

Family Engagement in AHSUNC Programs in British Columbia

Alison Gerlach¹, PhD, MSc(OT)

Aboriginal Head Start Association of BC

The following is a brief summary of a qualitative study undertaken by Dr. Alison Gerlach and the Aboriginal Head Start Association of British Columbia. This research was focused on Aboriginal Head Start in Urban and Northern Communities (AHSUNC) programs in British Columbia (BC), and was funded by the Public Health Agency of Canada (PHAC).

Why Did We Do this Research?

Community governance and family engagement are foundational to the success of Indigenous early childhood programs. In the broader literature, there is evidence that children and families receive maximum benefits from early childhood programs when parents are actively engaged. ‘Parental involvement’ is an established feature of the AHSUNC program in Canada. However, there is an interest in increasing the knowledge on how AHSUNC sites engage with parents.

What Was the Purpose of this Research?

This research aimed to generate knowledge on: (1) the nature of parents’ engagement in AHSUNC programs and how this was influenced by various factors; (2) how programs currently engage with families and parents; (3) the influence of programs and community contexts on program engagement, and (4) strategies for enhancing program engagement.

How Did We Do this Research?

This study was guided by the principles of decolonizing methodologies and ethical guidelines for conducting community-based participatory research involving Indigenous peoples. Over a six-month period starting in May 2016, Alison conducted individual and small group interviews with 26 participants: Indigenous parents² (n = 10) and Elders (n = 6) involved in AHS programs, and AHS coordinators and family workers (n = 10).

¹ Alison is currently a CIHR Banting Postdoctoral Fellow at the National Collaborating Centre for Aboriginal Health at UNBC.

² Parent participants included: mothers (n=7), fathers (n=2) and an uncle (n=1).

Self-completed socio-demographic information was obtained from the two primary participant groups - parents and AHS coordinators and family workers.

Collectively, participants were involved in 11 different AHSUNC programs³ located in all five distinct health regions of BC. During data collection Alison visited six of these programs.

During data analysis, Alison shared preliminary insights and framing of the findings with the leadership and Executive Board of the AHSABC, which helped Alison to clarify and extend how she framed the findings.

What Did We Find?

A Relational Approach to Family Engagement

This study identified that AHSUNC program staff had an implicit relational approach to engaging with families. Central to this approach were staff-family interpersonal relationships, which built up over time and enabled staff to come to know each family’s circumstances. This ‘knowing’ formed the basis for staff understanding how to tailor their expectations and approaches for engaging families in their programs. This broad and relational perspective of family engagement also took into account how historical and socio-economic factors impacted families’ lives and their program engagement. The two overarching themes are summarized below:

(1) Taking ‘relationships very seriously’

Program staff described how relationships with parents needed to ‘slowly build up’ over time and could not be ‘forced’. Consistent daily contact, even briefly, was considered effective at slowly becoming a familiar and trusted face and person. Staff also described how they tailored how they stayed connected with families’ in response to parents’ preferences that including such factors as parent’s literacy level, preferred mode (text, phone etc.), and mental wellbeing.

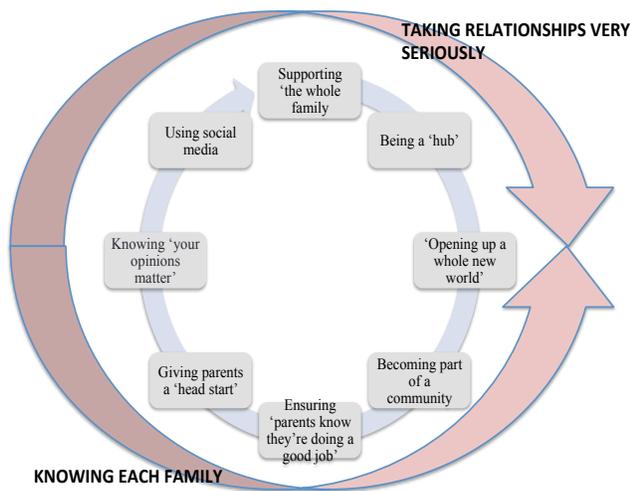
(2) ‘Knowing each family’

Coming to know the social context, and often complexity, of a family’s life was an essential starting point for staff knowing how to tailor expectations and strategies for family engagement. While not all families in AHSUNC programs experience the ‘difficulties’ identified in the data, participants consistently expressed their concerns

³ There are a total of 12 AHSUNC programs in BC.

for the daily ‘struggles’ that many families experienced. Analysis identified: ‘historically-rooted barriers’; ‘very financially strapped’ families, parents ‘struggling with mental health issues’ and parents being mandated ‘to get your kids into Head Start’. Participants reported that families often experienced multifaceted daily ‘struggles’. These findings are significant as they provide a context for the closely inter-related relational approaches to family engagement, which are summarized in Figure 1 and described in detail in the report submitted to the PHAC.

