

An aerial photograph showing a dense green forest at the top, with a waterfall cascading down into a pool of water at the bottom. The waterfall is wide and creates a large amount of white foam. The forest is composed of various types of trees, including what appear to be evergreens and deciduous trees. The overall scene is lush and natural.

VANCOUVER ISLAND WEST CHILDHOOD RESILIENCY PROJECT

REPORT OF FINDINGS – MARCH 2018

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- Jackie Jack, Early Years Outreach Worker, Nuu-Chah-Nulth Tribal Council
- Lawrence Tarasoff, Superintendent, School District 84
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EXECUTIVE SUMMARY

The Vancouver Island West Childhood Resiliency Project (VIWCRP) is a joint initiative between School District 84, the Mowachaht/Muchalaht First Nation, Nuu-Chah-Nulth Tribal Council, the Campbell River Family Network, and the Strathcona Community Health Network. The purpose of the Childhood Resiliency Project (CRP) is twofold: first, to document the assets that encourage early childhood development, with the intention of building on established strengths in planning to reduce vulnerability; and second, to gain a deeper understanding of the factors that contribute to early childhood vulnerability in Vancouver Island West (VIW).

The VIWCRP was initiated in Winter 2017, with the release of the Wave 6 Early Development Instrument (EDI) results. In School District 84, between 2013-2016, 53% of Kindergarten students (30 students total) were vulnerable in one or more of the developmental domains. School District 84's EDI vulnerability rate was the highest in the province, and was the catalyst for further research.

For those unfamiliar with the EDI, it is a questionnaire that has been implemented across all school districts in British Columbia, under the supervision of the Human Early Learning Partnership (HELP). The EDI is comprised of 104 questions, and is completed by Kindergarten teachers. Though it is completed when a child is in Kindergarten, it looks at a child's first five years and provides information about a child's earliest experiences. Measuring across five domains – physical health & well-being, social competence, emotional maturity, language & cognitive development, and communication skills & general knowledge – the EDI sheds a light on early childhood development.

The EDI offers many insights via mapped data. With data available at the provincial, municipal, and neighbourhood (if applicable) level, the EDI provides necessary information about childhood vulnerability. What is a vulnerable child? According to HELP, “vulnerable children are those who, without additional support and care, are more likely to experience challenges in their school years and beyond. Vulnerability is assessed for each of the five EDI scales. Children whose scores fall below the vulnerability cut-off on a particular EDI scale are said to be vulnerable in that area of development.”¹

To counteract vulnerability, the VIWCRP Steering Committee suggested a focus on childhood resilience. What is a resilient child? Though there are many definitions of resiliency, Harvard University's Center on the Developing Child has a concise but comprehensive explanation. According to the Center, children who are resilient have the “capacity to adapt and thrive despite adversity.” This capacity is developed through “supportive relationships, biological systems, and gene expressions.”²

The scope of both vulnerability and resilience is extensive, and learning more about each required a project that was inclusive of families, community members, and service providers, and was guided by the work of a steering committee. Steering committee members represented School District 84, the Mowachaht/Muchalaht First Nation, Nuu-Chah-Nulth Tribal Council, the Campbell River Family Network, and the Strathcona Community Health Network. The purposes of the steering committee included setting the project approach, ensuring the project was on schedule, providing connections across the Vancouver Island West communities, and sharing their experiences living and/or working in the region.

Between June 2017 and January 2018, research and engagement efforts were undertaken across the region.

A summary of these efforts:

1. In August and September, service providers who work with families in VIW were interviewed. Service providers were asked to detail the services offered in communities across the region. They were also asked to identify regional factors that may influence childhood vulnerability. Finally, service providers were queried about their ideas to better support children and families in VIW.
2. Throughout October and November, community dinners were planned and held in Tahsis, Tsa'xana, and Zeballos. Kyuquot's community dinner was held in January. Community dinners saw a strong turnout that included children and families, school staff, service providers, elders, elected officials, and other community members. Community dinners offered friendly, informal opportunities to discuss the following topics with families: the strengths or assets of each community; any factors that encourage or discourage healthy early childhood development; any changes that have taken place in the individual communities or region than have positively or negatively affected child development and family health.
3. Between September and December, parent and family programs were visited. These programs provided another opportunity to learn from local families.

Throughout this report, research methodologies and responses will be discussed in greater detail. Project findings will also be discussed in greater detail, though they are presented here to conclude the Executive Summary.

Project findings:

1. VIW is a naturally resilient region. Given the geography, there is no other choice.
2. Across the region, there is a low awareness of the importance of early childhood development.
3. The more remote a community is, the fewer the services offered there.
4. The region is served by agencies and organizations from across Vancouver Island. When services are housed outside of the community, the capacity of the community is reduced.
5. In some instances, communication between service providers inside and outside of the region has been lost, resulting in broken referral pathways.
6. Indigenous and non-Indigenous communities co-exist in VIW, and deeper consideration needs to be given to provide culturally safe services while building the relationships between communities.



INTRODUCTION

Vancouver Island West is a large geographic region comprised of communities accessible by highway, logging road, floatplane, and water taxi. The region is inclusive of the municipalities of Gold River, Tahsis, Zeballos, and Kyuquot, as well as the Indigenous communities of Tsa'xana, Esperanza, Ehattesaht, Oclucje, and Kyuquot/Cheklesahht. In total, there are about 2200 people living in the VIW region. Of those, roughly 105 are children ages 0-4 years old, and families with children and one or more parents living in the home total a population of 460 people.

Vancouver Island West offers unparalleled access to the outdoors, including abundant forests, beautiful ocean access via inlets and beaches, and incredible mountain peaks. The physical properties of the region undoubtedly attract residents, but also offer deterrents – travel is difficult, expensive, and requires much pre-planning, small rural and remote communities are lacking essential services, and industry that was once dependent on natural resources has mostly shuttered, taking residents and services with it.

Within the region, most communities have seen a sharp decline in population since 2011, with Tahsis's population decreasing by 22%, from 316 residents in 2011 to 248 in 2016. Similarly, Tsa'xana has decreased by 20%, Zeballos by 14%, and Gold River by 4%. The population of Kyuquot has remained steady. The only community that grew between 2011 and 2016 is Ehattesaht, which went from a population of 70 in 2011 to 88 in 2016 – a 26% increase.

There are many characteristics of this region that could support families, including low housing prices, access to nature, a slower pace of life when compared to urban centres, tight-knit communities, and less time commuting. At the same time, median incomes tend to be lower, amenities available in larger communities may not be present, and some communities lack essential services, including grocery stores and childcare. Connectivity, via phone and/or internet, is not consistently available within the region. Depending on the individual asked, this is either good (people aren't addicted to smartphones and kids aren't attached to screens) or bad (remote workers and entrepreneurs who bring jobs with them could populate this region, but are deterred).

As with all communities, there are assets that support the development of healthy children and families (and healthy communities in general), and barriers that restrict it. While there are activities underway in each VIW community to support early childhood development, more could be done to strengthen the region as a whole, and to ensure that all children growing up in VIW receive the programs, services, and supports they need to live healthy and rewarding lives.

PROJECT ASSETS AND CONSTRAINTS

Like the region itself, the VIWCRP experienced both assets and constraints. Below is a summary of each:

Project Assets

- School District 84 is one of few organizations with physical and human resources across each community in VIW. SD84 has provided excellent administration and support of the project.
- Principals in Gold River, Tahsis, Zeballos, and Kyuquot were tasked with organizing community dinners and were proactive in advertising the dinners to their communities. Three of four dinners were very well attended, with one attracting nearly every family with children! The fourth still saw good attendance, with some families and a complement of service providers offering feedback.
- Families were eager participants in three of four communities, where they enthusiastically shared information about their communities and talked openly about both the assets and the constraints.
- Service providers likewise displayed great enthusiasm about the project, and were eager to be interviewed.
- The Steering Committee includes broad representation of the factors that support early childhood development, including health, education, and early childhood. Additionally, some steering committee members have deep ties to multiple communities in the region, and were excellent connectors and project promoters.



Project Constraints

- The region is geographically large and diverse, and travel within is expensive and time-intensive. In balancing the time given for project work versus the time needed to travel to the most remote communities, project work often became priority. While efforts were made to meet in-person, phone and Zoom meetings were utilized as well.
- Service providers who support the region are spread across Vancouver Island, from Port Hardy and Port McNeill to Port Alberni. Though all efforts were made to engage with relevant service providers, in some cases service providers were not interested or did not have the capacity to participate.
- To understand the context of each community, the researcher gathered data related to early childhood and family experiences. Due to the small populations in many of the communities in VIW, data that could have been utilized for this project was suppressed.
- Finally, it is important to note that the final scope of the project diverged slightly from the proposed project. Originally, the steering committee wanted to determine specific reasons for the high EDI vulnerability rate in the VIW region. However, the EDI is a complex tool, and it is not possible to identify every factor that contributes to childhood vulnerability. Instead, the steering committee and researcher chose to learn, broadly, about the factors that local families deem important to healthy early childhood development, and barriers that detract from healthy early childhood development. For example, while we cannot assure stakeholders that offering appointments via Skype will result in a decreased vulnerability rate, we can communicate to stakeholders that many families in the region view transportation as a barrier and are less likely to seek out services in outside communities. This, obviously, gets in the way of needed interventions and family supports.

