

Aboriginal Infant Development Programs of BC

FEATURING GUEST SPEAKER: DIANA ELLIOTT
MARCH 16, 2022 AT 10AM



THE UNIVERSITY
OF BRITISH COLUMBIA
Centre for Excellence in
Indigenous Health



First Nations Health Authority
Health through wellness

**DEVELOPMENTAL DISABILITIES in
INDIGENOUS CHILDREN:**

*Changing the Discussion
Changing the Support
Changing the Outcomes*

DIANA ELLIOTT – Provincial advisor for AIDP

UBCLC - March 16th, 2022

Huy'ch'qa

- ▶ Thank you for the invitation to spend time with you today.
- ▶ I am Coast Salish (my father) and Nuu Chah Nulth (my mother)
- ▶ My dad's father is a descendant of Chief Seattle.
- ▶ My maternal grandfather was a hereditary chief.
- ▶ My maternal grandmother's father was Scottish



This is Who I Am



This is Why I Am

OBJECTIVES OF TODAY:

- ▶ 1. Discuss the importance of cultural and historical contexts, including a trauma-informed lens when working with Indigenous Children with Developmental Disabilities.
- ▶ 2. Describe problems in diagnosing developmental disabilities in Indigenous Children.
- ▶ 3. Outline why it is important to adopt an anti-racist, culturally safe approach and how we can do this both individually and as a field.

THE PROBLEM

What is the problem?

- Services and Supports for Aboriginal children and Families (Racism)

Who has this problem?

- Systems and Peoples Attitudes

Why should this problem be solved?

- Create Safe, Trauma Informed Practice

How will we know this problem has been solved?

- Culturally Safe, improved services
- System and Attitudes change

BACKGROUND INFORMATION

- ▶ Canadian History and Relationships with Indigenous People.
What came first, colonization or alcohol/addictions/poverty?
 - ▶ 30 Years of AIDP and working with families.
 - Are our expectations of families realistic?
 - Understanding history and inter-generational trauma
 - ▶ How did you get information about Indigenous People?
 - ▶ Through school/education?
 - ▶ Through research and work/interviews with families?
 - ▶ Through personal experience in your community?
 - ▶ By internet or books?
 - ▶ Other ways?

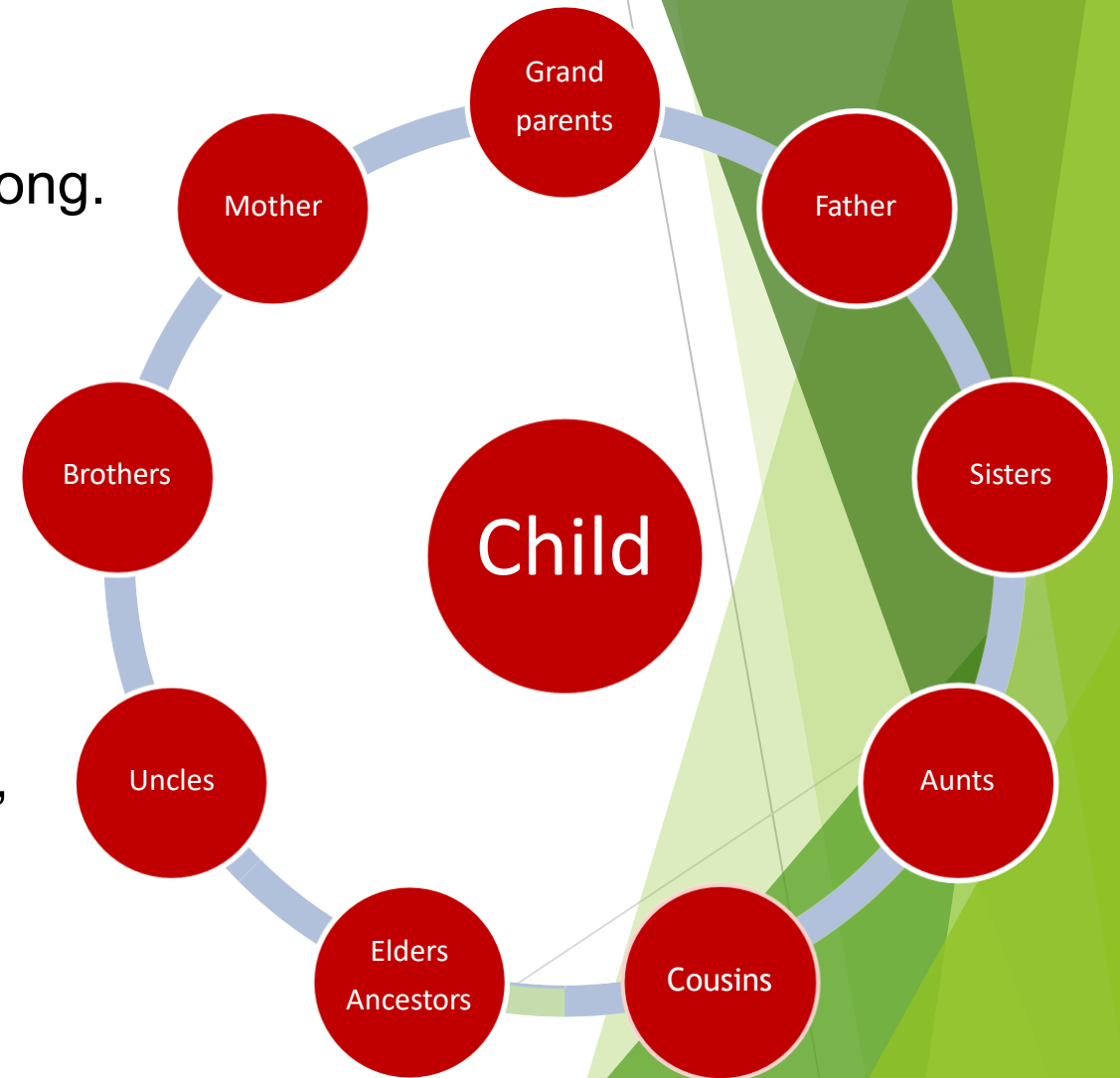
WORKING WITH INDIGENOUS FAMILIES, WHAT CAN WE DO IN OUR ECD WORK?



