



A Guide For Culturally-Focused Early Intervention Therapy Programs For Aboriginal Children & Families In British Columbia



**BC Aboriginal
Child Care Society**

Healthy Children & Partnerships

**Early intervention therapy programs
promote healthy children, families
and communities**

**Aboriginal health and child care providers work
in partnership with therapists to provide
an integrated and culturally focused early
intervention program**

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**A Guide For Culturally-Focused Early Intervention Therapy
for Aboriginal Children and Families in British Columbia**

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“All children have a right to individually appropriate care that meets their needs, develops their gifts, and helps them reach their potential”

BC Aboriginal Child Care Society, 2004

INTRODUCTION

This guide has been developed for Aboriginal communities interested in early childhood development and in programs that promote healthy children, families and communities. The purpose of this guide is to provide Aboriginal communities with information about early intervention therapy so that they can:

- Help families access early intervention therapy services.
- Advocate for funding for early intervention therapy services.
- Partner with early intervention therapists.

This guide is based on the beliefs that early intervention therapy:

- Provides a key addition to quality, inclusive early childhood programs.
- Benefits Aboriginal children, families and communities.
- Provides opportunities for respectful partnerships between early intervention therapists and community members.
- Supports community strengths and builds ‘resident expertise’ with existing child care service providers.
- Becomes culturally-focused when therapists are guided and supported by Aboriginal community partners.

This guide was developed in collaboration with Aboriginal community service providers from across British Columbia. The guide incorporates feedback from workshop participants at the B.C. Aboriginal Child Care Society’s 7th Annual Provincial Training Conference; a review of the literature on culturally respectful health care programs for Aboriginal children and families, and on the authors’ experience in collaborating with Aboriginal communities to provide therapy services. The fictional stories used in this guide are used to illustrate the teachings. The ‘cultural connections’ are to be used by the reader to reflect on how these teachings can be applied in their own unique community.



HEALTHY CHILDREN & EARLY INTERVENTION THERAPY

Therapy professionals provide early intervention to children 0-5 years of age who have a wide range of developmental and special health care needs. These children may have a specific diagnosis and/or may have some of the following differences in:

- Learning - how they process information, acquire new information and make links between concepts.
- Communication - how they use language to communicate and make sense of the world.
- Physical development - how they develop gross and fine motor skills.
- Sensory development - how they process and interpret information through their senses.
- Behaviour - how they respond and adapt to their surroundings and other people.

WHAT ARE THE BENEFITS OF EARLY INTERVENTION THERAPY?

Information about the benefits of early intervention therapy helps your community to advocate for these services.

▶ EARLY INTERVENTION THERAPY SUPPORTS FAMILIES

Early intervention that supports a child's health and development has a positive impact on the family as a whole.

Danny's Family

We knew early on that our son Danny was not unfolding like our other children. The Infant Development Program (IDP) Consultant came to our house every month in the early days and the occupational therapist (OT) and the speech therapist (SLP) gave us their ideas and suggestions through the IDP Consultant. This worked well because we didn't have to meet with lots of different people. We knew that the extra care that Danny needed was taking time away from our other children and this caused us a lot of stress. When Danny was 3 years old he still wasn't able to talk or do things like feed himself or help himself get dressed. The SLP helped us get some funding to buy a computer and adapted equipment with software to help Danny's learning and speech. Our other kids loved it and got to use it for their homework and some of the software helped their reading too. The OT gave us ideas and adapted equipment so that Danny could start practising how to spoon feed himself, and taught us how we could start getting him more involved with getting dressed. It was important for us to get help for Danny so that we had more time for the rest of the family.

Culturally-focused early intervention therapy can improve parents' attitudes about themselves and their child, and provide information and skills to help parents teach and support their child with special needs.



► **EARLY INTERVENTION THERAPY BUILDS CHILD & FAMILY STRENGTHS**

Recognizing and building on a child's strengths should be an important focus of early intervention therapy.

Celebrating Our Strengths

Once a week we meet with other families in our Wellness Centre and there are toys and always lots of food. It's organized by our Speech Language Pathologist (SLP) and the Child Wellness Worker who help us find new ways to talk with our children and help them learn. They videotape us playing and talking with our daughter and then they show us the tape and talk about all the good things we are saying and doing with her. It makes us think that we are doing some things right and gives us ideas on what else to do. We have a dinner and get to talk to the other families about their children which makes us feel good. We are all trying to help our children grow and be healthy.

Celebrating child and family strengths is important in building trusting relationships between therapists, families and child care service providers. Trusting relationships increase the effectiveness of early intervention therapy.

► **EARLY INTERVENTION THERAPY BUILDS 'RESIDENT EXPERTISE'**

It is ideal if early intervention therapists work with your existing child care service providers to enhance skill development in your community.

Early Childhood Educators Are 'Resident Experts'

Our child care program is a really important part of our community. The early intervention therapists and our Supported Child Development Consultant help our Early Childhood Educators (ECEs) in their work with all the children in our child care programs. The early intervention therapists share their knowledge and ideas with our staff, and have developed a good partnership, so that we have some new strategies to use. The therapists show the staff for example, how to talk to a child in a certain way to help him understand or use more words. They can also show us how we could organize our room so that the children can focus more at circle time, or teach us about ways of helping a child with his walking. The skills and ideas that our staff learn for one particular child end up benefiting all the children. The therapists sometimes use photographs, pictures and videos as teaching strategies, and our child care staff gain a store of knowledge that they adapt and use in the future for children with similar needs.

The transfer of knowledge and skills goes in both directions when therapists and community members work in respectful partnerships.



▶ **EARLY INTERVENTION THERAPY SUPPORTS CHILD DEVELOPMENT**

Research shows that the rate of human learning and development is most rapid in the pre-school years, and supports the need for intervention during children's early years when they are in a rapid period of growth and development.

Getting Ready for School

The teacher in our nursery program for 4 year olds was working with our Occupational Therapist (OT) for two of the children; one little boy had trouble holding crayons for drawing and another little girl didn't even want to pick one up. So our teacher asked the OT about these children and whether there were ways that we could help them and also the whole class to get ready for printing and for school next year. The OT sat down with our teacher and they looked at some screening tools and put together some ideas to find out how all the children were doing with their pre-writing skills. The OT then showed the teacher ways that she could help the children she was concerned about and also gave her suggestions on activities she could do to make sure all the children were ready for printing.

Studies suggest that individualized, well-planned early intervention therapy for children with special needs can:

- Decrease and/or prevent further secondary problems (for example, behavioural problems as a result of developmental delay with speech and language);
- Increase academic achievements and successes;
- Decrease the need for expensive services and supports later in life; and,
- Increase and adapt caregivers' interactional styles and behaviors.

