First Peoples Child & Family Review
An Interdisciplinary Journal Honouring the Voices, Perspectives, and Knowledges of First Peoples through Research, Critical Analyses, Stories, Standpoints and Media Reviews

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Volume 11, numéro 1, 2016

URI : https://id.erudit.org/iderudit/1077490ar
DOI : https://doi.org/10.7202/1077490ar

Aller au sommaire du numéro

Éditeur(s)

First Nations Child and Family Caring Society of Canada

ISSN

1708-489X (imprimé)
2293-6610 (numérique)

Découvrir la revue

Citer cet article

Thorne, R. M., Macdonald, M. E., Thivierge, C., Whiteduck, G. & Vignola, S. (2016). Odeminiwin: Understanding and Supporting Childhood Stimulation in an Algonquin Community. *First Peoples Child & Family Review*, *11*(1), 24–37. https://doi.org/10.7202/1077490ar

Résumé de l'article

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volume 11 | number 1

First Peoples Child & Family Review 2016

An Interdisciplinary Journal

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Odeminiwin: Understanding and Supporting Childhood Stimulation in an Algonquin Community

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Abstract

Legacies of colonialism have been associated with risk factors for delayed childhood development in Aboriginal communities in Canada. In the Algonquin community of Rapid Lake (Québec, Canada), the maternal-child nurse carries out regular screening for developmental delay in children (0-66 months) using the Ages and Stages Questionnaire (ASQ). The aim of this project was to explore parenting practices and cultural traditions regarding childhood stimulation in this community as well as primary caregivers' perceptions of the use of the ASQ. Using a Community Based Participatory Research framework, we conducted a focused ethnography over four months, which included 28 participants. Outcomes of our research included the development of a stimulation activity for families involving all generations in the community, incorporating traditional parenting practices and language, and promoting a safe learning environment. Results can be used to support efforts towards community-driven childhood development services in other Aboriginal communities.

Keywords: *childhood development, Aboriginal, parenting practices, cultural traditions, ASQ, stimulation*

Introduction

Stimulating relationships are fundamental to healthy development in infancy and early childhood (Shonkoff & Phillips, 2000). Primary caregivers play a crucial role in providing stimulation through parenting practices deeply engrained within cultural traditions (Bornstein, Haynes, Pascual, Painter, & Galperin, 1999; McCain, Mustard & Shanker, 2007). Where stimulation is not sufficient in early childhood, development may be delayed resulting in long-term health effects. Regular assessments using screening tools to identify developmental delays through infancy and childhood, as well as early

interventions such as stimulation activities to correct these delays are the 'gold standard' across Canada (Williams & Clinton, 2011). Despite this standard, there is a lack of understanding regarding how different cultural groups perceive the implementation of these evaluation tools and activities within their communities. The project presented in this paper explores community perceptions regarding the use and adaptation of one childhood development tool and stimulation activity in the Algonquin community of Rapid Lake, Québec, Canada.

Background

Childhood Development and Stimulation

Early childhood development is defined as a child's neurological and physical development that provides a stable foundation upon which lifelong learning, behavior and physical and mental health can be built (McCain et al., 2007). From infancy, children have an innate curiosity to explore and learn about their environments, for which the caregiver-child relationship plays a fundamental role. Through stimulation in the form of play, verbal and non-verbal communication, and the demonstration of daily activities and routines, caregivers provide a secure and interactive environment to support this child-driven learning. The form stimulation takes is not a universal practice, it is unique to each cultural group and their child-rearing beliefs and practices (Shonkoff & Phillips, 2000). Low socioeconomic status, lack of community programs for infants and children, and unstable home environments are risk factors for delayed childhood development. Unstable home environments are characterized by violence in the household and community, poor caregiver mental health and wellbeing, substance abuse and depression (Keating & Hertzman, 1999; McCain & Mustard, 2002; Willms, 2002).

Childhood Development in Aboriginal Populations

Aboriginal communities in Canada have both protective factors against, and risk factors for, childhood developmental delay. Cultural continuity is one protective factor important to Aboriginal conceptions of health, contributing to wellbeing, self-identity and self-esteem. A means of promoting cultural continuity is through the support of young families by community programs that facilitate the transmission of traditional language, values, beliefs and customs (Ball, 2012; Chandler & Lalonde, 1998; Greenwood, 2006).

