

Chapter 2

Native Child and Family Services of Toronto: Toronto, Ontario

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The Scarborough Child and Family Life Centre (“the centre”) is a multi-service centre operated by Native Child and Family Services of Toronto (NCFST), an Indigenous led child welfare agency. The centre offers a licensed childcare program and an EarlyOn program as well as various culturally based programming for Indigenous¹⁰ children, youth, and families. Located in the east end of Toronto, Ontario, the centre provides various child and family programs, including early intervention and screening programs, counselling, drop-in programs, education and job development programs, and community programming, all with a strong focus on Indigenous culture and teachings. The center is a multi-service hub in a large urban environment serving a diverse population, including Indigenous and non-Indigenous children and families.

The centre’s mandate is to support quality of life, well-being, caring and healing for children and families in the Toronto Indigenous Community through culturally-based services that reflect the values of Indigenous people. The centre’s service model, developed with Indigenous Elders and knowledge keepers, provides integrated services for healing, wellness, and family supports sufficient to provide Indigenous children and their families with multiple pathways to a quality life through prevention, case management, and service provision. The center offers various assessment related services, which result in referrals to clinical service providers in other organizations. The centre staff have been considering how to better serve families who may benefit from more intensive intervention as well as how to foster inclusion of children with disabilities within early childhood programs.

The IECCSS research findings suggest Indigenous families may face additional barriers in accessing adequate early intervention services as compared to non-Indigenous families.¹¹ Cultural differences in the assessment and treatment of Indigenous children may lead to misdiagnosis and hinder appropriate support for a child’s development. Ensuring that Indigenous children have access to their culture and feel proud of who they are is a priority for NCFST and is a basis from which programs and services are developed. Disability-related services are not often culturally oriented, which can lead to conflicting perspectives and undesirable outcomes for the child and family. Considering the cultural nature of service provision at NCFST, the center is well positioned to offer early intervention services to Indigenous children and families that may mitigate the problematic outcomes associated with culturally dissonant intervention.

¹⁰ The term “Indigenous” is used in this report to refer to First Nations, Métis, and Inuit peoples of Canada.

¹¹ Nicole Ineese-Nash, Yvonne Bomber, Kathryn Underwood, and Arlene Hache, “Raising a Child with Early Childhood Dis-ability Supports,” Indigenous Policy Journal, Vol. 28, no. 3 (2017).

Problem Identification

The staff at the centre identified difficulties in adequately serving families whose children may require additional support or who experience disability. Family support programs in which parents were present were seen as more accessible to families, but also created communication barriers between the staff and parents in relation to the specificity of children's development. Within childcare programs, it is difficult to offer one-on-one support to children due to staff ratios. This also makes it difficult to develop and implement a cohesive plan of care with a child who may be accessing multiple support services. Families who are involved with the child welfare sector of the agency have access to case coordinators who may support the management of multiple services families access, though these may not be solely related to developmental priorities of the child. For the majority of families, staff were often unaware of which services a child was accessing and as a result were unsure of how to integrate intervention priorities into the programs the child attends. When staff are not made aware of the factors in a family's life that are affecting their access to services and the development of the child, they are less able to make appropriate referrals or to offer support within the centre's programs.

Inadequate staffing was identified as a primary barrier to successful inclusion. Staff ratios at the centre do not account for children who may benefit or require one-on-one support. Without designated staff to address this role, the centre felt unable to implement programming designed to support individual developmental priorities. Additionally, programs at the centre are focused on children, youth, and parents, and to a lesser extent the family unit. This means that professionals working with the family may work specifically with the child or the caregiver, rather than with the family across programs. The centre recently partnered with a resource consultant in order to better understand and access resources that may benefit children with disabilities and their families.

Strategy Description

Method

In addressing IECSS findings which suggest that many early-intervention programs do not include other members of the immediate and extended family in the planning of care or support inclusion across multiple programs, the staff employed a family-oriented approach to supporting inclusion at the centre. In particular, they sought to focus on a single case in which support was identified as required for a successful transition for the child into childcare. The staff determined a one-on-one family case management approach to supporting a child and family as they prepared to enroll into the centre's childcare program to be a strategy which could address issues of inclusion throughout multiple family support programs. The centre sought to evaluate the processes involved to achieve this outcome as a case for implementing family-centered case management and care as an inclusion strategy.

Procedures

The strategy was implemented over the course of six weeks and involved a preliminary consultation, pre-implementation evaluation, a developmental assessment, a developmental care plan and implementation, and post-implementation evaluation. The pre- and post-implementation evaluations were conducted through a questionnaire

designed by the centre staff team to assess family priorities, barriers to access, and efficacy of program implementation over time.

The family was identified through outreach within the centre's family support programs. The family was interested in receiving intensive support in order to access developmental assessment and referrals to external services. The centre staff met privately with the family in their home for a preliminary consultation, a developmental assessment, and had them complete a pre-implementation questionnaire. During the discussion, the staff asked the family questions about their child, the types of programs they currently access, their perspectives on these services, and their goals for their child.

The staff then conducted an Ages & Stages Questionnaire as an assessment of the child's developmental with the caregiver. The assessment tool was used as a way to gain more information about the child and to determine appropriate interventions to implement within childcare and family support programs. The assessment and pre-implementation questionnaire determined that the developmental care plan would focus on behavioural and speech and language support for the child and family.