ABORIGINAL INFANT DEVELOPMENT PROGRAMS

“Because our people had that strong belief, whatever happened, to keep our family circle strong. With a circle, there is no beginning, no ending. Within the family circle, we have the grandparents, who were the teachers, the young moms, the young dads, big brothers, big sisters, uncles and aunts, cousins. They’re all in the outside circle. And every one of them had an obligation to the little ones in the centre. Children were never growing up without somebody there all the time.”

(Shuswap Elder – 2004)



Family Centred Family Focussed Family Directed Family at the Centre



WHAT WE HAVE LEARNED FROM FAMILIES:

Scenario #1

⑩ 2 year old diagnosed with CP

Scenario #2

⑩ Dentist and family of 5 with 3 children under age of 7

Scenario #3

⑩ Colleagues at odds.
⑩ Discrimination in the work place.

Scenario #1

⑩ How do you think we were able to create safety for this family?

Scenario #2

⑩ How do you think we were able create a breakthrough for this family?

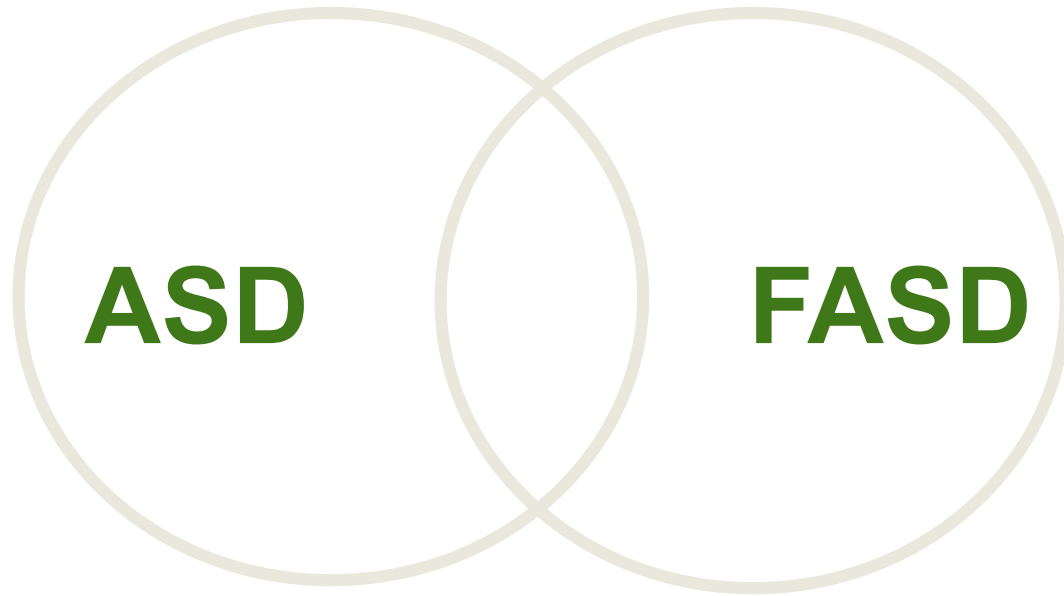
Scenario #3

⑩ What do you think needed to happen in this workplace?

CASE – what is the most likely diagnosis?

5 year old Indigenous boy referred to your office/program.

- Speech delay (1st word @ 24 months)
- Difficulty with transitions, multiple temper tantrums
