

Measuring Social Support in Aboriginal Early Childhood Programs

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Overview

Social support for families is a goal of many Aboriginal child care and development programs, such as Aboriginal Head Start. From our experience with various Aboriginal Early Childhood Development community-based training and service programs, and from discussions with managers in Aboriginal Head Start, we knew there was an interest in and a need for examining the impact of child care programs on social support within Aboriginal communities. We have long seen child care as a family-centred practice, and so we were keen to explore how to measure the impacts of child care programs on the reception and perception of social support by families whose children attend Aboriginal child care programs. Two First Nations community-based programs on Vancouver Island offered to be partners in this exploratory study.

Child care is part of a web woven by a community to support its children and its parents. Research has long shown that early childhood programs have the potential to support parents (e.g., Cochran & Brassard, 1979). When parents feel supported in their role, they tend to be more positive and responsive in their caregiving (Powell, 1998). How parents perceive and receive the support that is potentially available to them through the program that their child attends is a question that managers and staff of child care programs often ask themselves. Many Aboriginal early childhood practitioners and program administrators have asked whether there is a simple survey tool that could be used to monitor and evaluate social support impacts of their service. After a review of the literature and many discussions with First Nations partners about the best way to examine the impacts of early childhood programs, we developed two questionnaires and

piloted-tested them in the two partnering First Nations community-based programs. The results of the questionnaires, the experience of the researchers, the subsequent discussions with staff of the two early childhood centres, and recommendations regarding practice and further investigations are reported in this article.

Nutsumaat Lelum and Smun'eam

Nutsumaat Lelum Child Care Centre, part of the Chemainus First Nation, is located outside of Ladysmith on Vancouver Island, just off the Island Highway. Set in a beautiful clearing with tall trees in the back, the Centre's building is low, made of wood, and fits comfortably among the trees. The whole building is used for programs for children, from babies to kindergarten-age. Also within this clearing is a recreation centre and a health centre for Elders in the community. Approximately forty families and fifty-six children are served in these children's programs, which include an Aboriginal Head Start program, care for children under-three, and a kindergarten program. A bus picks up and returns many of the children attending the Aboriginal Head Start program. Joan Gignac, the Director at *Nutsumaat Lelum*, discussed the current project with us and introduced us to her staff.

From this first contact, Joan introduced us to Ramona Melanson who runs *Smun'eam* Child Care Centre for the Penelikut Tribe at Kuper Island. Ramona welcomed us to her program. *Smun'eam* serves approximately 29 children from 21 families. There is a daycare centre serving children 0-5 years and an Aboriginal Head Start program for the children who are four and will be attending a school-based kindergarten the following year.

A brief walk from a 10 minute ferry ride over from Vancouver Island, the *Smun'eam* daycare and preschool program are in separate buildings connected by a covered play area. The daycare is a light-filled room where windows look out on trees and the playground. Since

Smun'eem is a smaller program than *Nutsumaat Lelum*, they have been able to have the children in family groupings. Staff found that the babies demonstrated a strong desire (climbing over and under objects in the daycare) to be with their big brothers and sisters, and so the daycare has a variance in their license from the Ministry of Health Child Care Facilities Branch so that the babies do not need to be in a separate group. The babies toddle around after the bigger kids, and the older children are very gentle and watch out for the little ones.

Within both the Peneluket Tribe and Chemainus First Nation, the child care programs have been creatively connected with other parts of the community. The Directors of these Aboriginal Head Start programs are actively involved in the communities in a holistic manner. For example, Joan has provided craft evenings for the community, while Ramona is involved in helping get a soccer field happening for older children in the community.

Both of these programs work in informal ways to support their parents. For example, while visiting *Nutsumaat Lelum*, a staff person was observed being approached by a father of a one year old to take care of his child over a weekend. The father seemed to feel that the caregiver knew his son well and the child was very comfortable with this woman. The caregiver was excited about this possibility, and talked with Joan about it.

