NEWCOMER FAMILIES WITH CHILDREN WITH DEVELOPMENTAL DELAYS: EXPERIENCES WITH SERVICE UTILIZATION

By

CINDY MORIN

B.Sc., Early Childhood, Guelph University, 2012

A GRADUATING PAPER SUBMITTED IN PARTIAL FULFILLMENT OF

THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF EDUCATION

in

THE FACULTY OF GRADUATE STUDIES

(Early Childhood Education)

We accept this major paper as conforming

to the required standard

…….

…….

THE UNIVERSITY OF BRITISH COLUMBIA

(Vancouver)

April, 2016

Abstract

In this project I explore the literature on newcomer families' experiences and perceptions in raising children with developmental delays in Canada. In addition, I examine the aspects many newcomers to Canada experience related to immigration which may present as barriers to accessing services, including language and belief systems. Theoretical frameworks that guide this project include socio-cultural theory, ecological systems theory and social learning theory. I also draw on communities of practice framework (CoP) that is grounded on social learning theory. This project explores the extant literature that examines newcomer families' perceptions, values, and beliefs about their children with developmental delays. Additionally, I draw on the extant literature on health literacy—people who possess the ability to read and comprehend health promotion information. Likewise, I draw on the notion of cultural competency—service providers who practice cultural competency possess the ability to value others' views of the world. Included in the literature review is an examination of strategies that work for newcomers when seeking-services. Therefore, I point to how early intervention services, education, and government agencies need to become aware of newcomers' unique perspectives and experiences in order to facilitate and encourage families in seeking early intervention for their children. To address these potential barriers, I propose ways to practice culturally sensitive services at a community level. I include recommendations that early intervention, education and social services adopt the findings from health literacy literature as an approach to address barriers associated with newcomers seeking-services.

Table of Contents

Acknowledgements

I wish to acknowledge my family, friends and colleagues for all of their support and encouragement over the last few years as I pursued this life-long dream. Most importantly, to my husband and best friend Wayne, thank you for your encouragement, patience, and cheering me on when I saw no end in sight. My two adult children, Ryan and Kailey, thank you for reminding me of what is really important in life. My parents, particularly my mother who recently passed away, thank you for your ongoing love and support. I also wish to acknowledge the camaraderie and support from my cohorts in ECO3, particularly Ann Basualdo, Liane Gallop and Maggie Powter. I am so glad to have done this with all of you and hope we can get together to celebrate one day! Finally, my immense gratitude to Dr. Mari Pighini, for her ongoing encouragement and steadfast belief in the importance of this project.

Above all, I wish to thank all of the newcomer families and their children that I have had the pleasure to work with throughout my career. You continue to teach me many rich life-lessons that support me in my continuous journey of being culturally competent.

CHAPTER ONE: INTRODUCTION

In this graduating project I examine the literature on newcomer families' experiences and perceptions in raising children with developmental delays in Canada. I also delve into the case of newcomer families who do not access early intervention services resulting in children arriving to Kindergarten with undiagnosed developmental delays. The term newcomer refers to a recent landed immigrant who arrived in Canada up to five years prior from a census year (Statistics Canada, 2015). One specific focus of this project is on newcomer families' beliefs and values in viewing children with developmental delays and the roles these beliefs may play upon their service-seeking behaviours.

Canada is a culturally, linguistically, and racially diverse country. According to Statistics Canada (2011) one out of five people in Canada is a visible minority and are foreign-born citizen. Canada's immigration population is described as an 'ethnocultural mosaic' demographic. Aspects of an ethnocultural population includes ethnic origin, visible minority, and linguistic and religious diversity (Statistics Canada, 2011). Approximately 2,155,000 (65%) immigrants have chosen to make their home in one of Canada's three largest cities – Toronto, Montréal, and Vancouver during the last 10 years. The municipality of Halton Region, with its close proximity to Toronto, Ontario, has experienced an unprecedented ethnocultural population growth. Census Canada (2001; 2006) and the National House Survey (2011) indicate a 132 % increase of newcomers possessing non-official languages and have reported an ethnic background other than British or French have immigrated to the municipality (see Appendix A). In the next section I describe key terms included in this project.