THE CHILDHOOD RESILIENCY PROJECT

About the project

The Vancouver Island West Childhood Resiliency Project (VIWCRP) was originated in Winter 2017, and was spurred on by the release of the Wave 6 EDI data and the Island Health Community Wellness grants. At 53%, School District 84 has the highest vulnerability rate in the province, with 53% of Kindergarten students (or 30 of 57 students) deemed vulnerable on one or more scales. As partners, School District 84, the Mowachaht/Muchalaht First Nation, Nuu-Chah-Nulth Tribal Council, the Campbell River Family Network, and the Strathcona Community Health Network identified a need to

learn more about the high EDI vulnerability rate in VIW, and were successful in obtaining Community Wellness funding to do so.

Per the Executive Summary, the purpose of the Childhood Resiliency Project (CRP) is twofold: first, to document the assets that encourage early childhood development, with the intention of building on established strengths in planning to reduce vulnerability; and second, to gain a deeper understanding of the factors that contribute to early childhood vulnerability in VIW.

Timeline

Month	Action	Lead(s)
January – March 2017	EDI results released; grant application written; steering committee formed	Cheryl Jordan, Lawrence Tarasoff, Libby King, Marie Lavoie, Anthea Kennelly
May 2017	Researcher hired	As above
June 2017	Project approach confirmed; communication to stakeholders about project; contextual research	As above, and Maggie Hodge Kwan
September 2017	Attendance at community events; service providers interviews	Maggie Hodge Kwan
October 2017	Service provider interviews; attend regional family programs; plan community engagement events	Maggie Hodge Kwan
November 2017	Community dinners in Tahsis, Tsa'Xana/ Gold River and Zeballos/Ehatessaht	Maggie Hodge Kwan; Libby King; Jackie Jack; Marie Lavoie
January 2018	Research; Report writing	Maggie Hodge Kwan
January 2018	Community dinner in Kyuquot	Devon Hanson; Mike Preston; Marty Szetela
March 2018	Share report with stakeholder groups	Cheryl Jordan, Lawrence Tarasoff, Libby King, Marie Lavoie, Jackie Jack, Maggie Hodge Kwan



Stakeholder groups

The following stakeholder groups were identified at the project outset:

- Children and families
- Steering committee
- Vancouver Island West Early Years Table
- Community members
- The Children's Health Hub and Navigator Carrie Tarasoff
- Service providers (including but not limited to SD84, Nuu-chah-nulth Tribal Council, Island Health, First Nations Health Authority, Ministry of Children and Family Development, Vancouver Island Regional Library, North Island Employment Foundations Society, childcare providers, literacy non-profits, and early childhood development specialists)
- Local governments (municipal; regional district; Indigenous)
- Local business and industry

Stakeholder participation

Stakeholder groups were engaged in the manner most appropriate to them. At the heart of the project were children and families, who were engaged primarily through community dinners and via visits to programs for families.

The steering committee met regularly throughout the course of the project, utilizing both in-person and Zoom meetings to provide input and make decisions.

The VIW Early Years Table members were engaged via regular meetings. Project updates were shared, and feedback was solicited. Individual table members were also contacted individually for service provider interviews. Carrie Tarasoff, representing the Children's Health Hub, was consulted regularly through the project, and synchronicities between the Children's Health Hub and the VIWCRP were noted and acted upon.

Service providers were interviewed in person or by phone.

Some level of government participation was evident in each community, as elected officials chose to attend community dinners or to offer their perspectives in service provider interviews.

Local business and industry was reflected in the feedback of both families and service providers.

WHAT IS CHILDHOOD RESILIENCY?

Simply put, resiliency is the ability to adapt and thrive despite adversity. Even young children experience opportunities to build resiliency regularly – as they learn that they are separate from their parents, as they begin to understand that what they want is not always what they get, and as they navigate tough situations. In childhood, resiliency skills are supported by parents and caregivers, who teach children effective coping skills and model resilient behaviours.

From a neurological standpoint, resilient behaviour is rooted in the prefrontal cortex and the amygdala. The prefrontal cortex is considered the brain's control tower, and is responsible for our executive functions - attention, problem solving, regulating emotions, and controlling impulses. When humans experience stress, tragedy, trauma, or other adverse conditions, the prefrontal cortex can become overloaded with stimuli as the amygdala takes centre stage. The amygdala is another part of the brain, and its primary responsibility is to respond instinctively and impulsively. This can be helpful – for example, if you are being chased by someone who wants to hurt you, the amygdala will often overtake all other brain functions to make you run. However, the function of the amygdala is only meant to be short-term, and prolonged instances of amygdala-driven activity can be detrimental to the brain. In those instances, the ability to activate the prefrontal cortex and to calm the amygdala is essential – and the cornerstone of resilience.³



It is important to note that all children have the capacity to develop resilience, but the diversity of children's experiences informs the resiliency needed to adapt and thrive. It is one thing, for example, to learn to be resilient in the face of disappointment – after being told that it is time to go to bed, for example. It is another to develop resiliency while experiencing trauma or tragedy, including witnessing or experiencing abuse, or losing a loved one. In the latter examples, children may need to be more deeply supported in building resilience.

Research backed behaviours to strengthen resiliency in children include:^{4,5}

- Ensuring every child has an adult that cares about them and will always be there for the child. Increase the number of caring adults in a child's life – research demonstrates that children with higher degrees of social support are more resilient.
- Letting children develop problem-solving skills and bolster their self-concept by encouraging them to take considered risks. Support children in problem-solving by modeling problem-solving behaviours, making sure children know that they have an adult to turn to for help, and giving a child space to develop her own solutions.
- Establishing routines with and for children
- Modeling healthy executive functioning to children
- Encouraging opportunities for creative and unstructured play
- Creating many opportunities for fine and gross motor skill development through exercise, which helps the brain become more resilient
- Helping children gain confidence and a spirit of mastery
- Teaching children to reframe obstacles or disappointments, to be optimistic, and encourage a growth mindset as opposed to a fixed mindset
- Understanding the many emotions a child may feel, helping the child to name and identify their feelings, and not rushing a child to feel differently

Much like childhood vulnerability is tied to adult life outcomes, resilient children often have better health outcomes in adulthood.⁶

CHILDHOOD RESILIENCY IN VANCOUVER ISLAND WEST

To make sense of childhood resiliency in Vancouver Island West, it is critical to understand the region's history. VIW differs greatly from other communities in the province, due to the geographic factors described previously and the economic, demographic, and cultural factors detailed more thoroughly in the next section.

Indigenous communities have occupied VIW since precontact. Vancouver Island West is home to the Nuu-Chah-Nulth, who were estimated to have a population of 30,000+ in the 1700s. Today, there are 4 nations residing within Vancouver Island West: in Tsa'Xana and Gold River, the Mowachaht/Muchalaht; in Ehatis and Zeballos the Ehattesaht; in Oclucje, the Nuchatlaht; and in Kyuquot, the Kyuquot/Cheklesah. When examining childhood resiliency at the population level in VIW, it is important to recognize the distinct factors that influence childhood vulnerability in Indigenous and non-Indigenous communities. While this section provides a brief overview, the "Assets & Barriers" and "Findings" sections will explore this further.

At community dinners, Indigenous people shared the following factors that could positively or negatively impact healthy early childhood development/childhood resiliency:

- Generational trauma, in which first generation survivors of trauma transfer that trauma to second and further generations of their offspring. Indigenous people noted that the roots of generational trauma include colonization, the residential school system, and the high number of children removed from their families and placed in government care. This cannot be emphasized enough – as a population, the Indigenous communities in VIW have experienced trauma and adversity disproportionate to that experienced by non-Indigenous communities.
- Indigenous participants at the community dinners also identified their own "ways of being" as being different from dominant paradigms and systems. In some cases, Indigenous ways of being that are relational, reliant on respectful relationships, and focused on the holistic self, have not been accepted by non-Indigenous service providers and systems.
- Children are at the heart of the culture. In Zeballos, for example, a dinner attendee wrote down the Ehattesaht band's mission: "Speaking first for the children and secondly for the elders," as a point of view that would benefit all communities.
- Indigenous community members frequently spoke to a strong sense of history, and strong family ties, as influences that contribute to a strong sense of self. Multiple attendees noted that Indigenous children know who they are and where they come from, and that is a source of strength.