In more urban areas, staff may worry about liability issues and they might hold back for fear that they would then be seen as “babysitters”. When asked about the program’s policy on staff looking after children on their off-hours, Joan explained that some staff are relatives of children in the program, and so they would normally look after the children that they see in their work during their off-hours. Joan accepted these transactions for out-of-program care arrangements between staff and parents as long as these arrangements were separate from the

program. Echoing Joan's word "we are all family" (Gignac, 2001), this permeable boundary between program and family care is a practical way that staff extend support to families.

Social Support

Social support has been defined as "the mechanism by which interpersonal relationships presumably protect people from the deleterious effects of stress" (Kessler, Price, & Wortman, 1985). This type of support influences people's health and well-being in a complex manner. Untwining social interactions and relationships to get at the defining elements is challenging (Cohen, Underwood, & Gottlieb, 2000).

The first mention of the connection between health and social ties was in the late 1890's by the French sociologist Emile Durkheim. He pointed out the higher suicide rate among factory workers who had left their farms and villages to move to the city. Seventy years later, Cassel and Cobb picked up on Durkheim's observations and made the connection that people with good social support are, generally, in better health (Cohen, Underwood et al., 2000).

Researchers have found that people embedded in supportive social networks are more likely to be buffered from the effects of stress (Cohen, Gottlieb, & Underwood, 2000; Sarason, Sarason, & Pierce, 1990b). Friends and family can offer tangible support, such as money, food, shelter, information, advice, and caregiving. Interestingly, while practical assistance in a crisis can be experienced as helpful and supportive, research suggests that what is even more helpful is the *perception* by individuals that support and caring is *available* in their immediate environment. Understanding how people define and perceive social support is challenging. It is not clear to investigators or program evaluators how to measure how successfully someone is connected to a community, how that individual views those connections, how those relationships are structured, or how they actually work to provide actual or potential support.

Measurement of social support

Clearly social support cannot be treated as a unitary concept as it has several entwined dimensions. One type of support may be more effective in one context, while another type is effective in another situation. Several instruments have been developed to measure different dimensions of support where context, situation, type of support must all be considered (Cohen, Underwood et al., 2000). Sorting through the different dimensions of social support, as well as the meanings assigned to this concept by various ethnic groups and individuals, takes sensitive research.

Social networks. Social networks can be defined in terms of size, density, or structure. People may have a small network of friends and relations who know each other well (highly dense network), or a wide network of friends who are not connected (less dense network). Different networks vary in their usefulness at different points in an individual's life (MacPhee, Fritz, & Miller-Heyl, 1996). Cohen, Gottlieb, & Underwood (2000) have reviewed research that shows a clear association between social networks and health, but their explanation for this association is not straightforward. Defining an individual's network of social support presents difficulties since those networks vary widely. By defining network membership more narrowly, (e.g., only married people or only people with brothers or who belong to a church) researchers have had some success (Miller & Harwood, 2001). However, this limited gaze may leave out relevant factors. For example, MacPhee and colleagues (1996) warn that there are ethnic differences in networks of families, as well as influences of contexts, such as income level and rural or urban settings. Not only do social networks differ, but how the network functions to support families also differs across ethnic groups, social ecologies, and geographies.

Social Integration. People participate in a variety of social relationships and research has clearly demonstrated the health benefits, for most people, of having a broad range of social relationships. These relationships that might include a spiritual community, recreation partners, neighbours, or family (Cohen, Underwood et al., 2000). A broader and more diffuse network, where a person has relationships in a variety of separate areas which do not overlap, may allow an individual space to develop personally while a denser network, such as, a close network of friends and family who all know each other, may support an individual to remain in a particular role (Cochran, Lerner, Riley, Gunnarsson, & Henderson, 1990). Either way, being an active member of a community seems to promote a sense of belonging and of being cared for and supported.

