

Exploring developmental screening practices with Indigenous early intervention programs in
British Columbia: An exploratory, qualitative study

by

Melissa Nauta
B.A.Sc. University of Guelph, 2017

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Supervisory Committee

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Abstract

The purpose of this exploratory qualitative research project was to explore developmental screening with professionals in two Indigenous early intervention programs in British Columbia (BC), the Aboriginal Infant Development Program (AIDP) and Aboriginal Supported Child Development Program (ASCD). The research was developed in collaboration with the Provincial Advisors of AIDP and ASCD and supported by their knowledge and experience. Focus groups and interviews undertaken in 2021, gathered the perspectives and experiences of AIDP and ASCD professionals (n=8) on developmental screening and how screening tools are used with Indigenous children and families.

Analysis of the findings identified the following main themes: a) professionals reflecting on ‘how effective is using a screening tool’ without a relationship; b) respecting that the family steers the way; c) the importance of adapting how the screening tool is used, and d) managing the pressure of professionals moving forward. Professionals focused on the relationships built with families and the process of how a screening tool is used, rather than the tool itself. The themes apply to a broad range of early childhood programs, serving Indigenous and non-Indigenous families. Future considerations for practices are provided for individuals, organizations, and further research.

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Introduction

Theories of child development informing developmental screening tools, from theorists such as Piaget, Erikson and Bowlby, have explained development to be universal, with linear, age-related stages that represent ‘typical’ development (British Columbia Early Learning Framework, 2019; Cairney et al., 2016; Pacini-Ketchabaw et al., 2015). The assumption of progressing through development in a straight line, apart from contextual and sociocultural factors, privileges this Western understanding of childhood as an individual process and how to measure ‘successful development’, reflecting only part of the picture of childhood and development (Cannella & Viruru, 2004). Dominant theories of child development, grounded in colonial understandings, can also silence the importance of family and community in the development of a child (Taylor & Pacini-Ketchabaw, 2015).

Western views of early childhood development (ECD) often marginalize Indigenous¹ children’s lived realities (Pacini-Ketchabaw et al., 2015). Moreover, Indigenous perspectives of developmental screening can push back against the screening and assessment of Indigenous children using mainstream tools and developmental norms and ‘incorporate culturally appropriate assessment and images of the child’ (Pacini-Ketchabaw et al., 2015, p. 58). Developmental screening processes that center the Indigenous values of childhood aim to capture ‘the strengths, abilities and competences of children’, (p.252) rather than weaknesses or delays (Rameka, 2011).

¹ The term Indigenous is used to describe the collective history of Indigenous peoples regardless of border, the original inhabitants of the land and in the Canadian context, those who self-identify as having Indigenous ancestry, including First Nations, Métis and Inuit peoples (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council, 2018).



The purpose of this research is to explore the use of developmental screening and assessment tools with Indigenous children from the perspective of families and professionals in the Aboriginal Infant Development Program (AIDP) and the Aboriginal Supported Child Development Program (ASCD) in BC. This research aimed to answer the following questions:

1. How do AIDP and ASCD professionals perceive and approach developmental screening with Indigenous families in their programs?
 - How do AIDP and ASCD professionals respond to parents who are reluctant to engage with developmental screening?
 - What do AIDP and ASCD professionals perceive - works well and does not work well when doing developmental screening in their programs?
 - What are the implications from this project for informing developmental screening with Indigenous children and families in diverse early years programs and community contexts?
2. How can published knowledge of Indigenous parents' perspectives on developmental screening inform the findings of this small exploratory study?

This research project aims to disrupt colonial approaches to screening that can lead to a lack of safety or relevance for Indigenous families, centering the experiences and views of professionals working in Indigenous early intervention programs and drawing on the perspectives of Indigenous families from existing published research. The intention of this project is not to compare mainstream and Indigenous perspectives and approaches to screening and working with families, but to better understand strength-based, relational ways of using screening tools with families. It is important to note that there is no one Indigenous perspective or worldview on screening, but great diversity and contextual factors that impact the ways screening tools are used.



Few studies in Canada have explored the experiences of Indigenous families on screening and assessment or reflected the voices and experiences of professionals related to developmental screening (BCACCS, 2013; Gerlach et al., 2018; Lowell et al., 2018; Underwood et al., 2019; Wright et al., 2019). In the limited research on the experiences of Indigenous families, developmental screening has been described by some Indigenous parents in BC as ‘a test, pass and fail’ (Gerlach, Browne & Greenwood, 2017). Families can feel they are answering many questions and not all screening tools reflect their culture and values (Harrop, 2019).

Developmental screening can also be complicated by power imbalances, and parental concerns about being judged and the historical and ongoing removal of Indigenous children from their families (Gerlach, Browne & Greenwood, 2017). Through the data collection and analysis, the influence of broader historical, political, and social factors on developmental screening were explored, as well as colonial ideas of development that continue to influence ‘what is normal’. In the analysis phase of this study, the parent literature was woven in, connecting the findings of this research to what Indigenous parents have said about developmental screening in previously published research.

This research was done in collaboration with the Provincial Advisors of AIDP and ASCD. The research goals, process and design were guided by the Provincial Advisors of AIDP and ASCD for a collaborative and practical project that can benefit these programs and the families and children they support.



Literature Review

This review provides an analysis of relevant literature on Indigenous ECD, Indigenous perspectives on developmental screening and adapted screening tools, as well as parents' perspectives on screening. This is followed by an overview of cultural safety and how principles are applied in early childhood. This chapter concludes with an overview of AIDP and ASCD, along with the relational approach of these program.

Indigenous families and children in BC

There are over 250,000 Indigenous peoples living in BC, self-identifying as First Nations, Inuit or Métis, and representing 17% of Indigenous peoples living in Canada (Statistics Canada, 2016). With over 35 distinct Indigenous languages spoken in BC and many sub-dialects, there is rich cultural and linguistic diversity amongst First Nations, Inuit and Métis populations (Statistics Canada, 2017). With many differences in family structure, relationships to cultures, languages, and communities, it is important to recognize the uniqueness of each individual and family (Government of Canada, Assembly of First Nations, Inuit Tapiriit Kanatami, & Métis National Council, 2018).

The historical and ongoing trauma from colonization, through the Indian Act, the residential school system, the Sixties Scoop, the continued high numbers of Indigenous children in the child welfare system, and many other racist policies and systems, negatively impact the health and wellbeing of Indigenous peoples (The Truth and Reconciliation Commission, 2015; Wright et al., 2019). Existing social, political, and economic systems cause power imbalances and inequality, experienced by Indigenous peoples through the devaluation of Indigenous culture, family relations and ways of being (de Finney et al., 2011; de Leeuw et al., 2015; Denzin & Lincoln, 2014).



The impacts of colonization are evident in many systems, including the child welfare system. As of March 2022, 68% of the children and youth in care in BC are First Nations, Metis, Inuit or urban Indigenous, despite only accounting for 10% of the total number of children and youth in BC (Representative for Children and Youth, 2022). Also, another impact of ongoing colonial systems, is that the likelihood of an Indigenous child being affected by poverty is higher than a non-Indigenous child in Canada and is particularly concerning given the links of poverty to poor child health outcomes (Isaac & Jamieson, 2015).

Unique factors, such as a ‘lack of community-focused, culturally safe and accessible, health, education, child welfare, and social services systems’ can further impact the development and health of Indigenous children (Halseth & Greenwood, 2019, p.5). ECD programs can contribute to a comprehensive suite of services to address disadvantages that colonization places on Indigenous children and families (Isaac & Jamieson, 2015). The systemic inequalities highlight the need for high-quality, culturally focused services for Indigenous children and families, designed for the specific context of Indigenous communities (Isaac & Jamieson, 2015).

Indigenous early childhood development

Indigenous ECD supports the physical, social-emotional development and cultural identity of young children, while responding to ‘the unique socio-historical contexts of Indigenous communities and families’ lives’ (Gerlach et al., 2018, p. 105). Along with being ‘community planned, designed and controlled’, high-quality Indigenous ECD programs center culturally focused programming, including Indigenous culture and language to foster children’s sense of belonging and identity (Halseth & Greenwood, 2019, p. 36; Public Policy Forum, 2015). Programs are holistic, family centered, and responsive to the needs of each family, not just the development of the child (Ball, 2012; Halseth & Greenwood, 2019). *Canada’s Indigenous Early*



Learning and Child Care Framework (2018) describes Indigenous early learning and child care as flexible and adaptive, while prioritizing the involvement of families in programs and services (Government of Canada Assembly of First Nations, Inuit Tapiriit Kanatami, & Métis National Council, 2018).

Indigenous ECD is integral in meeting community needs. The relational nature of Indigenous knowledges calls for children learning and developing in the context of their family and community and the relationships between families and professionals are at the centre of a strong program (First Nations Health Authority, 2015; Greenwood et al., 2019; Halseth & Greenwood, 2019). First Nations early learning and child care programs can strengthen the community, supporting ‘lifelong development and learning of cultural identity and belonging to family, community and peers during the critical period of early childhood’ (British Columbia Aboriginal Child Care Society, 2017, p.7).

In research undertaken in Australia, a connection to culture was outlined by Indigenous child care staff and community members to support the wellbeing and development of Indigenous children, with Indigenous ECD programs described as places to foster this connection and provide space for healing and re-building for Indigenous communities (Guilfoyle et al., 2010; Lowell et al., 2016). That being said, it is important to recognize families differing engagement with cultural knowledge and Indigenous ECD programs. Mothers with children participating in Indigenous early childhood programs in Australia had diverse perspectives on the program’s connection to culture in research by Trudgett and Grace (2011). For some of the mothers, they wanted to instill their cultural background into their children and sought out programs that incorporated cultural teachings. Other parents saw Indigenous programs linked to systems such as health and child welfare, that have harmed Indigenous families and avoided



participating; this contrast shows the need to avoid assuming a one-size-fits-all ECD experience for Indigenous families (Trudgett & Grace, 2011).

The role of Indigenous ECD programs hold high importance in colonial societies as Indigenous people ‘respond to these colonialist legacies and challenges in their work with young children’ (Taylor & Pacini-Ketchabaw, 2015, p. 11). ‘Best practices’ in early childhood explicitly and implicitly refer to dominant, colonial theories of childhood and behaviour, and can silence other values and ideas of childhood, family and community (Preston et al., 2012; Taylor & Pacini-Ketchabaw, 2015). A report with Tla’amin Nation in BC summarized that health promotion and wellness is often done from a clinical approach, following a Western system, and preventing culturally safe and strength-based care (Christensen & Newbury, 2020).

