It’s Relational: A Critical Reframing of How an Early Intervention Program Promotes Indigenous Families’ Wellbeing and Fosters Children’s Health Equity in B.C.

Alison Gerlach, PhD, MSc (OT)
Clinical Assistant Professor
Dept. of Occupational Science & Occupational Therapy, University of British Columbia

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Learning objectives

• To generate a greater understanding of:
• (1) The relationship between family well-being and child health equity.
• (2) An innovative and socially responsive approach to early childhood intervention – AIDPs.
• (3) Implications for early childhood programs and organizations in relation to Indigenous and all families and children who experience social marginalization as a result of structural inequities.
• AND
• (4) Lets talk…..
Acknowledgements

- Families, Elders and colleagues from the Lil’wat Nation.
- Community research partner: Provincial Office and Steering Committee of the Aboriginal Infant Development Program of British Columbia
- Research Participants: Indigenous caregivers and Elders, Aboriginal Infant Development Program workers, and administrative leaders.
- Doctoral committee:
  - Dr Annette Browne
  - Dr Melinda Suto
  - Dr Margo Greenwood
- CIHR doctoral scholarship
BRINGING A CHILD HEALTH EQUITY LENS TO EARLY CHILDHOOD PROGRAMS
What does ‘health equity’ mean?

• The absence of **systematic and remediable differences** in one or more characteristics of health within a defined population or population group (WHO, 2008).

• For children, health equity means that every child in Canada has a fair opportunity to attain his/her full health potential regardless of social factors including their family’s income, education, or their ethnicity.

• Means that no child should be prevented from achieving his/her potential if it can be avoided.
Social Gradient of Health
(Canadian Centre for Policy Alternatives, 2013)

From Bad to Worse
CHILD POVERTY RATES IN CANADA

British Columbia: 39% Indigenous, 17% Non-indigenous
Alberta: 34% Indigenous, 11% Non-indigenous
Saskatchewan: 55% Indigenous, 16% Non-indigenous
Manitoba: 52% Indigenous, 15% Non-indigenous
Ontario: 34% Indigenous, 15% Non-indigenous
Quebec: 27% Indigenous, 15% Non-indigenous

Learn more at policyalternatives.ca/poverty-or-prosperity
Indigenous Determinants of Health
(Reading & Wein 2009)
4 Features of Health Inequities

1.社ocially determined

2. Stem from structural inequities within society

3. Avoidable, unfair and unjust

4. Require a radical shift beyond the health care sector
Equality does not mean Equity
Systematic review to identify early childhood interventions that had the potential to reduce child health inequities in European countries

(Morrison, J., Pikhart, H., Ruiz, M., & Goldblatt, P., 2014)

• Concluded that effective interventions were:
  ✓ Universally accessible but tailored to families’ social and economic circumstances.
  ✓ Combined programs and workshops for both parents and children.
  ✓ Started during pregnancy.
  ✓ Included a home visiting component.
A CRITICAL QUALITATIVE STUDY IN PARTNERSHIP WITH THE LEADERSHIP OF THE AIDP

One of the few studies internationally that draws on critical theoretical perspectives and an ‘health equity lens’ to examine how an early childhood intervention program can contribute towards fostering health equity for Indigenous infants and young children in BC.
(1) Pervasive and persistent health inequities are experienced by many Indigenous children in Canada.

(2) Health inequities in early childhood increase the risk of poor health outcomes and adverse life experiences across the life course.

(3) Lack of knowledge on how health inequities affecting Indigenous children are being, or could be, addressed.

(4) Lack of knowledge on Indigenous early intervention home-visitation programs.

(5) Early intervention therapists in BC are questioning their practices with Indigenous communities and families.
Overarching Purpose

- To generate knowledge on how an early intervention home-visiting program for Indigenous families and children in BC, known as the Aboriginal Infant Development Program (AIDP), influences families and children’s health and well-being, and is responsive to health and social inequities affecting families and children experiencing social disadvantages.
Community Research Partner (CRP): Aboriginal Infant Development Program of B.C.
Critical Theoretical & Analytical Framework

- Relational epistemologies
- Postcolonial feminism
- Indigenous feminism
Decolonizing Methodologies

**How can I...**

- Flatten power hierarchies?
- Foster mutually respectful relationships?
- Generate knowledge that benefits families & children?
- Address goals identified by the CRP?
- Foster transparency with the CRP?
- Generate knowledge that is credible and meaningful?
- Share knowledge in respectful, meaningful & beneficial ways?
Methods of Data Collection

- Individual & small group semi-structured interviews
- Socio-demographic information
- Informal participant observation
- Fieldnotes
Research Participants & Settings

- **Participants N=35**
  - Indigenous caregivers n=10
  - Elders n=4
  - AIDP workers n=18
  - Admin Leaders n=3

**RESEARCH SETTINGS:** Participants were involved in 7 different urban-based, off-reserve AIDPs located in 4 distinct geographical regions of British Columbia. During data collection I visited 3 of these organizations.
Analytical Process
FINDINGS
Relational Understandings of Family Health & Well-being

An Overview of the Findings

Navigating Systems
Reframing the Early Intervention Process
Tailoring Programs for Urban Contexts

Traversing the Contested Terrain of Early Intervention & Child Welfare
Early Intervention Anchored in Relational Understandings of Family Well-

Knowledge

Relationships/Contexts
Early Intervention Anchored in Relational Understandings of Family Well-being
Families’ Everyday Lived Experiences of Structural Inequities & Violence
### Families’ Everyday Lived Experiences of Structural Inequities & Violence