Perceived Social Support. Social support has several functions: emotional support, tangible support, informational support, companionship support, and validation (Wills & Shinar, 2000). Some of these functions fall clearly into the category of received help—information and/or resources are tangible expressions of help—while other help, such as emotional support or companionship, may be received, but may or may not be perceived as support. Some received help is, of course, useful, but overall, the buffering effects seem to come from perceived support rather than actual help or received support.

Cohen and colleagues (2000) explain that: “it is the perception that others will provide resources when they are needed that is the key to stress-buffering... in short, the data suggest that whether or not one actually receives support is less important for health and adjustment than one’s beliefs about its availability” (p. 7). Of course, in certain situations received support may be the support necessary to the situation and may be perceived as such. Received support and perceived support measures are not identical, as each may produce different effects.

Understanding the different dynamics of received support and perceived support is a central challenge when assessing an intervention (Cohen, Underwood et al., 2000) .

Relationship. Relationship is another area for examination. Cohen (2000) and Sarason, Sarason & Pierce (1990a) suggest that looking at the properties and processes of relationship may yield pertinent information. In this area of research there are a number of unanswered questions (Sarason et al, 1990a). How do perceived support and actual relationship processes interact? What are the types of relationships that are the most supportive and what are the qualities of attachments that facilitate health? What effect does social support have on parents?

Parents and Social Support

Parents are very influential in the lives of their children. When they feel supported in their parental role they prove to be more responsive and positive as caregivers (Cochran, 1990; Powell, 1989) . Recognizing this, most early childhood programs try to support parents. In the United States, for example, the Head Start program has actively included parents since its inception (Oyemade, Washington, & Gullo, 1989), as has Aboriginal Head Start in Canada (Health Canada, 2001).

Doherty (2001) has taken a close look at types of programs designed to enhance or promote child development in Canada and other countries. She points out that while there is a higher incidence of developmental vulnerability for children living in poverty and/or living with a lone parent, **most** children are **not** at risk. Poverty can be stressful and depressing to a parent, thus making parents more vulnerable to poor parenting choices. But ineffective or detrimental parenting can exist anywhere and anytime. According to Doherty's (2001) review of research, key factors that put a child's development at risk include:

- Parenting styles (particularly hostile parenting)

- Living with a stressed parent
- Living with a parent who is depressed
- Lack of adequate stimulation (language and cognition)

Doherty looked at three different types of programs aimed at supporting children's development: child-focused programs, parent-focused programs, and combined children's program and parent-focused programs. She concluded that child-focused programs, and in particular centre-based group programs of high quality, are "the most effective for children at risk for developmental problems when they begin prior to age of three and are provided on a full-day rather than a part-day basis" (2001, p. ii). High quality child care provides parents with support as they work or look for a full-time job or pursue further education without having to worrying about their children. At the same time, high quality child care programs provide informal relationships with staff and other parents.

There is increasing call to support children's social and emotional well-being nationally and internationally (Shonkoff & Phillips, 2000; Steinhauer, 1999). Myers (1992) emphasizes that "unity and interaction among the physical, mental, social, and emotional dimensions of development lie at the core of the discussion" (p. xxiii). He has consistently called for policies that empower families and communities, building on their strengths (p. xix).

Over the last 30 years, there has been the emergence of "the image of early childhood programs as family support systems that function as modern-day versions of the traditional extended family" (Powell, 1998, p. 60). Powell notes that there is an accepted understanding within the field that supporting parents will strengthen parenting behaviours. Another key to the effectiveness of child care programs that Powell identifies is the confidence parents and staff had in each other. Parents tend to be concerned about caregivers' knowledge and skills, and must

trust that the caregiver is a caring person, while caregivers tend to be focused on encouraging open communication with parents and discussion on childrearing questions.

American Head Start and social support

Supporting parents has been a goal of American Head Start from its inception in 1967; parents are encouraged to be involved in decision making, helping in the class or working with their child. Studies conclude that parental involvement contributes to positive growth and upward mobility of American Head Start parents. Research has shown that parents involved with American Head Start have a greater quality of life, increased confidence in coping skills and decreased feeling of anxiety, depression and stress (Oyemade et al., 1989).