Other factors were identified during community engagement sessions that could affect a family's ability to be resilient across the entire region. These include:

- Downturn in industry, particularly in Tahsis, when the mill closed, and in the forestry industry in Gold River. In Tahsis, logging and milling underpinned the community economy from the early 1900s to the until the closure of the mill in 2001. In 2001, the population began decreasing from about 2500 year-round residents to about 250 today. Likewise, in Gold River, the pulp and paper industry boomed for many years, but when the mill closed in 1998, many families were forced to leave the community. As populations decreased, ripple effects were felt, including the shuttering of small businesses and the loss of essential services, the need for remaining families to send one parent (often the father) outside of the community to work, and increased transportation required to access needed services.^{7,8}
- Again, geographical distance was noted as a barrier to childhood resiliency across the region. Service providers and families alike recognize that it is costly and time consuming to travel in and out of the region, which contributes to the infrastructure and relational barriers to service access that exist.

VANCOUVER ISLAND WEST AT A GLANCE

The demographic, economic, cultural, and health landscape of VIW must be understood to contextualize the community assets, barriers, and findings to be presented shortly.

The following information should help to illuminate each of these factors.

DEMOGRAPHICS

	Population, 2016	Population, 2011	Change in population	0-4 year olds, 2016	5-19 year olds, 2016	20-65 year olds, 2016	65+ year olds, 2016
Gold River/ Tsa'Xana	1399	1501	-7.29%	55	255	749	340
Tahsis	248	316	-21.5%	10	20	221	65
Zeballos/ Ehattlesaht/ Oclucje	225	225	0%	15**	50**	130**	30**
Kyuquot/ Checlesaht*	200	200	0%				

*In the Statistics Canada census data, Kyuquot and the Sayward Valley are grouped together as Area A, making it hard to determine actual demographic information for either community. A Kyuquot resident provided approximate population numbers.

**These figures are only inclusive of Zeballos and Ehattlesaht, as Oclucje's population of 30 means that all census data is suppressed in accordance with relevant privacy laws.⁹

Notes on demographic data:

- The communities of Zeballos/Ehattlesaht/Oclucje, when taken together, show a stable population. However, when viewed as separate entities, only Oclucje had a stable population between 2011 and 2016. The population of Zeballos decreased by 14.4%, while Ehattlesaht increased by 25.7%. This is evident in population breakdowns as well – two-thirds of the children ages 0-4 lived in Ehattlesaht, which is comprised of many young families. Only 5 children ages 0-4 lived in Zeballos in 2016. On the other end of the spectrum, 25 of the 30 residents aged 65 years or greater lived in Zeballos, while only 5 lived in Ehattlesaht.
- 33% of residents in the VIW region self-identify as Indigenous, as compared to 7% of the greater Vancouver Island population and roughly 5% of British Columbians.

ECONOMICS

As previously mentioned, much of the economic activity in the VIW region was generated by forestry, logging, and pulp and paper mills. When two mills closed in 1998 and 2001, the region felt an impact as some residents left in search of jobs. As residents left, local businesses closed, and as local businesses closed, VIW residents were forced into Campbell River or the Comox Valley to make purchases. This had a domino effect on remaining local businesses, and forced others to close.

Also impacting the economic picture of the region is connectivity – or the lack of it. While many small British Columbian communities have implemented strategies to attract remote workers via strong internet and phone services, this is not true of VIW. (And whether or not this would be desired in VIW is of great debate to local residents, who note that the lack of connectivity is a community strength – kids aren't glued to tablets, teenagers aren't obsessed with their phones, and people participate fully in the community.)

The economy in other areas of Vancouver Island has impacted migration in and out of VIW. Most notably, families in Gold River, Tahsis, and Zeballos mentioned previous experiences living in other communities on Vancouver Island, and moving to VIW because the cost of living in Campbell River, for example, was too high and the quality of life too low. Many young families talked about the low housing prices in their communities (in Tahsis, for example, a house can be purchased for \$40,000-\$50,000). Low housing prices allow for parents to work less than they might in Campbell River, where houses are generally between \$250,000 and \$350,000. Of course, the trade-off in this instance is that housing costs may be low, but costs for groceries, personal care items, clothing, and more are likely more expensive because of the transportation costs attached. With no grocery store in any of the communities in VIW, driving to a larger centre is a necessity.

Notes on economic data:

- While VIW reports lower median after-tax income than the larger Regional District or the province, the difference is varied. Gold River residents, for example, have incomes similar to their Campbell River and SRD counterparts. They, however, benefit from housing prices that are much lower than Campbell River. In Gold River, the median dwelling value is \$140,120 and the median monthly shelter costs for homeowners is \$567, while the median monthly shelter costs for renters is \$541. That compares favourably to Campbell River, where the median dwelling value is \$300,460. Median monthly shelter costs for homeowners in Campbell River are \$902, while median monthly costs for renters are \$922.

Below is a comparison of median incomes for VIW communities, as compared to the province, the Strathcona Regional District, and Campbell River.

Geographic area	Median after-tax income of economic families in 2015 (\$)
British Columbia (Province)	\$77,002
Strathcona Regional District	\$68,565
Campbell River	\$70,458
Gold River/Tsa'Xana	\$65,344*
Tahsis	\$34,304
Zeballos/Ehattesht/Oclucje	**
Kyuquot	\$62,592***

*Income information for Tsa'Xana is not available. It has been suppressed due to population size.

**Income information for Zeballos/Ehattesht/Oclucje is not available. It has been suppressed due to population size.

***This amount is the reported for Strathcona Regional District Area A, which includes Sayward and the Sayward Valley. Stakeholders in Kyuquot were unsure whether or not this number was reflective of Kyuquot.

CULTURAL

The Strathcona Regional District encompasses the traditional territory of 12 First Nations, 2 of whom reside within the VIW region: Maa-nulth First Nations, and the Nuu-chah-nulth Tribal Council. Ka:'yu:'k't'h'/Chek'tles7et'h' (Kyuquot and Cheklesah) are the Maa-Nulth nations in VIW, and the Ehattesaht, Mowachat/Muchalaht, and Nuchatlaht comprise the Nuu-chah-nulth nations in VIW. (For a map, please see Appendix 2: Map of Traditional Territories.)

With the exception of the Mowachat/Muchalaht, which has hereditary chiefs, each nation has an elected chief and council. Elected leaders are responsible for the development and implementation of plans regarding community and economic development, education, housing, health, finances, social development, and the use of natural resources. Many of these areas of responsibility offer or support services for young children and families, including childcare (daycare and preschool), public health and health promotion, and early learning opportunities.

The Nuu-chah-nulth Tribal Council (NTC) is a non-profit society providing a full complement of services to the 14 Nuu-chah-nulth nations, which comprise about 10,000 members. Services related to children and families include infant development programs, Moe the Mouse, Supported Child Development, Maternal Child Health consultations, dental therapy, counselling programs, and child protection (child safety, guardianship, and family wellness). Other services, including employment and skills training and health benefits, support families with children of all ages. Services delivered by NTC are delivered to members living on or off reserve, and are delivered in a culturally safe manner.

HEALTH

Per the 2015 Local Health Area profile for VIW, the region is similar to the Island Health service area in many respects, but differs in the following:¹⁰

- Hospitalization rates for children's dental surgery are almost always higher in VIW than in Island Health or provincial geographies; this measure peaked in 2010-2012, and has dropped significantly since 2012. Current rates are on par with the rest of Island Health.
- For nearly 20 years, child hospitalization for respiratory illness rates has been higher than the Island Health and provincial averages. In 2010-2012, the rate in VIW was on par with Island Health and BC and has since dropped further.
- There are significantly more pre-term births in VIW than in the Island Health service delivery area or the province.
- VIW parents tend to have children earlier than other Island parents, and to stop having children at a younger age than other Island parents.
- 85% of VIW residents have a family doctor, compared to 79% of Island Health service delivery area residents and 77% of the provincial population

Due to the size of the population, there are a number of health measures not available to VIW because of privacy policies.

