Chapter 3
Family Place: Powell River, British Columbia
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This paper will discuss an evaluation project conducted at Family Place, a program for young families in Powell River, British Columbia. The objective was to increase access and engagement for caregivers in the system of care through a strategy to provide an opportunity for caregivers to meet local professionals and to facilitate discussions regarding caregiver experiences.

Powell River is an isolated community, accessible only by air or water, and has a population of close to 21,000 people spread out over a large geographic area that includes two islands. 27.7% of the population are seniors, 10% higher than the provincial average. The average income is below the provincial average. Poverty rates have increased over the last few years: approximately 1 in 4 children live in poverty.[12] According to the Provincial Early Development Instrument[13], approximately 39% of the children in this region are vulnerable or at risk in at least one area of development (physical, social, emotional, language, and/or communication) compared to the provincial rate of 32.5%.

Powell River Family Place is a resource program for families with young children. It fosters opportunities for families to gather, encourages a sense of community, and provides information and referrals to other community services in town. Family Place operates primarily as a drop-in centre for information and resources, which include a clothing exchange, the Good Food Box (a low-cost box of produce), computer and Internet access for caregivers, and healthy snacks. Programs include Parent-Child Mother Goose, Fun in the Sun summer programming, Open Space Parent-Led programming, and Toddler Time. In Powell River, Family Place is predominantly attended by families living in poverty.

Family Place is part of the British Columbia Association of Family Resource Programs, a not-for-profit provincial organization dedicated to promoting and supporting community-based family resource programs (FRPs). FRPs are parent/child (aged 0-6) community hubs where families can access support, opportunities for engagement, and community resources.[14] Their vision, mission and values are:

- Our vision at FRP BC is for all BC families to have the supports they need in their communities to raise healthy children;
- Our mission is to build capacity in family-centered programs through research, education, advocacy and provincial standards and to connect families to local programs and resources; and

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[12] Christien Kaaij and Janet Newbury, *Powell River Regional Social Planning Program: Final Report* (2019), https://powellriver.civicweb.net/document/57383

[13] Human Early Leaning Partnership. *EDI (Early Years Development Instrument) report*. Wave 6 Community Profile, 2016. Powell River (SD47). Vancouver, BC: University of British Columbia, School of Population and Public Health; October 2016.

[14] *Family Resource Program of British Columbia*, Employment and Social Development Canada (2016), http://www.frpbc.ca/

- Our values at FRP BC are community, connections, inclusion, respect, and relationships, in all that we do.

Problem Identification

In their 2016 Research Report[15] the BC Association of Family Resource Programs identified some of the challenges parents experience that are a focus for FRP staff. Some of these challenges are expected: parenting questions, child development, nutrition, discipline, and child care. Staff may also offer assistance for more complex challenges, such as those to do with employment, financial issues, food security, transportation, or housing. However, Family Place staff are unequipped to assist with more serious challenges, yet are affected by them on a regular basis. These include caregiver isolation and mental health concerns, family conflict, personal safety concerns both for caregivers, and themselves, disability, and drugs or alcohol abuse.

Family Place is in an ideal position to support young families. In many ways, and for many caregivers, this support is already being delivered. However, research still struggles to identify how parents choose one program over another[16] in early intervention programming; for example, differences were noted for gender of parent, cultural background, and couple versus lone parents. The authors conclude that parental choice of programming that emphasizes improvement of parent and child functioning are best. Parents also preferred shorter programs and the inclusion of food and childcare. The complexities of choosing one program over another by caregivers with diverse needs and diverse abilities, influenced by socio-economic status and the lack of viable transportation options, impact the extent to which caregivers participate in local programming. Knowing why families choose not to use a service can be as illuminating as why they do.

The Inclusive Early Childhood Services System (IECSS)[17] research has found the following four areas to be true for families accessing disability services. This evaluation project echoed these findings.

1. Accessing disability supports and services is a lot of work for families. Many of the families accessing Family Place rely on public transportation. When you factor in strollers, bags, and multiple children, this is a profound impediment to accessing services, and adds to a parent's isolation.