Early childhood programs can offer support to families, as families have interactions with the programs every day. At pick up and drop off times, parents can connect with staff if only for a few minutes, and these informal exchanges can build relationships. For example, the Alaska Head Start Family Wellness Demonstration Project, investigating family strengths, found that participating families mentioned Head Start as providing social support (Mead, Clarson, Stewart, Cordes, & Bates, 1997). In other research, bolstering a parent's belief in their ability to advocate for their children appeared to increase parents' perceived effectiveness in their children's lives, which was related to their children's academic abilities (Seefeld, Denton, Galper, & Younoszai, 1999). As parents gain confidence with their role in the well-being of their children, they are empowered to see themselves as their children's teachers, as advocates for their children, and as having an effect on their development (Powell, 1998). Children's well-being and the well-being of parents, families and communities seem to be inter-related (Beauvais & Jenson, 2003).

American Head Start has as one of its goals, the encouragement of parental advocacy skills. Several studies (Fagan & Iglesias, 1999; Hubbs-Tait et al., 2002; Ritblatt, Brassert,

Johnson, & Gomez, 2001) have found that parents who were involved with Head Start programs did gain in self confidence and the skills necessary to advocate for their children. Advocacy skills are necessary for parents to access the necessary resources for their children and their families. Parents need confidence and skills to be advocates while they also need time to pursue their own goals of work, school or reorganization of their lives.

Aboriginal Head Start

Results of studies of American Head Start and other studies and reports (McCain & Mustard, 1999) formed part of the impetus for initiating Aboriginal Head Start in Canada in the mid-1990's. Consistent with Head Start philosophy, parents and community are involved in the "design and implementation of preschool projects" (Health Canada, 2001). Aboriginal Head Start has an added emphasis on culture, with an explicit goal being the celebration of the diverse Aboriginal communities and their cultures across Canada. The British Columbia Aboriginal Child Care Society (1998) has developed a handbook on the process of developing culturally focused Aboriginal early childhood programs, focused on cultural relevance and on the unique cultural aspects of each community.

Aboriginal Head Start in BC and Parental Support

While Aboriginal Head Start is relatively new, Infant Development Programs have been operating in some Aboriginal communities in British Columbia for over twenty years (Davies & Mayfield, 1981; Mayfield & Davies, 1984). Their goal has also been to work to "enhance the Native cultural values and traditional child-rearing practices in the family" (Davies & Mayfield, 1981, p. 13).

Greenwood and Fiske (2003) recently studied the impact of Aboriginal Head Start programs on social support in communities in British Columbia, gathering data on "how

participating parents and guardians perceived the role of the Head Start Program in their support networks” (p. 9). Involving eight child care programs, they used a modified version of the Social Support Questionnaire (SSQ). They found that most families viewed their involvement in Aboriginal Head Start as being supportive. Reporting findings similar to studies of American Head Start (Fagan & Iglesias, 1999; Hubbs-Tait et al., 2002; Seefeld et al., 1999; Shonkoff & Phillips, 2000), they also found that involvement in the program gave parents “a new sense of confidence” and encouragement to advocate for their children.

Comments collected by Greenwood and Fiske indicated that the roles of Aboriginal Head Start staff in supporting parents were even more important when extended family was far away. In particular, staff offered opportunities for cultural learning when family was absent. Head Start as a program was seen to be supportive, but the “caring and reliable” relationships with the staff was “the most important support” (2003, p. 22).

Our research decisions

Several points emerged from looking at Greenwood and Fiske’s (2003) *Social Support Project: BC Aboriginal Head Start*. They had modified the SSQ to be culturally sensitive, as well as to include questions relating to issues of culture. They had also interviewed participants and recorded their voluntary comments. The authors made note of the sensitive nature of these issues of social support and the possible distressing effect of interviewing people who may have had traumatic incidents in their lives.