Importantly, the prevalence of risk factors for delayed childhood development is higher in Aboriginal than non-Aboriginal communities in Canada. In 2009, 15% of Aboriginal women compared to 6% of non-Aboriginal women with a spouse or common-law partner reported that they had experienced spousal violence in the previous five years (O'Donnell & Wallace, 2015). Between 1997 and 2000, the rate of homicide for Aboriginal women was 5.4 per 100,000 and 12.2 per 100,000 for men versus 0.8 per 100,000 for non-Aboriginal women and 1.8 for non-Aboriginal men (O'Donnell & Wallace, 2015). A national survey by Health Canada of First Nations communities between 2008 and 2010 reported the three top challenges to community wellness were identified as alcohol and drug abuse (82.6% of respondents), housing (70.7%) and employment (65.9%) (Health Canada, 2011). These statistics are indicative of violence, mental health status, drug use and unstable home environments in Aboriginal communities, which alongside historical trauma and ongoing colonial incursions, can impact the rate of

developmental delays in children in these communities (Ball, 2012; McCain & Mustard, 2002; Willms, 2002).

Selecting Developmental Screening Tools for use with Aboriginal Populations

Guidelines provided by the Canadian Pediatric Society recommend healthcare professionals complete regular developmental assessments throughout infancy and childhood, with the goal of identifying and minimizing developmental delays through the provision of early intervention (Williams & Clinton, 2011; Elbers, Macnab, McLeod & Gagnon, 2007). The most widely used developmental screening tools and stimulation supports in Canada are the Nipissing District Developmental Screen (NDDS), Parent's Evaluation of Developmental Status (PEDS) and PEDS: Developmental Milestones (PEDS: DM), and the Ages and Stages Questionnaire (ASQ) (Williams & Clinton, 2011).

While none of the above standardized tools have been specifically adapted for any First Nations populations (Dion-Stout & Jodoin, 2006), the First Nations and Inuit Health Branch of Health Canada has identified the ASQ as a culturally-appropriate tool for use in First Nations communities since it "can be readily adapted to…many different populations, including First Nations" (Dionne, McKinnon & Squires, 2010; Dion-Stout & Jodoin, 2006). In Canada, studies exploring the use of the ASQ in First Nations communities have identified the tool as "appropriate for use," but also support further research (Dionne et al., 2010; Dionne, McKinnon, Squires & Clifford, 2014). Despite these recommendations, it is not clear what adaptations are required to make this tool "culturally appropriate" for a community or whether adapting the tool will impact the validity of its results (Dionne et al., 2014).

Supporting Childhood Stimulation in Aboriginal Communities

Following the identification of developmental delays in children, culturally-adapted programs must be in place in order to minimize the long-term consequences of these delays (Shonkoff & Phillips, 2000; Williams & Clinton, 2011; Elbers et al., 2007). Many provincial parenting programs and services offered across Canada are not available in First Nations communities (Ball, 2008). The Aboriginal Head Start program, a federally funded preschool program, is one service dedicated to community controlled and operated curriculum to promote Aboriginal child health and development (Ball, 2008; Ball, 2012; Chandler & Lalonde, 1998; Greenwood, 2006).

Notwithstanding the important contributions of Aboriginal Head Start, a recent study involving children of Aboriginal heritage suggests that preschool age is not early enough for the introduction of developmental activities (Benzies, Tough, Edwards, Mychasiuk, & Donnelly, 2011). The use of development assessment tools can fill an important gap prior to the enrollment of a child in Aboriginal Head Start, where more formalized services are lacking. The ASQ is one tool already being used in First Nations communities (Dionne et al., 2014). The ASQ is a caregiver or healthcare professional-completed screening and stimulation tool that includes questionnaires to be completed in the home setting at prescribed intervals from 1 month to 66 months of age. Upon completion of each questionnaire, a score is produced which falls on either side of a cutoff value (Squires, Bricker, & Potter, 1997). When children score below this cutoff, their primary caregivers are provided with an ASQ activity sheet with 20 age-specific activities to complete at home in order to stimulate the child's development (Squires et al., 1997).