[15] Ramsay Malange, Sherry Sinclair and Sue Khazaie, *Monitoring Family Resource Programs in British Columbia: 2016 Research Report*. BC Association of Family Resource Programs. (Langley, BC: 2016), http://www.frpbc.ca/media/uploads/files/Monitoring_FRPs_in_BC_-_Research_Report_2016_1.pdf

[16] Gregory A. Fabiano, Nicole K. Schatz, and Stephanie Jerome, "Parental preferences for early intervention programming examined using best-worst scaling methodology," *Child & Youth Care Forum, 45, no. 5 (2016):* 655-673, https://doi:10.1007/s10566-016-9348-z.

[17] *Inclusive Early Childhood Services System (IECSS) Project (blog website*), Ryerson University (n. d.), http://iecss.blog.ryerson.ca/people/

"It's never been about the services not being there. The barriers exist in living in poverty, transportation, and trust in the agency people," said one Parent Café participant.

2. The system of services for young disabled children is predicated on a medical model, which makes diagnosis or designation of disability central to how the system works. This approach is not consistent with many cultural viewpoints regarding disability and is used as a gatekeeper for services that may be central to inclusion and quality of early learning and childcare for children with disabilities.

    Said the mom of a baby with a rare auto-immune disease, "When I was down at the hospital in Vancouver for my baby the social worker would not give me the $25 gift certificate for food unless I told her about my family circumstances in Powell River. I told her to shove the gift certificate."

    For some families, accessing services means opening themselves up to judgement and giving up their privacy. Families living with poverty and those who are minoritized have far greater involvement with BC's Ministry of Children & Family Development (MCFD) than higher-income households. The medical model puts the child at the centre of the service without understanding the needs of the family. When we can support the *family* with early intervention, care and education we ultimately support the child and increase inclusion.

3. Access to services has a geopolitical context. Different jurisdictions have varied service availability and priorities for early intervention and early childhood education and care.

    There are no behavioural specialists, pediatricians, or disability assessment services in Powell River for brain-based challenges such as fetal alcohol spectrum disorder (FASD) or autism spectrum disorder (ASD). Families must get a referral to a pediatrician on Vancouver Island from their family doctor in Powell River. The pediatrician refers to Sunny Hill Children's Hospital in Vancouver. This process typically takes about 18 months and then the family must stay in Vancouver for at least three days for the multi-team assessments. Reports are generated within six months. Cognitive testing is often inconclusive for children under 7 or 8 years of age, making diagnosis for this population incomplete; a family must go through the assessment process again when their child is a few years older. It is up to the family to remember to retest at a later age. Pediatricians often recommend waiting until the child is at least 7 years old before beginning the assessment process.

    The two main barriers to this process are transportation to Vancouver and support in Powell River. Without personal transportation the caregiver must rely on bus or air services then use public transportation to navigate through the city on public transport. Vouchers for hotel and food are provided but are usually insufficient. Caregivers with more than one child have complex barriers to assessment regardless

of whether they bring their other children with them or find someone in their home town to care for them.

With no behavioural specialists in Powell River, caregivers with young children with developmental delays have limited access to programming that supports the family. ASD diagnoses come with funding for specialists (who come from Vancouver or Vancouver Island at additional expense to the family) but young children often do not yet have a confirmed diagnosis of ASD. Children with FASD, for example, are not eligible for extra behavioural support until they reach school age (preschool or kindergarten) and then the support is only available in the school setting, not at home even though ASD and FASD behaviours can be similar. Young children with undiagnosed disabilities are often excluded from preschool and daycare settings. The priorities for early intervention, education, and care are predicated on the family's ability to access services which may or may not be available or inclusive.

4. Individual programs may be inclusive, but most families who have children with disabilities are clients of or participants in multiple services. Inclusion beyond single programs across the spectrum of services is rare.

   Early intervention programs are fragmented and siloed; families must access each service individually, fill out multiple forms, and often travel great distances (certainly for rural communities) to access those services. Case management across all the services is rare; it is up to the parent to distribute reports and connect providers.