Figure 1. A Relational Approach



Insights from this Research

- ❖ Flexible family engagement expectations and strategies need to **be informed by and tailored for each particular family** - there is no one size fits all approach; each family may respond and engage differently depending on their circumstances, resources, and priorities at any particular time.
- ❖ Engaging with families requires a **nuanced & socially responsive approach** - For some families, AHS programs provide a much-needed break. Family engagement may be less focused on contributing to PAC or fundraising activities and more on supporting families’ access to basic determinants of health.
- ❖ Despite being called a ‘preschool program’, AHS programs have a broad scope that extends beyond a sole focus on children’s early health, development, and school readiness to **supporting family wellbeing**, which can further enhance family engagement. From this

perspective, supporting family wellbeing and program engagement are interdependent foci of AHS programs.

- ❖ Family engagement is enhanced when **AHSUNC programs and staff have strong relationships with multiple intersectoral services and programs** in their communities and region and/or are co-located in multiservice organizational hubs.
- ❖ **Elders and the anchoring of programs in Indigenous knowledges and practices** are a draw for parents who want to strengthen their personal connection with their Indigenous identities and ancestries.
- ❖ Programs and program spaces need to foster opportunities for **informal parent-parent interactions, and larger social gatherings**. Engaging with families requires that parents’ feel that they are valued and belong, just as much as their children, in AHSUNC programs.
- ❖ Family engagement that is grounded in positive and strengths-based staff-parent relationships and interactions have the potential to **foster parents’ self-esteem and self-efficacy in influencing their children’s education** and navigating the educational system.
- ❖ Enhancing family engagement requires that **Parent Advisory Councils are not solely focused on fund raising and provide opportunities for parents to socialize**.
- ❖ **Social media**, when used with discretion, can create a sense of belonging and inclusion in an AHSUNC online community and may be a stepping-stone towards greater in-person engagement.

Implications & Recommendations

This qualitative study highlights the complexity of family engagement in AHS programs, and how it is influenced by various multifaceted factors and contexts. The relational approaches to family engagement identified in this research provide evidence of how the AHS programs in this study are engaging, and could further engage with families. These findings are extremely well aligned with existing research from the US on Early Head Start programs, and have relevancy for other AHS programs in Canada.

The recommendations arising from this research have relevancy for AHSUNC programs beyond the BC context:

(1) Understanding the benefits of family engagement

- a. It is important that management, program staff, and Elders have a shared understanding that family engagement in AHSUNC programs is intimately tied to the potential of programs to support the health and wellbeing of the family as a whole and fostering parents' beliefs in their abilities (self-efficacy) to influence their children's development, early learning, and future academic success.

(2) Training and professional development

- a. The social challenges and complexities of many of the families in AHSUNC programs, requires that program staff receive the necessary training, skills, and resources to support maternal and family wellbeing. This may include training in harm reduction and trauma-informed approaches.

(3) Recognizing and supporting family wellbeing

- a. Given the social context and complexities of many of the families who access AHSUNC programs, the findings of this study support the need for programs to have funding for family workers who can focus on engaging with and being responsive to individual family's circumstances, needs and priorities. Stable and competitive funding will help to ensure that family workers stay with programs over a long period of time and are able to develop strong intersectoral relationships within their respective communities and regions.
- b. Program coordinators and/or family workers need to have strong working relationships and networks with a wide range of intersectoral services, programs, and resources, including local mental health support services.
- c. Programs may want to consider having a more formalized and documented individual family support plan as a way of emphasizing the kinds of supports available and identifying each families' existing strengths and resources, preferences, priorities, and needs.
- d. Given the multifaceted nature of the stressors that many families experience, programs may further benefit from offering more self-care activities for parents; including strategies for managing stress, including yoga, meditation, relaxation and other approaches.