- Attitude seems unmanageable (stubborn, defiant)
- Difficulty understanding social cues, turn taking and sharing
- Sensory seeking behaviours - licks rocks, mouths crayons
- Sensory aversions - dislikes having hair brushed or cut, refuses to wear tight fitting clothes including socks



Was FASD your first thought?

Would this have been your first thought if the child was non-indigenous? Why?

Biased REFERRALS

- ▶ **Referred for FASD assessments vs ASD assessments**
 - ▶ At one assessment centre – rare for Indigenous child to go through an ASD assessment
- ▶ **Assumptions made based on family's race and SES status**
 - ▶ Referrals suspecting FASD in Indigenous children and youth without prenatal history of alcohol exposure
 - ▶ Referrals suspecting FASD stating mother's SES status or history substance use without prenatal history of alcohol exposure

IMPLICIT BIAS

- ▶ **unconscious** and/or **automatic** mental associations made between the members of a social group (in this case Indigenous people) and one or more attributes (implicit stereotype) or a negative evaluation (implicit prejudice)



WHERE DOES BIAS COME FROM?

▶ **Structural / Systemic Racism**

- ▶ Taught from settler perspective
- ▶ Teaching or lack thereof --> Indian hospitals

▶ **Media**

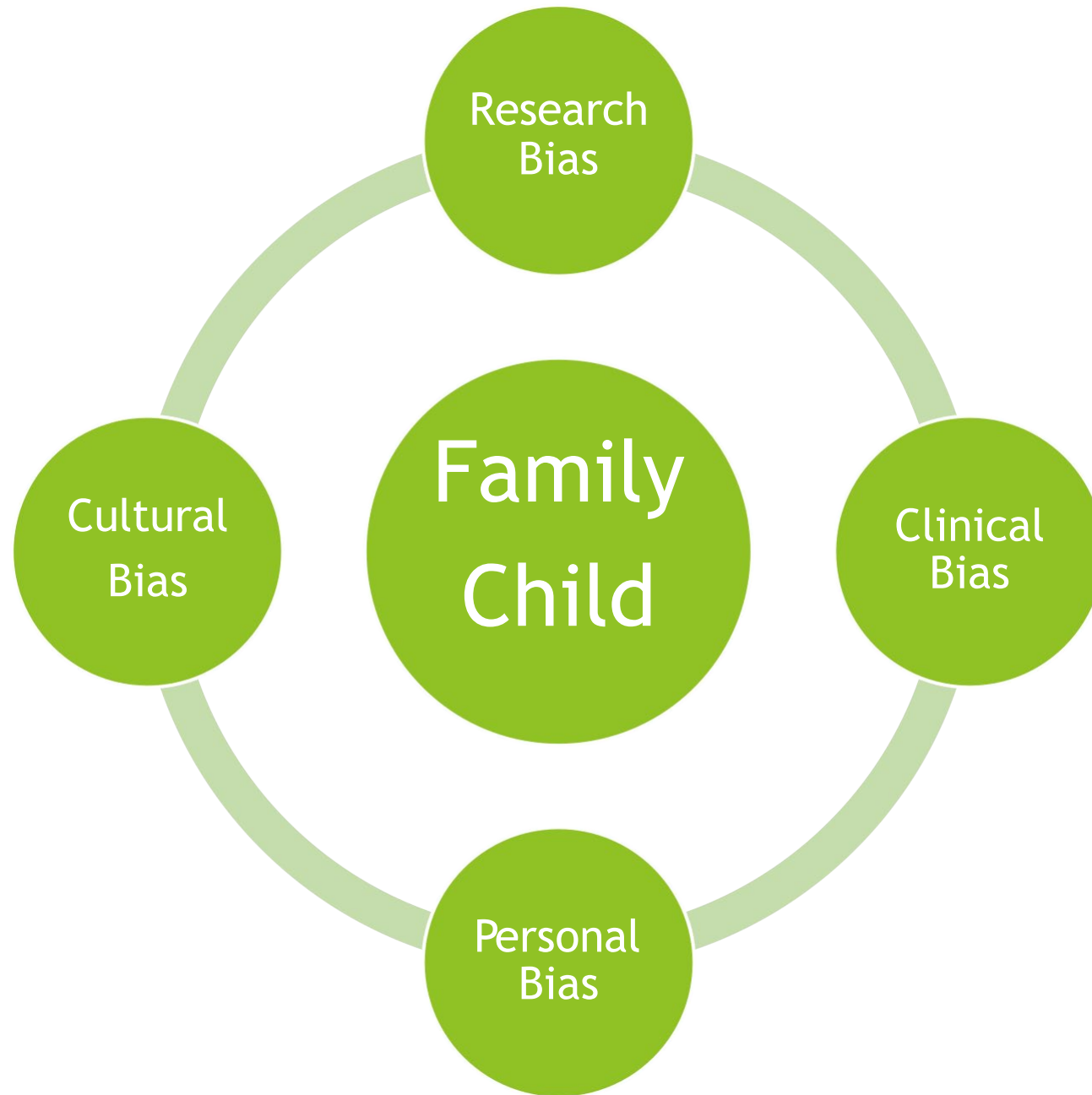
- ▶ Cultural narrative --> medical culture