Indigenous programs play a role in addressing the comprehensive priorities of families in acknowledging the social, historical, cultural and economic factors influencing a child’s life (Gerlach, 2015). Not only are there health, cognitive and social benefits of holistic, quality Indigenous ECD services, ‘improving developmental conditions for children in Indigenous communities can promote the reconstruction of cultural identity and enhanced community capacity’ (Public Policy Forum, 2015, p. 8).

Developmental screening

Identifying developmental concerns in children commonly occurs in ECD practice through developmental screening (Cairney et al., 2016). The term screening can be used interchangeably with assessment, although most professionals and the literature consider assessment to be the more formalized step that would come after screening, should more specific information be needed. Although the concepts of screening and assessment are similar, and because of limited research on the experiences of Indigenous parents and professionals with



developmental screening, some literature on assessment with Indigenous children and families was drawn upon in this literature review.

Developmental screening is described as a specific tool or strategy, guiding the observation of a child, gathering information about their abilities, areas of development to monitor and potential delays and referrals to services needed (Cairney, Clark, & Nair, 2016; Goelman et al., 2011; Radecki et al., 2011; Singh et al., 2017). Developmental screening is a foundational part of early childhood intervention programs in order to gather information on a child's development and for the early detection of developmental delays (Goelman et al., 2011).

The Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire- Social and Emotional (ASQ-SE) are standardized screening tools widely used to screen children for developmental milestones and progress, and evaluating different areas of a child's development (Brookes Publishing Co., 2009; Singh et al., 2017; Zirakashvili et al., 2018). Many screening tools organize development into domains, including physical, social, emotional, language, cognitive, and indicate that children move through stages of development as they age (Cairney et al., 2016). Most literature on developmental screening focuses on the validity and reliability of the screening tools, and quantitative methods to measure satisfaction (Gladstone et al., 2008; Guevara et al., 2013; Radecki et al., 2011; Simpson et al., 2016; Singh et al., 2017).

Indigenous perspectives on screening practices

As Indigenous perspectives on screening practices are discussed, it is important to recognize that there is no one Indigenous worldview on screening, but a great diversity of Indigenous perspectives. A report from the BC Aboriginal Child Care Society (2013) defines screening as 'the process of determining whether a child was meeting a broad range of developmental milestones typically expected' (p. 3). Screening tools in Indigenous programs



often serve multiple purposes in their use, such as facilitating relationship building with families, and a tool for families to learn about child development and specifically, their child's development (Ball, 2021; Step by Step Child and Family Center (SBSCFC), 2015). The process of screening has been described as 'a tool for learning, a vehicle for communication, an opportunity to build knowledge and capacity, and finally a means to build a common language and positive relationships between parents and staff' (SBSCFC, 2015, p. 13).

However, using generalized screening tools can also result in inaccurate results 'with serious negative consequences with developmental challenges, services introduced too late, and undermining Indigenous language and cultural goals for development through an emphasis on the dominant culture and language' (D'Aprano et al., 2016, p. 614). Results can be unreliable and lead to over or under identification of developmental delays, while neglecting language and cultural goals for children (Simpson et al., 2016). Standardized screening tools that use distinct developmental domains, do not account for contextual factors of a child's development, leading to possible inconsistencies with Indigenous world views (Cannella & Viruru, 2004; SBSCFC, 2015). The push for timely screening in early intervention programming for early detection of delays can also inhibit professionals from taking the needed time to build relationships with Indigenous families (Ball, 2007). For screening to be significant, value must be placed on the cultural context and through building trust with families (SBSCFC, 2015).

Rameka (2011) discussed assessment with Maori communities, where 'seeing through Maori eyes' and Maori values were the focus of understanding assessment, and that 'assessment by and for Maori must support the development of a strong Maori identity in children' (p. 254). When considered in the context of BC, the cultural diversity within Indigenous



communities may not be served by one process or tool for screening, but screening should reflect a holistic approach to child development and supporting families (SBSCFC, 2015).

Screening tools

Currently, there are no Indigenous screening tools that have been normed with Indigenous children in Canada that are rooted in Indigenous knowledges. The ASQ (Brookes Publishing Co., 2009), the most widely used developmental screener and the tool predominately used by participants in this research, has 19 age-specific questionnaires between one month and 5.5 years old, with 30 questions on different areas of development. The ASQ collects information on developmental domains through activities and is used to determine if further assessment or services are required for potential developmental delays (Cairney, Clark, & Nair, 2016).

Cultural and social influences impact the expectations and milestones in a child's development and Western or mainstream screening tools may include tasks and materials that are exclusive of other cultures (Barlow & Reynolds, 2018; Gladstone et al., 2007). The ASQ has been adapted for many languages and cultures, including Indigenous communities and there appears to be conflicting views in the literature and practice on the need for Indigenous specific screening tools. Because of the uniqueness within Indigenous communities, languages and families, 'the prospect of developing one tool to fit all seems unattainable and, more importantly, ill-advised' (SBSCFC, 2015, p. 2). Halseth and Greenwood (2019) recommend developing and prioritizing culturally adapted tools, and the following section highlights the potential for adaptations to reflect the cultural values of a community and for families to see themselves in the screening tool.



When working in a remote Australian Aboriginal setting, D'Aprano et al. (2016) adapted the ASQ-3 to fit the community context and to be more relevant to parents. The adaptations included modifying the language to plain English and shortening the tool as parents were less likely to engage with a lengthy questionnaire. Culturally appropriate illustrations were added to each question as an example and materials or references in the questions were made culturally relevant. Additionally, the ASQ was administered through an interview, rather than self-administered in order to encourage conversations about the child and engage parents in observing their child's skills. The process encouraged a collaborative approach with parents through sharing information and co-observing the child's development, demonstrating the importance of parents and caregivers being fully informed of the purpose of the questionnaire (D'Aprano et al., 2016).

The Step by Step Child and Family Center (SBSCFC) (2015) also wrote guidelines for the cultural adaptation of the ASQ for communities in the Kahnawake Mohawk Territory. Their report outlined five principles in order to adapt the screening process to the unique cultural context of a community:

1. Making it Your Own: Create a community-based process
2. Involved the broader community
3. Take a Capacity Building view
4. Engage the family
5. Provide service worker orientation and training

Within these principles, SBSCFC (2015) found the ASQ to be a valuable conversation starter and relationship builder with parents, and families were able to learn more about their child and child development in general. Also, community-based Indigenous cultural values of development



could be integrated into screening tools, reflecting Indigenous knowledge frameworks and ways of being (SBSCFC, 2015).

An Inuit Early Childhood Development Working Group in Canada also identified the need for an Inuit-specific approach to developmental screening (Ryan et al., 2017). Challenges with existing tools identified in the project were that developmental norms were informed from samples of white, middle-class children, the tool was more deficit based than strength based, and the language was often misinterpreted. Through the project, recommendations were made, including creating an Inuit-specific toolkit, with materials that are child-centric for more meaningful engagement with screening tools (Ryan et al., 2017). The screening process also focused on involving the family and reflecting the culture of the Inuit community. In conclusion, although there is not an agreed upon approach to Indigenous-specific screening tools in the literature, these examples demonstrate the value of making adaptations to existing tools to support their relevance for Indigenous children and families.

Parents' Perspectives

To have a better understanding of developmental screening, the experiences of parents and caregivers are central to ensuring the process meets the needs of families and quality care is being provided (Moore et al., 2017; Traube et al., 2020). The experiences of families can impact their engagement in the screening process, the accuracy of the screening and implementation of follow up activities (Traube et al., 2020). Despite the critical role of families, few studies have explored parents and professionals' experiences with developmental screening, and even fewer with Indigenous families as research often focuses on specific assessment tools or diagnoses in pediatric medicine (Nelson et al., 2011; Sices et al., 2009; Traube et al., 2020). A broader scope of literature does exist with non-Indigenous parents' experiences, and although it is not explored



in detail in this project, some examples from non-Indigenous parents will support the description of the findings.

There are a few examples of Indigenous parents' perspectives on developmental screening in published literature that will be summarized and integrated into the findings, while recognizing there is great value in anecdotal and community knowledge that is not always reflected in the literature. Research with Indigenous parents in BC showed that parents were unsure if screening aligned with their priorities and questioned the relevance of using 'outside, formal' tools that are not culturally relevant (Ball & Janyst, 2008). As parents questioned the relevance, they were more open to formal screening and assessment 'when it is done in a good way' and when a screening process aligned with their values of child development, including their cultural and spiritual identity and knowledge (Ball & Janyst, 2008; Ball, 2021, p. 7). Despite parents' openness to screening, the research by Ball and Janyst (2008) also showed parents' reluctance to participate in screening when the focus was on school readiness. Parents' hesitation also came from their worry about government surveillance and the child welfare system, and the connection between screening and these systems. Similar to other parent perspectives, caregivers felt professionals should be listening to caregivers, engaging in conversation and encouraging their skills (Ball & Janyst, 2008).

Continuing in the BC context in research with Indigenous caregivers, parents shared concerns that screening felt like a test that they may fail and 'something to be worried about as opposed to helping build on strengths' (Gerlach, Browne, & Greenwood, 2017, p. 7). Caregivers also expressed their hesitation when professionals showed interest in their child and family, with the historical and ongoing involvement of the child welfare system in Indigenous families' lives, causing parents to be cautious with engaging in early years programs. In this research, parents



began to trust professionals after time spent building relationships and as trust built, parents shared more information (Gerlach, Browne, & Greenwood, 2017).

In a research project with the Tla'amin Nation on Vancouver Island, Indigenous parents' perspectives were explored in relation to children with disabilities, in order to advance more culturally safe and appropriate ways to provide services (Harrop, 2019). The experiences of assessment were described as 'traumatic and racist', with parents often 'repeating answers to the same questions with different professionals' who were not Indigenous (Harrop, 2019, p. 6). These assessment tools themselves were not viewed as being culturally appropriate and families shared 'stories of stereotyping and even feeling attacked during an assessment process' (Harrop, 2019, p.7). The voices of these parents were integrated into the data collection of this research as participants were asked to reflect on some of this literature.

A study by Hare and Anderson (2019) with parents and caregivers participating in Aboriginal Head Start programs in Western Canada focused on their experiences in the program, and the challenges with their participation. Parents found the program was a way to maintain their culture in an urban setting, while providing opportunities for their child to learn about the family's culture. Some expressed concerns with participating in programs associated with government institutions that have harmed Indigenous families for generations, through residential school and child welfare policies (Hare & Anderson, 2019). In reviewing the existing literature, the diversity within Indigenous parents' perspectives, and experiences cannot be generalized, but learned from and reflected upon.