- e. For all AHSUNC programs to consider having a strategic plan on how to engage with more fathers and male caregivers. Flexible scheduling, cultural and land-based activities, and male Elders as role models are key considerations that were echoed by the male caregivers in this study. The booklet by Ball and Roberge (2007) is an excellent resource with a checklist and suggestions for working towards greater father engagement.
- f. PHAC and AHSUNC programs need to consider how educational and training opportunities can support a broad scope of practice beyond what is typically experienced in a preschool environment.

(4) Funding

- a. Re/connecting families with culture and language as a key Indigenous determinant of health (Greenwood et al., 2015), and as illustrated in this study, as a key approach to family engagement needs to be recognized in how AHSUNC programs are funded to the extent that parents are not expected to fund raise for this critical component.

(5) Enhancing communication strategies

- a. Program staff need to convey to parents clear and explicit messaging in a variety of formats (verbal, written, online) and at various times (registration, orientation, and throughout the year) about how their AHSUNC program can meet the needs of the whole family, and the benefits of family engagement to children's future developmental trajectory and academic success. There is also evidence that direct and open discussions with parents about the benefits and barriers to participating in their child's program can help increase parents' motivation for program engagement (Hubel et al., 2017).
- b. The effectiveness of texting to stay connected with 'hard-to-reach' parents' suggests that all programs need to invest in a designated cell phone and text messaging computer software, which can be used to schedule text messages in advance and send messages to a group of parents. The frequency and timing of text messages can be individualized to fit within existing programs and parent preferences.

(6) An AHSUNC community & support network

- a. For AHSUNC programs to explore whether, and how, their parents are using Twitter or other social network sites, and their potential use as an engagement strategy.
- b. For the PHAC to collaborate with AHSUNC programs on the development of policy and practice guidelines about the use of social media involving families.
- c. For programs to consider developing or enhancing a welcoming social space that is clearly designated for parents to gather, ‘hang out’ and have a cup of coffee, and an AHSUNC community bulletin board for parents to post on and share information. For example, passing on baby clothes, finding sports equipment, advertising special community resources or events and so forth.
- d. For programs to provide regular opportunities for families to come together and socialize.

(7) Rethinking PAC

- a. For all AHSUNC programs to have quality improvement processes in place so that *all* parents, including those who do not attend PAC meetings, are encouraged and able to provide feedback on their programs. Also, PHAC could provide programs with training and a basic template for a simple online survey, and completed surveys could be entered into a draw as an incentive. Feedback may also target particular groups, for example, teenage or young parents, and male caregivers.
- b. Programs could place added emphasis on communicating with parents how they are making adjustments to their programs based on parental input; showing parents their input is being heard, considered, and used to make improvements.
- c. Programs could consider having/enhancing peer support or mentorship/shadowing for new PAC members.
- d. PAC meetings need to have adequate time for parents to socialize before ‘getting down to business’ and have realistic expectations for fundraising given the recommendations in this study on programs having adequate funding for cultural and language activities and avoiding having fundraising as the sole function of PACs.

- e. Programs could consider developing a volunteer pamphlet provided and reviewed with families at orientation. This pamphlet could include a range of examples of volunteer ideas and opportunities and quotes from parents about how they have benefited from volunteering in their AHSUNC programs.

(8) Comprehensive efforts for school entry

- a. Programs and their PACs could explore and create increased opportunities and strategies that are focused on emphasizing and enhancing parents’ understanding of the connections between their engagement in AHSUNC programs - their self-efficacy in being their children’s ‘first teachers’; influencing their children’s development and school readiness and being ‘family school ready’ - with their children’s long-term success in the educational system. The ultimate goal being that parents have increased self-efficacy and involvement in their children’s education.
- b. Clearly communicating this to parents, and also supporting parental involvement through potential 1:1 and/or workshops that prepare parents to be empowered in their child’s education is suggested. For example, assertiveness training; regular meetings with AHSUNC staff to review their children’s progress; co-creation with staff of a summary of their child’s strengths, abilities and ‘what works’ for their transition into kindergarten.

Future research

It is recommended that further research with AHSUNC programs across Canada is needed to:

- a. Understand the particular perspectives and priorities of young/teenage parents and of fathers in relation to how AHSUNC programs can support their wellbeing and enhance their engagement.
- b. Capture and measure longitudinal outcomes of family engagement on maternal and family wellbeing, and children’s wellbeing and academic outcomes.
- c. Identify the educational and training needs for entry-level early childhood educators that reflect the scope of practice in Indigenous ECD programs, including AHSUNC programs.