

# Progress Report 2021 Maskwacis Early Years



**The Early Years**  
A Martin Family Initiative





THE EARLY YEARS: A MARTIN FAMILY INITIATIVE  
Progress Report 2021 Maskwacis Early Years  
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#### PROJECT SPONSOR

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#### SHARING GUIDELINES

It is the hope of all those who contributed to this project that these findings are shared and used to improve outcomes for Indigenous families. All third-party and general-public communications relating to this report or the Early Years program require pre-approval from the Ermineskin Cree Nation, Maskwacis Health Services and the Martin Family Initiative.

*This report is a condensed version of a full-length annual evaluation progress report prepared for Brain Canada Foundation.*

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# BACKGROUND

With funding from the Brain Canada Foundation, the Martin Family Initiative (MFI) developed the Early Years (EY) program. An original, evidence-informed program, the EY bridges community expertise and leadership across the health, education and social services domains to support Indigenous women, children and families. MFI and the research team—Dr. Bryan Kolb, an expert in brain development and behavior at the University of Lethbridge, and Dr. Melissa Tremblay, an Indigenous scholar and child psychologist at the University of Alberta—implemented the initial pilot project in collaboration with Maskwacis Health Services (MHS), Maskwacis Education Schools Commission (MESCC) and the Ermineskin Cree Nation, in May 2018.

Although the initial pilot project was implemented in the Ermineskin Cree Nation, due to considerable interest by the communities surrounding Ermineskin, the program expanded to the other three Nations of Maskwacis (Louis Bull Tribe, Montana First Nation and Samson Cree Nation) in 2019 using Federal funding accessed by the Nations through Indigenous Services Canada. Therefore, the pilot project continues to operate alongside and simultaneously with the expansion of the program to all four Nations of Maskwacis. Program delivery in the four Nations of Maskwacis is seamlessly integrated; thus, this report includes results from the Maskwacis EY program, including the Ermineskin Cree Nation pilot and the Louis Bull Tribe, Montana First Nation and Samson Cree Nation expansion.



Photo by Louise Johns

# PROJECT OVERVIEW

The overarching mission of the Early Years program is to catalyze Indigenous-led holistic transformation of early childhood services through community-based, relationship-driven supports for young mothers in the context of their families. The program is driven by the goals of helping Indigenous families refine strong parenting practices, diminish stress, and activate resiliency to ensure young children are raised happy, healthy and ready to learn. The program is grounded in Indigenous culture and the lived experiences of children and families.

The Early Years program model prioritizes early childhood education and care that begins prenatally and continues until a child enters school at 4 or 5 years old. In **Phase 1** of the program, community-based staff, called Visitors, many of whom are mothers themselves, are paired with new parents starting prenatally to walk alongside them and their families in a home-based setting until their child reaches the age of 2. Through weekly home visits and regular check-ins, the home Visitors focus on establishing consistent, caring relationships with parents and families. Home visits are accompanied by weekly group gatherings that centre Indigenous traditions, providing caregivers opportunities to celebrate their culture in the context of their children's early learning. The group experience also supports participants in strengthening and expanding their social networks to include other parents and Elders in the community. In each setting, through both structured and unstructured activities, families deepen their understanding of child development and develop confidence in their abilities as parents. As children grow, greater priority is placed on centre-based programming. Once children reach 2 years old, they transition from home visiting into preschool-aged programming. In **Phase 2** of the Early Years, the program offers drop-in play-based activities for 2–4-year-old children, as well as the Get Ready for Preschool program to support children and families through the transition into structured childcare or Head Start programming available in the community. This Phase of the program also includes peer mentoring and enhanced professional development for existing early childhood staff in the community.

In addition to visits, group gatherings, and preschool-aged programming, Early Years Visitors aim to recognize and, where possible, meet parents' immediate needs by providing additional services, such as transportation to relevant service providers, and healthy food, books, and infant supplies. Staff also support parents to develop a vision for their future, plan subsequent pregnancies, continue their education and/or find employment, in part by seeking to increase the use of and ease of access to existing services in the community.

The program has the following goals:

- 1 Participant and community engagement.
- 2 Supporting healthy pregnancies and maternal wellness.
- 3 Enhancing children's language development and overall school readiness.
- 4 Providing play-based learning opportunities for children.
- 5 Enriching children's pride in identity and culture.
- 6 Strengthening parenting capacity and family well-being.

Together, the goals recognize and build on the strengths already found within Indigenous families and communities.

## EVALUATION APPROACH

Evaluation of the Early Years aligns with a community-based participatory research (CBPR) approach. Central to the evaluation approach is partnership, a focus on local social justice issues, knowledge sharing, and long-term commitment. Our evaluation data collection includes:

- ⦿ Three parental self-report tools: the Perceived Stress Scale, the Social Provisions Scale, and the Cultural Connectedness Questionnaire;
- ⦿ Two child development assessments: the Ages and Stages Questionnaire, Third Edition (ASQ-3) and the Early Development Instrument (EDI);
- ⦿ An analysis of health and Child and Family Services records;
- ⦿ A community services stakeholder survey;
- ⦿ The Early Years Impact database; and,
- ⦿ Interviews with program staff and participants.

# RESULTS

The following section provides a snapshot of the Maskwacis Early Years from November 15, 2020 to November 15, 2021. Throughout the past year, the program continued to strengthen relationships with participants and the wider community despite unpredictable and variable COVID-19-related challenges to engagement, recruitment, and service delivery (see Figure 1).