Greenwood and Fiske aimed for a balanced sample of ten parents from each of the centres who were seen as: a) being inactive in social support networks and activities; b) parents/guardians who were former Aboriginal Head Start parents actively participating in social support networks; and c) current active parents/guardians. However, they fell short of their goal

of ten participants from each of the eight centres, and also fell short of their proposed balance of parents/guardians. We speculated that this might have been due in part to the length and detail of the questionnaire procedure.

Hoping to achieve greater parental participation, we created a simple one-page questionnaire, shown in Table 1. The language was intended to be plain and unambiguous. The questions were intended to be relatively non-intrusive, as probing into social networks can have emotional impacts, for example for parents would may be new to a community and feeling isolated, or for those who may have lost a friend recently. We focused on trying to learn more about the friends on whom parents relied for support with their children. Relevant to their efficacy as parents, this was an area most likely impacted by the early childhood program. Coming and going, and meeting other parents and staff, parents have the potential to create new relationships.

Please help us by answering the following questions. We are hoping to understand how child care programs support families. In these questions “child care program” means _____.

1. Does your child seem to enjoy being at his or her child care program. (Circle one)
Always Sometimes Never
2. Does your child sing songs, tell stories, or do activities he/she learned at the program?
Always Sometime Never
3. Do you, as a parent, feel welcomed in the program? (Circle one)
Always Sometimes Never
4. Does the staff have time to answer any questions you might have? (Circle one)
Always Sometimes Never
5. Through the program have you met other families with whom you have begun a friendship?
No families 1-2 families 3 or more families
6. If you have a worry about your child whom can you ask? (Circle **all** that apply)
Child care staff Family Another parent in the program other (explain)

<p>7. Since joining the child care program are there more people you can turn to for help if you have a family worry or emergency?</p> <p>Yes Maybe No</p> <p>8. If you had a family emergency and child care staff were available would you turn to them?</p> <p>Yes Maybe No</p> <p>9. Whom do you ask about traditional knowledge and ways of raising children?</p> <p>Elders Family Child care staff Other</p> <p>10. Since your child started the program do you feel there are more people supporting you as a parent?</p> <p>Yes Maybe No</p> <p>11. "I feel I am a better parent since my child started coming to the program." Is this true for you?</p> <p>Yes Maybe No</p> <p>12. Can you describe how the child care program has affected your family?</p>
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Table 1: Parent Social Support Questionnaire

Several of our questions were aimed at discerning the quality of the early childhood program with regards to receiving and responding to parents. It is considered good practice to create a welcoming environment. If parents felt welcomed, we believed that they would be more open to a relationship with the staff and other parents. If parents felt staff had time for their questions, it would seem to us that staff were then communicating that they valued parents and their concerns, which we feel is another contributing factor to an atmosphere of welcome.

We also created a questionnaire for staff, as shown in Table 2. The questionnaire was intended to enable an exploration of whether there is a connection between how parents view a child care program and how staff view their role with parents. In the pilot study, staff responded very favorably to the questionnaire and the process of filling them out stimulated intensive staff discussion about parents' social support networks.

Please fill out the following questionnaire. We are hoping to understand how child care programs support families. We are asking parents in your program to fill out a questionnaire about where they find support as parents. We would also like to ask for your input.

1. As a staff person do you feel that you have time to welcome parents at drop off and pick up times?

<p>Always Most of the time Sometimes Never</p> <p>2. Do parent approach you with questions about their children? Often Sometimes Never</p> <p>3. Do you feel that you have time to answer parents' concerns or questions? Always Most of the time Sometimes Never</p> <p>4. In your program do you see parents making connections with each other? Often Sometimes Never</p> <p>Comments:</p>

Table 2: Staff questionnaire

Urban versus On-Reserve Programs

The programs participating in the project by Greenwood and Fiske were urban. In contrast, our research was carried out with on-reserve programs that are embedded in rural communities. On-reserve and off-reserve contexts present very different social network scenarios. On-reserve, social networks tend to be very closely knit, potentially with siblings attending the centre together, cousins in the same group and many of the parents related or familiar with each other. If the Aboriginal Head Start staff are from the community, they might be aunts or grandmothers of some of the children in the program. Off-reserve programs, on the other hand, tend to have a looser structure as families are from different communities and bands, often from distant locales, with far less inter-relatedness.