Cultural safety

The concept of cultural safety developed from the work of Maori nurse, Irihapeti Ramsden (1993), to bring attention to the effects of colonial oppression experienced by Maori



people of Aotearoa/New Zealand in healthcare services. Nurses were encouraged to consider their cultural identity and its influence in their professional practice and interactions with patients (Ball & Pence, 2006; Papps & Ramsden, 1996). Cultural safety focuses on factors influencing people's health and wellbeing, including historical and socio-economic influences (Ball, 2008; Gerlach, 2012; Ramsden, 1993).

Cultural safety requires a shift in power as professionals think about the ways their clients experience the world and challenge power relationships, while recognizing continuous self-reflection as part of equitable early childhood intervention services (Brascoupe & Waters, 2009; Gerlach, 2016; Papps & Ramsden, 1996). Only the person receiving services can determine whether they feel culturally safe with the experience of care.

Cultural safety in early childhood

Culturally safe care requires an understanding of the unique contextual factors that impact health and wellbeing, including colonization, the residential school system, as well as other social inequities (The Truth and Reconciliation Commission of Canada, 2015). Promoting cultural safety for Indigenous children and families involves a focus on strengths and 'trusting and respectful relationships where people feel understood and cared for' (Ball, 2008; First Nations Health Authority, 2015, p.31). By reflecting on socio-historical influences and the power they hold, professionals can bring cultural safety to early intervention programs when working with Indigenous families (Gerlach et al., 2018).

In the context of developmental screening in AIDP, taken-for-granted screening practices were explained to feel culturally unsafe for Indigenous families as screening can 'unintentionally reinforce caregivers' concerns about historical and ongoing forms of over-surveillance' (Gerlach, 2015a, 2016, p. 101). In response, AIDP professionals often take into account how socio-



historical factors can influence families' lives and focus on building stronger, trusted relationship before using screening tools (Gerlach, 2015a).

In working towards cultural safety in AIDP programming, Gerlach, Browne and Greenwood (2017) found that flexibility in how AIDP professionals delivered programs with Indigenous caregivers redistributed power. As caregivers determined where they met AIDP professionals and participated in a program tailored to fit their family, professionals adapted their approach rather than requiring the caregivers to engage in a program influenced by the same state intervention that has surveyed Indigenous families. Other research in BC with early intervention programs showed the importance of Indigenous families leading the services and relationship building, as professionals moved away from their 'pre-conceived' professional agendas (Gerlach et al., 2021).

Examples of integrating principles of cultural safety in early childhood intervention show that continuous engagement and reflection leads to programs that serve families and facilitate cultural safety. This study will explore how AIDP and ASCD professionals use cultural safety principles when interacting with families, and during screening.

Overview of AIDP and ASCD

This research project was in partnership with the Aboriginal Infant Development Program (AIDP) and the Aboriginal Supported Child Development Program (ASCD), province-wide Indigenous early intervention programs in BC. AIDP and ASCD deliver early intervention support to children, families and communities in 55 AIDP and 49 ASCD programs, on-reserve and in urban settings through family centered and culturally safe services, helping families to promote the health and wellbeing for their children (Office of the Provincial Advisor for Aboriginal Infant Development Programs, 2005; Little Drum Consulting, 2016). AIDP and



ASCD programs are embedded in communities; working to respond to local needs, empowering families and communities and honoring local values and culture. Professionals work to deliver programs and services in a respectful and relational way and the flexibility in programs allows professionals to support families through taking time to build connections and relationships.

AIDP and ASCD are mainly funded through contracts with the Ministry of Children and Family Development, the ministry also responsible for early childhood intervention services, and child welfare, adding complexity and tension to the delivery of Indigenous ECD services that promote child development and family wellbeing (Gerlach et al., 2017). The interconnectedness of ECD and child welfare can lead to hesitancy by Indigenous families to participate in ECD services or trust frontline professionals with the fear of Ministry involvement in their families' life (Gerlach et al., 2017).

AIDP

AIDP launched in 1992 to deliver culturally appropriate services to Indigenous families in BC, with professionals partnering with families to promote child development and wellbeing (Gerlach, 2015). AIDP services are available for Indigenous families with children aged zero to six, often with extra support needs or risk of a developmental delay, delivered by professionals typically with backgrounds in early childhood. Their mission is 'supporting the development of Aboriginal children within the context of the family, community and culture, and by offering access to culturally appropriate early intervention and prevention support programs' (Office of the Provincial Advisor for Aboriginal Infant Development Programs, 2005).

AIDP professionals guide, support and encourage families through home visiting, outreach, centre-based and group programming (Gerlach et al., 2018). Families are invited to participate, not mandated, in family centered, culturally sensitive supports to address the holistic



needs of the family and community (Little Drum Consulting, 2016). Programs are ‘community based, community paced and community driven’ to meet the needs of children and families (D. Elliott, personal communication, July 11, 2022).

ASCD

ASCD serves Indigenous children, ages zero to twelve and available up to age 19, with extra support needs through inclusion and early intervention services in child care, before and after school care, preschool and community care settings (Little Drum Consulting, 2016).

Children have the opportunity to participate in activities that promote their development and inclusion by receiving the extra support they need, alongside their peers. Professionals assist families to find child care, provide extra staffing, assess and coordinate with other community services, provide training for families, and offer consultation.

Relational practices in AIDP & ASCD

Relational approaches frame experiences within relationship with others, self, things and the world around and the ‘unique contexts that affect who we are and how we interpret the world’ (Thayer-Bacon, 2003, p.7). Both AIDP and ASCD have relational, strength-based approaches to family-centered practice, and acknowledge the various social, economic and cultural factors that impact Indigenous families in BC (Gerlach, Browne, & Greenwood, 2017).

The programs also have a strong orientation towards delivering services aligned with the principles of cultural safety, honouring the beliefs and values of families, and having an understanding of the historical, political and socio-economic factors influencing Indigenous families. Professionals respond to the continuously adapting priorities of families and communities, recognizing ‘one size does not fit all’ in providing holistic and family-centred services (First Nations Health Authority, 2015; Little Drum Consulting, 2016).



In previous research with AIDP professionals, their approach was described as ‘a deeply relational, reciprocal and personal process of inquiry’ (Gerlach et al., 2018, p.109). In the use of developmental screening tools, AIDP professionals in research with Gerlach, Browne and Greenwood (2017) found that the pressure to conduct screening quickly took away from the opportunity to build relationships with families. Emphasizing relationships can lead to long-term connections with families and responds to the need for cultural safety in developmental screening practices.



How this project evolved

The ethical guidelines for research involving Indigenous peoples in Canada, outlined below, influenced the design and planning of this project and support critical and relational research (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada & Social Sciences and Humanities Research Council, 2018; Gerlach, Browne & Greenwood, 2017). Research with Indigenous peoples should be collaborative, rooted in respectful engagement and relevant to the needs of the community and benefiting members, while expanding the area of knowledge (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council, 2018). The research goals of this project were identified as mutually beneficial and developed in collaboration with the Provincial Advisors of AIDP and ASCD, Diana Elliott and Jackie Watts. As leaders of their programs, they identified a research topic that could support their work and professionals working with families in AIDP and ASCD.

Through guidance by Diana and Jackie in the research questions and design, the project became highly contextual, increasing the applicability to the programs and communities, while the ‘voice of the participants becomes heard throughout the research process’ (Creswell & Poth, 2017, p. 26). Collaboration in the research project, process and design aimed to create a practical and mutually beneficial project (Creswell & Poth, 2017). Ethics approval for this study was obtained through the University of Victoria Human Research Ethics Board (#19-0438).

The goal of this project was to explore the perspectives of professionals on developmental screening in Indigenous early intervention programs in BC through qualitative research methods. I gathered data through interviews and focus groups with professionals, with data collection and analysis guided by the community research partners.



The research explored the following questions:

1. How do frontline AIDP and ASCD professionals perceive and approach developmental screening with Indigenous families in their programs?
 - How do AIDP and ASCD professionals respond to parents who are reluctant to engage with developmental screening?
 - What do AIDP and ASCD professionals perceive – works well and does not work well when doing developmental screening in their programs?
 - What are the implications from this project for informing developmental screening with Indigenous children and families in diverse early years programs and community contexts?
2. How can published knowledge of Indigenous parents' perspectives on developmental screening inform the findings of this small exploratory study?

To position myself as the researcher and author, it is important for me to acknowledge the power I hold as a Euro-Canadian settler undertaking research and the power I hold to analyze and share people's experiences (Saraceno, 2012). Knowledge construction is not value free and I bring biases to the research process and the stories I interpret (Berg & Lune, 2017). As a response to colonization and unethical research *on* Indigenous peoples in Canada, decolonizing research methodologies recognize and aim to mitigate power inequities in settler-colonial societies (Gerlach, 2018). Decolonizing research is an exercise of self-reflexivity, used throughout this research process, thinking about 'which types of knowledge are readily available' and whose stories are being told (Gerlach, 2018; Tracy, 2010, p. 842).

How information was gathered

To address the research questions, I invited participants through email to attend focus groups and interviews to discuss developmental screening in their practice. Participants provided verbal consent to participate in the sessions (see Appendix A for copy of verbal consent form). The interviews and focus groups focused on the experiences of professionals with developmental



screening, including when and how they use screening, what adaptations are made in Indigenous early intervention programs and how screening happens in a relational way (see Appendix B for interview questions). The questions also explored how professionals think about cultural safety in the use of developmental screening with Indigenous children and families, and future changes to screening practices. Because of the COVID-19 pandemic and the various geographies of participants and myself, I held the interviews and focus groups through Zoom video conferencing.

Research with Indigenous families often asks participants to retell experiences and stories that may have been negative or difficult to repeat, and even more difficult with ‘the historical exploitation and mistreatment of people and materials’ in research with Indigenous communities (Tuck, 2009, p. 411). Tuck (2009) goes on to describe the ‘feelings of being over researched yet, ironically, made invisible.’ (p. 411). Without existing relationships with parents participating in AIDP and ASCD programs, I focused the scope of this project on primary research with professionals. Instead of my asking parents to talk about their experiences of and views on developmental screening, I drew on existing research that centred Indigenous caregivers’ perspectives. Mobilizing parents’ perspectives on developmental screening as key informants, builds upon previous research and helps to further inform the findings of this project.

Who took part?

Using purposeful sampling, AIDP and ASCD professionals (n=8) were recruited as research participants based on the scope of this project and research questions. I collected socio-demographic information from seven participants (1 non-response), to provide context on who participated. The summarized socio-demographic information is below. All geographical regions



of the province (Vancouver Island, Vancouver Coastal, Fraser, Interior, North) were represented by participants.