▶ **Hidden Curriculum**

- ▶ Absence of discussion about trauma --> health outcomes
- ▶ **ABSENCE** of discussion of **OTHER** developmental disabilities in Indigenous Children

**Stigmatisation, Exaggeration, and Contradiction: An Analysis
of Scientific and Clinical Content in Canadian Print Media
Discourse About Fetal Alcohol Spectrum Disorder**

John Aspler, Natalie Zizzo, Emily Bell, Nina Di Pietro and Eric Racine



Falling Through the Cracks: Canadian Indigenous Children with Disabilities



International Human Rights Internships Program - Working Paper Series

McGill Centre for
Human Rights
and Legal Pluralism



Centre sur les droits de la
personne et le pluralisme
juridique de McGill

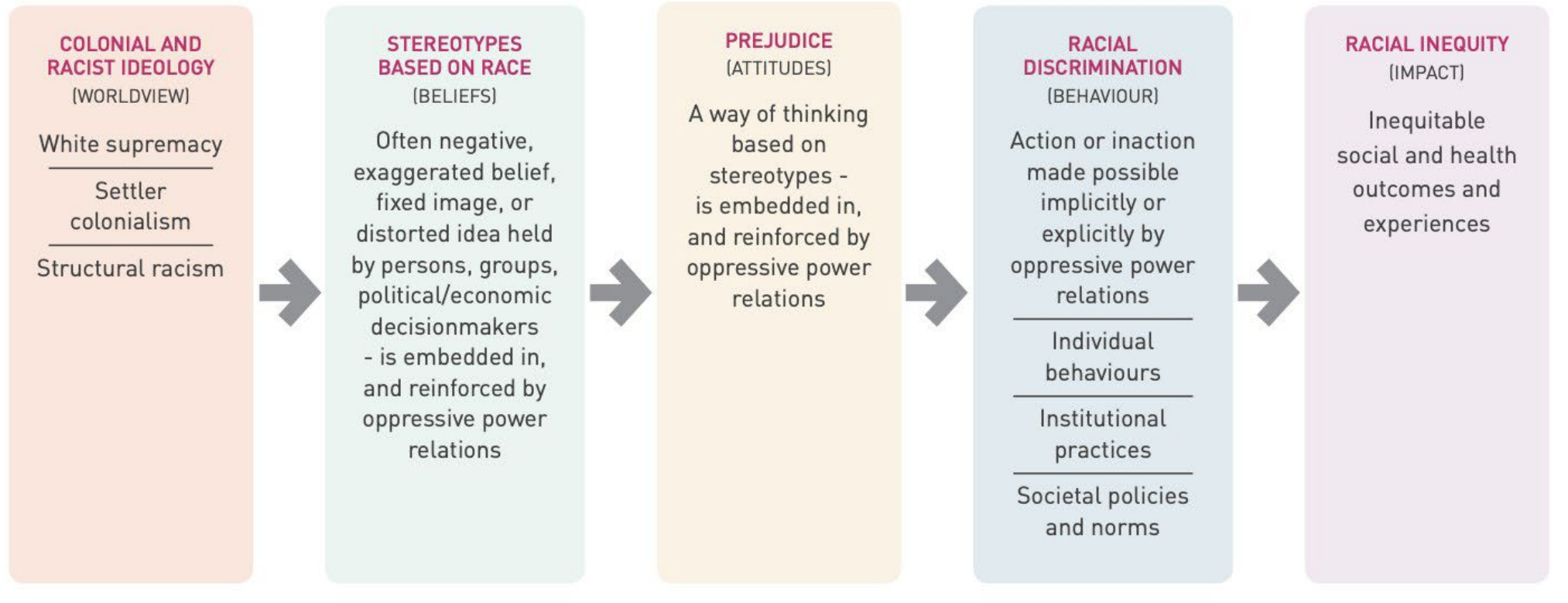


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OUR IMPLICIT BIASES LEAD TO RACIAL INEQUITY AND INEQUITABLE HEALTH OUTCOMES



