadership, political will, creativity, cooperation, and persistence, which have resulted in learning and strengthened capacity in communities and universities.

Demographic trends in Canada suggest that the number of young Indigenous children will grow at twice the rate of non-Indigenous children over the next decade (Statistics Canada 2003). A significant funding commitment will be required to support community-driven initiatives for nation rebuilding through community-based post-secondary education in ECCD.

The First Nations Partnership Programs – and the research findings that illuminate the conditions that enable their success – underscore the need for funding agencies, branches of government, regulatory bodies, community administrators, and training institutions to open up the foundations of how education and training, community development, and service delivery are conceived and supported. Each community that shares the goal of developing a coordinated, culturally informed approach to promoting the well-being of children and families must be given enough flexibility and long-term support to evolve and implement its own long-term vision.

Communities that are ready and that have the will to see a vision of rebuilding support for children and families through to successful implementation will need funding and technical support to develop both the hard infrastructure (buildings and equipment) and the soft infrastructure

(enabling policies, training in human services, effective governance for service developments and delivery, the appointment of administrators and management) that are required to support that vision. Researchers, too, will need funding to develop community-relevant criteria and tools for measuring program performance and to enable the effective communication of new knowledge so that further promising practices can be identified and shared.

Reflections on Strengthening Indigenous Early Childhood Program Capacity

This book has described an approach that involves First Nations in collaborative partnerships with post-secondary institutions to create and deliver an adaptable ECCD training program. In this approach, community and institutional partners collaborate to generate a curriculum that embodies the community's cultural traditions, values, and goals for children and families while also introducing students to a representative sampling of research, theory, and practices in the Euro-Western tradition. The First Nations Partnership Programs effectively move away from the conventional idea of professional training as the development of an elite class of experts with an elevated claim to knowing what is best for children and families (Dahlberg, Moss, and Pence 1999). Instead, the partnership programs' decolonizing approach recognizes communities' need and desire to develop local capacity to innovate their own programs, guided by their cultural goals and by community-centred models for supporting children and families (Ball and Pence 2002; Ball et al. 2002).

The stories told in this volume convey what has been learned by breaking away from campus-based, mainstream training models and exploring community-centred, co-constructive ways of combining the strengths of cultural communities and post-secondary institutions. Our hope is that this learning will be used to inform other initiatives intended to stimulate social inclusion and cultural revitalization while rebuilding community capacity to support children and families. Sustaining cultural knowledge and ensuring healthy social ecologies where children can thrive requires intercultural partnerships based on trust, reciprocity, and a commitment to long-term engagements. The First Nations Partnership Programs demonstrate the potential that exists for institutional and community transformation when partners anchor development initiatives deeply within the context of local people and exercise the will to act on the principle that communities really matter.