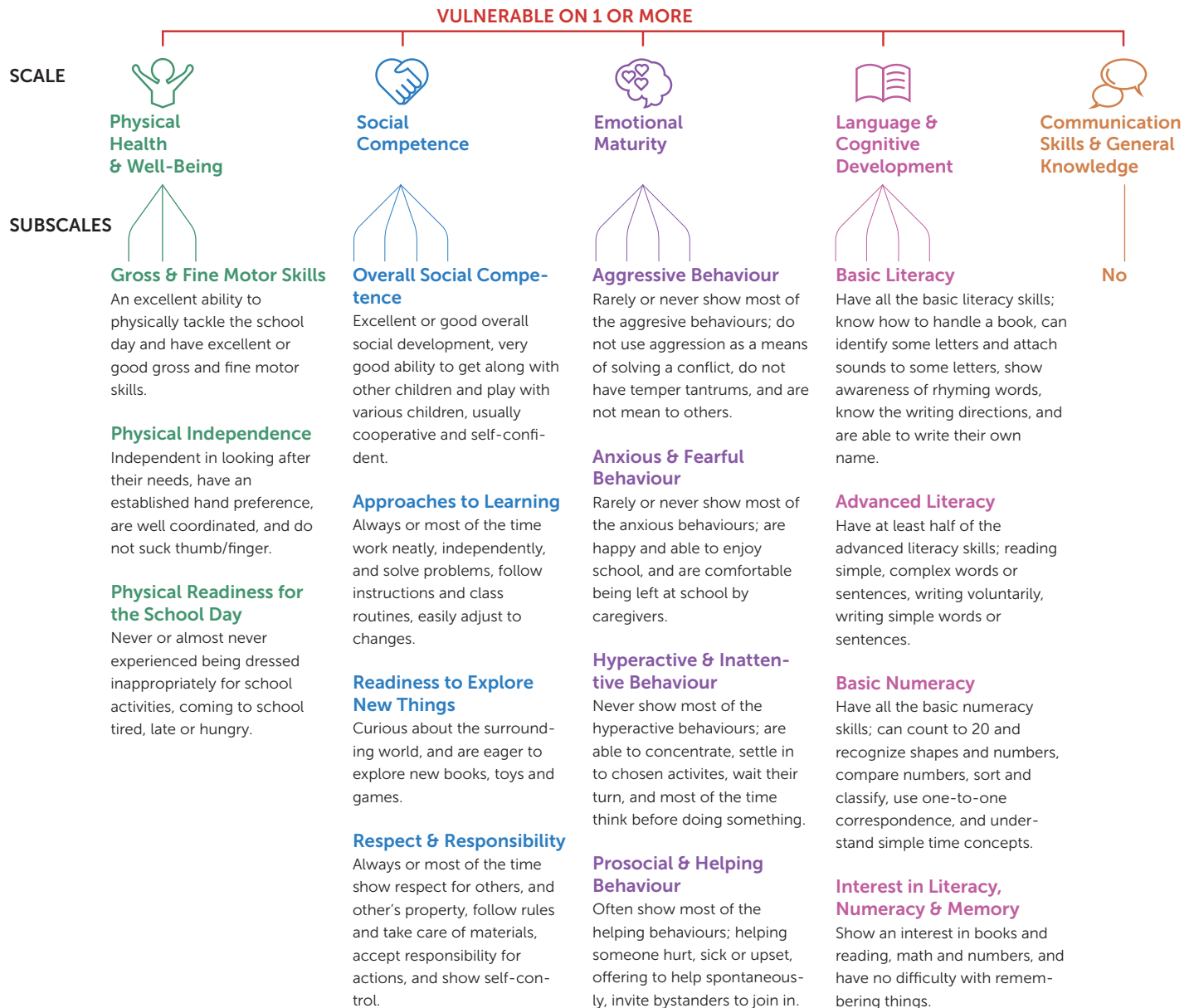
EARLY CHILDHOOD VULNERABILITY

The Early Development Instrument (EDI) has been employed in School District 84 (VIW) since 2004. Since then, SD 84 has participated in 5 waves of data collection – Wave 2 (2004-2007), Wave 3 (2008-2009), Wave 4 (2010-2011), Wave 5 (2012-2013), and Wave 6 (2014-2016). All but one set of data is publicly available – Wave 3 was repressed due to the small population size.

Note: Kyuquot does not participate in EDI data collection. Kyuquot has been included in the Childhood Resiliency Project project, as understanding the factors supporting and detracting from early childhood development in Kyuquot is essential to supporting young families in that community.

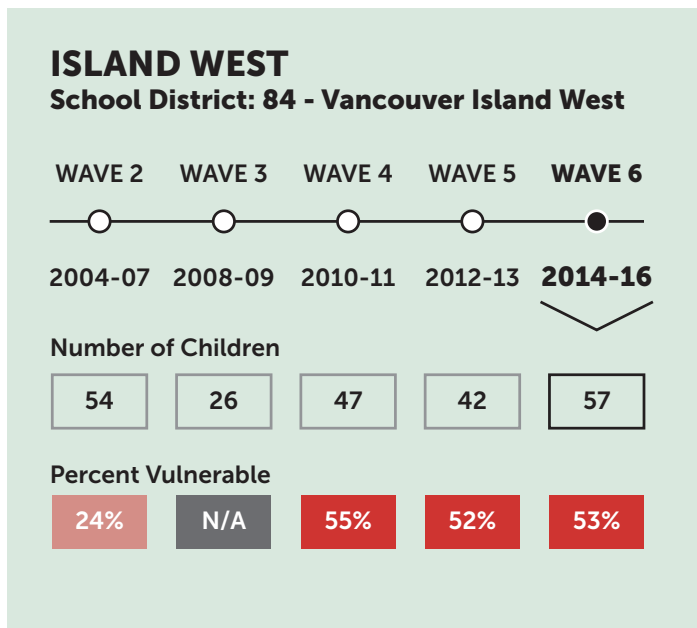
When Kindergarten teachers are completing the EDI, they are observing the following:¹¹

Figure 1 provides general profiles for each of the 15 EDI subscales that are considered to reflect children who are developmentally on track' or 'developmentally ready for school' in these particular areas of development.



Subscale descriptions based on: *Early Development Instrument domains and subdomains*. Offord Centre for Child Studies, Hamilton, ON: McMaster University.

In Wave 6, over half of VIW children were vulnerable on one or more scales, compared to 32.2% of all children in British Columbia:



Per the image to the left, slightly more than half of VIW Kindergarteners are vulnerable on one or more scales.

While it is startling to see so many vulnerable children, and to be the most vulnerable community in BC in Wave 6, it is also important to recognize that the number of children that participated in each wave is relatively small. In districts with small populations, it is not surprising to see fairly extreme fluctuations in the EDI vulnerability rate (see Wave 2 and Wave 4, above), as a few children can cause great changes in a small cohort. This is not to downplay the importance of the vulnerability rate, but to contextualize it.

Per the Human Early Learning Partnership (HELP):

“Understanding change over time in small populations is more difficult because the vulnerability rate in small populations may be too unreliable to be interpreted. However, there are strategies that can increase a population’s size and thus increase the reliability.”¹²



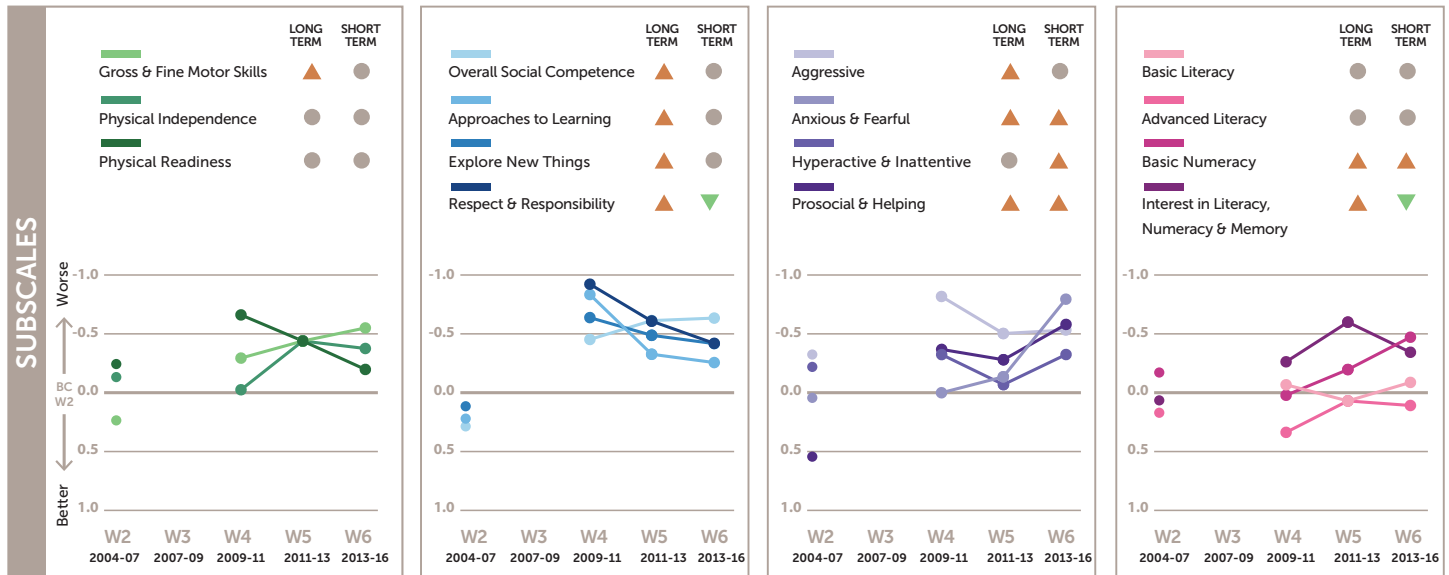
Per the graphic on page 15, the EDI contains subscales – fifteen categories that fall under each of the EDI scales, with the exception of Communication Skills & General Knowledge. In fall 2017, HELP published subscale data for the first time. This subscale data is useful in developing an even deeper understanding of trends in early childhood development.