Setting

Rapid Lake is a semi-isolated community in Québec, home to the Algonquins of Barrière Lake. The community is located 400 km north of Montreal, Québec and has a population of 400. The community includes a daycare, elementary school, volunteer fire department, and a federal government-run Nursing Station, the Kitiganik Health Centre, which includes a Day Centre with a kitchen designed for community activities. There is no high school and thus students must billet two hours away in order to continue their education. At the time of this study, the Kitiganik Health Centre employed four non-Aboriginal advance practice nurses, an Algonquin community-health representative (CHR) and an Algonquin maternal-child health worker. In order to ensure cultural sensitivity, the CHR and maternal-child health worker liaise between the nurses and the community when providing care and designing programs. Due to the physical isolation of this community and lack of employment opportunities, the rate of unemployment is estimated at 80-90%, dependent on the season. Most community members receive monthly social assistance and live in low quality housing in crowded conditions (Lang, Macdonald, Carnevale, Levesque, & Decoursay, 2010).

Conflict has impacted this community both internally, through leadership crises, and externally with disputes between the provincial and federal governments over political and financial matters. The effects of colonization and assimilation are still evident in this community today, including the legacy of the reservation system, the Indian Act of 1876, and residential schools (Lepage, 2009; Royal Commission on Aboriginal Peoples, 1996). The residential school system purposefully removed Aboriginal children from their families and prohibited them from speaking their own languages or engaging in activities related to their culture (Ing, 2006). Negligence, abuse, physical and sexual violence have been reported to be common occurrences in these schools, and have affected subsequent parenting practices due to the reduced transmission of language, culture and identity to younger generations (Ing, 2006; Lepage, 2009).

Despite this colonial history, the Rapid Lake community remains resilient through the preservation of their culture. Many Rapid Lake families continue to live a traditional lifestyle practicing cultural activities such as beading, sewing, hunting, fishing and trapping. Community members are also active in efforts to maintain control over their land and local governance, and many speak Algonquin and teach this to their children as their primary language (Sherman, Macdonald, Carnevale, & Vignola, 2011). These elements of resilience are important protective factors for healthy childhood development within this community.

In this community, one of the advanced practice nurses - the maternal-child nurse, has specific training in obstetrics and pediatrics and follows the care of women throughout pregnancy, delivery and the school-aged years of their child's life. Prior to our study upon implementation of the ASQ, this nurse felt a resistance from caregivers as many reported either losing activity sheets given to them or simply not completing the suggested activities at home. This nurse's experience prompted our study: she was compelled to better understand how the community members felt about the ASQ.

Methodology

This project is the result of the joint effort between the Ingram School of Nursing of McGill University and the Kitiganik Health Centre. Team members included the lead researcher, her supervisor,

the head nurse and maternal-child nurse from the nursing station and the Algonquin maternal-child health worker. This project was designed and completed as part of a four-month Masters in Nursing research project and clinical placement. During this time, the lead researcher lived in the community.

There were three objectives of this project. The first was to gain an understanding of parenting practices and cultural traditions regarding childhood stimulation in the community. The second objective was to gain an understanding of how the use of the ASQ tool and activities were perceived by primary caregivers in the community. The third objective was to work with caregivers to develop a locally-adapted child stimulation activity.

This project was exploratory in nature, designed with a focused ethnographic methodology (Roper & Shapira, 2000). Whereas classical ethnography seeks to understand an entire cultural group through extensive fieldwork, focused ethnographies use many of the same data collection methods over a shorter time period, with a more focused topic of investigation (Polit & Beck, 2008; Speziale & Carpenter, 2007). Focused ethnographies are increasingly implemented in nursing research as a way of adapting nursing practice to a community's beliefs and social context (Cruz & Higginbottom, 2013; Roper & Shapira, 2000).