Table 1: Demographic Profile of Research Participants

Gender	Female	7
	Male	0
	Unknown	1
Ethnicity Note: Participants had the option to choose multiple responses	Indigenous	4
	White (Caucasian)	4
	Black	1
	Arab/West Asian	1
	South Asian	1
	Unknown	1
Years in the AIDP/ASCD Average= 11 years	0-5 years	1
	6-10	1
	11-20	4
	21+	1
Years in early childhood intervention and development Average= 23 years	0-15	1
	16+	6
Work with AIDP and ASCD	AIDP	1
	ASCD	2
	Both	4

How the data was interpreted

Thematic analysis is a way ‘for identifying, analyzing and interpreting patterns (themes) of meaning’ (Braun & Clarke, 2017, p. 297) and finding ‘stories about particular patterns of shared meaning’ (Braun & Clarke, 2019, p. 592). Drawing on the work of Braun and Clarke



(2019), my analysis followed the process of: 1) familiarizing with the data, 2) generating initial codes, 3) searching for themes, 4) reviewing themes, 5) defining and naming themes, and 6) producing the report. After reviewing and defining the themes, I reviewed the existing research on Indigenous parents' perspectives on developmental screening to help contextualize the findings.



Project Findings

The findings reflect the perspectives of eight participants from AIDP and ASCD on developmental screening practices and how they approach screening with Indigenous families in their programs. I identified four main themes in the data and several subthemes:

1. Reflecting on ‘how effective is using a screening tool’ without a relationship?

- a. ‘Honouring the time families need’

2. Respecting that the family steers the way

- a. Respecting the culture of each family and home
- b. Responding to the varying priorities of the family

3. Adapting how a screening tool is used is ‘more important than the tool itself’

- a. Using screening as a conversation starter about a child and child development
- b. Screening only tells part of ‘the story’

4. Managing the pressure of ‘we’re always trying to move forward’

- a. Questioning why am I doing a screening?
- b. Feeling the pressure to be similar to ‘mainstream practice’

The themes identified are closely interrelated and include numerous sub-themes. In the following section, I discuss each theme along with literature on Indigenous parents’ perspectives of screening. Although direct connections cannot be made between this research and previous research because of varying contextual factors, maintaining the voice of parents in response to the findings is critical.



Reflecting on ‘how effective is using a screening tool’ without a relationship?

In the findings, participants reflected on the process of developmental screening and the use of screening tools in the context of a relationship with each family. As participants balance building a trust-based relationship and when to introduce screening, they recognized the time families need to be comfortable and ready for screening. Findings highlighted how participants intentionally invest in a relationship with a child and family before screening or assessment was even mentioned. As one participant noted:

‘I think a relationship with the family before you even start talking about an assessment or a screener, that makes all the difference, that you have that relationship with that child and that family and there’s that trust.’ (A5)

This quote shows how the process of screening is understood as being beyond the screening tool itself, to how the tool is used, and within a relationship. In previous research in BC, Indigenous parents have indicated as well that what matters is how the tool is used, not necessarily the tool itself (Ball & Janyst, 2008). Findings highlight that building a relationship with a family begins with getting to know the child and family, their strengths and priorities:

‘The screening comes in after you already introduced yourself, you understand the parents’ needs and are they interested or not interested in the program ... then you talk about the ASQ more subtly until you actually go in with the ASQ and usually the parents are keen on wanting to be able to look at a screening cause they wanna know where is the child and so when you’re building that relationship, you bring in the screening’ (A2)

Participants also explained that without the foundation of a relationship with a family, the effectiveness of the screening tool can be negatively impacted. In the following excerpts, participants questioned how meaningful a screening would be if a relationship had not been established with a family:

‘You have to have a good trusting relationship because if the family is not on board, it is an ineffective tool and then I would say that they haven’t understood, or their questions haven’t been answered about what it is or what’s gonna happen with that information. So



I would definitely always suggest that you wait until you feel like the family is ready.’ (A3)

‘Somebody new, I don’t think could ever come in and do a screen with a family if the family doesn’t know them or have a relationship, I mean I just don’t know how effective it would be’ (A4)

These findings show how a professional’s skills in relationship building, connecting with families and gathering information can strengthen the screening process. The information a parent shares about their child and their development is more detailed when parents know the professional and families may not share the same information and stories about their child if they have not developed a relationship:

‘I think if you don’t have the relationship before you’re doing something like an Ages and Stages, or any other tool, you wouldn’t get the same kind of information because I think my perspective would be if you didn’t have a relationship and you were doing an Ages and Stages, the family might be more inclined to just say yes, yes, yes when presented with each question, but once you have a relationship with the family, I think there’s not that piece of about feeling like it’s a test but it’s more of a dialogue and a conversation’ (A8)

When focused on relationship building, participants described how they had a relational foundation to ask parents questions about their child and for their input on services. This aligns with existing research with parents where they expressed needing to feel safe asking for help and trusting professionals before they share information (Gerlach, Browne, & Greenwood, 2017).

One participant reflected on the stories and examples parents shared about questions on the screening tool when they had a rapport:

‘And they tell stories with some questions, they’re like oh my goodness, I totally remember that. You get way more stories rather than the yes, yes, yes and sometimes not being afraid to say that they have concerns. It’s hard to say stuff about your own children that they might not be hitting their marks.’ (A7)



The stories shared by parents during screening, referenced by this participant, illuminate how standardized tools like the ASQ, are used beyond its current format, combining professionals' relational skills with the use of the screening tool:

'I think for me it's not until I've trained someone new that I realize how much better a tool can be when you come with all that other experience: how to build a relationship, how to talk to a family, all those pieces enhance the tool. The tool on its own, I think depends on the person whose using it.' (A8)

These findings highlight that professionals having a relationship with families can impact how a screening tool is used and elevate its application.

'Honouring the time families need'

In addition to only using a screening tool after building a relationship with a family, participants indicated they will often delay screening, compared to a clinical model where screening happens early in a working relationship, in order to focus on the family as a whole and gain a sense of the needs of the child and family. Participants took into account the time each family may need to feel comfortable with the professional and screening process. One participant recalled a parent outlining how they wanted a relationship to be developed before the 'work' began:

'One of the parents said, first of all, get to know me, then get to know my child, then we can get to work. And I just always remember that comment, she laid out how she wanted it to look.' (A3)

This quote assumes that relationship building is not considered 'work', with a reference to the work beginning after a relationship is established between the family and a professional.

Relationship building can be viewed a 'soft skill', separating it from what is assumed to be part of supporting families (Gerlach et al., 2021). However, as described in the above theme,



relationship building is a key part of the work in supporting families leading up to developmental screening and requires intentional time.

Participants also discussed how they honour the time and speed families need to be ready for screening:

‘But we will kind of honour the time that it needs for families to be on board, to understand, to feel comfortable and that the outcome is for the benefit of the child and the family’ (A1)

Findings show how participants are intentional in developing relationships with families and not rushing to a screening tool. While the importance of building relationships with families is referenced often in the literature and practice in early intervention programs, the nuances of how it happens can be difficult to capture. This excerpt highlights actions taken by a participant to build relationships:

‘I think that the big piece to building a relationship is getting to know them. You just have to get them, you have to spend time with them, you have to ask lots of questions and be curious, be open to hearing what they have to say and within that, hearing what you perceive as identified needs and maybe check it out with them, so, it takes time to do that. We can’t just push families along in that relationship, it takes time to build that relationship with them.’ (A4)

The time spent with a family and learning about the child, with curiosity establishes a relational foundation. Previous research with AIDP professionals has shown by deferring an ‘ECD agenda’, professionals demonstrated responsiveness to families and extended support beyond the child’s development needs, while having patience and flexibility in their perceived timelines (Gerlach et al., 2018). As referenced in the literature above, being flexible is a way professionals move towards culturally safe practice and shift power to parents as they determine the speed of service (Gerlach, Browne, & Greenwood, 2017).



In existing research with Indigenous parents participating in Aboriginal Head Start programs in Canada, parents had concerns about participating in government-funded programs, with the ongoing impacts of the residential school and child welfare systems on Indigenous families. The staff took a similar approach as participants in this research, acknowledging the validity of their fears and supporting families as they needed (Hare & Anderson, 2019).

Spending time with a family and learning about the child first can also increase the accuracy of a screening tool and professionals' understanding of the child, gaining a better picture of a child's skills and abilities. As one participant noted:

'When you take your time and learn the child and learn the family, they're gonna say 'well he doesn't like doing that'. So, this is how we'll do it then, we'll work around things, but you won't know that if you try to do an assessment within the first week or two or first visit or two.' (A1)

Honouring the time for families to feel comfortable with screening also develops trust. One participant described how 'building rapport equals providing a foundational trust based relationship, and the more trust there is in that relationship, the more support and care can be provided' (A6). By spending the time families need to build rapport and trust, better services can be provided. This theme aligns with previous research on the perspectives of Indigenous parents in Canada on needing time to build trust so that they can trust that the information shared with professionals will not 'used against them' (Gerlach, Browne, & Greenwood, 2017, p. 5). As mentioned above, with ongoing state intervention in the lives of Indigenous people, parents need to ensure that it is safe to express their needs with a professional and ask for help (Gerlach, Browne, & Greenwood, 2017).

These findings show that without spending time investing in a relationship with a family and understanding their varying priorities, 'you might never see them again' (A8) and they may



not participate in the program. Not spending time build a relationship before screening could result in a negative experience or families not pursuing further services.

In the focus groups, participants reported having ‘six cups of tea’ before even starting screening, and using the time with families to help answer, ‘how well do you know that family and do they feel comfortable with you and safe’ (A5). When families seem hesitant about screening or services, for various reasons, professionals need to ‘honour the time that it needs for families to be on board’ (A1). Families come with past experiences and sometimes, professionals have not spent time getting to know the family first:

‘I never do them [screening] without kinda building a relationship either.... I always see them as something that happens after a relationship is formed so that I understand if the family is reluctant to do it, then I kind of have a sense of where they’re coming from. Whereas if I didn’t know them, I might not understand that piece and if they don’t want to do it, then it’s just something that we might revisit later but it’s certainly not something I would do if the family was not interested.’ (A8)

As professionals adhere to families’ priorities and follow their direction, they set the pace rather than professionals’ priorities and expectations (Gerlach et al., 2021).

Key Messages

- By reflecting on the effectiveness of screening tools without a relationship, this theme shows screening cannot be considered separate from the professional using the tool or the child and family participating.
- Relationship-building with the family, child and their community, while having a flexible approach, can develop longer-term connections with families, and a positive impact on the effectiveness and quality of information gathered for screening.
- These findings also reflect on the time needed to build a relationship with a family before the screening tool is introduced and honouring the pace families need.