   Case management and team consultation for caregivers of children with a disability are useful in collating information both for the family and the professionals. This process helps foster inclusion across multiple services. While this aspect of care is often performed on an annual basis in agencies where multiple services are managed by one organization and case management is an established practice, inter-agency collaboration is much more challenging for individual agencies. Assigning a case manager and time planning for and scheduling case management meetings is a consideration; so is the issue of confidentiality, since agencies have differing levels of confidentiality requirements depending on their funders.

Strategy Description: Parent Café

Performance measure: A preliminary survey of ten families that use Family Place showed that they were unaware of many of the services and providers in Powell River available to their young children. These families also indicated they were overwhelmed by the difficulty of accessing the system of care given that many of them rely on public transportation and were wary of professional involvement. A Parent Café program was introduced on Fridays. Staff at Family Place facilitated the sessions with a family counsellor present.

Performance indicator: This program consisted of two parts: for one part caregivers were encouraged to choose the topics, and discussions were predominantly caregiver-led. The second part consisted of Family Place staff inviting in guests who represented other

programs and services in the community. The purpose of this project was to increase a sense of inclusion in the system of services available to the families and encourage their engagement by inviting service providers to come into the caregiver-led space (as opposed to families individually accessing the providers in multiple offices).

Short-term Outcomes: One parent in particular, who is a bit shy and wary of any system but comfortable with Family Place staff, felt motivated to participate in many of the Parent Cafés. Participation led to a local service provider agreeing to see this participant's child at Family Place rather than their own office. At the end of the project the participant said, "I am very thankful for the help and effort you guys put into me. Thanks." The service provider's willingness to understand that often families do not want professionals in their homes and are reluctant to go to offices meant that, for this family, services were, indeed, family-centered. This parent and service provider found an easy solution which increased system inclusion. Other parents agreed that this was a helpful option open to them and several parents indicated a willingness to explore it.

Method

Overall there were twelve Parent Café meetings. Six meetings had guest speakers representing local services. Six meetings were staff-facilitated discussions on the topics chosen by the caregivers.

Procedures

This project utilized an ongoing focus group to create opportunities for relationships intended to foster a sense of inclusion and trust. While confidentiality was an issue, the intent was to create connections that would help individuals to feel more confident about giving full responses. This process also enabled the researcher to spend time observing interactions and recording responses from caregivers in a non-clinical environment. All meetings included lunch and child-minding.

Recruitment

The Friday Parent Café was advertised through posters at Family Place, the Family Place Facebook page, and word-of-mouth. Since Family Place is typically closed on Fridays, participation could be interpreted as being based on a desire to attend rather than on convenience. Participation per session varied between two and ten caregivers. The participants were predominantly women; two men attended occasionally. All the participants self-reported that they live in poverty.

Guest speakers. The Parent Cafés with guest speakers served as opportunities for the caregivers to meet local service providers, gain an understanding of their services and how they could be accessed, and to ask questions. Some of the caregivers, those with older children, were familiar with the services and providers already. The service providers were a speech and language therapist; a fetal alcohol spectrum disorder key worker; a dental assistant; a supported child-development worker; a public health nurse; and, the district Strong Start coordinator.

Facilitated discussions. The remaining six Parent Cafés were discussions. Topics were chosen by the caregivers after they were encouraged by the Family Place staff to write ideas on an idea board. The topics were "What do standardized assessments for ability mean?"; "The myths of parenthood"; "Time management"; "If not the medical model, then what?"; "What is mental wellness?"; and "Managing the perception of judgement." A family counsellor was invited to attend all the meetings to ensure safety for the participants.

Outcome Evaluations

Guest speakers. Relationships with local service providers increased individual uptake to services. Three of the service providers reported referrals into their programs as a direct result of the Parent Café sessions. Two caregivers requested that their sessions with service providers take place at Family Place rather than at the service provider's office; Family Place staff assisted in advocating for this. Family Place is centrally located in Powell River, in a mall that is also the main bus hub. Ease of access as well as a non-judgmental environment were reported as being important to the caregivers. They also appreciated that because food is always available at Family Place they could count on snacks for their children and a welcome place for their toddlers to play.