Key Terms

The following key terms play a key role in providing context to this project and include the following: communities of practice (CoP); culture; cultural competence; cultural sensitivity; developmental delay; early intervention; family centred practice; and health literacy. The term *communities of practice* (CoP) was coined by Lave and Wenger (1991) and is grounded on social learning theory (Bandura, 1977). CoP are groups of people who have much in common and through social interactions learn together. In this project I refer to the term *culture* as customs, ideas, and behaviours shared by a society, community, or particular groups of people that are constantly evolving (Bronfenbrenner, 1994). According to Ravindran and Myers (2012) our culture shapes our worldview and our ways of knowing. Cultural behaviours are immediately apparent; however, beliefs, values, and ideas are often hidden. In 1976, Anthropologist Edward T. Hall described the term culture in two parts similar to an iceberg, comprising of both external and internal components. A small portion of the external culture (behaviour) is above the water's surface and is visible of a particular society. Hidden beneath the water's surface is the internal culture (values, beliefs and thought processes) of a given society. *Cultural competence* is a life-long learning journey for service providers in possessing the competence to "think, feel, and act in ways that acknowledge, respect, and build on ethnic, cultural, and linguistic diversity" (Lynch & Hanson, 1993, p. 50). *Cultural sensitivity* refers to service providers being aware and respectful of cultural diversity and similarities and how this may affect service utilization (Lynch & Hanson, 2011). *Developmental delay* is a term used to describe children with, or without, a formal diagnosis who perform below developmental norms and milestones (Cook, Klein, & Chen, 2012; Crowther, 2009; Winzer, 2008). According to Coleman (2006) the term developmental delay includes "infants and toddlers who are not achieving new skills in the

typical time frame" (Coleman, 2006, p. 111) and that some children with developmental delays may eventually "catch up" with their typically developing peers, while others may later on be diagnosed with a disability. *Early intervention* (EI) is a prevalent term used to describe a wide variety of interventions (for example, education, psychological, or therapeutic) for children birth to school age to address or prevent developmental delays (Cook et al., 2012; Winzer, 2008). *Family centred practice* (FCP) is an approach that moves away from viewing the child in isolation and focuses upon the child within the family system (Cook et al., 2012). A service provider who partners and collaborates with families, and views parents as experts on their children defines FCP (King & Meyer, 2006). The Public Health of Canada Agency (2014) describes *health literacy* as having "the ability to access, comprehend, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings across the life-course" (p. 1). Communication between newcomers and members of the health care profession is important in order to translate health promotion messages. However, these messages are developed for people who are fluent in reading English or French; therefore many newcomers experience difficulties in reading one or both of Canada's two official languages (Zanchetta & Poureslami, 2006).

Context and Personal Background

I am a proud Registered Early Childhood Educator (RECE) and Special Needs Resource Teacher with 37 years of experience in EI and early learning and child care fields. As an administrator and government employee in an urban community in Eastern Canada, I oversee the child care fee subsidy program and inclusive child care services for children and their families from birth to school age. The work that I do for Halton Region is grounded on FCP in terms of early intervention services. We provide early intervention (educational and support services) for

infants and young children who may be at risk for developmental delays (Winzer, 2008). I support and advocate for families and their children, especially for those who are marginalized and stigmatized by society. My ethnic background is situated in both British and French culture and I bring this awareness with me when I enter into professional relationships with newcomer families.

I have realized that families and children may be marginalized and stigmatized by service providers and educators due to various characteristics that do not align with the societal dominant norm. For example, findings from studies revealed that children in educational settings were marginalized due to their ethnicity, language, culture and race (Dei, 1996; Messiou, 2006). Studies from Ajodhia-Andrews and Berman (2009) and Baker (2002) revealed young children were stigmatized by their peers due to their developmental delays. Likewise, studies from Buckner, Bassuk and Weinreb (2001) and Petrenchik (2008) revealed that children and their parents were stigmatized due to their low socio-economic status. My interest in examining this topic refers to gaining a better understanding of the perceptions and experiences of newcomer families in raising a child with developmental delays. I have also recognized when working with newcomer families, many are reluctant to engage with outside supports, access information, or seek early intervention services. In this graduating project I intend to understand more deeply the unique needs of diverse families in raising children with developmental delays so that, at a community agency level, I can ensure we plan and provide culturally sensitive services. My personal and professional background and experience inspired the topic of this project, and in the next section I present an overview of the theoretical frameworks that guide it.