- The flexibility in AIDP and ASCD programs allows families to dictate the pace of support and professionals to take time to build relationships.

Respecting that the family steers the way

This theme focuses on participants' descriptions of how they respected families in leading the way in how support is provided and how a screening process can look. Participants point to the value of following the lead of the family, allowing parents to steer the way or the direction of the relationship:

'Ultimately, they are steering the canoe. If we are the ones that really are practicing family centered care, they are the ones making the decisions, but I think it is understanding what their concerns are about the child but also why are they concerned about the screens. Lots of times families have not had good experiences and then to help them and to answer the questions and say, this is what it will look like and this is how we do it.' (A3)

To respect a family's direction, meant respecting their decisions, being flexible and responding to concerns about their child or the screening process. This finding is consistent with previous research with Indigenous parents in BC which reinforced that professionals who engage with families should 'listen to their perspectives and reinforce their skills in observing, discerning and supporting their child's development' (Ball & Janyst, 2008, p.3). As noted by participants in both excerpts above and below, honouring parent choice and autonomy illustrates examples of family centered practice:

'We have a real strong philosophy about parent choice and then if they say no, that's their choice, so in doing that, even if they say no, we'll work with them and say well maybe we won't do it [screening] now but maybe we can do it later. So maybe after a few more visits, they'll be ready. So, it's parent choice, it's parent time, it's parent participation, it's everything. So that's what family centred practice really [is].' (A1)

Participants shared how they respected parent choice when they say no to screening or other services, while continuing to work with the family regardless of the direction the parent chooses.



The shift in power to families to direct the services positions the family as the expert in their care, demonstrating their choice and decision making in the support they receive:

‘I think giving them that power and choice and like control of the situation is very important’ (A6)

Ensuring families are steering the way recognizes the power of parents’ choice and voice as a service recipient and is an example of cultural safety in practice (Gerlach, Browne, & Greenwood, 2017). Similar to participants in this research, other professionals in a research project with an Indigenous community in BC used their strength-based approach for respectful relationships, advocacy and support, and showed responsiveness to a family’s needs and flexibility (Harrop, 2019).

Respecting the family to steer the way is related to the previous theme, which when considered together, values family’s knowledge and lived realities and ‘puts aside’ a professional’s knowledge and experience of screening. Findings in the next sub-themes provide examples of how families’ lead is respected in practice, including 1) respecting the culture of each home and 2) responding to the varying priorities of families.

Respecting the culture of each family and home

Participants discussed how a family’s lead is respected in the relationship the family has with their culture and their cultural identity. When asked about the influence of culture in developmental screening, participants emphasized their focus was on the culture of each family’s home:

‘Every house has a bit of a different culture. So, what’s ok in my house might not be ok in their house’ (A7)

‘Respecting the families’ values and, it’s not really traditions but... like for instance if you go to one family’s home and you’re going to do a visit and then you take your shoes



off and other families will say no, leave your shoes on or someone will offer you coffee or tea because that's a cultural offering and it's part of their welcoming' (A2)

Acknowledging the culture of every home is a way to respect the values of each individual family and differences between them. Having curiosity about the traditions, protocols, routines, and informal rules of a home, facilitates participants getting to know a family. Participants can also avoid assumptions about what is meaningful for a family or their relationship to their culture.

In the use of screening tools, the family's culture may not be reflected in the tool or align with the questions asked in the tool. Parents in previous research have questioned the role of screening tools that did not reflect their cultural values, including their 'child's spirituality, cultural knowledge, Indigenous knowledge, skills for living on the land, and relationships with Elders and other members of their communities.' (Ball & Janyst, 2008, p.3). In this study, participants discussed 'culturally adapting the activities' for a family's household culture and in the excerpt below, a participant outlines the modifications of questions to assess the same skills:

'I have adapted some of the questions for ASQ and the SE, I don't know about being Indigenous but some people's house culture. There's one thing about looking in a mirror but I've had families be like 'oh we don't put the mirrors in front of the kids.... So, we're gonna adapt that one and change it or leave it blank, so if it doesn't fit with their family lifestyle or their beliefs, we just don't do that question.' (A7)

Participants shared their intentions of being adaptable, flexible, and open to how a family expresses their culture, values, and traditions; these intentions align with the relational nature of cultural safety and remaining curious and respectful. As one participant explained:

'It's a different culture every time you go in and so, that's just a culture of family, individual families alone but then you go into culture and tradition and protocols. It's being open, flexible and learning how the family accepts you into their home and what they want from you in terms of support. It's a sharing of knowledge, it's relationship sharing, so it's reciprocal and I think being cultural[ly] sensitive is being able to accept and acknowledge where the family is and to be able to be flexible' (A2)



A family may or may not have a connection to their culture or a community and this excerpt highlights flexibility and curiosity in respecting the relationship families have with their cultures. As discussed in the literature review, Indigenous parents in early childhood settings in Australia expressed varying perspectives on their connection to culture as reflected in services. Some parents chose early childhood programs because of its association with their Indigenous community and the focus on their cultural background; others intentionally did not engage in culturally specific programs and did not feel they needed to attend programs specifically for Indigenous people (Trudgett & Grace, 2011). Consistent with this research on parents' perspectives, participants in this study described that families have different connections, histories and experiences with their culture, and it cannot be assumed how the relationship to culture is embodied:

'Some families are really culturally involved than others...so they're all at different levels of where they are culturally and so you wanna be able to respect wherever they are and when you're going in, being culturally respectful. I think it is just being respectful, doesn't matter where you are, who you are, what family you're from or which community you're in' (A2)

With varying degrees of cultural involvement for families, professionals can 'be respectful of wherever they [families] are in terms of their own culture' (A2) and center the culture of each family and home.

Responding to the varying priorities of the family

Families also 'steer the way' beyond developmental screening to meet their varying priorities, as this sub-theme indicates. Participants shared how they supported an individual child's development within the context of their family, considering all the other things families are thinking about and prioritizing. As summarized by one participant, 'there's so many things that might be happening in the life around the child' (A1):



‘The work we do with children and families, we are an Aboriginal or Indigenous infant development program, so we do look at development even though we look at the holistic wellbeing of the child and the family. We do know we need a base, and when working with our families and to help us determine what we need to do with the family’ (A1)

Participants talked about how parents may have their focus and attention on life priorities other than their child’s development; including but not limited to food security, housing, poverty, mental health, involvement with the child protection system, demands of raising a family and COVID stress.

Because of juggling demands, developmental screening can lack relevance in the moment for families, when they could be focusing on more immediate needs. Participants indicated if parents have other priorities, ‘they might not actually be interested in a developmental screen or tool’ (A8). This finding is similar to research in which Indigenous parents have described that screening practices do not always align with priorities for supporting parent’s agency and development (Ball & Janyst, 2008).

The findings demonstrate that when professionals know what is going on for families, they may not ‘prioritize the assessment’. If a family is focused on food security or housing, for example, participants challenged ‘is it a good time to even be thinking about assessment?’ One participant acknowledged the way they use their role to support families:

‘A lot of the families that we work with... they got a lot of other things, like big things on their plate like housing, and food security and how do I come in and I’m asking you to send your focus to this piece of your life when you’re really worried about you have nothing to feed them for dinner. And so, I think that’s where again, I think the Indigenous programs do amazing work of understanding some of those really foundational needs and knowing either in their own agency or in their community where those needs can be met so that parents and families can free up some of their time and thoughts and worries’ (A3)

Another participant shared their experience with a parent who felt the weight of not being able to answer a question on the screening tool about their children because of all they were balancing.



This highlights how a seemingly easy and well-intentioned question can inadvertently be stressful for a parent who was ‘busy just surviving’:

‘She suddenly was kind of aware that she didn’t really know her kids right now and they were so busy just surviving, that she didn’t really know how to answer the question and it was a very simple one.’ (A8)

As families have varying priorities, professionals can respond with flexibility and patience.

However, following the lead of the family and responding to their direction was described by participants as a challenge when tensions exist between moving ahead with screening versus what a family really needs in that moment. Asking parents many questions, particularly early in a relationship can have unintentional harm for families, and not align with a trauma-informed approach (Gerlach et al., 2021). By waiting until a relationship has been developed to ask personal questions or share difficult information about their child’s development, professionals can support families through challenging conversations or stressful situations.

The needs families were juggling was particularly evident as participants reflected on the impacts of the COVID-19 pandemic in their programs and relationships with families. During the pandemic, other concerns were often higher on a family’s priority list, or they were focusing their energy elsewhere and participants in this study questioned their agenda in this stressful time for families:

‘Do we need to do any assessments during COVID because of the stress that everybody is under, I mean I don’t think so.’ (A4)

During the pandemic, participants stayed connected with families, while families were ‘safe at home and stuck at home’ (A7). The mental health of families, food security and the limited services for therapies, respite, and child care were priorities over a completed screening tool:

‘During the pandemic, you can see I didn’t even mention assessment because it was more around connecting, staying connected, food security, keep an open door, even if that door



was a text, if they needed to talk and ensuring that there were ways they understood we were still there' (A1).

Staying connected and responsive to the realities of families shows an approach that meets families where they are, while supporting them how they want to be supported. Maintaining this relational approach is important for the multitude of ways families show up in programs and the competing influences in their lives.

The findings in this sub-theme are consistent with previous research, which found that wrap around services may be discussed before focusing on the child's development or screening and particularly when priorities exist in areas such as health, education and child welfare that may impact a family's everyday lives (Gerlach et al., 2021). As outlined in previous research, professionals can shift from focusing on the child's development to the family's wellbeing and the 'multifaceted social determinants' at play (Gerlach et al., 2018). The adaptations of a program and professionals to respond to a families' priorities also shows a key principle of cultural safety (Gerlach, Browne & Greenwood, 2017).

Key Messages

- Findings show that understanding the broader context of the child and family's life is vital to explore and understand, beyond the use of a screening tool.
- A shift in power is created as professionals respond to the family's direction rather than their own as the service provider, sometimes causing them to leave their professional agenda at the door.
- As the culture of each home is respected and approached with curiosity, families have the power to integrate their values and culture into services as they wish.



- It is important for professionals to consider other factors influencing a child's health and development because a child does not exist decontextualized from their family's daily life, culture, and priorities.