(Rivers, 2000).

▶ **EARLY INTERVENTION THERAPY REDUCES FUTURE COSTS**

For many communities, funding for early intervention therapy services remains an obstacle. However, early intervention therapy provided early saves dollars in the future.

One Researcher's Story

The effect of early intervention on school success is well documented. I believe that early intervention therapy, language stimulation and rich experiences at ages three and four will do more to increase the achievement of at-risk children... than any amount of money spent at grades seven through twelve (Karweit, 1994).

One study calculated the total cumulative costs to age 18 of special education services to a child beginning intervention at: (a) birth; (b) age 2; (c) age 6; and (d) at age 6 with no eventual movement to regular education. This study found that the total costs were actually less if begun at birth! The cost is less when intervention is earlier because of the remediation and prevention of developmental problems, which would have required special services later in life (Wood, 1981).



► **EARLY INTERVENTION THERAPY TRANSITIONS WITH THE CHILD**

When a child reaches school-entry, an early intervention therapist/team links with the school and parents to help develop a plan for making the move to school a success for the child, the family and the school.

Hannah Goes to Kindergarten

The early intervention team has been involved with my little girl, Hannah, for many years as she finds it very difficult to do lots of the things that other children her age do. The therapists usually see her at the child care centre where she has her own support worker. A Supported Child Development Consultant co-ordinates regular team meetings and helps staff learn ways to help Hannah join in with the other children. Hannah is going to school in two months time so the Supported Child Development Consultant arranged for us all to meet with the school principal and her kindergarten teacher. I was really worried about Hannah going to kindergarten as she is still not able to do lots of things and they don't know her there. The therapists knew my concerns and know Hannah really well so we all shared this information with the school and we talked about what strategies have worked for Hannah in the child care program and how these could also be used in kindergarten. It's a relief to know that the same therapists will continue to see Hannah in school as everything else will be so new for her and for me.

When a child with special needs moves away from a community, the therapist should help the family connect with a similar therapist in their new location. Information about the child's needs and therapy services can be summarized in a report for the family to take with them or can be sent directly to the new therapist.

Sonny Moves Away

My little boy Sonny is 3 years old and his joints are a little wobbly and his muscles are weak. Since he was tiny we had been meeting with our community's early intervention physiotherapist (PT) on a regular basis. The PT had been teaching me how to help Sonny's muscles grow stronger and what kinds of activities were good for him. When we moved away the PT gave me the name and telephone number of another PT near to our new home and he also gave me a report to explain about Sonny and the type of things we had been working on. The PT offered to phone the new therapist but I need to get settled first and then I will do that. I now know how they work and when I need their help.



WHAT ARE THE CORE VALUES OF EARLY INTERVENTION THERAPY?

▶ ALL FAMILY MEMBERS ARE VALUED

Early intervention therapy that is family-centered values the needs of the family as a whole and supports a collaborative approach towards healthy children and families.

Circles of Support

One of our families has an 18-month-old boy with a developmental delay. We have been helping the Speech-Language Pathologist (SLP) connect with mom to support Dawson at home. We all think that he is doing really well. Dawson is the youngest child in a blended family and he has sisters and a brother who are teenagers and are around a lot after school and sometimes on weekends. They have lots of energy and are always playing with Dawson. We told the SLP about Dawson's older sisters and brother. We talked together with mom and decided that we could set up some times to get together after school so that the older children could find out about more ways to play with Dawson and help him learn.

An early intervention therapist may inadvertently view 'family' and 'parenting' in relation to their own cultural beliefs and practices (Llewlynn, 1994). They need to be aware of the important role that extended family members may play in a child's daily life, and be ready to involve other members of the family in early intervention therapy.

▶ FAMILY MEMBERS ARE THE EXPERTS ON THEIR CHILDREN

Families are the constant in their children's lives and know their children best. Early intervention therapy that is family-centred respects that parents and extended family members are knowledgeable about their children.

CULTURAL CONNECTION:

Aboriginal values and practices around family life may be very different from those of a non-Aboriginal early intervention therapist whose view of 'family' has likely been based on a western nuclear family model. Much of this cultural knowledge is implicit and non-Aboriginal people may be unaware that members of Aboriginal communities do not share this western family model.

Can you or someone in your community provide information on:

- The high value traditionally placed on the extended family;
- The role of grandparents and Elders in caring for children and passing on traditional beliefs and values;
- Family stories, origin stories and legends;
- Games and songs for language practice and recovery, and
-



A Mom's Story

My son Jason is 19 months old. At a recent immunization visit, the Community Health Nurse (CHN) gave me information on speech and language for children 18 months old. We talked about how Jason is developing more slowly than my other children did. He isn't using any words and he isn't really interested in things around him. The CHN asked if it was okay to refer Jason for a hearing assessment and vision screen. She also introduced me to the Speech-Language Pathologist (SLP) and Occupational Therapist (OT). When I first met with the SLP and the OT, I thought that they were going to tell me what to do. I was surprised when they spent lots of time talking with me. They asked me about what Jason likes and doesn't like, how he lets me and my husband know what he wants and lots of other things too. They helped me realize that I know more about Jason than anyone else and that I can make important decisions about what I want for him.

CULTURAL CONNECTION:

Family beliefs and practices related to raising a child with special health care needs may be different from those of a non-Aboriginal therapist.

What do therapists need to know?

- Acceptance of the child as they are;
- Family's and community's view of 'disability';
- Significant events (health situations, loss or moves);
- Recreational activities and
-



▶ FAMILY MEMBERS ARE INVOLVED IN DECISION-MAKING

Early intervention therapy that is family-centred should always involve family members in making decisions about their children's health care needs and therapy intervention.

Making Decisions Together

Sarah isn't talking a lot yet and she just turned two years old. Sarah just started in a child care program one day a week and the teacher connected me with the Speech-Language Pathologist (SLP) that has been coming to visit our community. The teacher set up a meeting with the SLP so that we could talk about what my husband and I want for Sarah. The SLP explained why it is important that we have Sarah's hearing assessed even though we think that she hears fine. We also looked at the kinds of things that we do together during the day. I am having a hard time because Sarah doesn't let me know what she wants and seems to be very frustrated. We talked about this a lot and the SLP showed me some of the different things that we could do to help her. We also decided to start to use more hand signs and simple words with Sarah. I like this because it is very important to me that we speak our language at home and when she comes to the child care program they speak mostly English. When we use the signs, I think she will understand our language and English.



A collaborative relationship based on mutual respect and trust, the involvement of a community child care service/health provider and avoidance of medical jargon all help family members to make informed decisions about their child's needs and early intervention therapy.