Overview of the Theoretical Framework

In this project I draw on several theoretical frameworks grounded on sociocultural theory (Vygotsky, 1978), and ecological systems theory (Bronfenbrenner, 1994). I also draw on social learning theory (Bandura, 1977), and introduce the CoP professional learning framework (Wenger, 2011) that is grounded on social learning theory. These theories guide and inform my project by ensuring that children are viewed within the context of their families and communities. The first one is Vygotsky's (1978) sociocultural theory. Vygotsky viewed children as active learners and that they develop through relationships with their family and community members. According to Vygotsky, it is within these reciprocal family and community relationships with others where child development occurs. Two important concepts from Vygotsky's (1978) work are the More Knowledgeable Other (MKO) and the inter-related concept of Zone of Proximal Development (ZPD) that I introduce in Chapter Two.

I also draw on Bronfenbrenner's ecological systems theory. Bronfenbrenner's (1986) ecological systems theory described five parts or inter-dependent systems of a child's world that supports their growth and development. These interdependent systems include the microsystems, mesosystems, exosystems, and macrosystems, and also are described in Chapter Two. Bronfenbrenner (1994) later added chronosystems that make up a whole each sharing a role in the child's overall development. Bronfenbrenner's ecological systems theory is important to this project because as service providers and educators it is essential to be aware that interactions within these systems are fundamental to healthy child development.

American psychologist Albert Bandura (1977) pioneered many of the principles of social learning theory that consists of learning being reciprocal and a highly social interactive process. Bandura (1977) challenged behaviourists like Skinner (1953) who viewed the environment as the

stimulus for human behavior and development to view development as bidirectional and reciprocal where the environment impacts upon the individual; and in turn, the individual impacts upon their environment. Finally, the principles of CoP framework, drawn from social learning theory, guide my project and shape my connections to practice. The term CoP was first conceptualized and introduced by Anthropologist Jean Lave with Etienne Wenger (1991) while studying apprenticeship as a learning model. CoP emphasizes knowledge and experience sharing amongst a group of people from multiple practices who engage in it. The CoP framework provides a way of theorizing how service providers, educators, and administrators may participate as a community of learners by sharing knowledge, experience, skills, collaborative problem-solving, mutual learning, and shaping their identities in their practice (Wenger-Trayner, Fenton-O'Creevy, Hutchinson, Kubiak, & Wenger-Trayner, 2015). Lave and Wenger theorized learning as being a situated and innately related to social practice. Indeed, Lave and Wenger were both profoundly influenced by Bandura, Vygotsky, and Bronfenbrenner.

The theories that frame this project, Vygotsky's (1978) sociocultural theory, Bronfenbrenner's (1979) ecological systems theory, Bandura's (1977) social learning theory and Wenger's (2011) CoP framework all provide insight into the reciprocal nature of child development and an exposition for the different cultural values and beliefs possessed by newcomer families raising a child with developmental delays. In Chapter Two, I elaborate further on each of these theories and framework and connect them with the literature of newcomer families' perceptions and experiences in raising children with developmental delays. In the next section, I briefly introduce the extant literature in order to unearth newcomers' experiences and perceptions in raising children with developmental delays. I also examine literature that exposes barriers and strategies that work for newcomers when seeking-services.

Introduction to the Literature Review

I draw on the research of the following authors to support and guide this capstone project. For the topic of newcomer families' perceptions and experiences in raising children with developmental delays, I examine the research of Daudji, Eby, Foo, Ladak, & Sinclair, et al., (2011); Dahr (2009) and Wilgosh & Scorgie (2000). In terms of barriers to accessing services, I refer to the research from government reports of Bowen (2001); City of Toronto (2011); Centre for Equality Rights in Accommodation (2009); Khanlou, Haque, Sheehan, & Jones (2014); and, research of City of Toronto (2011); Newbold (2009); and Zanchetta & Poureslami (2006). For the topic of cultural competence of service providers on providing culturally sensitive services, I also draw from the research of King, Esses, & Solomon (2013); Lindsay, Tétreault, Desmaris, King, & Piérart (2014); and Tervalon & Murray Garcia (1998). Furthermore, in terms of what strategies are working for newcomer families accessing services I draw research from government reports of Health Literacy in Canada (2008); Rootman & Gordon-El-Bihbety (2008); and research of Dowse (2004); Dowse & Ehlers (2005); and Kreps & Sparks (2008). In the next section I explain the rationale and importance of this project.