Adapting how the tool is used 'is more important than the tool itself'

The findings bring attention to how adapting a screening tool and reflecting on its application can be more important than the actual tool itself. Participants focused on the process of screening and how the tool is used, with many speaking to how they adapt the ASQ:

'Teaching people how to administer the tool to Indigenous children is what's more important than the tool itself' (A1)

Every child, family, and community are unique and having a tool that perfectly reflects each family is not feasible but, considering the application of the tool and how its adapted is valuable. As referenced earlier in respecting the culture of each family, participants detailed how they adapted a screening tool based on the needs of the family and the culture of each home.

Participants also talked about using a screening tool as a guide in their practice, and 'a conversation starter' with families and other service providers. Screening tools were used to 'support in goal setting for the child', and 'as a teaching tool' about child development, showing how the tool can be used in many contexts. As one participant stated, rather than thinking about changing the content of the tool, 'we can Indigenize our toolkit to be specific for families' (A1).

By using a toolkit with the screening tool adapted to Indigenous families described by participants, children and their families are reflected in tools, reducing the disconnect between screening and the life of the family. In prior research, parents reported having reservations about screening tools that did not reflect their culture or the family-centred approach of the programs they participated in (Ball & Janyst, 2008). Also, some parents felt that screening tools were not



culturally appropriate for Indigenous children and a screening tool specific for Indigenous children would be an appropriate approach (Ball & Janyst, 2008; Harrop, 2019). Examples of adaptations outlined in this research can be a way to make the screening tool relevant to each child and address parents' concerns.

Many participants detailed how they have created a tool bag 'so that the kids and the families see themselves in there' (A1), containing books with Indigenous peoples, toys, and manipulatives to use during screening. Participants also shared stories of reframing questions from the screening tool to be relatable to families. For example, rather than asking a child to build a train, asked in the ASQ, a participant described how they prompted a child to build a canoe rather than a train (as in the ASQ), as they may not have seen a train in real life:

'I think the language or the questions within the tools that are used sometimes, I'll reframe them or I'll use less technical terms just so that I'm meeting where the family is at and also just for it to be simplified.' (A6)

When adapting a screening tool, participants said they took into account the cultural context of the family, and the culture of their home and adapted screening tools if they perceived that families were uncomfortable with certain materials, or a child was unfamiliar with an object. This finding is similar to previous research with First Nations communities in BC, in terms of adapting items on the ASQ to ensure local relevance and meaning (Ball, 2021).

Screening tools function as a conversation starter with families about their child, as well as a piece of information to tell a part of the story about the child, summarized in the two sub-themes. Currently, AIDP and ASCD programs provide opportunities for professionals to understand a screening tool's broader use through training on the technical use of a screening tool, and then support and mentoring for using the tool with Indigenous families. This



encourages professionals to continually be reflecting on how the screening tool relates, or not, to each family.

Using screening as a conversation starter about the child and child development

Participants highlighted the different roles a screening tool can play, including facilitating a discussion with families about their child and development with the screening tool's questions:

‘It’s a conversation starter, where we look at a child, the things they like, the things they’re really good at, the things you know they need some support with and other things we would want to know about them in order to build what are our next steps’ (A8)

Screening was described as a way to have a targeted and strength-based conversation on development with families, learning about a child’s interests and areas for further support. Using a screening tool as a vehicle for a childcare team to talk about goal setting and collaborative support for a child was another example provided by participants. These approaches contrast with some of the experiences reported by parents in the literature in which screening felt like they were being evaluated and shows how participants intentionally used the tools in a strength-based and relational way (Gerlach, 2015; Harrop, 2019).

A few participants provided examples of working with first-time parents or adoptive parents who found it helpful to have a professional discuss aspects of child development. Parents commented in previous research how the ASQ led them to be more mindful in observing their child’s development and how they played with their child (SBSCFC, 2015). This also aligns with other research on screening where parents felt like they received a course on child development through reading a screening tool, raising their awareness of development and how it changes (Ball, 2021).



As participants outlined how they use a screening tool in a conversation, they explained the tool can be reframed as a guide to work through at the family's pace, instead of screening being a list of questions to answer:

'I think for me when I'm introducing something like an ASQ to a family, I talk about it being an opportunity to see what they're doing and what's coming next and a way for us to find out what kind of activities or resources would be helpful.' (A8)

Participants felt when framing a screening tool as a way to facilitate conversation with families that it presents opportunities to use the tool to continue building a relationship as parents can talk about their child in depth and ask questions:

'It's a tool that can be used to help understand where a child is developmentally.... It's a tool I can use to help build relationships with families, to understand family's knowledge of child development and also as a teaching tool... one of the big main things that it is a way to support families, to learn about child development. It shows...a child's strengths and areas that they need support and help us understand more what the family's concerns are' (A3)

Also, completing a screening tool in a discussion recognizes the value of family's knowledge and following their lead, rather than having a screening tool as another thing to get done:

'It can be a conversation, not like a race to get through 60 questions, but an opportunity to have conversation and dialogue' (A8)

'...gives you discussions, and really allowing the parent to take the lead in, in some of them that really give you a lot of insight, and what's important to the family' (A5)

These findings show how through a conversation, participants framed a child's developmental skills as 'more of a positive, strength-based thing' (A7) to reduce anxiety of what skills a child should have. Participants noted how they created the time with families for a discussion, parent education, and questions.



Screening only tells part of ‘the story’

Rather than placing weight on the use and results from a screening tool, many participants viewed screening as a piece to a larger story about a child, complemented by observation and multiple sources of information. Through this sub-theme, screening tools can be helpful in ‘developing a story of the child’ and contributing ‘a piece of the puzzle’:

‘Developmental assessment might be a tool we use but it isn’t everything. We really do rely on a storytelling...So what I think of in developmental screening, it’s a tool. It’s one piece’ (A1)

By framing it as a story, participants recognized the complexity and nuances in a child’s life, family’s life that are not fully captured in a tool. ‘There are all kinds of factors that need to be taken into consideration’ (A4) for a child’s development and screening is one way to communicate one source of information. As one participant indicates below, screening tools should be contextualized with the other factors that affect a child’s development:

‘They are pieces, they’re a part of the package but they’re not the package and if we can build a relationship and have those families feel they are confident and strong and that their child is proud of who they are, then to me, we’ve done our job. Maybe it doesn’t show on a piece of paper but in that child’s eyes and in that family’s eyes and in their heart and your heart, you know you’ve done a fantastic job with that family.’ (A5)

This participant went on to say:

‘I like the ones where you can come together as a team including the family and get a really broad spectrum picture of that child. Those ones that are very directed, I find it just doesn’t give you that true picture of a child.’ (A5)

The opportunity to gain a broader picture of a child becomes valuable as more professionals gather as a team to discuss the development of a child.

As indicated in a previous theme, the culture of ‘each family and home’ is often not adequately reflected in screening tools and participants noted the limitations in the information collected by a tool. The participant in the excerpt below alludes to aspects such as trauma not



addressed in screening tools, identifying the importance of not relying on one singular, standardized way of collecting information:

‘Looking at the factors that might be affecting their development...I think that’s where the person whose supporting the family has to understand the very unique, the trauma pieces that Indigenous families that may or may not be in other programs but we know it...Like when I think about what it says on the back of the ASQ, what factors might be affecting the child’s development, I don’t know if its overtly addressed?’ (A3)

Findings point to contextualizing children in the life of their family, culture, community and considering the priorities and factors in their development.

One participant emphasized the importance of building a story about a child as families often have to ‘keep sharing things over and over again’ (A1) to doctors, therapists, and school personnel. Similarly, in research with Indigenous Elders, child care providers and caregivers in BC, caregivers found it difficult to continuously answer the same questions about their child and explain the history of their child’s life to professionals they often did not know (Harrop, 2019). In this study, participants indicated that a screening tool is a way to begin building a comprehensive story while allowing families to share consistent information with each service provider:

‘We’re really just creating a story about their child that if we had to talk to a pediatrician or an occupational therapist, we’re creating a story that we can tell about the child... Then if we have to, share the story of that child, right from when they were born, right from if they received a diagnosis, what that diagnosis is, where the child is at, where the families are at with the diagnosis. I mean, there’s so much more to collecting a story than it is just doing a developmental assessment.’ (A1)

Positioning screening as a part of storytelling can also alleviate the anxiety for parents who feel like screening is a test, as referenced in previous research (Gerlach, 2015). Reducing the pressure may help parents participate in ‘creating a story that we can tell about the child’:

‘What I tell them is we’re just creating a story for everybody who might be involved in your child’s life and really take away that whole idea that it’s an *assessment* or that it’s a



screening of your child and then when it gets heavy, when it gets bigger, where we know there are issues so that they go on for further assessment or diagnostic assessment, it's not a burden or experience from the beginning. We build up in positive ways for the further diagnostic testing and we're with them the whole way.' (A1)

Telling the story of the child is a way for professionals to center the experiences and life of the child and family and placing an emphasis on the story may alleviate the stress of the screening process.

Key Messages

- The process of using a screening tool can serve many purposes in supporting families and communicating information about the strengths and needs of the child.
- While keeping the intention of the items on the ASQ, changes can be made to the details to reflect the culture of a child, ensuring screening is meaningful and remains relevant.
- Screening tools contribute as a piece to the larger picture of a child and family's life.
- Professionals can complement screening tools with other approaches to assessment and sources of documentation to build the story of a child and family and capture the child's holistic development.

Managing the pressure of 'we're always trying to move forward'

In the final theme, the focus shifts to participants questioning the relevance of screening and describing feeling pressured to move families through the screening process in a timely manner. The themes discussed thus far have centered aspiring practices to being with families and screening within relationship; this fourth theme brings to light the structural barriers and context of colonialism in which professionals are situated in and push back against.

Participants described how tensions can exist in balancing time prioritizing their relational work with families and the pressure to move forward for referrals to developmental



services, additional resources and funding for a child. One participant discussed knowing a child would benefit from referrals to other services, but wanted to invest in the relationship with the family before rushing into screening:

‘And sometimes that’s a real tug because when we’re working with young children and I can sometimes hear that clock ticking in the background, and if you come to the program really late and you know that the quicker we can get in there... but it’s been my experience personally, that it does not go the way you would hope it would go. Conversely, when you take the time to build a relationship and the parent feels that they understand and they’re really on board and that they’re part of it, amazing things can happen. That’s the good side of it.’ (A3)

In this excerpt above, the participant struggled with doing screening quickly, while knowing taking time to build a relationship can be beneficial in the long term. When asked what changes related to developmental screening were recommended, one participant shared about the pressure to move forward:

‘It would be to carry a smaller caseload to have more time for relationship and less pressure around feeling like we’re always trying to move forward’ (A8)

With many children and families on their caseload, the need to complete screening increases as the time between visits may be longer. As this participant proposed, slowing down to focus on relationships with families requires a smaller caseload for professionals to have more time and capacity. This finding contrasts with normative approaches; previous US research found that non-Indigenous parents wanted screening done quickly for more information about their intuitions when they suspected a developmental concern (Traube et al. 2020). Parents felt relief after screening that either confirmed their suspicion and further services could be put in place or relief there was nothing to act upon, showing the push forward for parents to have more information about their child (Traube et al., 2020).