In British Columbia, most on-reserve child care and development programs are rural, while off-reserve programs are mainly urban. Parents in each setting face different problems and different stresses. In an urban setting, parents may experience a sense of isolation or racism that might not be as omnipresent for parents within an established Aboriginal community. However, parents in a small, rural Aboriginal community may not be able to escape relationships that are not supportive. These examples of possible differences illustrate the point that families living on-

reserve may have different sets of social support strengths and challenges compared to families living off-reserve.

On-reserve programs typically have only one culture and language on which to focus. Off-reserve programs may have several language groups and cultures represented among their parents and children. Thus the approach to culture and language will differ depending on where a program is embedded. Since social support is a question of social networks, social relationships and how they interact to support parents, different forces may be at work depending upon the location of the child care program.

Our Findings at Nutsumaat Lelum and Kuper Island

Nutsumaat Lelum Child Care Centre near Ladysmith and *Smun'eem* Child Care Program on Kuper Island agreed to pilot the questionnaire. The staff of both programs were fairly confident about their relations with parents and conveyed that they did not feel threatened by the questionnaire going out to parents. The directors in both of the participating programs actively and persistently sought the participation of the parents whose children were attending their program to complete the questionnaire survey. The return rate was 33% for *Nutsumaat Lelum* and 29% for *Smun'eem*. Almost all of the respondents were mothers, though not all, hence our use of the term 'parents' in this report. The fact that most 'parents' involved in child care programs and in research are mothers is often overlooked. Outreach and involvement of fathers in child care programs and research remains a challenge in both Aboriginal and non-Aboriginal contexts. It is likely that social support is perceived and accessed differently by men than by women, and that different kinds of program activities and overtures by staff are effective for mothers versus fathers. This is an area of research and programming that warrants more attention.

Similar to the experience of Greenwood and Fiske, we found that surveyed parents/guardians were “satisfied with the social support they received.” Our questionnaires and observations indicated that parents felt supported and connected to the staff and program. Parents also felt that since they began bringing their child to the child development program they had more people supporting them as a parent. So it would seem that their social networks had increased or grown broader. Participants in the study by Greenwood and Fiske noted that meeting other individuals through child care activities “gave them an opportunity to develop connections” which resulted in one or more social relationship. In our study, almost all parents felt that they had met at least one or two new families through the child care program with whom they had become friends. Parents reported that they felt that they could turn to another parent in the program for advice or support. Over half the respondent parents agreed that they felt they had more support and were better parents since becoming involved in the program: *“I feel support emotionally, mentally and I know that my son is well taken care of and the staff are compassionate for our First Nation Children.”*

Parents who responded were very positive about the role of *Nutsumaat Lelum* and *Smun’eem* in their lives and the lives of their children. They felt welcomed and saw their children learning and enjoying the program: *“Nutsumaat Lelum has had a positive impact on our children and our family as a whole. We have a reliable service for all three of our children that we know our children enjoy. We can leave them and feel good about it with no regret overall the staff are great. Very understanding, very loving.”* Feeling welcomed and seeing their child’s involvement in the program supported and included the parents: *“I was brought up abused so I have a hard time to trust people. Nutsumaat Lelum is like another family for me.”*

Parents perceived caregivers as having the time to answer their questions. Most parents reported that they felt they could ask caregivers if they had a concern about their child. Most parents also felt they could or might turn to child care staff in emergencies. *“They are always willing to help/support me as a single mother and I welcome any advice they may have.”*