► **RELATIONSHIPS ARE IMPORTANT**

The success of therapy intervention is influenced by the relationship between a therapist and their client(s), whether that be family members and or child/health care service providers. Trusting relationships are based on mutual respect for cultural preferences and differences.

Gaining Trust

I have had some bad experiences in the past with non-Aboriginal health professionals when I have taken my son Nicholas to the hospital and so I was not very trusting when I first met a physiotherapist (PT) who started coming to our community on a regular basis. Nicholas has really bad breathing problems and the PT has been teaching me about breathing exercises and ways of keeping his chest healthy. I can see that the PT does care about Nicholas and I'm gradually getting to feel more comfortable talking to him and asking questions. He has started asking me about our traditional medicine and healing and we have talked about our different ways. Nicholas always looks really pleased to see him which is a good sign.

► **FAMILY STRENGTHS AND NEEDS ARE RESPECTED**

Therapy professionals should have time to get to know your families so that their views are not biased by stereotypes about Aboriginal people. As therapy professionals learn more about families' values, practices and history (particularly the residential school system), they can better understand, respect and be more responsive to your strengths and needs.

CULTURAL CONNECTION:

Decisions about therapy are always made with the family. Some of these decisions can be hard to make.

How can families be helped with the decision making process?

- Therapists avoid using medical jargon;
- Have other family/community members help;
- Family orientation or family meeting, and
-



Families may find it difficult to connect with a non-Aboriginal therapist. If a community child/family health provider partners with a therapist, intervention can be more sensitive to the family's needs.

Who in your community can work in partnership with a therapist and the family?

- Family Support Worker;
- Aboriginal Infant Development Program Consultant, and
-



Our Language

We speak our native language at home with all our children, including our youngest daughter Tina who is finding it really hard to speak and learn words. Our Community Health Nurse introduced me at a gathering to a Speech-Language Pathologist (SLP) and she has been coming to visit us at home on a regular basis. The SLP used a special computer program to make some books for Tina and we did it together so that all the words are in our language. We are now using pictures to help Tina tell us what she wants or for us to tell her what's happening, and the words on them are also in our language. I was surprised that the SLP knew some of our words and was using them with Tina.

CULTURAL CONNECTION:

Traditional Aboriginal languages are being revived and used more in many communities. In some places, this means that children are growing up hearing their traditional language just as much as English.

How can an early intervention therapist learn about language recovery in your community?

- A heritage project, language project, immersion project;
- First Nation's school;
- Cultural Centre;
- Linking with an informed community member, and
-



WHO ARE EARLY INTERVENTION THERAPISTS?

Knowing more about the different therapy professionals and types of early intervention therapy helps you advocate for and access appropriate therapy services. This information also helps you figure out how these services can become integrated into your existing early intervention, child care or health programs.

Tammy's Early Intervention Therapists

Our little girl Tammy was born premature and has cerebral palsy which means she can't move or talk like the other children and still needs lots of help with everything even though she's now 4 years old. I was nervous about meeting the occupational therapist (OT) and the Speech-Language Pathologist (SLP) as I didn't know who they were, but my Aboriginal Infant Development Program (AIDP) Consultant arranged the first meeting at the Head Start program, and my mom came too. We also met a Physiotherapist (PT) who worked together with the other therapists. We decided that we would meet once a week at the Head Start program so that we could talk about some of the things that I needed help with. Sometimes we met all together and sometimes only one therapist was there depending on what we were doing that week. For example, Tammy uses a wheelchair and it was getting too small and she was coughing a lot when she was drinking and I was worried about that. We talked about what I was worried about and they asked me about our routine at home and how we did things there and it was good to hear that I was doing lots of things that were really good for Tammy. Another time the OT brought her toolkit and my mom and me got Tammy out of her wheelchair and we figured out how to make the seat bigger for her. While Tammy was out of her wheelchair, the PT did some stretching exercises with her. Later on, she taught me and my mom how to do these at home as they help Tammy to relax and stop her joints from getting too stiff. Another time the OT and SLP showed me a video of Tammy drinking from a special cup and her juice had this special thickener in it. Tammy did really well and I use this at home now. They gave me the video to take home to show my husband too. Next we want to start working on Tammy's eating and we going to work out a way that she can start to learn how to use a spoon. Now I know what the OT, PT and SLP do and who they are and I feel OK with them coming to visit us at home.

CULTURAL CONNECTION:

The education and training of therapy professionals is generally based on a western model of health and disability. This medical model has not typically supported a holistic approach in which a person's emotional, physical, intellectual and spiritual needs are satisfied.

Can a community member meet with the therapy professional and share information about the following:

- Holistic beliefs about health and healing;
- Traditional healing practices;
- The importance of spirituality in daily living; and
-



OCCUPATIONAL THERAPIST (OT)

Occupational Therapists, also known as OTs, help children develop skills in self-care activities and in play and learning activities. They look at how children manage with dressing, toileting, eating and personal hygiene, how they co-ordinate their eyes with their hands, how they process sensory information, how they pay attention and socialize with others and how they best learn and organize activities. Occupational therapy builds on a child's strengths and interests using play-based activities, and/or adapted equipment.

PHYSIOTHERAPIST (PT)

Physiotherapists, also known as PTs help children develop mobility, independence and physical fitness. PTs look at the strength and control of a child's muscles, the movement of their joints, and the development of balance reactions, co-ordination and motor skills. They use this knowledge to develop functional activities that will encourage new motor skills. PTs also help families to access community recreation programs such as swimming, horseback riding, and playground activities for their child. PTs may recommend specialized equipment such as: walkers, standers, and seating systems. They may make splints and/or casts to help in the development of a child's movement skills.

SPEECH-LANGUAGE PATHOLOGIST (SLP)

Speech-Language Pathologists, also known as SLPs or speech therapists, help children develop communication skills. The SLP is interested in a child's understanding of language, spoken language, speech skills (articulation, voice, fluency), eating skills (chewing, sucking, swallowing), hearing, gestures and body language. SLPs explore strategies to help children communicate more effectively and to develop the best language learning environment. If a child is slow to talk, the SLP may explore other ways for a child to communicate, such as gestures/signs, pictures or voice output communication aids.

Hearing is critical to the development of speech and should be assessed by an audiologist. Audiologists assess the extent of hearing loss, balance and related disorders and recommend appropriate treatment. Services are provided to people who are deaf or hard of hearing and persons at risk of hearing loss due to noise exposure, genetic causes, and exposure to certain drugs, or middle ear infections.