#### The Relentless Gaze of the State
- **Mother:** “And going back from the long history of residential school essentially it just seems like to some people today it’s the same sort of thing. It’s the government coming to take your child because somebody has reported you as unfit . . . . And then if you sort of add that to the whole residential school…” (P26)

#### The Downstream Effects of Poverty
- **AIDP worker:** “When we want to criticize a family for sleeping with their infant, you look at the house they’re living in, a three bedroom house with 17 other people. You kind of don’t have a choice. So it makes it look like parents aren’t safe” (P01)
"It was important to make sure that the communities felt that they had a voice in our programs so we just created space for that". (AIDP worker)
Tailoring AIDPs for Urban Contexts

Creating Places of Physical & Emotional Safety for Women

- Elder: “This is a place of being safe and a lot of women have gone through many abuses and now realizing that there are nice places in the world…. You hear that this is a trustworthy place and a calm place” (P24)

Buffering Women’s Experiences of Social Marginalization & Isolation

- Mother: “I thought in my isolation that I didn’t have any significance just because I was so overwhelmed by society’s outlook on me I guess.. [AIDP] helped me look at me in a different way because people were having the same struggles, were having the same issues, it sort of gave me a sense of belonging and I owned up to that because I started to feel good about myself”. (P26)
Tailoring AIDPs for Urban Contexts: Fostering Indigenous knowledges, Identities & Sense of Belonging

• Admin Leader: “the cultural component [of AIDP].. is so important. I just see its such a gift to [the organization].. Its linked some of the moms, it’s built a bridge back to their culture…. I see the families gaining a sense of pride and curiosity and knowledge and connection with their culture”. (P38)

• Mother: “I think its important to have the Elders as well as the babies that you had seen. It’s sort of like the whole family. It would be really nice to see the father be there too …. It comes back to that sense of belonging, you know, everybody has a place and the Elders can share stories”. (P26)
“With AIDP and I think consistent with Aboriginal values is you let the process unfold as it needs to” (AIDP worker)
Reframing the Early Intervention Process: Resisting Normative Program Expectations

"We try really hard to make the program fit the family we really do do". (AIDP worker)
Reframing the Early Intervention Process: Responding to Caregivers’ Agency & Self-identified Priorities

- AIDP worker: “Sometimes just even being able to just find milk for their infants and just even thinking about healthy food choices and those kinds of things. . . and so sometimes the focus would be just making sure that they have access to be able to get food to be able to bring home because they’d be very emotional and couldn’t do anything until that was provided”. (P06)
Reframing the Early Intervention Process: Organizational Context

- AIDP worker: “I think there’s a very easy transition and programming so it’s one of the hubs or ‘one-stop-shop’ type of model that I think have been very, very successful so.. if you go there for prenatal you also go there for AIDP. You have resources to help you with housing, with food, you have access to Elders and Indigenous cultural activities. You have access to other programming for your older age children that are school age or youth altogether”. (P01)
Relational Accountability:
Navigating Systems

- Tailoring Programs for Urban Contexts
- Reframing the Early Intervention Process
- Navigating Systems
  - Navigating the Health Care System
  - Navigating the Child Welfare System
AIDP worker: “I went to a specialist appointment and after the appointment (the mother) said (the doctor) was totally different because you were there, and he did seem interested in her and ‘oh how long has this been going on’ and just asking more and more questions and probing further . . . She noticed a difference and she said he was so different just because you were there like he cared and was interested”. (FG1)
Navigating Systems: The Child Welfare System

- Buffering families from ‘the Ministry’
- Providing a critical counter narrative: ‘You are a good mom’
- Advocating for children in ‘state care’
Navigating the Child Welfare System: Disrupting colonial myths – ‘you are a good mom’

- AIDP worker: “I worked with this mom, she was in tears because she told me that the Ministry made her feel bad and made her feel like she was a bad parent and she couldn’t do anything right. And this woman has horrific circumstances and has no family, and so I talked to her about what does the ministry want, what were their expectations?”. (P30)
AIDP worker: “Sometimes the social workers do pressure the family to be part of it [the program] because they can see that it would meet maybe some goals that they have or whatever. But because it’s coming from the social worker they feel they should say yes. But then to follow through with them [the family] and have conversations with them on the phone they don’t necessarily call you back because they don’t want to”. (FG1)
Relational Accountability: Deferring an ‘ECD Agenda’

- *ECD
- Biomedical

*Mainstream IDP*

- Relational understandings of family well-being

*Shifting Practice Boundaries*

- Relational accountability to communities & families

*Aboriginal IDP*

[*Early child development*]
IMPLICATIONS
Implications

Promoting Family Well-being & Fostering Child Health Equity

- A broader scope of early intervention
- Multiservice organizational hubs
- Cultural safety
- Political action

A trauma- and violence-informed approach
Implications

A Complex Relationship: AIDPs & the Child Welfare System

- Families may be increasingly reluctant to choose to participate.
- Potential of early intervention eroded.

Early Intervention Therapy Programs (OT, PT, SLP)

- Rethinking ‘disability’ and ‘rehabilitation’ in the context of Indigenous children.
- A greater visible presence in, and relationships with, community organizations where families are already gathering and feel safe.
Future Research

1. Longitudinal research to evaluate the impact of AIDPs and other ECI programs on family wellbeing and children’s health equity.

2. Research on how organizational and community structures and networks can be better integrated, in order to enhance Indigenous families’ access to and use of, a wide range of supports and resources.

3. Research on how early intervention therapy (children’s rehabilitation services) can be responsive to Indigenous families who have children with developmental challenges and are also living in conditions of social disadvantage as a result of structural inequities.
Questions, comments, suggestions?

Please connect with Alison:

alison.gerlach@telus.net
References