SCHOOL DISTRICT DATA ■ SD84 VANCOUVER ISLAND WEST

NUMBER OF CHILDREN W2:54 W3:26 W4:47 W5:42 W6:57



As components of the EDI Scales, EDI subscales provide more detailed information and can reveal which developmental areas are contributing to increases or decreases in scale-level vulnerability rates.



TYPE OF TREND Long Term (W2 - W6) Short Term (W5 - W6) **DIRECTION OF TREND** ▲ Getting Worse ● No Change ▼ Getting Better
 Trend note: The precise amount of change that is required to meet the threshold for being a meaningful trend ("getting better" or "getting worse") is unique for each EDI scale and subscale

Of the fifteen subscales measured, vulnerability has increased over the long-term in ten – gross & fine motor skills, overall social competence, approaches to learning, explore new things, respect & responsibility, aggressive, anxious & fearful, prosocial & helping, basic numeracy, and interest in literacy, numeracy & memory. All other subscale measures – physical independence, physical readiness, hyperactive & inattentive, basic literacy, and advanced literacy – have remained the same.

In the short-term, gains are evident in respect & responsibility and interest in literacy, numeracy & memory.

As subscale data is further refined, it may be useful in evaluating interventions developed in response to EDI results.

SUMMARY

The population of Vancouver Island West has been shrinking since the closure of mills and the loss of forestry and pulp and paper jobs. Indigenous communities are typically younger than non-Indigenous communities.

Economics work for and against the region – while housing costs are lower in VIW than in Campbell River and the rest of Vancouver Island, jobs are harder to come by and some costs (transportation, food, etc.) are higher for VIW residents than for populations in urban centres. At the same time, each community in VIW has seen a handful of new families arrive in the last five years because of the low cost of living. Anecdotal reports from community members suggests that this has accelerated in the last couple of years, likely due to the affordable housing crisis gripping the province.

The cultural composition of the region is of utmost importance. With one-third of VIW residents identifying as Indigenous, the region is home to people with deep history and ties to the natural landscape. The Indigenous population also carries the weight of colonization, removal from traditional lands, and the residential school system, among other losses. When taken together, these traumas contribute to the unfair and unequitable economic, social, and health disparities that exist between Indigenous and non-Indigenous people.

VIW is generally on par with the broader Island Health service delivery area and the province when common measures of childhood health are examined. More VIW residents are attached to a family physician than the Island Health or provincial averages.

Finally, children in VIW exhibit higher than average rates of early childhood vulnerability when compared to their provincial counterparts. With 53% of children vulnerable on one or more scales in Wave 6 EDI data, it is essential that families have the supports in place they need to raise holistically healthy children.

COMMUNITY IDENTIFIED ASSETS & BARRIERS

From the project’s inception, the steering committee has utilized an asset-based approach to community engagement and information collection. At each of the community dinners, a question about strengths was always the first one to be asked. Participants were asked to identify all assets in place to support healthy childhood development in their communities.

Assets could be people (i.e. a childcare provider), places (i.e. a public park), or intangible things (i.e. neighbours who look out for each other). Community dinner attendees were enthusiastic in their responses and used this question as an opportunity to shine a spotlight on the people and places that make their communities unique. Responses included:



Gold River/Tsa’Xana

- Library
- Preschool and daycare – on reserve and off
- StrongStart
- Waterpark
- Literacy Centre
- Public Health nurse (free immunizations, no wait times)
- Cultural Night
- Grandparents Raising Grandkids group
- Elementary students free swim/skate
- NTC Early Years Outreach Worker
- After hours hotline number for the nurse – can ask to come into the clinic for emergencies
- School bus
- Doula
- NTC – Free optometrist checks
- Sunrise Centre at Dogwood Place
- Speech pathology services via Laichwiltach
- FNHA Children’s Oral Health Initiative (COHI) program
- NTC – Dental therapy
- Mother Goose
- PALS and Aboriginal PALS
- Physiotherapist
- Post-natal nutrition group
- Agnes George
- Swimming pool – free swim, moms and tots
- Roots of Empathy
- Children’s Health Hub
- Moe the Mouse
- Ice rink
- Nobody’s Perfect Parenting
- Occupational Therapy and other developmental supports
- Free karate club once/week
- Mom’s group at Westgate Church
- Breakfast Club at school
- Garden at preschool
- Experiential learning
- Some of my neighbours look out for kids in the community
- Seasonal holiday events
- Small class sizes
- Access to nature
- No cell service
- No traffic
- Peaceful community
- Facebook groups to connect families and all community members
- Affordable high-speed internet
- Housing affordability
- Allowed to have chickens in the yard

Tahsis

- Junior Rangers
- Free rec centre (includes pool, weight room/gym, bowling alley)
- Free daycare
- Carlene, daycare provider
- Health Care Centre
- Library
- Community garden
- School field trips
- School kitchens
- Audrey (runs the school kitchen)
- Farm to School program
- Church
- Tae Kwon Do
- Community paramedicine program – new!
- Hartley Bay
- 4 playgrounds in the community
- Volunteers
- Community events
- PAC
- Local landscape
- Twang Gang
- NSOP program
- Ubedam Theatre
- Literacy Society
- Monday night pancake dinner
- Remote location
- Great trails/Trail Blazers
- Mountain biking
- Stream Keepers
- Gen We
- Big & Smalls
- Tele-health – counselling at schools on Monday
- Seniors involvement with young families/community events at seniors centre

Zeballos/Ehattesaht

- StrongStart
- Youth centre
- Breakfast club
- Youth counsellors
- Gym
- Skatepark
- Other parents and neighbours
- Nurse is available and very little wait time
- Swimming down at the dock
- Positive adult role models
- Lots of help for parents to get tickets (Food Safe, Driver's License)
- Youth workers
- Literacy Outreach Coordinator
- Health wing
- Moe the Mouse program in our language
- Community dinners
- Speech therapy
- Natural setting
- Trails
- NTC staff – Julie and Ricki

Kyuquot

- Head Start program (evening program every Tuesday, hot lunch every Wednesday)
- Kindergarten
- Community and family support
- Visiting dentist
- Community playground
- School playground
- Parks – One for babies/young children (birth – 6), and one for kids ages 7+
- Kids soccer
- Weekly movie night
- Kids gym nights
- Visiting summer groups (Church/ Sunday school)

Community dinner attendees were also asked to name any factors in their community that discourage healthy early childhood development. Again, attendees were encouraged to be broad in their responses.

Gold River/Tsa'Xana

- Remote geography
- No grocery store (no fresh fruit/veggies, more junk food)
- Transportation
- No specialized care available (includes respite care for children with special needs)
- Have to go to Campbell River for some appointments (time consuming)
- Cost of getting to Campbell River (car and gas)
- No dentist
- Lack of cell phone coverage
- Cost of services outside of community (even if you can get to the dentist, it's too expensive)
- No pharmacy on weekends
- Lack of education for parents
- Long wait at emergency so people don't want to call
- Loss of summer programs
- Lack of mental health programs/providers
- Concern that referrals are being overlooked
- Home visits not as frequent as they used to be (early intervention); children may be slipping through the cracks
- Home life
- Lots of poverty (limited or fixed incomes)
- Seasonal work (1 parent working away, 1 at home alone)
- Cost of living in a remote community is high
- No specialists; must travel to Victoria or Vancouver for kid's specialist appointments
- Lack of local communication (no newspaper, internet too expensive for some)
- Many young people don't have elders to teach them
- Lack of understanding about importance of vaccines

Tahsis

- Lack of mental health services
- Lack of extracurricular sport and rec
- Not enough kids
- Rains a lot (weather)
- Lack of high speed internet
- Physical/mental disability accessibility and services
- No affordable groceries in town
- No public health nurse – immunizations
- No cell coverage
- No seat belts
- School staff turnover
- Worry about school closing

Zeballos/Ehattesaht

- Population decline within the community
- Young parents losing choices
- Battle between culture and education
- Drugs/alcohol
- Internet now available; less motivation to play outside
- Lack of evening activities/programs
- Peer pressure
- Lack of elders and parenting role models
- Too far from Port Alberni
- Bullying and violence
- Low self-esteem
- Lack of professionals
- Some families could use support developing parenting skills
- Some parents engaging in risky behaviours and leaving children alone
- No childcare provider
- Isolation (remote location, long travel to other facilities/services, bad roads)
- Very little fresh food
- No Headstart program
- Too much driving, not enough walking

Kyuquot

- Unhealthy eating
- Not many out-of-school sports or extracurriculars
- Too much screen time
- Fear of wilderness prevents hiking, outdoor activities
- Parents hesitant to participate in programs
- Lack of motivation for parents to come to programs
- Programs may not interest parents/families

The third question at the community dinners was about services. Specifically, we wanted to learn more about the services inside and outside of the community that participants used. As this is a personal question, attendees were told to answer with as much or as little detail as they felt comfortable with.