PARTNERSHIPS & MODELS OF SERVICE DELIVERY

Knowing more about how early intervention therapy services are provided helps you to determine how these services can be delivered to meet the needs of your community, and how these services fit with your existing child care/health programs.

HOW ARE EARLY INTERVENTION THERAPY SERVICES PROVIDED?

▶ **SPECIFIC THERAPY SERVICES**

For children with very specific health and/or developmental needs a Physiotherapist (PT), Occupational Therapist (OT), or Speech-Language Pathologist (SLP) work independently in collaboration with the family and involved child/health care service providers. The child and family's needs and concerns determine which therapy professional is involved.

▶ **A TEAM APPROACH**

For children with more complex special needs, early intervention often involves more than one therapy professional. A multidisciplinary team approach offers more holistic and coordinated early intervention therapy. The team members work closely together in order to meet the needs of the child and family. The members of your early intervention team will depend on who is available and interested in child and family wellness and health in your community.

A community-based early intervention team may include some of the following:

- Family members & Elders
- Health Director/Manager/Administrator
- Child Care Provider
- Aboriginal Head Start
- Child Wellness Worker
- Family Support/Involvement Worker
- Community Health Representative
- Infant Developmental Program Consultant
- Community Health Nurse
- Speech-Language Pathologist
- Physiotherapist
- Occupational Therapist
- Supported Child Development Program Consultant
- Social Worker



Jack's Early Intervention Therapy

Jack was diagnosed with a fetal alcohol spectrum disorder (FASD) by a Pediatrician when he was 3 years old. At that time, Jack was not making many words and was having lots of temper tantrums at home and in his child care program.

At the recommendation of the Pediatrician the parents gave permission for Jack to be referred to the community's early intervention team. The team talked about Jack's needs and about the best way of becoming more involved. The Aboriginal Infant Development Program (AIDP) Consultant arranged for the family to meet first with the Speech-Language Pathologist (SLP) as his lack of words seemed to be the family's main concern. Also meeting everyone on the team at once would likely be very overwhelming. The SLP then spent some time with Jack in his child care program and observed how he communicated despite not having any words and when he got upset. This informal assessment provided the SLP with enough information to show the child care providers some communication strategies for Jack using some pictures and simple words.

When the SLP met with Jack's dad and grandmother, the AIDP Consultant was there too to help with the discussion. The SLP showed Jack's dad and grandmother things they could do to build Jack's understanding of what they say to him and what he is able to communicate. Jack's dad said they are already using choices at supper to help Jack tell family what he wants. They decided to do this more at different times in the day. The SLP also suggested that some of Jack's temper tantrums could be due to Jack not knowing what was happening next and also that he might be having difficulty tolerating certain sensations such as unexpected loud noises or light touches. She explained how this is a common feature for children with FASD and that the Occupational Therapist (OT) could provide ideas to help Jack process different sensations. The SLP put together a visual schedule for Jack so that he would better understand his daily routine.

Over many months the family, SLP, OT, AIDP Consultant and child care providers worked together to try different ways of developing Jack's ability to communicate what he wanted and to become less sensitive to certain sensations. Jack's early intervention team also advocated for him to receive help from the Supported Child Development Program so that his needs could be better met when he is at the child care program. The AIDP Consultant helped to follow through with the intervention program at home with his family. The team met regularly with Jack's family to review progress and make sure they were 'on the right track' in meeting both Jack and the family's needs.



▶ **LOCATION OF THERAPY**

Therapy can be provided in any setting. Therapists traditionally place a high value on meeting with family members in the child’s home, as this allows them to observe the child’s abilities in their natural environment. However, some families, particularly on meeting a non-Aboriginal therapist for the first time, may feel more comfortable in a more neutral setting, such as a health/community centre, or child care program.

▶ **STEPS IN THE THERAPY PROCESS**

Therapy intervention involves certain steps. Existing child/health care service providers in your community play an important role in connecting children and families with an early intervention therapist and starting the therapy process. Throughout intervention confidentiality is important.

Philip’s Referral to Early Intervention Therapy

I do home outreach to some families with young children. This is a new program in our community. There are lots of young moms that I visit and they really look forward to the time we spend together. The visit gives them a chance to talk about their children and ask me questions.

There was one little boy that I was really concerned about. Philip was 20 months old and was very quiet and never said anything when I was around. He sometimes had runny ears. Before our last visit, I talked to the CHN about Philip. She gave me some information on hearing and speech and language development which I took along the next time I went to Philip’s home. His mom and I looked at some of the information that I brought. We talked about how Philip usually lets mom and dad know what he wanted. It turned out that mom wasn’t really sure what other kids his age could say and do. Even though mom thought he was too young, she said that it was okay to refer him for a hearing test.

There is a new SLP that comes every three months and I told mom a little about her and how she might help Philip. The next time I visited, I took along a pamphlet that the SLP left for us and we filled out the referral form for speech services. I also let mom know what to expect and what would happen next and that if she had any questions she could call me.

CULTURAL CONNECTION:

Your knowledge of where a family would feel most comfortable meeting is important.

Based on your understanding of the family’s needs, where would you suggest that a therapist meet with a family?

- A comfortable neutral setting;
- A setting where Community Health Representative or Family Care are available to help with meeting and talking about the children;
- Family home, or
-



1 REFERRAL -> A confidential referral for early intervention therapy can be made by any one including family members. A doctor's referral is not necessary. A community can develop its own early intervention therapy referral form with the therapist(s).

2 SCREENING & EVALUATION -> Therapists must have a signed consent form from a child's parents/legal guardians prior to undertaking any type of screening or evaluation. The screening process, which may involve asking some initial questions about a child, helps to ensure that the child is being referred to the appropriate therapy professional. The evaluation process helps the therapist to understand a child's strengths and needs as well as the needs and concerns of the family and involved child care service providers.

3 PROGRAM PLANNING -> Planning for therapy intervention should be a collaborative process with family members and involved child/health care service providers. Therapy goals should reflect the primary needs and concerns of all involved and be realistic and achievable.

4 INTERVENTION -> Early intervention therapy can focus on prevention, diagnosis and/or remediation of a child's developmental needs. This may be in the form of direct therapy for the child and/or consultation, and/or education with family members and involved child/health care service providers. The intervention process involves ongoing monitoring to ensure that progress is being made and therapy goals are being achieved.

5 DISCHARGE -> Early intervention therapy is terminated when therapy services are no longer necessary or appropriate. This is a shared decision made with everyone involved in the therapy process.

CULTURAL CONNECTION:

All therapy professionals have a legal obligation to ensure their client's right to confidentiality. Parents/legal guardians need to give their signed consent for a therapist to talk about their child with others.