In Plain Sight

Addressing Indigenous-specific Racism and
Discrimination in B.C. Health Care



✧'20

Addressing Racism Review
Full Report, November 2020



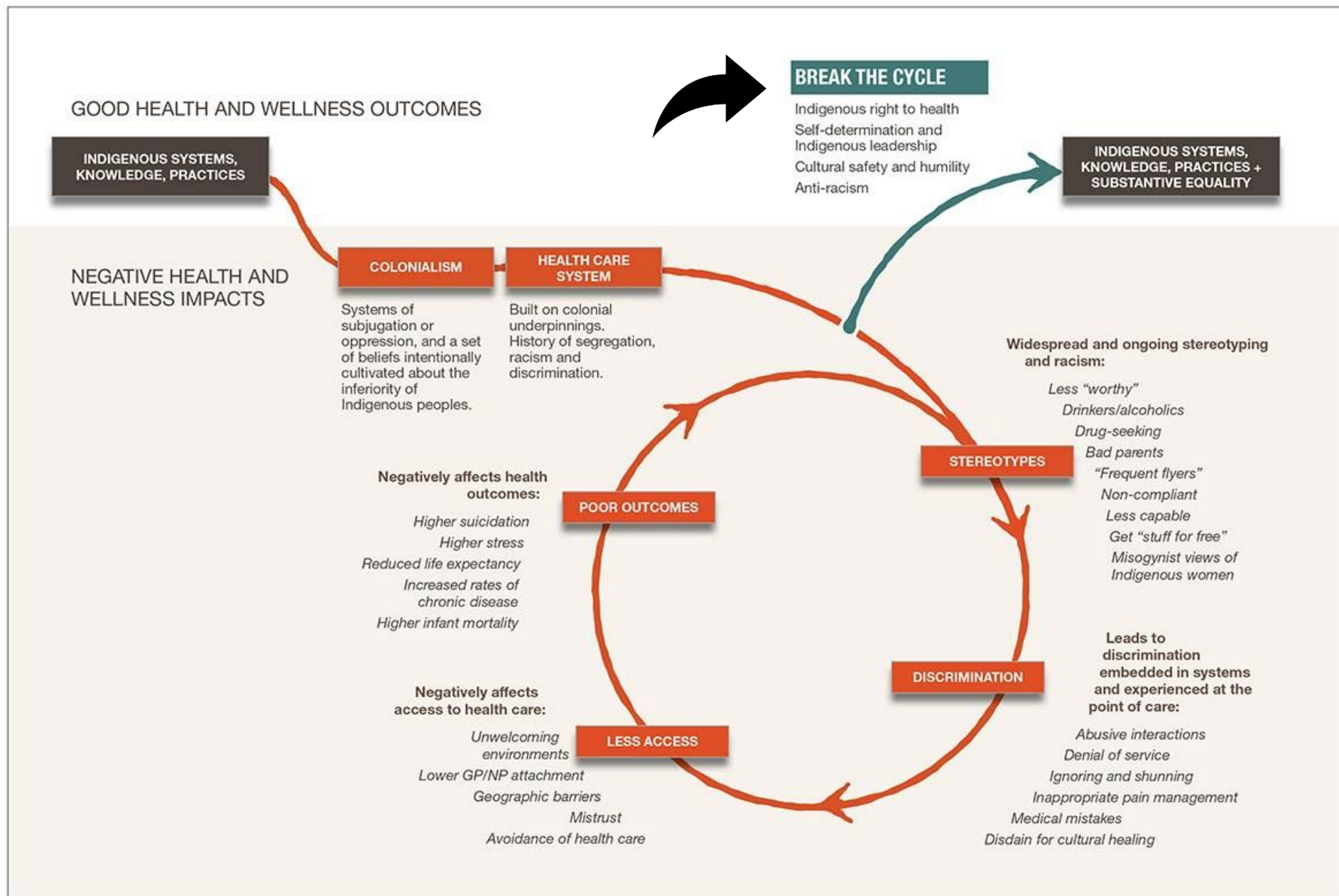


Figure. Infographic depicting what Indigenous-specific racism looks like, how it operates, and the impacts it has on Indigenous peoples' health and wellness.