Facilitated discussions. Overwhelmingly, regardless of the chosen topic, caregivers expressed a need to feel "good enough" as parents. For example, two of the mothers in the group separated from their partners during the three-month project. Family Place was used by one family as a supported visitation site. This caused stress in relationships among all the participants at Family Place, fueled by comments made on social media, which impacted trust in group discussions for a time. These families are also burdened by living in poverty, an issue that came up at every session. "There is so much going on at home, you know?" said one participant. "Like, how am I supposed to get through making meals and snacks, doing laundry, cleaning, packing the buggy, taking the bus with a baby and a toddler, not having money for groceries, and coming to Family Place for a break to find out people are arguing over something someone said on Facebook? Then I go to my appointment with [speech and language] and she tells me I have to do homework with A [child]. I'm just tired at the end of the day."

Unmet needs and overall fatigue formed the base from which all experiences were expressed. The caregivers spoke of judgment and exclusion, stigma and fear of the assessment process. "We have to make alliances with people we don't really trust or want in our lives in order to function. We are reliant on others when we don't really want to be." Another mother felt that "professionals treat your child like a 'job' rather than caring. It's hard to know who to trust; that takes time sometimes." One mother shared that she did not access services if she believed they might take her child away; there were only certain professionals she would agree to see.

Family Place staff observed that, in their experience, behavioural concerns with toddlers are growing as are the number of young families living in poverty are both growing, as are mental health issues, and that parents are struggling to cope. A Family Place staff member commented, "How do we, as professionals or peers, translate what parents need?

How do we know what they are asking for? Whenever we try to create a new system, it smacks too much of the old system. Clients don't trust it [the system] or us."

When asked what parents and caregivers need to feel included in the system of services, responses included:

- The ability to ask for help, for example, for gas cards or bus tickets to get to and from appointments in town (like the current system of free passes to take the ferry or plane for medical appointments on the Island or Vancouver).
- Snacks and a place for toddlers to play during the appointment.
- The ability to connect with other parents going through the same thing with their kids.
- Recognize parents as advocates for their children.
- Do not assume the parent does not care if they miss appointments. It is really hard to remember all the appointments you have to go to.
- Understand that disability affects the whole family, not just the kid. "Doctors need to keep this in mind when they send us all over the province for appointments."
- Maintain respect for diversity of culture, values, beliefs, and attitudes about parenting and disability.
- Acknowledge that partnership with parents and caregivers is a process, not an event.
- Reduce the amount of paperwork caregivers need to fill in. "Every service requires yet another pile of forms to fill out with personal information I do not always want to give. I just want someone to help my child."

Outcomes

Childhood vulnerability. Powell River has a particularly high vulnerability rate for young children as identified by the Provincial Early Development Instrument[18] (EDI): Wave 2 (2004 to 2007) showed 28% of Powell River children were vulnerable compared to the most recent Wave 6 (2013 to 2016), which indicated that vulnerability has significantly increased, to 36%. Vulnerability was measured on 5 scales: physical, social, emotional, language, and communication. Poverty rates for children aged 0 to 5 years in Powell River are at almost 1 in 4.[19]

Evaluation project. Children are vulnerable in families, not as isolated statistics. This evaluation project reflects the need for services that address the family's needs as well as the child's. While most services call themselves family-centered, families report not feeling included in the system of care. For this study, caregivers reported not only feeling

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[18] *Wave 6 Community Profile, 2016: EDI (Early Years Development Report, Powell River (SD47),* Human Early Learning Partnership. Vancouver, BC: University of British Columbia, School of Population and Public Health, October 2016. http://earlylearning .ubc.ca/media/edi_w6_communityprofiles/edi_w6_communityprofile_sd_47.pdf.