Which family members and child care service providers might a family want to be included on this consent form?

- Child care program;
- Aboriginal Infant Development Program Consultant;
- Grandparents;
- Sister, brother;
- Cousins (names), and
-



WHAT ARE THE MODELS OF SERVICE DELIVERY FOR EARLY INTERVENTION THERAPY?

“The Creator has given Aboriginal peoples the right and responsibility to initiate, design and control programs and services for our children”

BC Aboriginal Child Care Society, 2004

Information on different models of service delivery helps you determine how early intervention therapy can be accessed by your community. Service delivery is influenced by location and availability of provincially funded or privately contracted therapists.

▶ **A COMMUNITY-BASED MODEL**

If your community is within a commutable distance to a child development centre, health department or to private therapists, there may be an opportunity to develop a community-based early intervention team with therapists available to the community on a regular basis.

Our Community-Based Team

In our community the early intervention team is made up of the Director of Health, the child care program Supervisor, the Community Health Nurse and Child Wellness Worker. Members of this team also include an Occupational Therapist, Physiotherapist, Speech-Language Pathologist, Infant Development Program Consultant and Supported Child Development Consultant. The therapists are available for all children and families one to two days a week, and work closely with the community’s child care service providers. The team meets on a monthly basis to discuss shared business and to co-ordinate the delivery of early intervention programs to individual children and families.

A community-based model allows therapists to provide direct therapy intervention and to more closely monitor a child’s needs and progress as they visit your community on a regular basis. This model also supports the development of long term trusting relationships, a mutual sharing of knowledge and resident expertise.

▶ **AN OUTREACH MODEL**

If your community is in a remote or semi-remote location there may be an opportunity to contract with a child development centre or with a private therapist(s) to fly to your community.



Our Out-Reach Service

Our northern community is six hours or more from the nearest city and it's a long way for our families to go with their children when they need some help. We have several families who have children that need some extra help especially with their speech. So our Head Start Co-ordinator got permission from the Band Chief and Council to contact a private Speech-Language Pathologist and work out a program for her to fly out once a month for two days. She meets with our children and families in a group at our Wellness Centre and is working really closely with our Head Start Program, and our Family Support Worker. We are still getting to know her but she is happy to share her ideas and suggestions with our workers and help us put together some programs that we can do in between her visits.

In the outreach model, families and caregivers are still able to access some therapy intervention in their own community. This is important, as traveling to a major city to access services is stressful for the family as a whole, and may be especially stressful for a child with special needs. In this model, early intervention therapists should partner with your community's child/health care service providers to share their knowledge and develop resident expertise that stays within the community. As contact is not as frequent as in a community-based model, it may take longer to develop trusting relationships.

▶ PROVINCIALY BASED (TERTIARY) MODEL

If a child in your community requires very specialized diagnostic services or therapy interventions their family may need to travel to Vancouver to access provincial programs based primarily at the British Columbia Children's Hospital and Sunny Hill Health Centre for Children.

Specialized Services in the City

Our Infant Development Program (IDP) Consultant, who we have known since Joey was a baby, gave us some information about autism. We talked about it and knew that some of the things Joey did sounded like he could be autistic. The IDP Consultant told us that she didn't think labels were important except that if Joey was autistic there was some provincial funding for children like him that could give him extra help. So we agreed to fly down to Vancouver for two days to have a team assessment, which included a Pediatrician, Psychologist, SLP and an OT. It was very stressful as Joey does not like strange or crowded places but everyone seemed to understand.

The professionals did some tests and asked us lots of questions and gave us some suggestions. The team doctor told us at the end of two days that he thought Joey was on the autism spectrum, and they helped us start the paper work to apply for the provincial funding. It was really hard but at least Joey is going to be getting more help once we get the funding. The therapists said that they would write a report and see if they can help us get some early intervention therapy where we live.



In the provincially based model, a therapist(s) and family members meet very infrequently as families travel down for several days in order to meet with a specific therapy professional or a multidisciplinary team. Intervention may be based on a very specific need such as wheel-chair seating, swallowing evaluation, adapted computer access or to gain a specific diagnosis.

Contact information for major child development centres and health departments that provide early intervention therapy, and contact information for private therapy professionals in British Columbia are provided in the Appendix. Information for families needing accommodation when visiting Vancouver is also provided in the Appendix.

HOW CAN EARLY INTERVENTION THERAPY WORK IN YOUR COMMUNITY?

Knowing more about early intervention therapy helps you to decide how these services fit with your existing community programs and how a therapist(s) can work in partnership with your child/health care service providers.

► COMMUNITY CONNECTIONS

Your community's existing child care programs (Head Start, daycare, baby clinics and community gatherings, etc.) provide an ideal opportunity for early intervention therapists to become involved in your community and provide more culturally-focused services to your children and families.

Making Connections

In our community, we have an Occupational Therapist, Speech-Language Pathologist and Physiotherapist who come and visit our Head Start programs once a month. They come from a big health department in the city, which is about 2 hours away. The supervisor of our program invited them to come and meet with us on one of our educational days to tell us about their services and the kinds of things they can offer our children, especially the ones that we are worried about. We asked the parents if they would like their children to get some extra help while they were attending some of our programs and most of them thought it was a good idea. We always let the parents know when the therapists are coming. Some of the parents come and visit while the therapists are here, but some are happy knowing that their child is getting some extra help. The therapists often leave notes or handouts and we pass these on to the parents. Our staff like the fact that they are also learning new ways of helping the children.



► **PARTNERSHIPS**

Therapy professionals partner with your existing child/health care service providers (family support worker, child care provider, community health nurse, Aboriginal Infant Development Program Consultant etc) to provide holistic and integrated programs. This partnership is founded on mutual trust and cultural respect. It promotes resident expertise and helps to ensure that early intervention is culturally-focused.

A Working Partnership

In our child care program, we have one child care provider who is employed to really focus on the speech and language development of the children. The funding for this position is provided through the Supported Child Development Program. The staff screen the children who they notice might be needing extra help with talking or understanding what is being said. They talk to the parents to let them know that we would like to provide more for their children while they are attending our child care program, and to make sure that this is something the parents agree with. Then the speech therapist (SLP) looks at the children’s specific areas of strength and need and develops an intervention program with the child care provider. The child care provider works with a child or a small group of children in a quiet space, and adds language activities to the daily routine of free play and circle time. The SLP and our child care providers meet once every two weeks. They work with the children together and discuss how the children are doing and explore ways to help the children learn. It is important for us to make the most of these early years and do all that we can to see that our children are as ready for school as possible. We are also developing more expertise in our child care centre on ways of promoting speech and language development with all our children.