Staff were more critical of themselves than the parents were about staff. While parents felt staff were welcoming and approachable, staff felt they did not always have time to welcome parents or to answer their questions and that there was more they could be doing. Staff may feel they are too busy, but this does not necessarily come across to parents. Having spoken with staff and observed the programs, it seems that the staff in both programs have set high standards for themselves. In conversation with the staff of both programs, it was clear that staff wanted to connect with families. One staff person echoed others’ comments when she said, *“It is difficult to be there for parents as they come in every morning, but when parents initiate conversation or questions I make every effort to acknowledge, help and find answers to their concerns.”* Another staff person, who felt she did not always have time for parents, elaborated: *“My time in daycare and preschool is limited and that reflects upon my answers [to the questionnaire]. But living in the community covers this limitation. Because I live here, I am aware of family and children and I can keep up to date. Coast Salish tradition provides care for each other all the time and does not limit caring to just work time.”*

These two groups of staff were fairly confident; their programs had been running for a few years. The questionnaire was seen by them as a tool to evaluate and possibly improve their programs, rather than as a threat. A new staff in a new program might not have such confidence. They might be still finding their feet in the program as new Early Childhood Educators or they

may be new to the community. One staff member commented: “*For non-status ECE it takes time to establish trust with families--families turn to aunties who work here.*”

Issues in measurement of social support

There are difficulties doing this research. Greenwood and Fiske (2003) note “social support measures seek to identify complex relationships” (p. 6). Exactly what to measure, and how, is not always clear. A parent with a wide network of friends and relations has multiple sources for information and resources. What type of friend is the best? How close and supportive is the family or how open is the social network? These are all relevant questions. Network structures function differently from one another and differently depending upon the context. While evidence points to Aboriginal Head Start’s role in providing social support and encouraging social support networks, a closer look will yield a deeper understanding.

Choice of method. A questionnaire is the most common approach to investigating social support. Yet, filling out a questionnaire takes time, and for people with young children it may be just one more task that can be put off until ‘later.’ At both sites, it took considerable effort on the part of the staff, the director and the researcher to get the one-third return that we did. In a discussion following the implementation of the questionnaire, the staff at *Nutsumaat Lelum* decided they were not enthusiastic about using a questionnaire as a method; they felt parents did not have the time or the inclination to fill it out, and that it did not yield as much insight as a conversational interview might do. They suggested emailing or calling parents. However, in a follow-up discussion with parents to explore their preferences, no parents were eager to be interviewed over the phone and they pointed out that email was only possible for the minority of parents with access to a computer and internet.

Participation rates. There were other practical problems. In many Aboriginal Head Start programs and child care programs, children come to and from home on a bus, making it difficult to ask their parents to fill out a questionnaire or to be interviewed in person. In our study, it was much easier to connect with the families of the infants and toddlers who come into the program themselves to drop off and pick up their child. An in-person request was more successful. If a research or program evaluation process is planned to stretch over a period of time, then connecting with parents of infants and toddlers and continuing the contact might yield higher participation rates.

Sampling bias. Another challenge is sampling bias. As Greenwood and Fiske found, in our study the questionnaires were more likely to be filled out by parents who were actively involved in and connected to the program. These parents are already predisposed to be positive. Hearing from parents who are less active in their children's programs - and especially from fathers - would give a richer picture of its impact on social support. For future research, more intensive case study may be fruitful. For example, staff could hold information sessions with parents explaining the importance of the information gathering exercise, encourage everyone to participate and recognize participation in the study with an honorarium. Clearly, this is not practical for program evaluation on a regular basis.

Social intrusion. Another difficulty is the intrusive nature of questions about social support. We agree with Greenwood and Fiske that questions must be asked with care to avoid bringing up painful issues, such as drawing attention to isolation or loss of support. An Elder member of Penelakut Tribe pointed out that many Aboriginal parents may lack confidence about their parenting effectiveness. She suggested that instead of asking parents if their parenting had 'improved' since their children became involved in the early childhood program, it might be

better to ask if they were more ‘knowledgeable.’ She explained: “*We wouldn’t want them to think they were a bad parent before*”.