[19] Census profile, 2016 census: Powell River Regional District, Statistics Canada (2016). https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CD&Code1=5927&Geo2=PR&Code2=59&SearchText=Powell%20River&SearchType=Begins&SearchPR=01&B1=All&GeoLevel=PR&GeoCode=5927&TABID=1&type=0

more included in the process, but also appreciative of advocacy support that met their needs. Feedback is important to maintaining programs that offer what caregivers need; if input and feedback is lacking, we need to ask differently, and to invite parents and service providers to help design the system that they are working in, in the community they live in.

Recommendations

Caregivers need more centralized services. Rather than locating early intervention specialists at hospitals or in medical buildings, create centres that co-locate these services with daycares and preschools. Welcoming spaces that offer food, play areas, and gathering spaces invite inclusion while reducing time spent accessing multiple services in multiple buildings. Co-location also encourages collaboration of service providers including reducing confidentiality requirements (and paperwork) and enabling better case management.

These centres need to be brightly decorated with modern furnishings. All too often places like Family Place become rundown, with no money to replace appliances or furniture. The value of aesthetics is often underestimated, but shouldn't be: a cheerful, nicely-furnished facility sends a clear message that families matter.

Conclusion

1. If money were not a consideration, what would you invest in first to support inclusive practice?

   The ability to practice inclusivity in early-years programming is dependent on well-trained and supported staff. Family Place is in a unique position: programming is predominantly caregiver-led yet the staff are able to play a vital role by recognizing and advocating services for suspected delays or disabilities. I see investment on two levels. First, ongoing access to training is imperative in maintaining best practice. Unlike urban communities, Powell River is an isolated community that relies on planes and ferries to take advantage of "free" training opportunities in larger centres. It is cost-prohibitive at present. The Family Place program would not be possible without extra financial and administrative support from the Powell River Employment Programs Society, the host organization.

   Second, investment in creating collaborative hubs where the definition of "family-centered" comes from the families as well as the professionals. For example, by co-locating a program like Family Place with disability services, in a central location with easy bus access, families can be supported by things like child-minding services while the caregiver is accessing those services.

2. What is the greatest barrier to full participation of young children with disabilities in the early-years sector?

   Access to services is a huge barrier for Powell River:

   - Powell River has two private schools and a French school from a different district. These three schools do not have access to the local speech and language pathologist, for example; this service is only for School District 47 schools.

- Education Assistant (EA) support is limited in all schools, but especially in these three schools; one school employs parents as assistants (as opposed to EAs) because their budget is too small. Behavioural concerns for children with undiagnosed disabilities is increasing in the classroom. Children are being excluded from preschool because of their behaviour. The Supported Child Development program needs to be enhanced and allowed to support children in kindergarten.
- Powell River does not have a pediatrician or independent behavioural consultants who specialize in diagnosing or working with diagnosed developmental delays.
- More home support is needed. For example, FASD is estimated to be as high as 10% of the population with 90.7% of children experiencing behavioural problems and 81.8% experiencing a receptive language disorder.[20] We should be writing prescriptions for more home-based behavioural support for the child but also for housekeeping, cooking lessons, and transportation to support the family in supporting their child. The issues of poverty and parents with disabilities themselves have not been addressed. The child may not be directly at risk of a delay but vulnerable because of the parent's struggle with his or her own delay.

3. Are there geographic or cultural/linguistic considerations that should be attended to?

   Powell River is accessible only by water or air. Services are limited as is choice of the service provider. Government funding for many smaller support programs that have been operating for many years, like Family Place, have not been reassessed for applicability to the current population using the service. Funding is also based on models that were created in larger urban centres with access to greater resources than are available in smaller rural towns like Powell River. For example, Family Place is attended mostly by young mothers living in poverty. This population requires supports that are more directed at addressing vulnerabilities rather than just programming for fun mother-child activities. Some of these mothers have disabilities themselves, may be single parents, or have mental health challenges.

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[20] Shannon Lange, Jurgen Rehm, and Svetlana Popova, "Implications of higher than expected prevalence of fetal alcohol spectrum disorders," *American Medical Association, 319, no.5 (2017):* 448 449, https://canfasd.ca/wp-content/uploads/sites/35/2018/02/Implications-of-Higher-Than-Expected-Prevalence.pdf