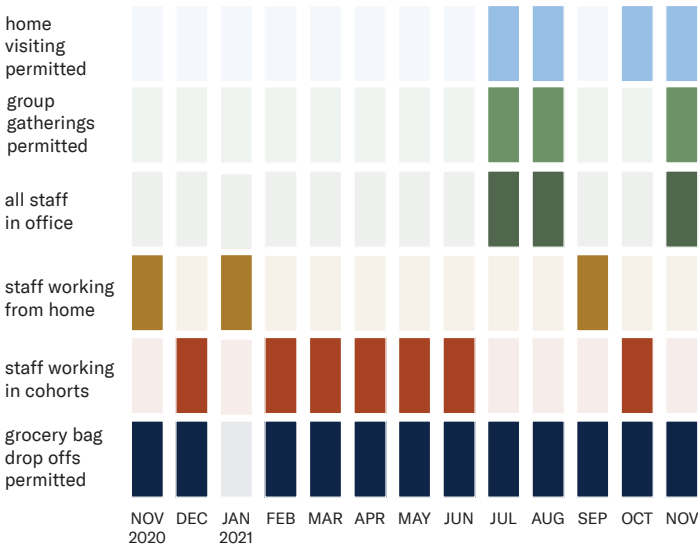


Figure 1 COVID-19 restrictions in Maskwacis

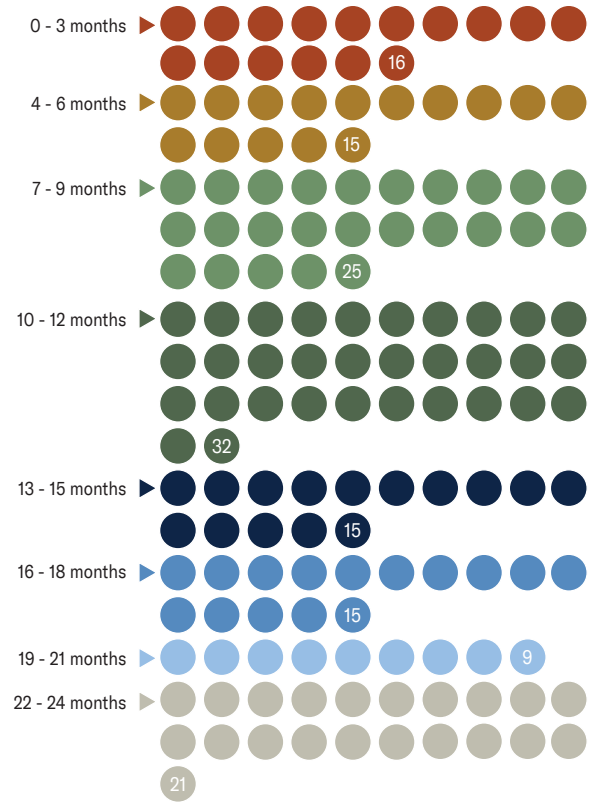
## Participant and Community Engagement

Since the program started in May 2018, 240 parents/caregivers and 233 children have participated. The following section reports on the participants who were active in the program in 2021.

### Participation

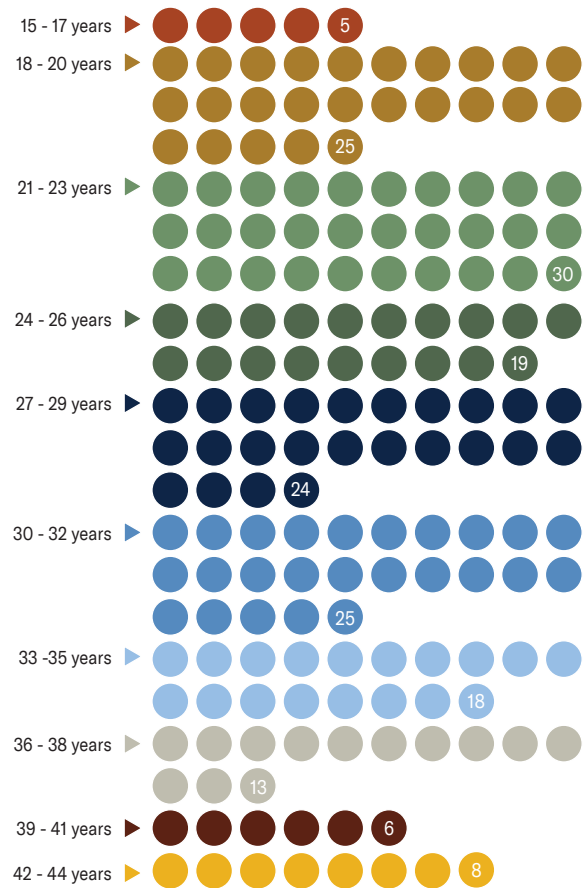
Program participation has grown over the last year, in part due to the addition of five new Visitors and the relaxation of COVID-related restrictions, which allowed for in-person outreach and recruitment throughout the summer. In 2021, 198 children and 200 parents/caregivers, 29 of whom are pregnant, participated in the program. Some families have more than one child currently participating. Children who participated in the program in the last year range in ages, with a large cohort of children age 10-12 months as of November 15, 2021 (See Figure 2). Of these 198 children, 44 children have turned 2 years old and have completed the home visiting portion of the program. These children will transition into the Early Years preschool programming.

Parents and caregivers in the program are diverse in terms of age and relationship to the child who is participating in the program. Parents and caregivers range in age from 15 to 43 years old, with an average age of 28 (see Figure 3). While parents/caregivers most