Challenging staff confidence. Both of the child care centres that participated in this pilot study were extremely welcoming and helpful. Both had been going for several years and had ironed out many of the problems that programs typically face as they are getting started. But for parents and staff in communities just developing their program, a questionnaire could seem overwhelming or threatening and yield low participation and even biased reports shielding realities about the extent of outreach and support to parents.

Paperwork overload. Both directors in the programs participating in this study were busy with their programs and within the community and although the program, staff, families and children were their primary focus, each Director managed to find time to help with questionnaire return and to meet with the researcher. Yet we recognized that it is important not to distract or overload the Director with too many additional tasks. The large amount of paperwork expected in many Aboriginal early childhood programs is a recurrent theme among child care practitioners in our research projects.

Confidentiality. Confidentiality can be an issue in on-reserve programs. Asking parents’ perceptions of the support they receive from their involvement in child care and development program can be a sensitive issue if parents have critical comments to make. Parents must be assured of anonymity, which can be difficult to assure in a small program where only some parents respond to questionnaires or phone interviews. Staff also need to feel supported in order to hear critical feedback in a constructive manner.

Understanding the dynamics of social support. Clearly there are many more questions about the social support impacts of children’s participation in early childhood programs than our

questionnaire sought to ask. The questionnaire we piloted was deliberately short and non-intrusive for reasons already discussed. However, it would be ideal if research could uncover the dynamics of the support generated by child care and development programs. While respondents in the current study were happy with the programs in which they were involved, it was not clear exactly what aspects of the programs yielded positive support outcomes. Is it connection with other parents or with staff that is most important? Does the program reinforce parents in their role as a parent? How can staff be more effective? Are there differing needs between urban and on-reserve programs? How does the program impact parents whose children travel on the bus and have little physical contact with the centre? We recommend that case studies involving both involved and non-involved mothers, fathers, and guardians would likely shed light on these questions. Again, this is not a feasible approach for routine program evaluation.

Recommendations

Based on our experience and feedback from *Nutsumaat Lelum* and *Smun'eem* we recommend:

- **Keep survey instruments simple.** It was clear that parents in the participating communities would not participate in any survey that was more complicated than the one we developed in consultation with staff for the current pilot study.
- **Include staff.** Including staff has several outcomes: they support the process of information gathering; they reflect on their own roles in supporting parents; and they offer another perspective on factors affecting the program's contributions to social support.
- **Include mothers and fathers.** Including as many mothers and fathers as possible provides the most relevant perspectives on social support.

- **Include Elders.** While Elders may not have young children in a program, they are widely acknowledged as the spiritual and cultural centre of most Aboriginal communities. Their insights are important, and their acceptance of the research or program evaluation process may provide a further means of increasing connection with parents.
- **Make contact with unaffiliated parents.** Understanding the perspectives of mothers and fathers who are less involved in or at a distance from the program is critical to understanding the ways in which programs can effectively support all parents. Honoraria or some other incentives may be necessary to obtain their feedback.
- **Talk to parents, face to face.** Short, fifteen-minute conversational interviews based on a simple list of questions are likely to elicit more information than a questionnaire because they can be done in a more personal manner and the parents can elaborate and volunteer new dimensions in their commentary.
- **Don't overload staff.** Be careful of distracting staff from their frontline work with paperwork or evaluation activities unless they can see how their program, the families they serve, or they personally will benefit in an immediate, tangible way.
- **Start and end the year with staff interviewing parents.** If staff did interviews with parents at the beginning of the year, it would sensitize staff to possible issues facing a family and help in the centre's plan for supporting families. At the end of the year, a follow-up interview might identify what strategies had worked and what strategies had been less successful.
- **Use an adaptive approach to centre planning.** A formative approach should be taken as centres work with their community to reflect and to plan. Questions would give programs a common language and provide a process by which staff and Director could focus their

attention on the issue of how they are part of parents' networks. Taking an adaptive approach, staff would use the questions to be re-focusing their programming and approaches to families on a continuous basis.

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