Gold River/Tsa'Xana

Local

- Public health nurse/ health centre
- Literacy Centre
- Library
- StrongStart
- Occupational Therapy
- Speech Language development services

- Swimming pool
- Skating rink
- Mom's group (church)
- Children's Health Hub

Non-local

- Grocery store
- Pediatrician
- Dentist
- Optometrist
- Rec and extracurricular activities (ie musical theatre)

Tahsis

Local

- Rec centre
- Clinic
- School
- Library
- John Howard mental health services
- Jr. Rangers programs
- Theatre
- Community events
- Church
- Daycare

- Nootka Sound Outdoor Program
- Farm to School Program
- "The Local"
- Youth counsellors
- Trails
- Playground and play equipment
- Local foods and foraging
- Emergency preparedness services
- Community paramedicine
- Acupuncture

Non-local

- Dentist
- Pediatrician
- Specialist medical services
- Learning disability supports
- Counselling
- Sports and extracurricular
- Mental health services
- Optometrist
- Groceries

Zeballos/Ehattesah

Local

- Swimming pool
- School
- Outdoors (waterfront, forest, trails)
- Youth Centre

Non-local

- Dentist
- Pools
- Ice rink
- Theatre
- Potlaches
- Cultural ceremonies
- Doctor
- Optometrist
- VIRL
- NTC programs
- Counselling/therapy
- Hospital

Kyuquot

Local

- Infant development
- Dental hygienist
- Doctor

Non-local

- Swimming pools/water parks
- Swimming lessons
- Dentist
- Doctor/emergency health services

Finally, to gain an understanding of change over time, we asked community dinner attendees to tell us about the changes that have taken place in their communities in the last 5-10 years that could positively or negatively impact children.

Gold River/Tsa'Xana

Positive Change

- Children's Health Hub
- Waterpark
- StrongStart
- More early childhood educators able to recognize and flag early problems
- First Nations support worker at school (Nuu-chah-nulth Education Worker)
- Communities more united in past decade
- Restored agreement language for teachers – more EAs, more resource teachers, smaller class sizes, etc.
- More assets here now than when I was a kid, even though the population is smaller

Negative change

- Lost grocery store
- Taxi service gone (hard to travel between GR and Tsa'Xana)
- Bowling alley gone
- Lost dentist
- Swimming pool closed in summer
- Bank closure
- Community gap between GR and Tsa'Xana
- VIHA rules re early screenings
- No pharmacy or post office on weekends
- Dance classes ended

Did not specify if change was positive or negative

- Would love to see a place parents can spend time together – there are lots of single parents and grandparents raising grandchildren
- I'd love to see more parenting courses for skill development. There are some in CR, but it's too far for many GR families
- I wonder if it's possible to see Cubs, Brownies, Jr. Rangers for our kids?
- A community garden would be wonderful

Tahsis

Positive Change

- Free access to rec centre
- Bridges on road have been improved/replaced
- Leiner River boardwalk installation
- Growth of senior's centre
- Esperanza
- New hotel owners
- Tahsis Farm – good role models
- Seeing more self-employed people making their jobs/life work in Tahsis
- Trail from Tahsis to Zeballos
- Weekly potluck

Negative change

- Mill closed
- Population decrease
- Lost more than half the kids/less families now
- Church burned down
- Bar closed
- Chamber of Commerce closed
- Changed to well water
- More part-time home owners here
- Few rental properties
- Decrease in health services
- Great walk discontinuation
- Uncertainty about school remaining

- Lack of teachers
- Change in police structure (no resident RCMP)
- Decline of other services (sports teams/leagues, community events, grocery store, bank, liquor store)

Did not specify if change was positive or negative

- Wish there was gymnastic/dance class for my Kindergarten child
- Would like to see more support for local food/food security/community garden
- We need a mechanic

Zeballos/Ehattesaht

Positive Change

- Youth workers
- Counsellors
- Bigger school, new teachers
- StrongStart
- Skatepark
- Youth Centre created (Ehattis); new building
- Full size gym at school now
- Learned that the five years I had in my community before I went to residential school gave me the foundation to be ok during and after

Negative change

- Less contact with Port Alberni
- Youth access to drugs
- Mining
- Children and families swimming on foreshore
- Lack of road monitoring when playing outside/near the beach
- Population decrease
- No more police
- Lack of jobs

Did not specify if change was positive or negative

- Need more gatherings that bring the communities together
- Need more youth support systems (Big Brothers/Big Sisters)
- Need a time and place to teach about family ties and traditions
- We need more access to healthier foods
- We need more community building activities
- More incorporation of Indigenous ways of learning

Kyuquot

Positive Change

- New housing
- New park
- Kids gym nights

- Head Start (opened in 2011)
- More family programs
- Better playground

Negative change

- Internet – unwise decisions being made by young people; lack of monitoring by parents

SERVICE PROVIDER FEEDBACK

Like families and community members, understanding the assets and barriers identified by service providers working in VIW is an essential component when planning to deepen early childhood resiliency.

Service providers were asked the following questions:

1. What communities do you work in?
2. What services/programs does your organization offer in VIW? What is your role?
3. Can you tell me about your work with children and families?
4. Reflecting on your experience working in VIW, are you able to identify factors that could be contributing to childhood vulnerability?
5. Do you have any ideas about how to improve the health of children and families?

Thirty-six service providers were interviewed, representing these arms of service delivery: local and regional government, employment, child protection, child and youth mental health, early years outreach, supported child development/intervention, early learning programs, childcare, public health (audiology, dental, nursing support services, maternal health), counselling and mental health, literacy, learning, medicine.

Of the thirty-six, twenty-three live outside of VIW but work in one or more communities within. External service providers come from Port Alberni, Nanaimo, Comox, Courtney, Campbell River, Port McNeill, and Port Hardy, and visit with varying frequencies.

Service providers living outside of the region were the source of much useful information. Their feedback can be summarized as follows:

- Human and financial resources impede service providers working outside of the region to visit more regularly. While travel to Gold River may be possible on a regular basis, travel to Zeballos and/or Kyuquot is generally less frequent because of the travel costs and amount of travel time needed. Travel time is an especially important factor for unionized service providers who may be barred from working more than 7.5 hours per day, or may have restrictions on the hours they can work.
- Service providers and community members both commented on the “revolving door” aspect of service provision with VIW. Partly due to the difficulty in recruiting and retaining professionals in these communities, and partly due to a number of entry-level jobs that have a VIW component, there is a good deal of turnover.
- Out-of-region service providers also shared frustration about the usual break in services during the winter months, when weather and road conditions can impede travel. They worry that children may lose traction during that time. External service providers also displayed an awareness of respecting Indigenous community practice, including closing the community to outsiders for a length of time after a death.
- Service providers have a strong understanding of the relationship between community infrastructure and targeted services. For example, there is little fresh food available in this region, which means that young children likely eat more processed foods and sugary snacks. This has led to an increased need for dental screening and cleaning services.
- Service providers and community members both identified a difficulty in developing trust and relationships when a service provider comes into the community for a targeted intervention (child mental health counselling, for example) and then leaves. Likewise, community members noted that it’s difficult to trust an organization when every visit from that organization brings a new staff member.
- Several service providers mentioned the barriers above, and also used “out of sight, out of mind” as a reason that children and families in VIW may not receive adequate services. Multiple service providers spoke to the need for a new model, and some offered suggestions about what this could look like (air travel, moving positions out to VIW, and better utilizing technology were all options).
- Multiple service providers spoke of the “patchwork of services” blanketing this region and often leaving gaps. There are many overlapping service regions mapped over VIW, including the Strathcona Regional District, the Mt. Waddington Regional District, Nuu-chah-nulth Tribal Council, Island Health, and School District 84.
- One group of service providers spoke to the need to deliver mandated services but worried that in delivering so many services from outside of the region, residents living within the region have been made to feel inferior. The group wondered if there was a way to empower community members to take a stronger role in the lives of all children within a community.
- Almost all external service providers suggested that community infrastructure – or lack thereof – was more likely to encourage childhood vulnerability than familial/ cultural factors. For example, service providers noted that without grocery stores, clothing stores, high-speed internet, strong economies, employment opportunities, etc., family development is restricted. One service provider living and working within the region said that “Families need to be celebrated for doing what they do to raise families out here. It is very different than what a family in a city would experience.”
- A few service providers spoke to their own experiences working with families first in Campbell River and then in VIW, noting that some families choose to live in VIW because it is harder to access and families may want to live under the radar. These service providers questioned if hard-to-reach families are even harder to reach in VIW.

Service providers within the region echoed many of the thoughts above, and also added the following:

- It is important to understand the cultural history of families in VIW before serving them. Cultural competency is a must.
- Service providers within the region also struggle with travelling due to budget, time, and identified needs in the various communities they work in.
- Many service providers living and working in VIW have supervisors or head offices outside of the region and stressed the importance of good communication in both directions.
- Many service providers within the region want outside service providers to build capacity. Instead of coming to offer a service to one child, it would be beneficial to have an external service provider put on a workshop, host a meal and make pamphlets and learning materials available, etc. Service providers within the region would be happy to help facilitate this.