n = 148  
Note: age is unavailable for 6 children

Figure 2 Age of EY participating children



n = 173  
Note: age is unavailable for 27 parents/caregivers

Figure 3 Age of EY participating parents/caregivers

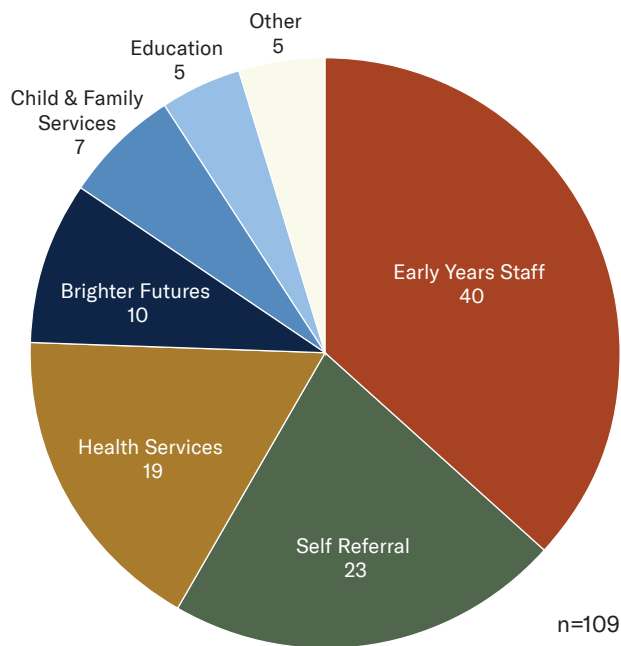


Figure 4 New participants in 2021 by referral source

often consist of mothers, parents/caregivers in the program also include dads, grandmas, aunts, and other family members who are caring for the child.

In 2021, 109 families joined the program, including 4 previous participants who returned to the program with a new pregnancy. The most common referral source for new families was EY staff (see Figure 4). As with the previous year, interview participants indicated hearing about the program through family or friends who were already involved with the EY; as one participant shared, “My sister-in-law was in the program before me and she told me about it...she told me that it’s a support program where they can help you so I was like, ‘oh, I really need that.’”

Participants are from all four Nations, with 46% from Samson Cree Nation and 36% from Ermineskin Cree Nation (see Figure 5). While participation is smaller from Louis Bull Tribe and Montana First Nation, these two Nations have a much smaller population compared to Samson Cree Nation and Ermineskin Cree Nation.<sup>1</sup> Targeted recruitment from Louis Bull Tribe and Montana First Nation continues to be a focus. In 2021, a satellite Early Years office was established at the Maskwacis Health Services building in Louis Bull.

### Toolbox

The Early Years Toolbox is a foundational resource used at most visits to introduce important conversations and highlight child development activities. The Toolbox consists of a set

<sup>1</sup> Populations of the four Nations are Ermineskin Cree Nation: 2,835; Samson Cree Nation: 3,825; Louis Bull Tribe: 1,605; Montana First Nation: 1,060 (Statistics Canada, 2016 Census of the Population)

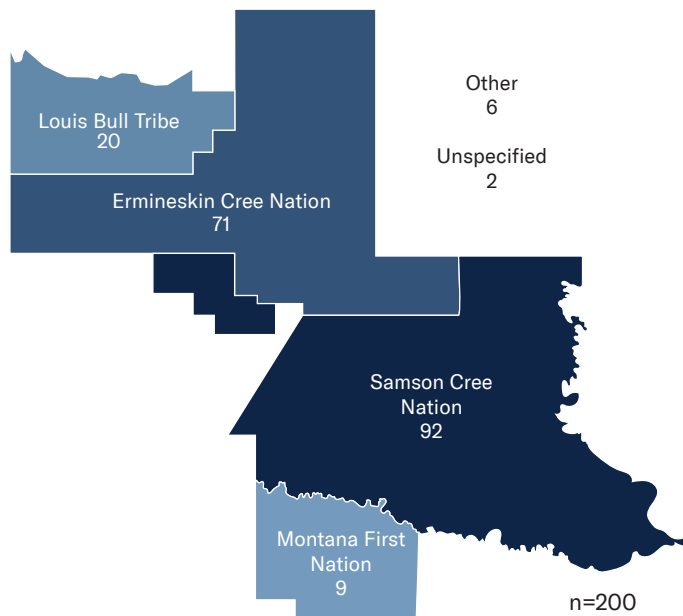


Figure 5 Nation of participants in 2021

The Nations included are located in Alberta, Canada approximately 100 km south of Edmonton.

of illustrated cards, each touching on an aspect of child development that facilitates intentional learning opportunities and meaningful interactions with children. Toolbox card illustrations representing the beauty, strength, and uniqueness of children and families from the community enrich the early childhood development information communicated by the cards. The Toolbox has been vetted by community members—a crucial step to ensure that participants, Visitors, educators and anyone else using the cards can feel ownership and pride in them. See an example of the Toolbox cards in Figure 6.



Figure 6 Toolbox Cards

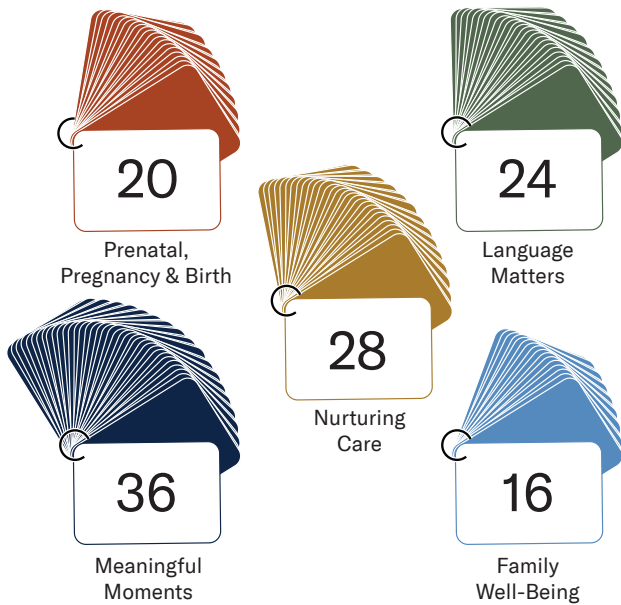


Figure 7 Number of Cards per Toolbox Section

The 124 cards are divided into five sections: Prenatal, Pregnancy and Birth; Language Matters; Meaningful Moments; Nurturing Care; and Family Well-Being. While Visitors have been using Toolbox cards aimed for children prenatal to 24 months old since the program launched, this year a set of 45 Toolbox cards for 24 to 48 month old children were developed and piloted with the Get Ready for Preschool program. In addition to the 24 to 48-month cards, the Early Years has developed the Engaging Environments Toolbox cards, targeted for centre-based programming and offering suggestions for creating supportive and engaging environments for children.