The pressure to be moving forward is difficult when it does not align with professional values. Participants weighed the benefits of having a child screened and referred to further services or spending time building a relationship with the family and having the parent understand the process of screening first.

‘The only time we will rush an assessment if we don’t have that relationship yet built is, We can get you on a list for the speech and language pathologist, we can get you on the list for occupational therapy sooner, you have access to funds if your child is diagnosed with autism, we can help set up with respite’ (A1)

This participant continued to say:

‘We will do an assessment to honour the child and really move forward with other resources or funding. That’s when it’s important and that’s where we might shrink our timelines a little bit.’ (A1)

Participants discussed how they anticipated waiting lists for referred services such as speech and language therapy or occupational therapy, leading them to feel that they are sometimes moving the screening process along faster than a family would prefer. It should not be assumed though, that parents are hesitant to participate in screening. Research has shown Indigenous parents being open to standardized assessments ‘when it is done in a good way’ and want to know how their child is developing and where they can seek extra support if needed (Ball, 2021).

When reflecting on managing the ‘pressure’ to be moving forward, findings show external sources of influence from other professionals or organizations such as pediatricians, social workers, child care centres, or leaders in organizations to have screening completed in a timely manner. There are ‘standards for the office or the frequency in which things are intended’ (A8). As another participant stated:

‘I find it a hard balancing act of what’s required of me like ‘Did you do Ages and Stages with them? Did you do it with your whole caseload? It’s three months. We need to do the family updated goals.’ (A7)



Findings show how balancing these pressures may reduce their capacity to provide culturally safe services and that finding ways for families to steer the way, as noted in an earlier theme, can be challenging.

While professionals respect a family's lead in their services, they also want a child to receive the best care, and referrals may be a part of that care. A report from the Representative for Children and Youth (2020), supports the tension of referrals, where wait times for diagnosis and assessment services in BC were reported to be a year or more, with COVID-19 pandemic closures creating longer wait times. Availability and wait times also vary by community with the supply of services not keeping up to the demand ([RCY, 2020](#)). These systemic challenges create tensions for professionals between desired practice of supporting families and ensuring children get the services or funding they need.

Questioning why am I doing a screening?

Building on managing the pressure to move forward, participants considered the benefits and purpose of screening. Participants asked themselves why they were completing a screening and who they were doing it for:

‘Why am I doing it, like what’s the purpose? Is it for me to gain information to support them or is it for me to tick a box saying that I did it? And I opt to not do it for ticking the box.’ (A8)

Participants discussed wanting to avoid completing a screening tool to ‘tick a box’, and one participant stated, ‘we don’t do screening or developmental assessments just to do them’ (A1).

They asked themselves:

‘Who’s agenda is it?’

‘Am I doing it for me and our accreditation or am I doing it because it helps the family?’



Through these questions, participants critically reflect on the purposes of screening, whether it is meeting organizational goals and mandates, being a valuable information source for families or somewhere in the middle (Gerlach et al., 2021).

Before introducing screening to a family, participants thought about how screening would benefit each child, which can help articulate to the family the benefits of screening and explain what the intention of specific questions are:

‘I think explaining why they’re asking questions like, this is what we’re trying to find out or this is why they’re asking this question or this is this area of development’ (A3)

This participant’s emphasis on explaining to families why screening questions are being asked implies parents may be hesitant to participate in screening if there isn’t an explanation for why the screening is happening and who it is for. If a professional doesn’t have a reason for the screening, ‘then maybe we don’t need to do them’ (A4).

When other professionals are asking for screening to be done, the findings show participants typically do not just agree, and ensure there is a reason:

‘Why we would like the assessment is more important than the assessment itself. So, if it’s just somebody who wants an assessment on the child, we question why. Were they premature, is there a developmental delay, is there a disability or a congenital issue, is it gonna help them get more services, is it gonna be able to provide more funding? So we determine what is the reason for the assessment before we even do it. We don’t do it and then ask questions later. We ask questions and then do it’ (A1)

The reflective questioning of participants in the findings implies there are potential harms or consequences with using a screening tool without considering why. As one participant said:

‘It really is about the needs of the family because I think if you march in there and do what you need to do and it’s not for the needs of the family, you might never see them again. (A8)

If a screening is rushed or a screening tool is used because an organization requires it, families could stop participating in services.



Findings point to participants experiencing tension between their professional training and identity related to screening and how the requirements of their role intersect with families' lived realities. It can create a pressure and as one participant shared:

'One is for ticking the box to make people above me happy and one is for, why am I doing this? I want to make sure that your child is getting the best and I have to go at your pace, not at the pace that they're telling me to go.' (A7)

This reflection also raises questions about whether the screening tool itself and the use of the tool is supporting professional needs or the needs of the child and family at the same time.

'It definitely depends on the person who's using it and I also feel that some tools themselves are not beneficial for families but rather for the person administering the assessment which is like a very selfish way to kind of go about it' (A6).

When professionals consider how they use screening tools and assess the benefits for families, they are rethinking practices and policies taken for granted for being family focused (Gerlach et al., 2021). Described in previous research with frontline professionals, 'their 'pre-conceived agendas and goals' can get in the way of a relational orientation to their practice with Indigenous communities and families' (Gerlach et al., 2021, p. 12).

Feeling the pressure to be similar to 'mainstream practice'

The influence from mainstream child development and intervention practices in screening was identified as a sub-theme in the data. Participants expressed a tension between a philosophy of supporting the whole family rather than the individual child:

'We've talked lots about how AIDP is very family centered focused on the whole family. We do find many ... programs Tend to be more clinical, they're way more into screens, they're way more into working with just the child and the child's development and not necessarily the whole family' (A4)

Mainstream values in child development can influence what is considered normative practice and can create pressure for others to follow suit (British Columbia Early Learning Framework, 2019;



Pacini-Ketchabaw et al., 2015). This finding aligns with previous themes where participants reflect on whose agenda they are subscribing to, if they screen before a relationship has been built with a family.

In the following excerpts, participants outlined how screening tools examine development as ‘typical vs atypical’ or ‘normal’:

‘I think screening, because they are looking at specifically a big general spectrum of typical vs atypical development, it’s very often yes, no, sometimes which if you can’t answer that question, then what do you do right?’ (A2)

‘I also found that a lot of educators don’t see it as a piece or as a tool to see where the child is at but rather to see where the child is quote on quote normal and whether they need further assistance’ (A6)

Participants spoke about the challenges with framing child development in boxes, evaluating whether a child is performing a skill ‘yes’, ‘sometimes’ or ‘not yet’, or the binary of typical and atypical development. These findings contrast with the views of non-Indigenous parents in an American study who expressed that their goal for screening was to ensure their children were meeting developmental milestones and ‘developing on a normative trajectory’, showing the power of the milestones of ‘typical’ development as they monitor their child’s development (Traube et al., 2020).

The findings of this study and from previous research with parents, show the limitations of screening tools and emphasize the importance of using a screening tool within a relationship. In this excerpt, a participant explained how screening can label children and the desire to disrupt this process:

‘A lot of the assessments that we do use though come from like a very colonial method, where at the end, you do get a result and that result does put someone in that box and it’s up to us whether we want to blend that box up’ (A6)



Some participants discussed the challenges of screening tools for Indigenous programs and considering the cultural relevance of the screening tool:

‘How we administer the tool is when I get bent out of shape. If we have an Indigenous child and we’re coming from the mainstream practice or philosophy, and looking at the deficits versus the strengths, then we’re not gonna see things and that’s why I say it’s a story about that child.’ (A1)

As referenced in earlier findings, screening tools can be limited in reflecting the values of a family or their culture and a child and family’s story all contribute to detailing the factors, experiences, and strengths, beyond what a screening tool can do.

In the findings, participants retold experiences in their practice of parents feeling like their parenting is ‘being judged’ when using a screening tool and viewing their child’s development as a reflection on their parenting:

‘Imagine doing the screenings with families and it’s always some worry, feeling like you’re being judged or what have I done wrong as a parent or there’s a million things going through the parents’ head right? So, I think that’s a really common thing and that’s something we have to be really sensitive to and aware of and providing the assurance as well to the family for allowing these concerns, cause they’re real.’ (A4)

‘I like that, you’re in it with them too. I always try to make the relationship and I’m not giving you the test, we’re doing it together, and if I was the parent, I’d feel that way too. I do not want to meet someone and have them check off a list of judgements’ (A7)

Findings display participants empathizing with parents’ hesitation around screening and deconstructing what is supposed to be ‘typical’ in their child’s development. Participants also noted a tension of working in a system that holds power in what is viewed as ‘normative’:

‘I think our parents, they blame themselves for so many things, a lot of our families and I hate to see them feel that with their child’s development. We used to talk to families a lot about when they are learning one skill, a lot of other skills will drop off and it will level out and then other skills will go higher, and those ones will drop and it’s just normal development and every child develops different. There are no two children who will be at the exact same spots at the exact same time in every area. And just allowing them to understand that their child is unique but that there is a lot of pressure on parents, and they feel it’ (A5)



The influence of ‘typical’ development, reinforced by milestones in screening tools, are shown to impact the way parents see themselves and participants using all the strategies and relational approaches described in this research may encourage parents through anxiety with screening and their child’s development (Pacini-Ketchabaw et al., 2015).

Screening tools and practices are reflective of these Western child development theories, categorizing development with a ‘stage’ and ‘age’ approach, leading professionals to monitor and assess development within the confines of the tool (Gabriel, 2020). In the above findings, part of the pressure experienced by participants to always move forward is connected to a dominant, mainstream view of assessing children early and often. Mainstream child development theories and programs tend to assess children right away to get a picture of the child, rather than learning about child and their family and develop a relationship.

Key Messages

- The priority of screening for detecting developmental delays in early intervention programming can prevent professionals from taking the time to build relationships with Indigenous families. By staying persistent in following the lead of the family, professionals demonstrate how to be responsive to the needs of families and ensure they are ready for the process of screening.
- Developmental screening practices typically focus on the individual child; professionals can demonstrate critical, reflective thinking in questioning the relevance and benefit of a tool for families.