The developmental care plan was developed collaboratively with the staff and family to address areas of concern and determine appropriate interventions. The plan was documented and signed by the caregiver and staff. The plan was implemented at the centre with staff and the caregiver, with some strategies being implemented by the caregiver at home. The implementation took place in a variety of programs over the course of several weeks, facilitated by one staff member who worked with the child at each session and the caregiver. Following the implementation, the staff did a follow-up questionnaire to assess whether outcomes had been achieved.

Outcomes

The one-on-one support the family received enabled them to have increased access to the programs within the centre and ultimately succeeded in preparing the child to attend full-day childcare. Staff felt they were able to build meaningful relationships with the child and family by seeing them consistently through various programs. Having familiar faces seemed to make it easier for the child to focus on the learning objectives within the developmental care plan, even if the program or materials differed between settings. These relationships also facilitated a clear dialogue between the caregiver and staff, which became strengthened over the course of the intervention. When relationships were built, staff were able to not only support the child, but better understand how to support the parent as well by understanding more of the context of their lives. Staff also felt the collaborative approach to intervention was helpful in empowering parents to be able to implement strategies in the home, by modelling and providing information on which strategies may be useful. Staff felt that this allowed parents to feel like partners in the intervention process since they were able to make decisions about their child and also participate in the implementation of the strategies. This strategy aligns well with one of the goals of the centre, which is to support Indigenous families' self-determination.

According to the pre- and post-implementation questionnaire data, the family indicated they had gained an increased sense of understanding of their child's disability as well as an increased knowledge of where they might be able to access further support. The family shared with staff that they felt their culture was being respected during the process since engaging with the whole family seemed to be a more holistic approach to service delivery than child-focused interventions. The intervention enabled the parent to feel more supported in caring for their child while also giving them increased information about other programs available to them. However, because they had been made more aware of what the child could potentially access and benefit from, following the implementation the family was less satisfied with the services they were receiving.

The barriers identified in the preliminary stages remained throughout the implementation process. From the family's perspective, the primary barriers to facilitating the desired level of inclusion for the child and family were transportation and timing of programs. The caregiver felt unable to access interventions for their child during work hours and therefore seemed to appreciate the flexibility of a model of care that could be maintained across programs and at home. Staff articulated the major barriers to inclusion within their childcare centre was the lack of consistent funding for staffing to support one-on-one support for a child.

Recommendations

The centre staff identified many benefits to family-focused delivery of care in which a consistent team was able to support the child across programs. They recommended the following in facilitating inclusion within a childcare or family support setting:

- **Develop Collaborative Relationships.** A strength identified within the approach taken at the center was the collaborative relationship that was facilitated between the staff and family. In positioning the caregiver as a partner in the implementation of care for the child, the family is able to maintain strategies across environments and feel empowered in the education and development of their child. The relationships built through this collaborative process may also support the caregiver in accessing further programs that could benefit themselves or others in the family.
- **Maintain Consistency Across Programs.** Children thrive in environments wherein they understand the expectations and supports available to them. Staff at NCFST felt that maintaining a support person across various programs allowed for the child to feel safe and supported in different environments. This process also allowed for a genuine relationship to flourish between the staff and the child which led to more effective intervention. Staff recommended appointing a support person to work with the family and child over a long period of time. It is beneficial if this person can act as a liaison between programs, maintaining a consistent care plan for the child. This person can get to know the child and family starting from early years programs and as they transition into childcare and school.
- **Ensure Flexibility and Compatibility with the Family.** Staff felt the intervention was effective in the case of this family because they were able to

meet the specific needs of the child and caregiver. Meeting in the family home increased accessibility and allowed for natural observations and assessments of the child. The caregiver felt this could be improved by having services offered during the evenings so that it would not interfere with work scheduling.

Additionally, the care plan for the child was adapted over time as new priorities (such as the transition to childcare) came up. This flexibility allows for authentic work with the child, focused on goals as they emerge. Flexibility allows for the staff and caregiver to reassess the efficacy of the work being done and to make changes if necessary to ensure a good fit.

- **Respect Culture and Community.** All children belong to a community and deserve to have full access to participate in their community at large. The staff at the centre were able to observe and work with the child in various settings, both within and outside of the centre itself. Support for inclusion does not end at the front door of the building and should translate into the external programs and events of the organization. This may mean increasing staffing during community events to ensure families feel welcomed and supported to attend. When offering intervention, it is also important to consider cultural biases that may be imparted through the interventions themselves. Working as a team with the caregiver allows for staff to discuss cultural values as well as developmental priorities. The centre recommends a mixed approach to early childhood intervention where cultural and more clinical support can both be offered in combination.

Conclusion

Childcare and family support spaces can be critical sites for inclusion, as well as cultural identity formation. However, the current structure of disability-support services hinders access and participation when it is not organized with families in mind. Support should be developed collaboratively with professionals, childcare providers, and the family to ensure that the services offered are culturally safe and appropriate. Assumptions made about the developmental goals and the strategies to address them can deter family participation in the process and lead to inconsistent care across environments. Ensuring there is a consistent team to develop a care plan that accounts for the scope of programs the child and family access can increase the time spent working on developmental goals and facilitate improved relationships among the child, family, and service provider. The funding structure of disability-related services requires revision to ensure there are funds available to support the ongoing and consistent care of children in the changing contexts of their lives. Funds provided for disability-related supports should not only be allotted to early intervention or clinical agencies, but also to centres who deliver culturally based programming so that children can access both cultural and developmental supports at the same location. Empowering Indigenous families to meaningfully access and participate in the education and care of their children begins in the early years and requires holistic models of care that allow for self-determination and relationship building.