Classical ethnography and the early social ethnographers come out of a colonial history in which Indigenous peoples' experiences were framed via Eurocentric models (Cruz & Higginbottom, 2013; Tuhiwai Smith, 2001). Ethnographic engagement has since developed to promote research that is respectful, ethical and useful; the Community Based Participatory Research (CBPR) framework used in this project is one such way to adapt this methodology to fit with indigenous priorities (NAHO, 2012; Tuhiwai Smith, 2001). CBPR is a collaborative approach to research that addresses the inequalities and negative impact of research grounded in European values and Western scientific principles within Aboriginal communities (NAHO, 2012). This framework involves equal contributions from all partners through a community-identified research topic, community consultation, participation and indigenous ways of knowing in all stages of the research project in order to ensure community ownership of the resulting suggestions for nursing practice (NAHO, 2012).

Data Collection

The project was divided into four phases of data collection, each directed by the lead researcher: key informant interviews, a focus group, a pilot activity and a community presentation of the results. The key informant interviews and the focus group were audio-recorded with the exception of one interview at the request of the key informant. The lead researcher transcribed audio-recordings; the non audio-recorded interview was hand-noted as closely to verbatim as possible. Participant observation, an essential element of ethnography, was implemented during all four phases; further, the immersion of the lead researcher in the community over four months greatly facilitated her familiarity with local narratives and cultural practices regarding early childhood development (Cruz & Higginbottom, 2013; Polit & Beck, 2008; Speziale & Carpenter, 2007). Participant-observation data took the form of methodological, analytical and descriptive field notes documenting interactions of individuals within their social community and environment (Creswell, 2003; Polit & Beck, 2008). The researcher also recorded reflective field notes which included continuous self-critique and self-appraisal as the embedded ethnographer (Creswell, 2003; Lincoln & Guba, 1985).

In order to be eligible for participation in this project, participants had to be self-identified community members, 18 years or older, able to communicate in English, French or Algonquin (via an interpreter) and willing to provide written or verbal consent (Canadian Institutes of Health Research et al., 2014). Primary caregivers - someone who self identifies as the individual responsible for a child's care - were required to have a child three years old or younger. This age group was selected because no community programs exist to promote stimulation and development for children of this age beyond the Ages and Stages Questionnaire. Participants were selected using convenience sampling and were recruited in person by the maternal-child nurse and maternal-child health worker, based on their extensive experience with caregivers in the community (Polit & Beck, 2008).

Phase One included six key informant interviews. A key informant was defined as an individual knowledgeable in parenting practices and cultural traditions related to childhood development. The six key informants included three health workers, one mother, one grandmother and one educational professional; four were Algonquin, two were non-Aboriginal.

Phase Two involved one focus group with five primary caregivers, using an interview guide developed from the findings from Phase One. To encourage participation from additional community members, participants in this phase had not participated in Phase One.

Phase Three drew upon the data derived from Phases One and Two to develop a stimulation activity for caregivers. The activity consisted of an *Odeminiwin*, a playgroup for caregivers and their children in which they completed activities in a group setting. Caregivers were given a reformatted ASQ activity sheet tailored to the group activity for use at home. Nine children ranging from two months to six years old and eight adults including five mothers, one uncle, one grandmother and one father attended the pilot activity. Participants from Phases One and Two were invited and four attended this phase. Verbal feedback regarding the design of the activity was collected.

A presentation of overall findings to the community took place in Phase Four. All members of the community were invited to attend and offer feedback through posters and word of mouth. The presentation was attended by four adult community members, including two participants from Phase One.

Data Analysis

In accordance with the reflective nature of ethnography, data analysis was ongoing throughout the project (Bernard, 2002). During Phases One and Two, individual transcripts were analyzed using open coding during multiple closed readings. Each interview was read using immersive line-by-line memo writing and analysis in order to create preliminary codes identifying salient categories represented in the data (Strauss & Corbin, 1990). Descriptive, methodological and analytic notes were documented in order to support this process (Bernard, 2002; Strauss & Corbin, 1990; Walker & Myrick, 2006). Following the preliminary coding of each interview, a constant comparison approach analysis was used to compare emerging codes with those of previous interviews in order to identify both recurrent and novel codes (Strauss & Corbin, 1990). Upon completion, axial coding was implemented to identify the relationships between preliminary codes, building broader themes. Selective coding was then used to integrate these themes into core codes that tell the story of the data (Ayres, Kavanaugh, & Knafl, 2003; Strauss & Corbin,

1990). After delivering the pilot activity in Phase Three, oral feedback and observations were triangulated with previously identified themes (Creswell, 2003; McWilliam, 2000). These themes were presented to the community in Phase Four.