CULTURAL CONNECTION:

Therapists will need help in identifying your existing initiatives and resources related to child and family wellness.

What programs or people can a therapist connect with?

- Child care programs;
- Head Start program;
- Community Health Nurse, and
-



Aboriginal families may find it difficult to collaborate with a non-Aboriginal therapy professional who is new to your community. A community child care service provider that is known and trusted by the family can help the family link with a therapist and promote intervention that is sensitive to the families values and practices.

How can you build trusting partnerships?

- Provide therapists with information on the history of residential schooling in your community;
- Let therapists know it can take a long time to develop trusting partnerships, and
-



▶ **CULTURAL STRENGTHS**

Community-based health care programs that identify and promote traditional sources of strengths have been the most successful in meeting Aboriginal issues (2004, Mussel, Cardiff & White).

A Mother's Beliefs

It's sometimes difficult to make decisions about Sam's development and what is best for him when everyone is giving me their advice. I listen to what the different health professionals have to say and ask them questions, but in the end I have to trust my instincts and my own beliefs about being healthy. I guess my instincts and beliefs come from my teachings as a child and the way that my family used traditional foods and plants when we were sick as kids. I really do believe that Sam has the ability to be healthy and strong if I keep these beliefs strong. Sometimes it's hard to keep my beliefs when the attention is always on the things that Sam finds so difficult to do and when he is compared to other children. Health professionals need to know that these beliefs are important and to leave them alone. I also believe that it's important to smudge every day to keep bad spirits away as I think Sam is more vulnerable. We also eat lots of fish and natural foods. When any of my children are getting sick we use our plants. When Sam has been really sick we get together and we pray to our Creator and sing, which I believe really helps him.

CULTURAL CONNECTION:

Therapists will need help in identifying your cultural strengths.

What are some of your community/ cultural strengths?

- Spiritual beliefs about health and healing, and
-

How could these be shared?

- Elder and/or other community member provides information on how cultural strengths related to health are practiced;
- Can a therapist(s) participate and learn about cultural celebrations, and
-



Therapists will need help in identifying cultural strengths related to healing, such as sharing, spirituality, respect and cultural pride (2004, Mussel, Cardiff & White).



► **CULTURAL COMPETENCY**

Aboriginal families of children with special health care needs have identified cultural knowledge, respect and sensitivity as essential for all health professionals working with their children (Gerlach & Richardson, 2003).

Sharing Cultural Knowledge

In our community, we had several non-Aboriginal health care professionals working with our families and from talking with them we decided that it would be a good idea if they learned more about our people and our culture. As a manager of our health programs, I arranged a series of meetings with Elders and community members who are very knowledgeable about our history and our way. They also watched a video about the residential school system and I talked with them about how this is still having an effect on many of our people. They said they found it very useful and are now asking me a lot more questions about our beliefs and practices. This helps us as we work together and I think it helps our children too.

To be culturally competent an early intervention therapist(s) demonstrates a curiosity, knowledge and respect for Aboriginal ways and an awareness of their own personal and professional assumptions and worldviews.

To be culturally competent early intervention therapists visiting your community need to be informed about the residential school system and how this continues to influence Aboriginal communities. Providing information about your community's experience with the residential school system can help non-Aboriginal therapists to understand and be sensitive to the impact that this continues to have on the health of individuals and the community as a whole. This information also helps therapists to understand Aboriginal people's views and behavior towards non-Aboriginal health professionals.

CULTURAL CONNECTION:

Aboriginal people wish to reclaim their cultural heritage and to reconnect with their traditional spiritual and natural healing practices (McCormick, 1997).

Therapists need to be aware, sensitive to and have knowledge of culture and cultural issues. Cultural differences influence families' participation in early intervention therapy. Cultural competency prompts therapists to question their assumptions and to translate knowledge about culture into the therapy process.

How can you help a therapist learn about your culture?

- Invitation to traditional community event;
- Sharing videos, books and other resources, and
-



IN CLOSING

This guide provides an overview of how early intervention therapy can be provided so that it is both culturally respectful and meaningful to Aboriginal children, families and communities. It is designed to be a working guide that encourages you to explore how early intervention therapy can be integrated into your existing child care services and meet the unique needs of your children and families.



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GLOSSARY OF TERMS

This glossary is based on the words used in the guide and those identified by workshop participants at the B.C. Aboriginal Child Care 7th Annual Provincial Training Conference as requiring clarification. Early intervention therapists, like all health professionals working with families, are encouraged to avoid/limit their use of medical terminology in both their verbal and written communication.

AUTISTIC SPECTRUM

A group of life-long developmental disabilities caused by an abnormality of the brain. These disorders are characterized by problems with social interaction and communication skills, and by the need for sameness or repetition in behavior. Autism spectrum disorders include autistic disorder, pervasive developmental disorder - not otherwise specified (also known as atypical autism), and Asperger's disorder.

BEHAVIOR DISORDERS

Any of a group of antisocial behavior patterns occurring primarily in children and adolescents.

CEREBRAL PALSY (CP)

A general term to describe a group of neuromuscular disabilities caused by non-progressive abnormalities in the developing brain that create a wide range of disorders of movement or coordination. Many secondary disorders typically accompany this diagnosis, such as cognitive, sensory and psychosocial deficits.

CHILD CARE SERVICE PROVIDER

This is a general term for anyone involved with children and their families. This could be in a Head Start Program, child care program, home-based services, Early Childhood Educator, respite worker or family support worker.

CHILDREN WITH SPECIAL NEEDS

These children may have a specific diagnosis and/or may have some of the following differences in their:

- Learning - how they process information, acquire new information and make links between concepts
- Communication - how they use language to communicate and make sense of the world

CHILDREN WITH SPECIAL NEEDS CONTINUED

- Physical development - how they develop gross and fine motor skills
- Sensory development - how they process and make sense of information through the senses
- Behaviour - how they respond and adapt to their surroundings and other people.

DEVELOPMENTAL DELAY

When a child's growth or skill development is slower than that of most other children the same age.

EARLY INTERVENTION THERAPY

Typically refers to occupational therapy (OT), physiotherapy (PT) and speech language pathology (SLP) services to help families with young children, ages birth to 5 years who have a wide range of special needs.

FAMILY-CENTRED INTERVENTION

Family centred care refers to a particular approach to intervention that aims to support and strengthen parents' abilities to nurture and enhance child well being and development.

FETAL ALCOHOL SPECTRUM DISORDER (FASD)

This term covers a wide range of life-long developmental disabilities resulting from prenatal alcohol exposure. This diagnosis is made when there is growth deficiency, facial differences, neurological impairment and a confirmed history of pre-natal alcohol exposure.