Source: *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care*, full report, November 2020.



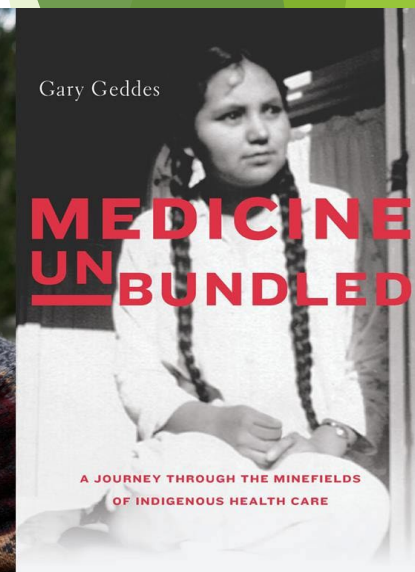
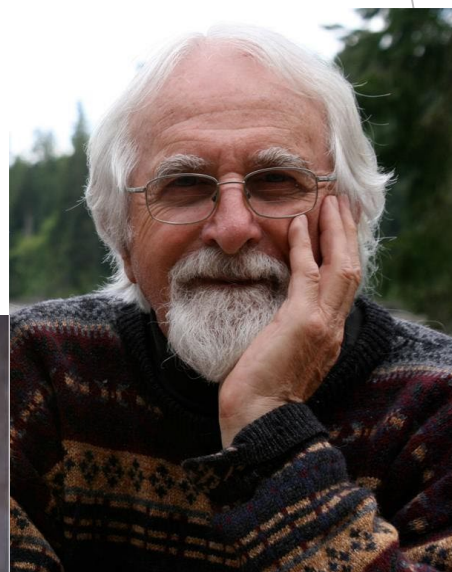
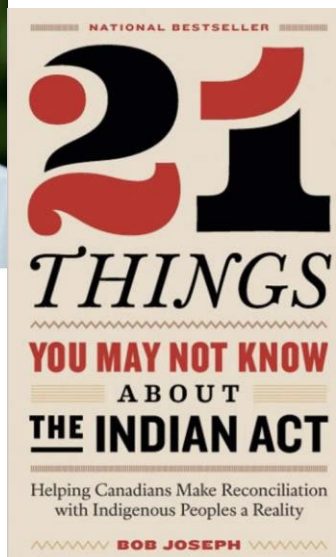
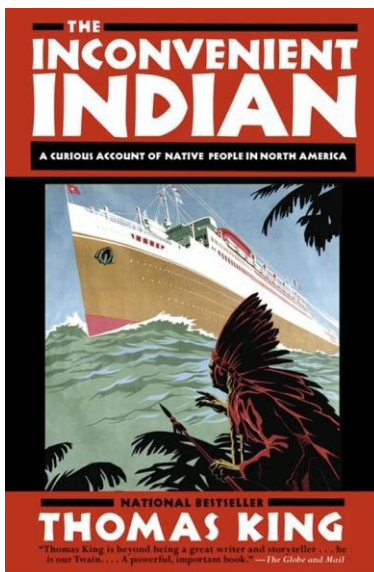
What can we do as individuals?