Rationale and Importance

As an administrator of inclusive child care programs, and a Special Needs Resource Teacher, I personally encounter diverse families who decline support or involvement with my government agency's early intervention services. Drawing from my personal and professional experiences in working with diverse families I am interested in gaining an understanding of newcomer parents' perspectives and experiences in raising children with developmental delays. This interest is grounded in the extant research conducted with Full Day Kindergarten (FDK) teachers to inform community child care planning (Our Kids Network, 2011a). In 2000 the

Ontario Ministry of Education (2015a) implemented optional FDK for four-and five-year-old children. FDK was based on solid research suggesting all children benefit from an integrated and seamless day of school (Ontario Ministry of Education, 2015b). As mentioned earlier the Region of Halton (Ontario) has experienced a 78% increase in visible minorities as well as a 47% increase in mother tongue languages other than English or French (Our Kids Network, 2011a). In 2010, the Early Development Instrument (EDI) results found that 24% of five-year-old children are deemed "developmentally vulnerable on one or more domains" (Our Kids Network, 2011a, p. 36), and that 20% of these children reside in newcomer families (Our Kids Network, 2011b, p. 4). The EDI is a population-based rating scale that reports on and monitors children's development over time at a community population level (Offord Centre for Child Development, 2014). Teachers who participated in research focus groups reported that they believed culture and family beliefs may play a role in children not being identified or attending early year's programs (Our Kids Network, 2011a). I believe that simply attributing cultural and family beliefs to service seeking-behaviours without investigating other contexts would be a disservice to these children and their families. Consideration must be given to children's development within their "contexts, communities, and cultural settings" (Robbins, 2005, p. 141).

I believe this project is very important because children with developmental delays who are newcomers to Canada have a right to access early intervention services. Unfortunately many of them are missing out of this opportunity in my community. My investigation through the extant literature is relevant and meaningful for my own work and the work we do in my community. I believe that it is also relevant for communities across Canada as they encounter similar challenges in delivering services for newcomer families (King, Lindsay, Klassen, Esses, &

Mesterman, 2011; Seligman & Darling, 2009). In the next section, I discuss the purpose of my project.

Purpose and Guiding Questions

The purpose of this graduating project is to investigate the extant literature examining how newcomer families perceive and experience developmental delays while uncovering potential barriers that may prevent them from seeking early intervention services. Further, in taking a stance and as a leader in the profession of early learning and child care, I intend to open up dialogue with community members on how we can address barriers and provide cultural sensitive services for newcomer families. This project is guided by the following questions: (a) What are barriers preventing newcomer parents from accessing early intervention services; and (b) What are strategies that may work for newcomer families who are in the process of seeking services, and that could be adopted into community intervention, education and government programs?

Summary of Project

In Chapter One I introduced my topic, provided a rationale and personal background, and explained the purpose of the present project; in Chapter Two, I conduct an extensive review of the theoretical frameworks guiding this project. I also review the extant literature related to newcomers' experiences in raising children with disabilities, and the importance of cultural practices, values, and knowledge on their views about child development. In addition, I examine the factors many newcomers to Canada encounter, which may present as barriers to accessing services for families (for example, language, socioeconomic status, cultural, ethnic, values, and belief systems). Included in the literature review is an examination of strategies working for culturally diverse families seeking health and intervention services. In Chapter Three, I explore

the practical application of the CoP (Wenger, 2011) grounded in social learning theory (Bandura, 1977) informed by my knowledge and experiences with community members, and drawn from the review of the literature. In Chapter Four, I draw conclusions about the topic of newcomer families' perceptions and experiences in raising children with developmental delays, and I discuss limitations and recommendations for future research and practice.

CHAPTER TWO: LITERATURE REVIEW

In this chapter I draw on four theoretical frameworks that guide my project, and I also review the extant literature regarding newcomer parents' perceptions and experiences in raising children with developmental delays while uncovering barriers to service, as introduced in Chapter One. Furthermore, and from a service systems level, I conduct a review of the literature about strategies that work for newcomer families' seeking-services. Sociocultural perspectives are central in explaining how child development is an interactive process and is promoted in— and influenced by — the child interacting within their social and environmental contexts, and by culturally constructed practices (Bronfenbrenner, 1979; Edwards, 2006; Vygotsky, 1978). More specifically, extended families, parents, and children share a social world (Edwards, 2003) that is filled with "culturally defined meanings and significance" (Edwards, Gandini, & Forman, 1998, p. 265).