GROSS MOTOR SKILLS

Skills individuals develop that rely on the use of large muscles, such as crawling, sitting and walking.



APPENDIX A: CHILD DEVELOPMENT CENTRES & HEALTH SERVICES THAT PROVIDE EARLY INTERVENTION THERAPY

The following centres and agencies receive funding through the Ministry of Children and Family Development to provide early intervention therapy programs to all children and families in British Columbia. This list has been compiled by the British Columbia Association for Child Development & Rehabilitation (www.bcacdr.org).

Centre/Agency and Address	Director/Administrator e-mail	Phone & Fax
Bulkley Valley Child Development Centre PO Box 995 Smithers , BC, V0J 2N0	Charlene Johnson director@bvcdc.ca	P: (250)847-4122 F: (250)847-9338
Vancouver Is. Health Authority, Queen Alexandra Centre for the Children's Health 2400 Arbutus Road Victoria , BC, V8N 1V7	Phyllis Straathof phyllis.straathof@caphealth.org	P: (250)477-1826 F: (250)721-6818
Cariboo Chilcotin Child Development Centre Association 690 North 2nd Avenue Williams Lake , BC, V2G 4C4	Nancy Gale nancy.gale@cdcwl.com	P: (250)392-4481 F: (250)392-4432
Central Okanagan Child Development Assoc. 1546 Bernard Avenue Kelowna , BC, V1Y 6R9	Mike Morrill mike.morrill@cocda.com	P: (250)763-5100 F: (250)862-8433
Centre for Ability 2805 Kingsway Vancouver , BC, V5R 5H9	Jule Hopkins jhopkins@centreforability.bc.ca	P: (604)451-5511 F: (604)451-5651
Cerebral Palsy Association of Prince George and District 1687 Strathcona Avenue Prince George , BC, V2L 4E7	Bob Bigelow bobb@cdcp.org	P: (250)563-7168 F: (250)563-8039
Child Development Centre Society of Fort St. John & District 10408-105th Avenue Fort St. John , BC, V1J 2M8	Linda Harvey linda.harvey@cdcfjsj.ca	P: (250)785-3200 F: (250)785-3202
Children's & Women's Health Centre of BC BC Children's Hospital 4480 Oak Street Vancouver , BC, V6H 3N4	Sandra Bressler sbressler@cw.bc.ca	P: (604)875-2345 F: (604)875-3220
Children's and Women's Health Centre of BC Sunnyhill 3644 Slocan Street Vancouver , BC, V5M 3E8	Fran Boyd fboyd@cw.bc.ca	P: (604)453-8325 F: (604)436-1743
Cowichan Valley Assoc. for Community Living 5856 Clements Street Duncan , BC, V9L 3W3	Doug Orr dorr@cvacl.org	P: (250)746-4135 F: (250)746-1636
Developmental Disabilities Association Suite 100 - 3851 Shell Road Richmond , BC, V6X 2W2	Lynne Dyson ldyson@develop.bc.ca	P: (604)233-5450 F: (604)273-9770



Centre/Agency and Address	Director/Administrator e-mail	Phone & Fax
Fraser Valley Child Development Centre 34081 Cyril Street Abbotsford , BC, V2S 2E8	Karen McLean kmclean@fvcdc.org	P: (604)852-2686 F: (604)852-5794
Gateway Society – Services for Persons with Autism 4807 Georgia Delta , BC, V4K 2T1	Sonia Osborne sosborne@gatewaysociety.org	P: (604)946-0401 F: (604)946-8429
Kitimat Child Development Centre Association 1515 Kingfisher Avenue Kitimat , BC, V8C 3S5	Margaret Warcup mwarcup@telus.net	P: (250)632-3144 F: (250)632-3120
Nanaimo Neurological and Cerebral Palsy Association 1135 Nelson Street Nanaimo , BC, V9S 2K4	Valerie Massy vmassy@nanaimocdc.com	P: (250)753-0251 F: (250)753-5614
OSNS Child Development Centre 103 - 550 Carmi Avenue Penticton , BC, V2A 3G6	Judy Sentes judy.sentes@osns.org	P: (250)492-0295 F: (250)492-2164
Quesnel and District Child Development Association 395 Elliott Street Quesnel , BC, V2J 4Y1	Kurt Pedersen kurt@cdc.quesnelbc.com	P: (250)992-2481 F: (250)992-3439
Small Talk 574 West 20th Street Vancouver , BC	Jennifer Campbell jennifer.smalltalk@telus.net	P: (604)833-0162
South Peace Child Development Society 9001-10th Street Dawson Creek , BC, V1G 4T1	Ruth Westcott spcdc@telus.net	P: (250)782-1161 F: (250)782-4487
Terrace Child Development Centre 2510 South Eby Street Terrace , BC, V8G 2X3	Margot Van Kleeck cdct@telus.net	P: (250)635-9388 F: (250)638-0213
The Child Development Centre PO Box 2703 Whitehorse , Yukon, Y1A 2C6	Irene Szabla irene.szabla@cdcyukon.ca	P: (867)667-8188 F: (867)393-6374
Thompson Nicola Family Resource Society 801 McGill Road Kamloops , BC, V2C 6R1	Jeanette Scott tnfrsjscott@look.ca	P: (250)371-4100 F: (250)371-4120
Vernon Child Development Centre 2802 - 34th Street Vernon , BC, V1T 5X1	Cherie Annand executive.director@nona-cdc.com	P: (250)549-1281 F: (250)549-3771

23-September -04

The above information is compiled by: Bruce Sandy, Provincial Advisor
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29 Ravine Drive, Port Moody, B.C., V3H 4G6
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APPENDIX B: REGIONAL HEALTH AUTHORITIES

British Columbia is divided into five health authorities. Information about early intervention therapy programs may be available by contacting your health authority.

Northern Health Authority
Suite 300 - 299 Victoria Street
Prince George, B.C. V2L 5B8
Phone: (250) 565-2649
Fax: (250) 565-2640
www.northernhealth.ca

Fraser Health Authority
300 - 10233 153rd Street
Surrey, B.C. V3R 0Z7
Phone: (604) 587-4600
Fax: (604) 587-4666
www.fraserhealth.ca

Interior Health Authority
2180 Ethel Street
Kelowna, B.C. V1Y 3A1
Phone: (250) 862-4200
Fax: (250) 862-4201
www.interiorhealth.ca

Provincial Health Services Authority
700-1380 Burrard St
Vancouver, B.C.
V6Z 2H3
Phone: (604) 675-7400
Fax: (604) 708-2700
www.phsa.ca

Vancouver Island Health Authority
1952 Bay Street
Victoria, B.C. V8R 1J8
Phone: (250) 370-8699
Fax: (250) 370-8750
www.viha.ca

Vancouver Coastal Health Authority
601 West Broadway
Vancouver, B.C. V5Z 4C2
Phone: Toll Free 1-866-884-0888
Local (604) 736-2033
Fax: (604) 874-7661
www.vch.ca



APPENDIX C: CONTACT INFORMATION FOR THERAPY PROFESSIONALS

EDUCATION: Early intervention therapists have completed an under-graduate and/or graduate program in their profession, and have chosen to specialize in working with children with special health care needs.