Methodological Rigor

Methodological rigor was maintained via prolonged engagement in the field, member-checking with Aboriginal and non-Aboriginal participants, and peer debriefing (Creswell, 2003; Maggs-Rapport, 2001; McWilliam, 2000). During Phase Three four key informants (three Algonquin, one non Algonquin) were given segments of interview transcripts along with preliminary themes. Participants were all in agreement with the preliminary interpretations, and thus this member checking verified the preliminary analyses of the data leading to the development of the pilot activity. Peer debriefing was a critical component of this project, taking place weekly between the lead researcher and her supervisor. These sessions ensured critical feedback regarding data collection and analyses and produced an audit trail ensuring credibility and confirmability of the analytic process (Ingleton & Seymour, 2001; McWilliam, 2000). Thick descriptions of the setting, participants and data collection procedure were also developed in order to ensure the transferability of these findings to other settings (Lincoln & Guba,1985; Maggs-Rapport, 2001; McWilliam, 2000; Polit & Beck, 2008). The proposal for this research received ethical approval by the Institutional Review Board of McGill University prior to its initiation.

Results

The following presentation of results outlines the five broad themes that emerged from our analysis. As is consonant with ethnographic analysis, both empirical evidence and Aboriginal history have helped us to better understand parenting practices within this community, including the challenges caregivers of young children face and their perceptions of the utility of a non-Aboriginal tool for their families.

1. Historical trauma: "Something is broken"

When asked about traditional parenting practices, both Aboriginal and non-Aboriginal participants struggled to provide examples. One mother explained that traditions for promoting the development of infants and young children are not clear: "We haven't been taught anything about development." Other community participants supported this statement, explaining they were not sure why they did not know examples of parenting traditions. The health care workers observe many parents are not confident in parenting, and attribute this to the intergenerational legacy of colonization and residential schools explaining that when it comes to parenting, "something is broken."

When asked what the greatest challenge parents face in Rapid Lake, one mother answered: "Drugs and alcohol." She then explained: "If the mother stops, the husband doesn't stop; if the husband stops, the mother doesn't stop… they both go on the same road…to 'misery land'…and the kid doesn't have nothing after." Parenting within the frame of historical trauma and the realities of addiction, poverty and violence means that many parents don't have the physical or emotional reserves beyond their family's basic needs to devote to parenting.. A community member agreed, explaining that these realities significantly impact parent-child relationships: "Raising a child is hard when you feel good. Imagine when

you feel bad." Childhood stimulation through play and activities is therefore not a priority for these families.

2. Stimulation through participation

While many parents struggle with these challenges, childhood development is still a concept primary caregivers are aware of and assess as their children grow. In contrast, childhood stimulation was not as familiar. A mother and a grandmother both explained that parents generally do not think explicitly about 'stimulating' their children to develop and said that childhood stimulation is not a topic parents discuss in this community. The grandmother elaborated by explaining that in the Algonquin tradition, there is "not really" a practice of stimulating babies to develop. According to her, stimulation takes place more passively, for example when children participate in household routines with their families, mimic caregivers and play alone or with siblings and other children. An educational professional supported this explanation, saying: "Kids learn things on their own" and grow up on their own. According to her, parents do not have to play a directing role in their child's development because young children learn new skills and games through independent outdoor play. This play includes learning how to fish, skate and play seasonal sports. Children in this community are independent from a very young age, as one community member explained: "We just throw the kids outside, that is their stimulation to develop." Thus, parent-child activities explicitly targeting stimulation are not a common practice in this community.