- Carrying out the mainstream expectations of doing screening quickly and to meet organizational goals or professional agendas can create a tension in creating family-centred practice, leading professionals to challenge the need for screening.
- Existing limitations of a screening tool in cultural relevance, development norms, and parents feeling like they are failing a test show the power of developmental theories in screening and create a barrier for professionals' relational work with families.

Conclusion

The findings of this qualitative study show aspiring ways of being with families, as participants described how they prioritized relationships to support parents through the challenges of services, parenting and screening, and the pressures they experience to use screening tools. How a screening tool is used with a child and their family was highly valued by participants and impacts the experiences of screening for families. Findings emphasize that the focus is less on the screening tool, and more on the person using it, the context of the relationship and the ability to adapt the tool for each child and family. Developing relationships with families, following their lead, and responding to their priorities can lead to meaningfully support for families which may involve delaying screening. Participants shared how they used screening tools in ways that valued a family's knowledge and brought multiple sources of information and story together.

As a result of the power of normative development in society and screening tools, it may be difficult to separate the interference of developmental theories, the pressure to screen quickly for referrals, and the focus on the individual child. However, the mainstream values of screening should be critically reflected on to understand their impact to practice and views of children and families. Despite the power developmentalism and colonialism holds in screening practices,



participants in this study showed their determination to continuously push back, centering the priorities and experiences of Indigenous children and families.



Recommendations

After summarizing the themes and analyzing the recommendations directly from participants, concrete considerations for future practice and change are made for professionals and early intervention organizations or organizations that use developmental screening. These are followed by recommendations for further research regarding developmental screening.

For professionals:

- Delay using a screening tool with a family and focus on getting to know the family and engaging in conversations, while monitoring the family's readiness for screening.
- Create a culturally relevant toolkit for screening, including toys, books and manipulatives reflective of families in your community. Continuously evaluate the materials based on the families on your caseload.
- Reflect on the culture of each family's home, avoiding assumptions made about their cultural background. Ask questions, be curious and reflect on how your family's culture impacts you.
- Practice communicating the benefits of screening to families and why you are doing it, to ensure it is not an assumed or taken for granted part of practice. What is the purpose? Will this help the family and why?

For organizations:

- Provide ongoing training for professionals on using developmental screening tools, as well as screening with Indigenous families, particularly for new consultants.
- Incorporate discussions and continuous engagement in team meetings on using screening tools in your practice with Indigenous families, mentoring all levels of staff:
 - What has worked well?
 - What are challenges you have come across?
 - How can we use screening tools to better support children and families?
 - In addition to a screening tool, what other information contributes to a more complete story of a child/family?
- Develop a cultural framework alongside a screening tool to guide professional's questions and thinking about screening. This reference sheet could accompany a



screening tool with additional questions to discuss with families, as well as a guide for consultants. Examples of questions include:

- What are unique things about your child and your family?
- Are there cultural considerations you would like to share?
- Other aspects of life that may impact the screening
- For consultants:
 - How to make a screening toolkit
 - How to break a screening tool into sections with families
- Consider ways to restructure consultants' caseloads to allow for time and capacity to build relationships with children and families.
- Evaluate any developmental screening tools created in Canada for their applicability in AIDP and ASCD. When considering the use of other screening tools, find opportunities to include families' input in the creation or adaptation of screening tools.

For future research:

Further research is needed to understand remaining questions on developmental screening:

- How do Indigenous parents and caregivers perceive and experience developmental screening in Indigenous early intervention programs and the services and referrals that occur after?
- How do professionals' experiences and personal learning on cultural safety and trauma informed practice reflect when they do screening?
- How are current practices of developmental screening benefiting families of various cultural backgrounds in Canada?
- How does organizational culture support or limit professionals to use screening tools in the ways outlined in this project?



Knowledge Mobilization

My intentions are to share this research in a meaningful and beneficial way, guided by the community research partners. In thinking and planning for the dissemination of the findings, having research to create positive change, while utilizing relevant knowledge sharing processes are of high importance (CIHR, 2009). My goal is making the project accessible and meaningful for the professionals doing this work (Christensen, 2012).

I will share a summary of this study with the leaders of AIDP and ASCD and with all of the research participants. At this time, sharing the research findings includes a webinar presentation to AIDP and ASCD professionals, the creation of a summary document and making the report available on the AIDP and ASCD websites. Aspects of this project will also be integrated into an existing online training module focused on assessment practices developed by AIDP and ASCD. Sharing the findings of this project is an ongoing process and commitment (Tuhiwai Smith, 2012), and I will continue to collaborate with the community research partners on further approaches for knowledge mobilization.



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Appendix A

Exploring developmental screening practices with Indigenous early intervention programs in BC Consent Form

You are invited to participate in a study *Exploring developmental screening practices with Indigenous early intervention programs in BC*, conducted by Melissa Nauta, in partnership with Aboriginal Infant Development Program and Aboriginal Supported Child Development Program.

Graduate student researcher: Melissa Nauta, MA program, School of Child and Youth Care, University of Victoria.

You may contact her if you have further questions by emailing melissanauta08@gmail.com.

Masters project supervisor: Dr. Alison Gerlach, School of Child and Youth Care, University of Victoria.

You may contact her if you have further questions at alisongerlach@uvic.ca.

Community Partners:

Diana Elliott, Provincial Advisor, Aboriginal Infant Development Program

Jackie Watts, Provincial Advisor, Aboriginal Supported Child Development Program

Purpose and Objectives

The purpose of this exploratory qualitative research project is to explore developmental screening with professionals in the Aboriginal Infant Development Program (AIDP) and Aboriginal Supported Child Development Program (ASCD) in British Columbia, aimed to answer: *How do AIDP and ASCD frontline professionals understand and experience developmental screening with Indigenous families and children?*

Importance of this Research

This research is important because developmental screening can be experienced by some Indigenous parents in BC as ‘a test that you pass or fail’. Developmental screening can also be complicated by power imbalances, and parental concerns about being judged and the historical and ongoing removal of children from their families. Through the data collection and analysis, the influence of broader historical, political, and social factors on developmental screening will be explored, as well as colonial ideas of development that continue to influence ideas about ‘what is normal’. This research also complements current work by AIDP and ASCD through an assessment training project and explores relational approaches to developmental screening in their programs.

What is involved?

If you consent to voluntarily participate in this research, your participation will include a short online demographic survey and either a 1-hour interview or a 1.5-2-hour focus group through video conference technology. The interview and focus group sessions will be recorded on an audio recorder for transcription and deleted afterwards. Written observation notes will be taken throughout.

The web-based video conferencing technology being used for focus groups is Zoom, through an agreement with the University of Victoria. Zoom is a cloud video conferencing platform used for online learning, teaching, collaboration, and providing services at the University of Victoria.



For additional privacy, a waiting room will be created before the meeting, so participants are invited into the meeting. The Zoom Meeting will be locked once started so no new participants can join.

The study also involves completing an online survey that will take approximately 10 minutes. Your responses will be confidential and will not collect identifying information such as your name, email address or IP address. The survey questions will collect demographic information to summarize the participants of the research in a final report. The survey is developed on Survey Monkey, an online survey development software. Survey questions and responses will be stored only in Canada.

Risks & Benefits

There are no known or anticipated risks to you by participating in this research.

The potential benefits of your participation in this research include learning from the perspectives and experiences of colleagues in regards to developmental screening. Your data will contribute to an analysis of development screening with Indigenous children and families and recommendations for future practice that will be taken to Indigenous caregivers for feedback.

Voluntary Participation

Your participation in this research must be completely voluntary. You may withdraw at any time without any consequences or any explanation. If you do withdraw from the study, your data, linked to focus group discussion, will be used in a summarized form with no identifying information.

Confidentiality

Your confidentiality and the confidentiality of the data will be protected by removing identifying information and features from the data when transcribing. Your data will be anonymized using a code and participants will not be identifiable in the final report. You will be given the opportunity for transcript review if requested. The information from the online survey will not be linked to what you contribute in the interview or focus group.

The community research partners (Provincial Advisors) will not know who participates in the research. When they see the data, identifying information will have been removed.

Data will be safely stored through the following means:

- Paper files (i.e. field notes, other research notes) stored in locked cabinet in researcher's home
- Electronic files (i.e. transcriptions, coded data, downloaded survey data) stored on password protected laptop, files will be password protected, backed up on password protected USB, in a locked house

Limitations to Confidentiality

Due to the nature of focus groups, the researcher cannot guarantee other participants in the focus groups will keep information confidential. The information shared in this group should be kept confidential and to not discuss outside of the focus group.

Other limits to protecting confidentiality come from the context of a small sample size. The researcher will avoid the mosaic effect, where various pieces of information could be linked together to identify individuals.



Dissemination of Results

It is anticipated that the final results of this study will be shared with others in the following ways: provided directly to the participants, a final research project (report and oral defense presentation), an infographic and presentations.

A final report will be provided to the AIDP and ASCD Provincial Advisors and other organization partners and other knowledge translation activities will be discussed as the project gets underway.

Disposal of Data

Data from this study will be disposed of 5 years after defense of the project. Paper field notes will be shredded and electronic transcripts will be deleted.

Contacts

Please find the contact of Melissa Nauta and supervisor Dr. Alison Gerlach at the beginning of this form.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Consent

Your verbal consent indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.



Appendix B

Interview Question Guide

What does the term developmental screening mean to you?

Why is developmental screening an important topic to talk about and do this research and how does it fit into the bigger picture of ECD?

How does development screening support or challenge children and families in ASCD?

- What are the benefits and challenges for staff?
- What are the impacts in the community?

What are some ways that the approach of developmental screening with Indigenous children and families differs from the mainstream program?

Developmental screening is often focused and centered around the tools that are used. What roles do you think the tool itself plays, particularly in Indigenous contexts to support or not?

How does ASCD use developmental screening tools in a relational way and why is that important?

- a. Can you talk a little bit about like, the practical ways you building relationships with families or when someone joins a program as staff and you're telling them about, or like training them about how, how to go about that?
- b. Relationships with families in COVID?

Parents have shared their perspectives on developmental screening in previous research, describing it as 'it feels like a test, pass and fail and something to be worried about as opposed to helping build on strengths' or that the experience of assessment can be traumatic and racist, involves repeating answers to the same questions with different professionals', 'feeling stereotyped or a judgement on their parenting'. What is your response to these perspectives and how could it inform ASCD programs?

What does 'working towards cultural safety in the use of developmental screening tools with young children and their families' mean to you?

Where do you see the practices of developmental screening going forward? How would you like the discussion to go? How could that inform ASCD policy and programs?

- What are the barriers (individual, community or system) to doing assessment/screening the way you want but can't?

Is there anything else you would like me to know? Or something that we didn't talk about?