REGULATION: Each professional member is registered or eligible for registration with their respective provincial and/or national regulatory bodies. Each profession has its own code of ethics.

OCCUPATIONAL THERAPY

COLLEGE OF OCCUPATIONAL THERAPISTS OF BRITISH COLUMBIA (COTBC)

All practicing Occupational Therapists in B.C. must be licensed with COTBC. This is renewed on an annual basis.

Website: www.cotbc.org

CANADIAN ASSOCIATION OF OCCUPATIONAL THERAPY (CAOT)

A professional association which represents its members at a national level and promotes professional development.

To learn more about occupational therapy go to: www.otworks.ca

PRIVATE PRACTICE OTs

Must be licensed with COTBC and have their own liability insurance.

For further information about private O.T. contact: Susan Bonny, BC Centre for Ability, Tel: 604-451-5511 Local 245.

PHYSIOTHERAPY

COLLEGE OF PHYSICAL THERAPISTS (CPT)

All practicing Physiotherapists/Physical Therapists in B.C. must be licensed with CPT. This is renewed on an annual basis.

Website: www.cptbc.org

CANADIAN PHYSIOTHERAPY ASSOCIATION (CPA)

A professional association which represents its members at a national level and promotes professional development.

Website: www.physiotherapy.ca



PRIVATE PRACTICE PTS

Must be licensed with CPT and have their own liability insurance.

For further information about private PT: You can access public and private PT listings through the Physiotherapy Association of B.C. website - www.bcphysio.org. There is the capability to search for a specialty area - i.e. paediatrics, and you can search by city, region, etc.

SPEECH LANGUAGE PATHOLOGY

CANADIAN ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS & AUDIOLOGISTS (CASLPA)

The national association represents SLPs.

Tel: 800-259-8519 613-567-9968

Website: www.caslpa.ca

BRITISH COLUMBIA ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS & AUDIOLOGISTS (BCASLPA)

The Association represents members in British Columbia.

Tel: 877-222-7572 604-420-2222

Website: www.bcaslpa.bc.ca

PRIVATE PRACTICE SLPs

For further information about private SLPs: You can search by city to find a practitioner nearest you through the British Columbia Association of Speech-Language Pathologists and Audiologists website - www.bcaslpa.bc.ca



APPENDIX D: PROVINCIAL EARLY CHILDHOOD DEVELOPMENT ADVISORS

The Ministry of Children & Family Development currently funds four provincial advisors/consultants who provide an important link between government, organizations, communities and families.

Further information: www.mcf.gov.bc.ca

PROVINCIAL CONSULTANT - PEDIATRIC THERAPISTS

The Provincial Consultant for Pediatric Therapists focuses on developing strategies and advising the ministry on how to recruit and retain early intervention therapists who work with infants and young children with disabilities or delays. The consultant's goals are to increase the ability to recruit and retain these professionals, address waitlists and caseloads, and ensure professional development opportunities are available to meet the complex needs of children.

Website: www.therapybc.ca

PROVINCIAL ADVISOR - INFANT DEVELOPMENT PROGRAM (IDP)

The Provincial Office and the Advisor for Infant Development Programs of BC work with the 52 Infant Development Programs, staff and community volunteers throughout BC to provide support and service to more than 6,000 families of children under three at-risk for, or with developmental delay or disability. IDP helps families acquire the information, tools, skills and community connections they need to be successful in parenting, as well as ensure their children with special needs get the appropriate interventions. The Office is responsible for maintaining a Policy and Procedures Manual reflecting current research and evidence-based early childhood intervention practices; developing training materials and web resources; assisting in program evaluation/accreditation and providing advice to the ministry on the operation of a range of services for young children and their families. The office is also responsible for creating linkages between a range of community services, academic institutions and government ministries to advance the knowledge base in the field of early childhood.

Website: www.idpofbc.ca

Tel: 604-822-4014



PROVINCIAL ADVISOR - ABORIGINAL INFANT DEVELOPMENT PROGRAMS (AIDP)

The Provincial Advisor for Aboriginal Infant Development Programs consults with Aboriginal communities and families, provides mentoring and training and facilitates the integration of the 29 existing programs, on and off reserves, with other existing community supports. The Advisor works closely with the province's other 52 infant development programs, and also provides: advice on Aboriginal policy and infant development program needs ensures there are relevant, accessible resources for families and staff, and supports are available to Aboriginal communities. Diana Elliot is Coast Salish-Cowichan Tribes band member who has 15 years of experience in the Child and Youth Care field as well as in program management. The BC Aboriginal Child Care Society is responsible for the Aboriginal Infant Development Provincial Advisor Program.

Website: www.aidp.bc.ca

Tel: 604-913-9128

PROVINCIAL ADVISOR - SUPPORTED CHILD DEVELOPMENT PROGRAM

The Provincial Advisor advises and supports families, Supported Child Development Program (SCDP) agencies and local communities in the delivery of SCDP to approximately 6,000 children and their families per year. SCDP supports children from birth to 12 with developmental delays and disabilities to be included in typical child care settings in their community to meet both children's developmental needs and families child care needs. Aboriginal children and families both on and off reserve are eligible for SCDP.

The Office of the Provincial Advisor supports the 50+ SCD programs across the province by; maintaining the SCDP Policy and Procedures Manual to reflect current research and recommended practices; developing training, resources and materials; supporting capacity building with Aboriginal communities; providing provincial data collection and reporting; and advising government regarding SCDP.

The Provincial Advisor links with provincial and community services, academic institutions and government to ensure effective communication and collaboration with other early childhood development initiatives in government and communities.

The Office of the Provincial Advisor operates with the support and advice of the Provincial Steering Committee (PSC).

Website: www.scdp.bc.ca

Tel: 1-866-338-4881



APPENDIX E: INFORMATION FOR FAMILIES ACCESSING THERAPY SERVICES IN VANCOUVER

Easter Seal House
3981 Oak Street
Vancouver, BC, V6H 4H5
Tel: 604-736-3475 Reservations: 800-818-3666
e-mail: eshousevcr@telus.net