In 2021, the most frequently used section was Prenatal, Pregnancy and Birth. This section is used primarily during the prenatal period. The Family Well-Being section is the least used section of cards; however, it is also the smallest section, with only 16 cards (see Figures 7 and 8). Similar to the previous reporting year, Self-Care continues to be the most frequently used card. The frequency of usage of this card, which encourages a pregnant woman to take care of herself and maintain her own wellness for her developing baby, suggests a demand for additional mental health resources for participants in the program. Other particularly popular cards this year included basic child development activities.

Both EY participants and Visitors indicated the perceived value of information included in Toolbox cards, in part by stating that their older children would have benefited from the information had the program been available previously. It was common for participants to describe how conversations with their Visitors, stimulated by Toolbox card topics, served to normalize their child's behaviors or experiences they were having with their child; as one participant explained, "[The cards] give me insight on what [my son] is developing and how he's doing it. And [the behaviors] don't feel like such a problem. So I really love those."

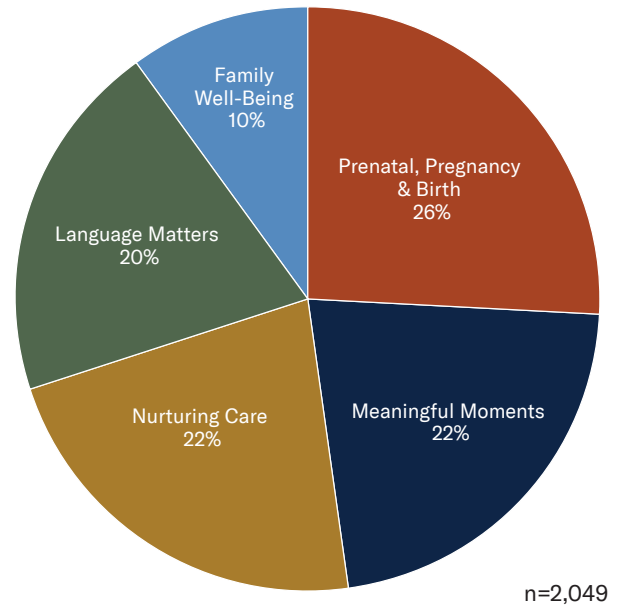


Figure 8 Toolbox card usage in 2021 by section

### Visits

Visitors conducted 2,254 visits during the last year. The majority of visits were conducted virtually, either through video call, telephone call or text/Facebook messenger. For more than half of the year, the program operated solely virtually owing to community COVID-19 restrictions; however, the program was able to resume in-person visiting in June 2021, depending on the comfort level of Visitors and participants. Throughout the summer, Visitors were encouraged to conduct in-person visits outdoors with participants. See Figure 9.

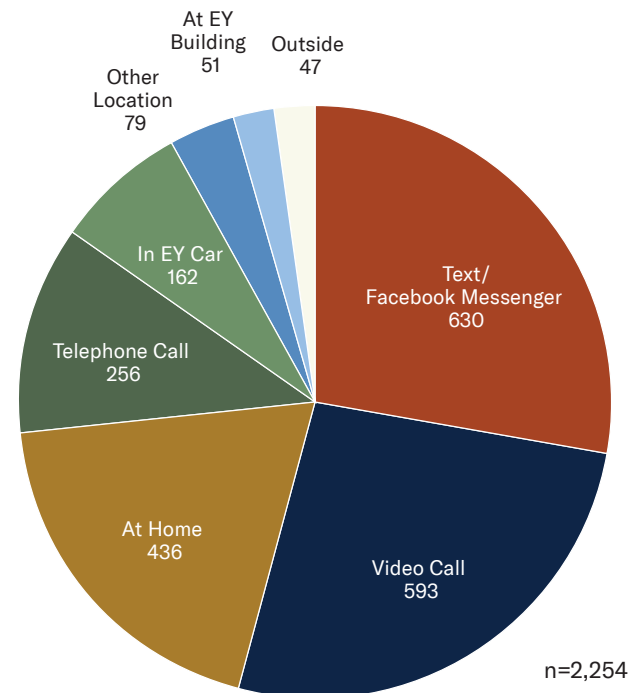


Figure 9 Location or method of visits in 2021



In between regularly scheduled visits, Visitors continued to connect with participants through text and phone calls. Visitors recorded 1,670 of these types of connections in the last year. In addition, there were 2,129 deliveries of groceries, household products, and infant supplies to participants in the program. With visits, connections, and drop offs combined, participants received on average four engagements per month from their Visitor.

Interview participants reiterated that they looked forward to contact with their Visitors, and how powerful in-person visits could be in facilitating connections. As one participant shared, “[My Visitor] will ask me questions, she’s interested in what I’m doing with my baby...it’s nice to have a worker come to see you and your child, to come and give you a smile.”

While it has been more challenging to engage the whole family through virtual visiting this year, other family members were still involved in visits, with at least one other family member in addition to the primary caregiver present at 26% of visits that occurred in 2021.

### Community Services Stakeholder Survey

A Community Services Stakeholder Survey was distributed to individuals from other community services including Maskwacis Education Schools Commission, Chief and Council of the four Nations, Maskwacis Health Services and Child and Family Services agencies serving the four Nations and received 19 responses.