PROJECT FINDINGS

The research, community dinners and participation, and service provider interviews surfaced six key findings:

1. **VIW is a naturally resilient region. Given the geography, there is no other choice.**
2. **Across the region, there is a low awareness of the importance of early childhood development.**
3. **The more remote a community is, the fewer the services offered there.**
4. **The region is served by agencies and organizations from across Vancouver Island. When services are housed outside of the community, the capacity of the community is reduced.**
5. **In some instances, communication between service providers inside and outside of the region has been lost, resulting in broken referral pathways.**
6. **Indigenous and non-Indigenous communities co-exist in VIW, and deeper consideration needs to be given to provide culturally safe services while building the relationships between communities.**

1. VIW IS A NATURALLY RESILIENT REGION. GIVEN THE GEOGRAPHY, THERE IS NO OTHER CHOICE.

Though it has already been mentioned throughout this report, there is a lack of infrastructure in VIW that makes parenting challenging – across the region, there are no grocery stores and therefore limited local access to fresh, affordable food. There are few stores that stock the variety of items that parents need, particularly parents of very young children. For example, parents have little choice in the type or brand of formula, diapers, and baby food available within the community. Many required purchases can only be made in Campbell River, necessitating a long and costly drive that may also include water taxi.

Likewise, there are few organized activities for young children, including hobbies like music, dance classes, and sports and recreation opportunities. While some families report travelling to Campbell River for these opportunities, others look to what is already within the region.

Within the region, residents meet many of their needs with ingenuity. In Gold River, moms of infants shared that they never, ever toss a couple of unused diapers in the garbage because their baby has outgrown them. There is always another parent whose baby could use those diapers, or a few scoops of gluten-free formula, or the clothes that one baby no longer fits. Parents identified an asset that is important to them – being part of a small community and knowing all of the young families in town. Whether excess diapers are posted on a community Facebook page or given to another family at a parent's group, community members take care of each other.

The same can be said of extracurricular and community enrichment activities. In Tahsis in particular, community dinner attendees reported many assets, including their free swimming pool (which is open in part because a local school teacher is willing to moonlight as a lifeguard), a weekly pancake dinner, and programs like Junior Rangers, which is run by a large group of adult volunteers. In a small community within VIW, residents take responsibility for their quality of life and want to deepen community belonging.

Finally, the same sentiment applies to travel. In all communities visited, community dinner attendees spoke to the need to travel outside of the region for groceries, shopping, medical appointments, entertainment, and otherwise. In Gold River, a group of women talked about carpooling together to the food bank in Campbell River to stretch their travel budgets. In Zeballos, many dinner attendees talked about travelling into Port Alberni to visit family, and noted that they often travelled out of the region with other community residents travelling to Port Alberni. Once there, visitors from Zeballos try to stack their appointments, errands, and visits to make the most out of their time.

Throughout this report, resiliency generally refers to humans. But VIW is a resilient region, suffering adversity (including loss of traditional lands, challenges to the local economy, and shrinking populations) but adapting and thriving in spite of it.

2. ACROSS THE REGION, THERE IS A LOW AWARENESS OF THE IMPORTANCE OF EARLY CHILDHOOD DEVELOPMENT.

At each of the community dinners, it was interesting to note that attendees often wanted to discuss the entire span of childhood and youth (birth to 18 years old) rather than just the early years. There are a couple of possible reasons for this – perhaps because of the relatively low numbers of very young children in the region, parents of older children also wanted to participate; maybe a holistic view of the child is most helpful. Whatever the reason, it is of interest.

Currently, there are no region-wide, population-based programs to encourage and support early childhood development. Though there are a number of great programs and services available to families with young children, including Moe the Mouse, StrongStart, and pre- and post-natal groups, these are not offered consistently throughout the region. Further, many service providers who live outside of the region come in for targeted service delivery or intervention and not to serve the general population of young children and their families.

There are three organizations working across the region: School District 84, Nuu-chah-nulth Tribal Council (NTC), and Island Health. School District 84 offers StrongStart programs in two schools (Ray Watkins Elementary and Zeballos Elementary Secondary School). NTC offers the Early Years Outreach Program across the region, though it is targeted to Indigenous children. Island Health offers medical services and public health nursing across the region, but no standardized public health programs or services specific to the early years currently exist.

Some community dinner attendees – particularly those who identified as grandparents – discussed the need for more parenting programs that emphasize the importance of loving attachment, the importance of reading to children, the importance of imaginary play, and more. Grandparents observed a difference between their experience raising young children and the experience of parents of young children today: fewer role models. The importance of role models was noted across communities, and some parents of young children mentioned that they do not have positive parenting role models in their lives.

Interestingly, another topic that arose in three of the four community dinners was immunizations. Parents and grandparents worried about the number of children in the community who do not have current immunizations, and noted that platforms like Facebook have become more prominent

and more trustworthy in many parent's lives than a public health nurse. As a result, some parents are now questioning the trustworthiness and benefit of immunizations, because their Facebook feed is full of impassioned pleas not to vaccinate.

There is much important messaging about the importance of the early years that would benefit all families with young children. Families should have access to information about brain development, the importance of play, and the importance of investing in the early years to see better outcomes as children grow up (outcomes include higher educational attainment, stronger literacy, numeracy, and communication skills, increased social connectedness, and sound physical and mental health). Provincial agencies have invested so much in local early years coalitions and in research and messaging, but much of this work has been focused on larger geographies.

3. THE MORE REMOTE A COMMUNITY IS, THE FEWER THE SERVICES OFFERED.

It comes as no surprise that the community with the most services available is Gold River, the largest population centre within the region. Travel to Gold River from outside of the region is fairly straightforward – follow the highway out of Campbell River for a couple of hours, and arrive in Gold River or Tsa'Xana.

As noted earlier, travel beyond Gold River becomes complicated: getting to Tahsis and Zeballos requires additional driving, and on logging roads; Kyuquot is accessed by driving on logging roads and then taking a water taxi, or by flying. All options are time-consuming and can be expensive.

The population sizes of Tahsis, Zeballos, and Kyuquot also make service delivery within the communities a challenge. In Zeballos, Ehattesaht, and Oclucje, there are a total of 225 people, many of them school age. Finding a number of early years service providers within such a small population would be marvellous but not realistic.

Community members from Zeballos and Kyuquot, the most remote communities, spoke of the need to balance service provision from within the community with opportunities to leave the community. Noting a cultural centre in Port Alberni, and the need to escape small-town living for a while, Zeballos and Kyuquot residents have a desire to travel outside of the region to access services and connect with friends and family and do not want to lose that opportunity.



4. THE REGION IS SERVED BY AGENCIES AND ORGANIZATIONS FROM ACROSS VANCOUVER ISLAND. WHEN SERVICES ARE HOUSED OUTSIDE OF THE COMMUNITY, THE CAPACITY OF THE COMMUNITY IS REDUCED.

Further to the finding above, some communities have very few services housed within. Zeballos/Ehattesaht/Oclucje, for example, has a smattering of programs, services, and supports for the early years: there is an Early Years Outreach Program worker through NTC; Moe the Mouse is offered in Ehattesaht and Oclucje; there is a StrongStart in Zeballos; and public health nurses visit these communities on a semi-regular basis.

In Kyuquot, there is a popular Headstart program that offers parent participation opportunities, Moe the Mouse, family meals, and more. Most other services and supports for children ages 0-6 in Kyuquot come from outside the community, including the Children's Oral Health Initiative, the Early Years Outreach Program, and various public health services.

Though there are no known threats to the funding and delivery of programs that come from other communities and operate in VIW, community capacity is compromised when so many services need to come from outside of the community. There are opportunities to build community capacity and to more deeply support the self-determination and unique needs of each of the communities within VIW.

5. IN SOME INSTANCES, COMMUNICATION BETWEEN SERVICE PROVIDERS INSIDE AND OUTSIDE OF THE REGION HAS BEEN LOST, RESULTING IN BROKEN REFERRAL PATHWAYS.

A common comment from service providers living both inside and outside of the region was the importance of connection. Service providers living outside of the region provided many examples of their go-to person within the region. This go-to person can help to share information about service availability and the referral process with local families.

Many service providers living inside and outside of the region also noted that these relationships needed to be nurtured, or referral pathways break. In many instances, a service provider outside of the region (i.e. supported child development consultant) may have connected with a service provider within the region (i.e. childcare provider) but lost the connection over time due to staffing changes or retirements. This results in a sad situation that does not benefit local families: The external service provider has no children from a VIW community on their caseload so they stop visiting, but because they stop visiting, service providers in the region lose awareness of that particular intervention service and do not think or know how to refer children to the service.