3. "The land takes care of the kids"

Spending time in the bush is an important part of life for many community members. Participants explained that time spent on their traditional land allows them to take part in cultural traditions such as hunting, trapping and fishing. Traditional parenting practices are more evident in the bush, they said, and parents are more involved in the stimulation of their young children there. As a mother explained, families spend more time together when they are in the bush because it provides more of a routine for young children. This routine includes going to bed early, waking up early and playing in the yard near the house between mealtimes. Another mother elaborated, explaining that children learn more about their traditions in the bush because parents teach them about the animals and "What we are supposed to do (in the bush)." This teaching begins during infancy: "Some (parents)…when they go hunting, they take their kids and they go 'oh look, there's a fish!' and they make them touch the fish." Community members explained that time spent in the bush is also important for adults, as the bush is a much healthier environment than their community, supporting a healthier and more active lifestyle.

A health care professional explained that nature is a protective factor: "This is their land and the land takes care of the kids." This same health care professional explained that this can be difficult for people from outside of the community to understand because nature is often seen as a danger to children in cultures that do not have such a strong relationship with it.

4. ASQ: a tool or a test?

The ASQ was described as a negative intervention by many primary caregivers as the assessment and scoring process made them feel judged. According to a community member: "They (parents) don't want to participate, they think that we're saying their kids aren't smart enough, they're not

taking care of them … the parents feel judged about their kids." A health care professional illustrated this point by explaining that parents see the ASQ as a test, not a tool, and therefore feel it is their fault if their child does not "do well." As a result, the activity sheet that accompanies the ASQ is seen as a treatment and only when something is wrong do parents seek help to promote development. One mother explained: "They're (parents are) just going to look at it (the activity sheet) and put it on top of their fridge and just be like 'there's nothing wrong with my kid'." An educational professional described that it was difficult to broach the topic of developmental delay without offending parents as many associate it with drug and alcohol use during pregnancy. Thus the judgment felt during scoring and the social stigma make it difficult to discuss the topic of childhood development.

5. Fostering community support

Participants were asked what they thought a useful stimulation activity could look like. A group activity, such as a playgroup, was the most common suggestion. An educational professional explained: "I find it works better when they're (parents are) in a group, they have more fun and it's more interesting for them (than doing an activity at home by themselves)." A playgroup also acts as a support group, allowing caregivers to share their experiences about parenthood and act as role models for each other. One mother shared: "When I was a new mom, I wanted somebody to tell me: 'You can do this with your new baby,' or 'You can feed her this at this age'." In addition to a group activity, participants agreed on the need for a reformatted activity sheet by reducing the writing to only five or six words per activity, including only simple activities parents would be comfortable doing at home, and adding pictures and colours. All participants agreed that some of the activities already included were a good fit such as stacking household items, scribbling and container games such as placing socks in a basket, and that some were already doing these activities at home. One mother explained that it was important to continue to use the activity sheet because it acts as an "extra push" to "involve parents more in their kids' lives."

Community Outcomes

Odeminiwin

In discussing the pilot activity with local team members, it was decided an *Odeminiwin*, meaning playgroup in Algonquin, would address the needs of the community. In accordance with the developmental literature, this activity focused on the youngest children in the community to promote stimulation from an early age. To create this playgroup, we used the Aboriginal Infant Development Policy and Procedure Manual written by the British Colombia Infant Development Program as well as participant input. The principal recommendations set out in this manual include an emphasis on family-professional collaboration and the inclusion of culturally-appropriate activities and materials including food, furniture, music, language and games (Office of the Provincial Advisor for AIDP, 2005). Daycare and Head Start workers and several mothers and elders were invited to help organize and provide suggestions in order to promote community ownership over the playgroup.

The Odeminiwin activity focused on activities for children below 12 months old. Families with children in this age group were invited to attend and to bring any siblings or family members in recognition of the role they play in stimulation. The Odeminiwin was attended by nine children ranging

from two months to six years old, and eight adult family members, including five mothers, one uncle, one grandmother and one father, and three health care professionals including the maternal-child community health worker who facilitated the activity. It included three games selected from the ASQ activity sheet (by participants) focusing on all five areas of development outlined in the ASQ (communication, gross motor, fine motor, problem solving and personal social). The games included bouncing balloons in the air, tracing the hands of family members on a piece of paper, and fitting ping pong balls into coffee cans through a hole in the lid. Food was provided at the end of the activity to promote discussion between the adults while the children continued to play. A reformatted ASQ activity sheet, including only five activities – one from each area of development – was given to participants. This version of the sheet was more colourful and with less writing as per participant suggestions.