LEARN, RELEARN, UNLEARN... OUR HISTORY



Radisson and des Groseilliers Trading with Indians at Rupert House, 1671, Lorne Bouchard, ca. 1969. HBC Corporate Collection

LEARN, RELEARN, UNLEARN ... OUR HISTORY



WORK TO ADDRESS INTERNAL BIASES

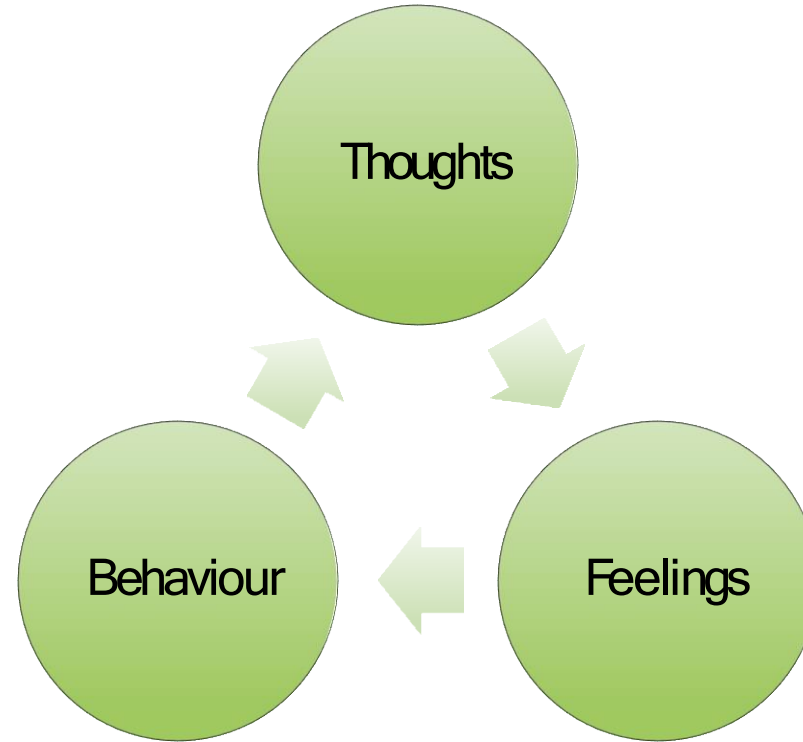
STEREOTYPES BASED ON RACE (BELIEFS)

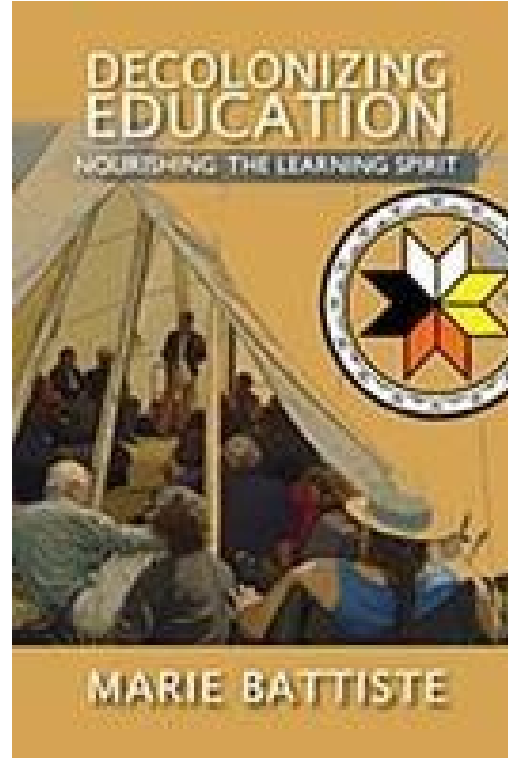
Often negative, exaggerated belief, fixed image, or distorted idea held by persons, groups, political/economic decisionmakers - is embedded in, and reinforced by oppressive power relations



PREJUDICE (ATTITUDES)

A way of thinking based on stereotypes - is embedded in, and reinforced by oppressive power relations





"Systemic discrimination... operates through inaction, silence, neglect and indifference..."

Marie Battiste, Mi'kmaq academic



LOOKING THROUGH THE LENS OF THE FAMILY

- ▶ Cultural safety
- ▶ Family centered practiced
- ▶ Trauma informed practice
- ▶ Intergenerational trauma
- ▶ Poverty = Neglect?