Related to this is a concern voiced by service providers in Gold River and Tsax'ana. There have been instances in which a local service provider has flagged a child as possibly needing intervention and referred that child to the relevant service from outside of the community. Some external services are conducting referral interviews over the phone, and missing behaviors or actions that identify a child as needing intervention. The child is then flagged as needing intervention in Kindergarten, potentially years after it has already been noticed by a local care provider. It is essential that referrals take place in-person, which gives the external service provider an opportunity to spend time in the community as well.

6. INDIGENOUS AND NON-INDIGENOUS COMMUNITIES CO-EXIST IN VIW, AND DEEPER CONSIDERATION NEEDS TO BE GIVEN TO PROVIDE CULTURALLY SAFE SERVICES WHILE BUILDING THE RELATIONSHIPS BETWEEN COMMUNITIES.

Across VIW, Indigenous and non-Indigenous communities live and work side-by-side. Gold River and Tsa'Xana are examples of this, as are Zeballos, Ehattesaht, and Oclucje, and Kyuquot. Though some service providers are designated agencies serving only Indigenous families, many service providers work with all children and families in a community. Therefore, it is essential that service providers have cultural safety training and an attitude of cultural humility.

Pre-contact, British Columbia's Indigenous people numbered nearly 200,000, with 50 distinct language groups represented. When European voyagers began exploring Canada, they were greeted with hospitality from Canada's Indigenous groups. Unfortunately, European explorers and settlers were heavily influenced by Pope Alexander VI's Doctrine of Discovery, which painted all native peoples worldwide as inferior at best and "non-humans" capable of extreme violence and depravity at worst.¹³

Over time, displaced from their land and forced to participate in education, economic, cultural, and religious systems often antithetical to their own, Canada's Indigenous population suffered and began to display evidence of trauma that remains today. Though there is ongoing work related to self-determination and self-government within bands, it is the responsibility of everyone, and especially those with influence, to ensure reconciliation is done.¹⁴

Non-Indigenous service providers must have cultural competency and cultural humility skills if they wish to be effectively serve Indigenous children and families. Developing relationships, building trust, and sharing knowledge are at the heart of service delivery when working with Indigenous communities. Some community members also noted the importance of seeing the whole child, family, and community, and thinking holistically. Being respectful of cultural, language, and ties to geographical place and lineage are also extremely important.

Community dinner attendees in Gold River/Tsa'Xana and Kyuquot put an emphasis on the need to bring Indigenous and non-Indigenous communities together, and to view the communities as "ours" instead of "mine and theirs." Families expressed a strong interest in ensuring that Indigenous and non-Indigenous children know each other from birth, and bridge current divides.



RECOMMENDATIONS

FINDING 1: VIW IS A NATURALLY RESILIENT REGION. GIVEN THE GEOGRAPHY, THERE IS NO OTHER CHOICE.

Personal:

- Recognize the barriers that families face simply living in VIW.
- Recognize and identify the strengths of families who are raising children in VIW despite barriers.

Service delivery:

- Consider service delivery models. Given limited time and resources, and a geographical barrier, how can a service provider living outside of the region most effectively serve VIW families? Do you know how families want to be supported? Do you know your professional colleagues within VIW?

Collaboratively:

- Support efforts made to increase connectivity in VIW.
- Advocate for better infrastructure, including highways and public transportation options.
- Support food security projects in the region.

FINDING 2: ACROSS THE REGION, THERE IS A LOW AWARENESS OF THE IMPORTANCE OF EARLY CHILDHOOD DEVELOPMENT.

Personal:

- Assess your own knowledge of the importance of early years development. What do you know? What do you want to know? Who might you ask for help?
- Consider the sources of information that parents of young children look to in today's world. Where do you and your organization fit?

Service delivery:

- Commit to building community capacity with each visit. Consider opportunities to partner with local schools, bands, childcare programs, health programs, or otherwise to share information with parents and families.
- Ensure that up-to-date materials (pamphlets, brochures, posters) are available in each community and are being offered at the most relevant location/program.

Collaboratively:

- Partner with service providers across the entire region to create a messaging campaign that emphasizes the importance of early childhood development.
- Ensure that all messaging has a cultural basis and is appropriate to Indigenous and non-Indigenous families.
- Host early years health fairs in communities across the region to introduce families to important early years health messages, and to early years service providers.

FINDING 3: THE MORE REMOTE A COMMUNITY IS, THE FEWER THE SERVICES OFFERED THERE.

Personal:

- If you live outside of VIW, identify a service provider in each VIW community that you could connect with more regularly.
- If you live inside of VIW, identify the service providers from outside of the region that you could work with more closely.

Service delivery:

- If you live outside of VIW, identify ways to build the capacity of internal service providers. When you visit, can you share training opportunities or materials, articles, or new approaches to your service?
- Revisit the service delivery model. Is it possible to hire someone in a VIW community on a part-time basis, rather than have a service provider come in from outside the region?
- Revisit the service delivery model. Are there other modalities that service providers can take advantage of to effectively connect with VIW families?

Collaboratively:

- Map out the services being provided in VIW. Which communities lack access to certain services? Who can offer that service? How do mandates and geographical boundaries help and/or hinder families?
- Recognizing that the cost of travel is a barrier for some agencies, come together and brainstorm ways to travel more cost-effectively. What is required – a fleet of vehicles, a Beaver, or something else? Who has the ability to make that happen?

FINDING 4: THE REGION IS SERVED BY AGENCIES AND ORGANIZATIONS FROM ACROSS VANCOUVER ISLAND. WHEN SERVICES ARE HOUSED OUTSIDE OF THE COMMUNITY, THE CAPACITY OF THE COMMUNITY IS REDUCED.

Personal:

- Examine your work in the region. Are you taking every opportunity you can to increase community capacity?
- If you live within the region, is there training and/or funding available to you to learn skills and practices that would be useful in your community?

Service delivery:

- Explain to parents and other adults in a child's life the steps that you take when working with that child, and your rationale for doing so. Help parents and other caring adults to understand how to support a child when you are not there.
- Consider housing a service within VIW and supporting someone within the community to deliver that service.

Collaboratively:

- Advocate for increased education and training opportunities for people living in the region. Some residents are interested in becoming early childhood educators, while others expressed an interest in dental therapy, physical and occupational therapy and speech language pathologist assistant designations, and other roles that support community health and early childhood development. Creating opportunities for VIW residents to train in these areas increases the capacity of VIW and allows for children and families to be better served.

FINDING 5: IN SOME INSTANCES, COMMUNICATION BETWEEN SERVICE PROVIDERS INSIDE AND OUTSIDE OF THE REGION HAS BEEN LOST, RESULTING IN BROKEN REFERRAL PATHWAYS.

Personal:

- Create an inventory of your colleagues inside the region (if you work outside of the region) or outside the region (if you work within). Where are the gaps? If you offer services in Gold River and Tahsis but do not know who your best contact in Tahsis is, how can you find out?

Service delivery:

- If you are in a VIW community serving a child on your caseload, take the time to walk around the community and introduce yourself to relevant service providers. Explain what you do, how families can access your services, and how you can be contacted.
- If you live outside of the region and do not have VIW children on your caseload, commit to traveling to the region annually to connect with your VIW colleagues.
- Consider adding a page to your organization's website clarifying the communities you serve and the programs and supports you offer in those communities. If relationships are lost, this could be a back-up.

Collaboratively:

- Attend VIW Early Years Table meetings in Gold River (3-4 times per year).

FINDING 6: INDIGENOUS AND NON-INDIGENOUS COMMUNITIES CO-EXIST IN VIW, AND DEEPER CONSIDERATION NEEDS TO BE GIVEN TO PROVIDE CULTURALLY SAFE SERVICES WHILE BUILDING THE RELATIONSHIPS BETWEEN COMMUNITIES.

Personal:

- Reflect on your own cultural competency, cultural safety, or cultural humility practice. Does your knowledge or practice need support? Who could support you?

Service delivery:

- Reflect on your service delivery models. Are you as approachable to Indigenous families as they are to non-Indigenous families?
- Consider how to build deeper relationships with Indigenous families. Outside of service delivery, how can you get to know the culture and practices of the families that you support?

Collaboratively:

- Bring together Indigenous and non-Indigenous kids and families for activities that encourage healthy early childhood development (screenings, free play, motor activities, etc.)
- Offer programs and services both on- and off-reserve when possible.
- Ensure all of your colleagues have taken basic cultural safety training, and encourage them to learn more. A free opportunity is available here (insert link).
- Examine transportation options for Gold River and Tsa'Xana. How could the distance between the two communities be lessened?



CONCLUSION

Like families all around the world, families in VIW benefit from supports and services during their children's earliest years to thrive. There are many barriers to service delivery, including geography, time and cost of travel, and insufficient infrastructure. However, there is much opportunity to work with each of the communities in VIW to leverage their many, many assets and to ensure families' needs are being met. Though this research project is a beginning, it is only that. For the sake of every child, parent, and family in VIW, it is essential that each of us commits to the ongoing health and development of this region.