Notably, 95% of respondents agree or strongly agree that “the EY program is enhancing the well-being of children and families in Maskwacis”. Seventy-nine per cent of respondents agree or strongly agree that they “understand the goals and direction of the EY program” and that those goals “align with the goals” of their organization. As well, 85% agree or strongly agree that “the EY program is filling a gap in services for families in Maskwacis.” See Figure 10. With respect to areas for growth, survey responses suggest that there is room for increased collaboration between community services. While 63% of respondents agree or strongly agree that they “feel satisfied with the communication between EY staff and their organization,” 37% reported feeling neutral about their satisfaction with communication, or disagreed that they were satisfied with the level of communication from EY staff. Four respondents also indicated that they would like more information about the Early Years and 22% of respondents indicated neutrality or disagreement that their organization is collaborating with the EY program.

In general, respondents identified that the EY program is helping the community by providing supports to families in a positive, culturally safe environment and bringing awareness to the importance of early child development. One respondent stated that, “The EY program is providing safe and culturally supportive material and education to people within my community. The EY program provides a safe, relaxed environment which helps to allow clients to enjoy themselves more and get more out of the [cultural] teaching.”

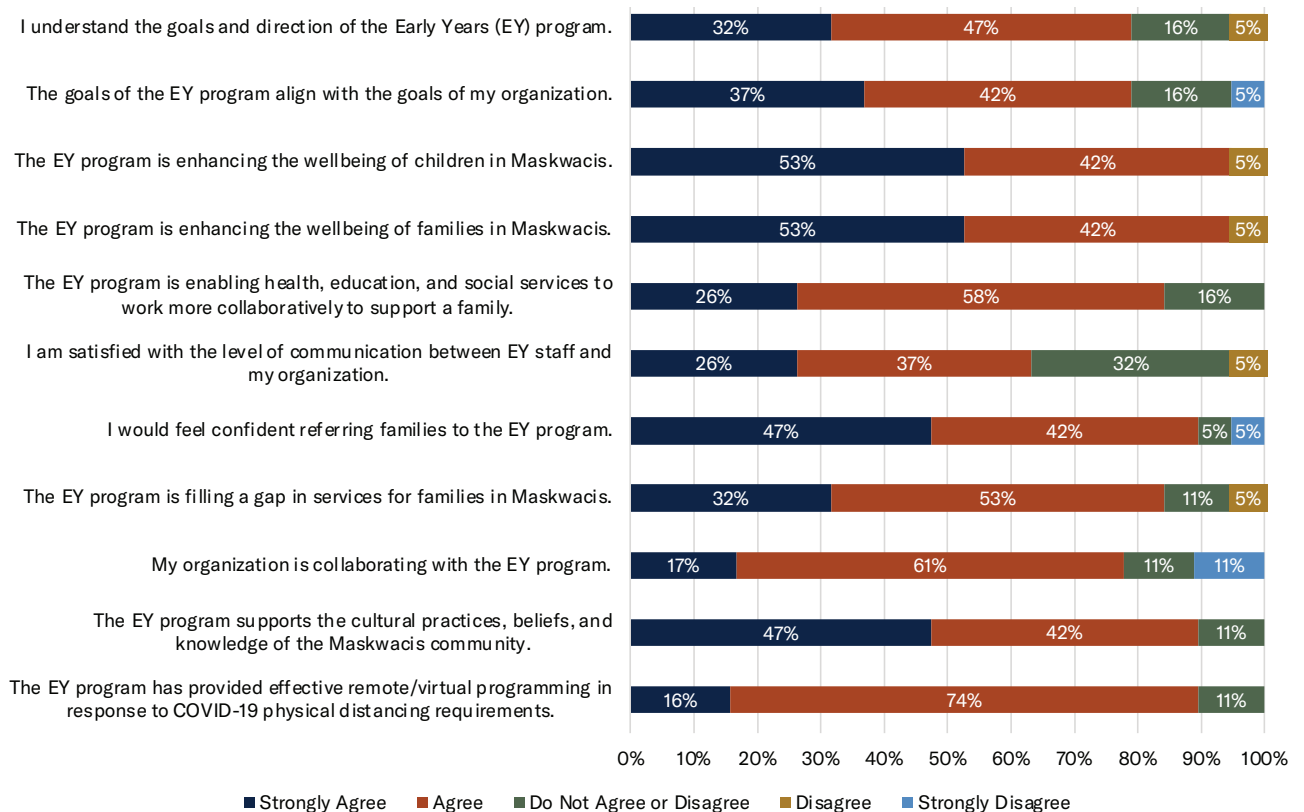


Figure 10 Community Services Stakeholder Survey responses

## Healthy Pregnancies and Maternal Wellness

A key premise of the EY program model is that healthy pregnancies lay the foundation for healthy babies, children and, ultimately, healthy communities. A central goal of the program is to minimize barriers to healthy pregnancies by smoothing the path toward equitable opportunities for prenatal and maternal support. Toward this goal, Visitors offer various supports to enhance maternal wellness.

### Transportation

Many EY participants do not have reliable access to transportation, which is essential for accessing medical appointments, buying groceries, and completing errands. In the last year, Visitors provided rides to participants for medical appointments, prenatal appointments, child immunizations, groceries, essential errands, and EY group gatherings or events. While not all participants need support with transportation, with 20% of participants utilizing this resource in the last year, having it available is a significant help to families who do need the support. Vehicles also offer a safe, private location for Visitors and participants to meet.

### Perceived Stress Levels

As part of the program evaluation, the Perceived Stress Scale (PSS) is administered to both prenatal and postnatal program participants. The questionnaire is to be administered at intake and at 3-month intervals, to evaluate changes in perceived stress levels. Ultimately, the aim is to be able to follow the perceived stress levels of parents/caregivers over the course of their participation in the program in order to provide insight into the program's impact on parental stress. According to the PSS results, EY participants at intake are experiencing on average higher perceived stress compared to published norms. During interviews, participants spoke to their experience of program involvement helping to address the stresses they were experiencing; for example, "I was uncertain about a lot of things...I was scared about some stuff. And having that home visitor come in actually made me feel more at ease." Similarly, another participant shared that, "Having a baby is...hard on your mental health... but you guys make it easier, help women cope, let them know that they're not alone."