Outcomes of the Odeminiwin included families uniting around play, and primary caregivers with children of the same age socializing following the games. Participants and health care professionals were asked for feedback and responses were positive, with requests to continue meeting monthly. Importantly, all the health care workers agreed to stop using the ASQ. The Odeminiwin will be implemented as a way of introducing conversations about childhood development into community health services using local knowledge and expertise.

Discussion

When used in different cultural settings, screening tools and activities make assumptions about parenting practices that may not be relevant to all communities. Given the inherent relationship between parenting practices and culture, we sought to explore how the use of the ASQ is perceived by primary caregivers within the Rapid Lake community, and how we could adapt a stimulation activity to locally-identified cultural traditions and parenting practices.

One of our principal findings was that although parents do think childhood development is important, they do not explicitly participate in stimulation through play while at home in Rapid Lake; during their time in the bush however, parenting traditions and roles in play are much more salient. This finding is consonant with development literature, which describes “child-directed activities” or independent play as paramount in stimulation and healthy development (Pretti-Frontczak & Bricker, 2004; Shonkoff & Phillips, 2000). Consistent interactive relationships with a primary caregiver are required to promote healthy development in early childhood, with caregivers providing environmental supports necessary for child-directed play (Cappiello & Gahagan, 2009; Shonkoff & Phillips, 2000).

Prior to this project, formal childhood stimulation efforts in Rapid Lake focused on stimulation outside of the home, either at the daycare or the elementary school. The ASQ was implemented as a means of promoting awareness of the importance of childhood stimulation at home. Our project, however, demonstrates that caregivers feel judged by this assessment process and stigmatized when their child is identified to have a developmental delay. These findings demonstrate that the ASQ had negative consequences such that primary caregivers no longer wanted to participate.

Our pilot activity, Odeminiwin, therefore aimed to adapt the ASQ activities to the needs of the community. One way we approached this goal was by focusing on Algonquin conceptions of health in structuring the activity. The Algonquins of Barrière Lake define health more broadly than the absence of

illness and use the term *minimadizuin* to conceptualize health as involving mental, emotional, spiritual and physical components (Wakani, Macdonald, Carnevale, Bernier & Wawatie, 2013). *Minimadizuin* involves caring for oneself, one's family and one's community (Wakani et al., 2013). Another concept of health used in this community is *minododazin*, a term for self-respect which extends beyond respecting the individual to include family, community and the environment (Kooiman et al. 2012). In recognition of these concepts, the healthy development of a child cannot be separated from the health of their family and community. Odeminiwin therefore aims to provide a more sustainable activity through community-wide involvement in childhood stimulation and play (Ball, 2012).

This study had two main challenges. First, the time frame in which the study was completed was only four months. Secondly, in ethnographic research the researcher has the dual role of collecting and analyzing data; while this can introduce biases into the research, such bias can be both controlled and used as a strength through member checking, peer debriefing and reflective fieldnotes (Polit & Beck, 2008).

The findings and outcomes of the project were shared with the community through a presentation held at the Day Centre and later shared with the McGill community. Through this process, the health care staff in Rapid Lake were able to learn about local parenting practices and incorporate this knowledge into their practice.

Conclusions

The legacy of historical trauma on parenting practices in Rapid Lake compounds the high prevalence of socioeconomic risk factors for delayed childhood development in Aboriginal communities. These realities highlight the need for community supports to promote healthy childhood development. This project explored the perceptions of primary caregivers regarding the use of the ASQ. When negative experiences of judgment, stigma and blame were identified, a community based participatory approach was used to drive the adaptation of a community driven activity to promote stimulation through play for families while they are in Rapid Lake, when the cultural traditions of the bush are not available.

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