Inter-generational Trauma



Inclusive Environments Promote Family Involvement

One of the cornerstones of family-centred practice is the understanding of a culturally inclusive environment.

This differs from the idea of incorporating other cultures into a mainstream approach.





photo: SVDP Phoenix

Why Family Centred Practice Might Not Work... (to our Liking)

Addiction

Housing

Incarceration

Poverty

Food Insecurity

Domestic Violence

Not Belonging

Trauma

Mental Health

Intergenerational Trauma

Children removed from families

Loss of Language and Culture

School Drop Out

Racism

Social Isolation

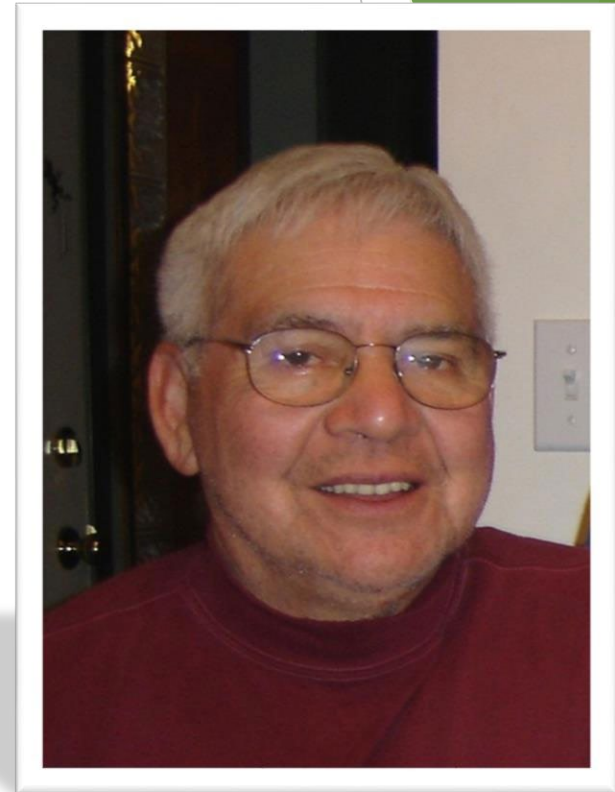
Indicators of Cultural Un-safety...

- Low utilization of available services
- Denial of suggestions that there is a problem
- Non-compliance' with referrals or prescribed support
- Reticence in interactions with practitioners



Indicators of Cultural Un-safety...

- Anger
- Low self-worth/confidence
- Complaints about lack of
- ‘cultural appropriateness’ of programs, services and interventions received from dominant culture to minority culture, real or perceived.



ABORIGINAL INFANT DEVELOPMENT PROGRAMS

Let us paddle on our journey **together**

Let the first stroke be **respect**

From there we can paddle with **unity**

And to paddle with **understanding**

So we can paddle with **strength**

Also, paddle with **courage**

But to paddle with **gentleness**

So we can paddle to receive **knowledge**

And to paddle towards **achievement**

This will enable us to paddle to **success**

With every stroke being a **goal**



Suggested resources/readings

- ▶ Unbundled Medicine by Gary Geddes
- ▶ Elizabeth McGibbon – decolonization, anti-racist medical practice
- ▶ RCY Reports - <https://rcybc.ca/reports-and-publications/>
- ▶ BC Anti-racism health – In Plain Sight – generalizable
- ▶ Coin model
- ▶ National indigenous webinar series --> Elizabeth mcgibbon

Huy'ch'qa ~ Kleco Kleco ~ Thank You



Website: www.aidp.bc.ca
E-mail: advisor@aidp.bc.ca

Upcoming Learning Circles:



AutismBC
Pathways to Autism Support in BC

Featuring Guest Speakers:
Symbia Barnaby, Brock Sheppard & Jake Anthony

MARCH 22ND, 2022 AT 10AM

Logos: AutismBC, UBC Learning Circle, THE UNIVERSITY OF BRITISH COLUMBIA Centre for Excellence in Indigenous Health, First Nations Health Authority Health through wellness

Sign up online at:
www.learningcircle.ubc.ca

Intergenerational friendships:

Practicing language and culture in honour of our ancestors, and honouring our Elders wisdom through decades of change.

Featuring: Hazel Squakim & Jessica Morin

APRIL 5, 2022 AT 10:00 - 11:30AM