The pandemic and its isolating effects on families have underlined the need for additional mental health resources for families. In the last year the program has developed the Pregnancy Journal, a resource for pregnant moms to work through, with activities based on cultural teachings, exercises about self-care and space for self-reflection. It also contains information about what to expect at each stage of pregnancy, and guidance for planning ahead as a mom adjusts to life with a new

baby. By the time her baby is born, moms will have a memoir of their pregnancy through the Pregnancy Journal. This journal has been piloted with staff and will be offered to all pregnant moms in the program when group gatherings are able to safely resume. In addition to the new resource, the Early Years has contracted a Mental Health Counsellor to support the program on a consistent basis, who will offer shorter term 1 on 1 counselling support to both staff and parents/caregivers.

### Breastfeeding

Related to the stress that mothers commonly experience perinatally, Visitors supported participants with breastfeeding when it was expressed as a need. This was important given the potential health benefits of breastfeeding for both mothers and babies, the opportunity for mother-infant bonding that breastfeeding offers, and the financial advantages that come with the ability to avoid purchasing infant formula.

Visitors regularly administer a Breastfeeding Questionnaire to participants as well as topic-specific Toolbox cards to start conversations and check in with parents about breastfeeding. Having these conversations allows Visitors to ensure that parents are receiving the supports they need. One participant described how important receiving support with breastfeeding was for her, "because I was so overwhelmed and I couldn't heal. And then [EY staff member] made me feel better about doing both formula and breastfeeding. And it helped me a lot because...my second oldest, I didn't get to breastfeed her because I had the baby blues and it was so bad, so I was scared that was gonna happen with [child in the EY program]." It was common for participants to share that their Visitors were instrumental in facilitating their breastfeeding journeys.

### Relationship with Visitor

Since the EY program's inception, feedback from participants and Visitors has confirmed the tremendous importance of the relationship between Visitors and participants, with a particular focus on relationships between Visitors and parents/caregivers as well as between Visitors and children. Strong relationships are important in and of themselves for participants to experience a sense of caring and social support from their Visitors, and also because strong relationships allow participants to trust, and therefore use, the information and resources provided by Visitors. Participants described overwhelmingly positive relationships with their Visitors; as one participant communicated, "My Visitor makes me so comfortable. My kids are comfortable around her as well...when my Visitor checks in, it makes me feel more comfortable with myself. Comfortable being a mother. And just knowing someone is there, is a great feeling."

## Language Development and School Readiness

A focus on nurturing language development and overall school readiness is woven throughout the EY program including home visits, Toolbox cards, and group gatherings. Early language development is a pathway to children's holistic development and is a strong and early predictor of cognitive development, social competency, and emotional regulation.

### Book Distribution

The program distributed 2,900 children's books to families through Visitors' weekly drop-offs, including titles written by Indigenous authors and 5 books written in Cree. Where Visitors were unable to do in-person home visiting, the books and weekly drop-offs provided the opportunity for Visitors to regularly connect with families. During interviews, participants expressed their appreciation for book distribution, with some participants explicitly noting that they recognized the value of literacy during their children's early development. One participant shared that, "Since we've been in the program, it's been helpful. We're both learning together...my son expresses himself more and he's talking more...he amazes me every day... before he'd just babble away. Now he asks and he says please. It's really awesome. Just learning with him."

### Ages and Stages Questionnaire

The administration of the Ages and Stages Questionnaire, Third Edition (ASQ-3) was incorporated into the program more fully in 2021. The ASQ-3 helps Visitors to screen for child development concerns. As a result, children can receive the additional supports they need before entering school at age 4 or 5, instead of upon school entry, which is typically the first time that child development concerns are identified.<sup>2</sup> The questionnaire has also been a useful parent/caregiver education tool by helping parents/caregivers understand how their child is developing, celebrate their child's accomplishments, and pinpoint areas for more practice. For those children with developmental concerns based on the ASQ-3, Visitors are providing targeted supports in the domains of concern and recommending referrals to additional services as required.

### Get Ready for Preschool

The Get Ready for Preschool (GRP) program was created to fill an identified need in the community; while there were spots available for children in Head Start Centres in the community, they were underutilized. The GRP was designed to support the

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2 Glascoe, F.P. (2000). Early detection of developmental and behavioral problems. *Pediatrics in Review*, 21(8), 272-280.

transition from in-home learning to group-based or centre-based learning, to ensure that parents and caregivers are equipped to support their children in the preschool years, and to ensure that children have positive early learning experiences.

Interviews were conducted with parents/caregivers who took part in GRP. In describing their experiences, participants shared gratitude for the opportunity that GRP offered to socialize and interact with their same-age peers. One participant described how she credited GRP with bringing her child "out of her shell," and this sentiment was shared by other parents/ caregivers. Another parent remarked that she was "surprised" at how much her child had learned during the 8-week GRP program, including learning to count in both Cree and English, dance and sing, and "to talk lots now, maybe from the other kids." Similarly, another parent spoke about how her child had been introduced to smudging through GRP, and others expressed appreciation for culture being incorporated into the program. Overall, participant feedback regarding the first GRP pilot was expressly affirmative.

## Play-based Learning

Throughout childhood, play represents an important opportunity to learn language, communication, motor, and social skills, shape an emerging sense of self, practice problem solving, and foster brain development.<sup>3</sup> Toward promoting play-based learning, the EY program hosts group gatherings, preschool drop-in sessions, as well as the GRP program.

### Group Gatherings

The program hosts regular group gatherings for parents/ caregivers and children to come together for socialization and participation in group activities. Group gathering topics range from informational sessions about caring for babies, sharing circles for prenatal or postnatal moms, social events, as well as cultural topics which might include Elders as guest speakers or activities such as ribbon skirt making. With COVID-19 restrictions, the program offered smaller group gatherings more often, on average 6 per month, both in person and virtually. Interview participants clearly communicated that they valued group gatherings, with many participants indicating that there were no other similar opportunities in the community for parents/caregivers and children to come together. As one participant shared with respect to group gatherings, "We get to meet with other moms...it'll create a bond...and knowing I have something in common with this person and then connections are made."

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3 Ginsburg, K. R., American Academy of Pediatrics Committee on Communications, & American Academy of Pediatrics Committee on Psychosocial Aspects of Child and Family Health (2007). The importance of play in promoting healthy child development and maintaining strong parent-child bonds. *Pediatrics*, 119(1), 182-191. <https://doi.org/10.1542/peds.2006-2697>

## Preschool Programming

The EY building is equipped with a playroom to encourage play-based learning. When not in use for GRP, Visitors invite participants to preschool drop-in sessions where children can play and experiment with the toys in the playroom and interact with other children their age. In the last year, the program offered drop-in sessions three times per week throughout the spring, with one to two families attending each session. In addition to the play space in the EY building, the program is in the process of developing the Play and Learn bus. The Play and Learn bus is a retrofitted school bus that will be used as a mobile preschool space to ensure all children have access to early learning opportunities. The bus was purchased in 2021 for an anticipated launch in summer 2022.

## Pride in Identity and Culture

The EY program works from the assumption that revitalizing cultural identity is key to uplifting generations of Indigenous children whose early development is characterized by warm, responsive caregiving environments and safe, secure communities that foster healthy development. The EY program aims to bolster children's awareness of and pride in identity and culture by adding to the opportunities already available in the community for children to participate in cultural activities and learn their traditional language.

## Cultural Activities

During the last year, the program supported 42 EY children and parents/caregivers to receive their Cree name at a community naming ceremony in June. In addition, EY staff members supported interested participants with ceremony protocol packages and guidance regarding ceremony attendance and participation. Finally, the program provided opportunities to learn from Elders or participate in cultural activities through group gatherings. One third of group gatherings held during the last year had a cultural focus. During interviews, participants expressed deep appreciation for culture being built into the EY program. As one participant summarized, "A lot of us in the community don't have a lot of cultural understanding and for [the program] to bring in that teaching and knowledge is really good...because we can share with our babies... especially with the language development... if you don't know where you come from then where are you going to go?"

## Elders Advisory Committee

The Elders Advisory Committee is an important part of guiding the cultural gatherings and cultural supports offered by the program. Elders provided valuable guidance on the cultural teachings that was incorporated into the program and have reiterated the importance of the Cree language. As one EY staff

member indicated, "I think it's important to actually consult with the Elders because they are our Knowledge Keepers and we have to keep that going. They have to be involved in every step of the way, in the planning all the way through evaluation. So if they're only consulted once or twice it's not meaningful so I think that we have to keep that ongoing and we can't do anything unless they are consulted."

## Cultural Connectedness

As part of the program evaluation, the Cultural Connectedness Questionnaire (CCQ) is to be administered at intake and at 3-month intervals, to evaluate changes in cultural connectedness of participants. Ultimately, the aim is to provide insight into the program's impact on cultural identity and connection. This year, administration of the CCQ occurred much more frequently than in previous years. In the two open ended questions on the questionnaire, asking respondents what cultural activities participants and their families enjoy and what traditional teachings they'd like to know more about, respondents generally expressed enjoying many cultural activities including feasts, pow wows and ceremonies, and a desire to learn more about many aspects of culture including ceremonies, Cree language, and traditional parenting. Participant interviews strongly suggest that participants have had increased opportunities to engage with their culture through the program.

## Parenting Capacity and Family Well-being

With the support required to nurture healthy parents/caregivers and families, Indigenous children can thrive in their families and communities. Thus, the program honors parents/caregivers as their children's first and best teachers and aims to support parents/caregivers and families to access the strengths and capacities that they already have.

## Parenting Capacity

Interview participants described ways that they perceived their parenting capacity to be impacted as a result of program participation. For many participants, growth in their parenting capacity centered on enhanced communication. As one parent offered, "I learned how to communicate better with [my child]... like she knows I'm listening to her...it makes a whole lot of difference with their tantrums." Similarly, according to another participant, "I feel like I'm more calm and I know his cues...I used to get frustrated easily because he didn't use his words but now he does...it makes me feel a little closer to him. And I like that he expresses himself." Importantly, EY participants and Visitors acknowledged that parents/caregivers have an inherent capacity to help their children thrive; even so, all parents/caregivers can benefit from additional support to build their

parenting potential as one participant described, “When the baby is here, it’s hectic, like what do I do? Help me! There’s only so much natural instinct can do. And the rest, you need help.”

## Social Supports

Parenting capacity and social support are deeply linked; with the necessary social support, parent/caregiver capacity can be bolstered. The Social Provisions Scale (SPS) is a questionnaire aimed to assess the level of social provisions a parent/caregiver has. As part of the program evaluation, the SPS is administered to evaluate changes in social provisions levels based on program participation. Based on the SPS results, EY participants at intake are experiencing on average, lower levels of social provisions compared to published norms.<sup>4</sup> During interviews, participants clearly expressed the instrumental importance of the social supports offered through the program, both through the opportunity to meet and socialize with other parents/caregivers and through the social support directly offered through Visitors. One parent/caregiver shared that, “If you’re a stay-at-home mom with no schedule, then you feel stuck and stressed and depressed. And being in this program releases all of that because you have people around you.” Another participant shared that “It is bringing the community together... every mother knows that her and her baby are important and that they’re part of a bigger picture.”

## Service Referrals

In addition to directly providing social supports, connecting families to other community services through referrals is a key means through which the program supports a family’s well-being. When families require medical, social, or educational supports outside of the program, their Visitors refer them to the required specialized services. It is common for young families to feel frustrated or overwhelmed by available services and to face barriers when attempting to access the services they need. However, Visitors are familiar with community services and can direct participants appropriately, simplifying the referral process for families. In the last year, the most commonly referred services included medical services, prenatal classes, Canada Prenatal Nutrition Program coupons for healthy food, child immunizations, and mental health services.

## Interactions with Child and Family Services

Related to service referrals, EY staff continue to pay attention to participant interactions with Child and Family Services (CFS). Over the last two years, the landscape of child welfare services in Indigenous communities, including Maskwacis, has been dynamic and shifting in response to the Act Respecting First Nations, Inuit and Metis Children, Youth and Families. All four

Nations in Maskwacis have made changes to its child and family services since the Act came into force in 2019. The EY program continues to examine how best to document the impact of the program on participant involvement with CFS. Through supporting children and families in the program with CFS interactions as well as referrals to other community services, provision of basic food and infant care needs and the supportive relationship with their Visitor, the EY program supports families to address key stressors that have links to CFS involvement.

Early Years Visitors reported that they supported families in the last year with interactions with CFS through providing support letters for parents/caregivers, advocating on behalf of parents/caregivers, and supporting families to navigate the CFS system. The program sent support letters to CFS agencies on behalf of parents/caregivers to verify their involvement in the program and provided records of program involvement to support families at legal hearings regarding CFS involvement. The program has also provided support letters for participants to help them access other services, including Canada Revenue Agency for the Canada Child Benefit, income support from the Band office, Canada Prenatal Nutrition Program and reference letters for work or school.

The program has developed working relationships with the CFS agencies in the community and receives referrals to the program for families who are involved with CFS and could benefit from the supports the Early Years has to offer.

## Supply Distribution

Due to Canada’s history and ongoing legacy of colonization, too many Indigenous children grow up in communities that do not have access to the most basic determinants of health, which is related to CFS involvement and can impact their development in critical ways.<sup>5</sup> Since the program launched, it has supplied weekly grocery bags and supplies to families participating in the program at regular visits to acknowledge and respect the time families take to participate in the program. In the last year, the program distributed a total of 2,129 grocery supply bags to 183 families in the program. Weekly grocery drop-offs include a children’s book and regularly include seasonal, developmentally appropriate activities or crafts. In addition, the program provides diapers, formula, baby toothbrushes, teething relief, nursing pads, and breast cream to families as needed. Participants expressed gratitude for the supplies offered by the program, often indicating that this was part of what interested them in the program in the first place.

<sup>4</sup> Cutrona C. E. & Russell D. (1987). The provisions of social relationships and adaptation to stress. In H. Jones & D. Pearlman (Eds.), Vol. 1. *Advances in Personal Relationships* (pp. 37-67). Jai Press Inc.

<sup>5</sup> Greenwood, M. L., & de Leeuw, S. N. (2012). Social determinants of health and the future well-being of Aboriginal children in Canada. *Pediatrics and Child Health*, 17(7), 381-384.

## Immunizations

Supporting families with routine immunizations is another key way that the EY program facilitates family well-being. Since the beginning of the pandemic, child immunization clinics in Maskwacis have been limited due to the prioritization of the COVID-19 vaccine. This has resulted in lower childhood immunization rates for the community as a whole. Despite these challenges, of the children active in the program in 2021, 57% are up to date with their immunizations. For children in the program who have turned 2, 53% (39) have received a complete primary series, and another 7% (5) are up to date with their immunizations, with a total of 60% of 2 year old children in the program with full protection against vaccine-preventable diseases. This is a significant result when compared to the Maskwacis community: for the cohort of children the same age in the Maskwacis community, 14% of 2 year olds have received a complete primary series or are up to date with their immunizations. See Figure 11.

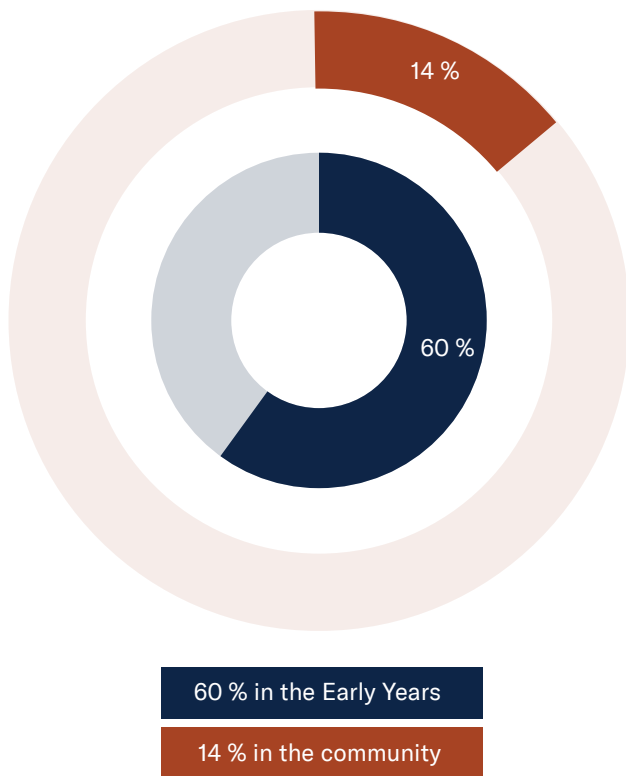


Figure 11 Percentage of 2-year-olds with complete primary series or up to date immunizations

## CONCLUDING REMARKS

With strong integration of research evidence and community wisdom, the Early Years program has continued to establish a prominent, welcomed position in the Maskwacis community. Through the last year, the program has demonstrated its adaptive capacity in response to unprecedented pandemic related challenges, continuing to support strong families, cultural connections, and communities. By using multiple responsive research and evaluation methods and processes, our aim is to reflect the innovative, multi-pronged opportunities that the Early Years program is providing for children to have the beginnings they deserve.

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