Theoretical Frameworks

The theories of Lev Vygotsky (1978) and Uri Bronfenbrenner (1979) frame this project. Vygotsky and Bronfenbrenner's theories guide my literature review as I unearth newcomers' perspectives and experiences in raising children with developmental delays and accessing services. Moreover, I engage with the theoretical perspective of Albert Bandura (1977), and with the principles of CoP framework of Jean Lave and Etienne Wenger (1991) that guide my project as well as shape my connections to practice. As outlined in Chapter One, findings from local research indicate that many newcomer families are not accessing early intervention services (for example, speech and language or occupational therapy; Our Kids Network, 2011a).

Sociocultural Theory

Vygotsky (1978) viewed children as active learners and develop through relationships with their family and community members. He believed communities play an important role in

the process of meaning-making for its members. As outlined in Chapter One, two important concepts from Vygotsky's (1978) work are the MKO and the inter-related concept of ZPD. Children come to learn and understand their family beliefs, language, culture, and values as they observe, share tasks, interact and are guided by others, as well as those of the community and culture in which they reside. Fraser (2012) claimed that sociocultural experiences and reciprocal relationships promote growth and development, influence and shape our belief systems, and affect how we view ourselves in our world. Vygotsky's (1978) sociocultural theory informs this project because it focuses on how important culture, history, and social environments are for optimal child development and learning. From a sociocultural theory perspective, cultural family and community beliefs, language, and values are passed down to future generations (Vygotsky, 1978). These generational influences and experiences play a pivotal role in newcomer parents' view and meaning-making of child development (Berk, 2012; Danesco, 1997).

Ecological Systems Theory

Drawing from Vygotsky's sociocultural theory, Bronfenbrenner (1978) posited, through ecological systems theory, that reciprocal relationships within and between the child and their environmental systems influence them as they grow and develop; at the same time, the child exerts an influence within and between their environmental systems, introduced in Chapter One. A microsystem is comprised of the child's home, extended family, their neighbourhood and community. A mesosystem consists of the inter-relatedness between the developing person's microsystem and other settings, for example the relationship between a child's teacher and their parent. The exosystem includes formal and informal community structures such as those related to education, politics, or religion. According to Bronfenbrenner (1994) the developing person's macrosystem varies for each individual based on religion, culture, or socioeconomic status, and

each with their own unique belief system and way of life. Bronfenbrenner later added the element of time, which represents transitions and how people grow and change with events that occur throughout their life time (Bronfenbrenner, 1994). Further, in later works, Bronfenbrenner (2006) became aware of how children's biology and characteristics play a critical, indirect role in their development. Bronfenbrenner's bioecological theory posed the significant role of "proximal processes" and "distal processes" in child development. Proximal processes have a direct influence on the child whereas distal processes have an indirect influence on the child. For example, a parent's ability to access community resources has an indirect influence on the child. More specifically, Bronfenbrenner described proximal processes as "engines of children's development" in constructing human development (as cited in Goelman & Guhn, 2011, p. 21).

In sum, Vygotsky's theories that include the notions of MKO and ZPD, as well as Bronfenbrenner's ecological systems theory inform and guide my project. I examine the relationship between newcomers' experiences and perceptions in raising children with developmental delays and the role that programs, workplaces, and community organizations affect their service-seeking behaviours.

Social Learning Theory

Bandura (1977) argued that learning and behaviour are acquired through observation and/or direct experiences with others. According to Bandura (1977), learning through observation and modeling, is a major tenant of social learning theory. A pioneer in his field, Bandura (1977) challenged behaviourists who viewed the environment as the stimulus for human behaviour and development. As described in Chapter One, he expanded upon behaviourists theories that viewed the environment as the stimulus for human development and claimed that, instead, human development is a reciprocal process in which the environment influences the

individual; and at the same time, the individual influences the environment. Bandura's social learning theory connects to the topic of this project because it suggests that learning is a highly socially interactive process that occurs within and between others. Wenger's (1998) CoP, described next, and is grounded in social learning theory (Bandura, 1977).

Communities of Practice framework. Learning through social interaction produces a social system and the shared practice belongs to the community. Wenger (1998) coined the metaphor "learning in the landscapes of practice" in describing the learning that occurs through CoP (as cited in Wenger-Trayner et al., 2015, p. 13). People who promote CoP across the landscapes of practice are called "system conveners" because they facilitate new partnerships and learning opportunities across complex systems (Wenger-Trayner et al., 2015, p. 99). Wenger-Trayner et al. (2015) referred to learning as a process occurring "within and across practices shapes who we are" as professionals (p.19). CoP can evolve organically due to community members' common areas of interests or concerns, or intentionally with the purpose of acquiring and sharing knowledge and meaning (Wenger-Trayner et al., 2015).

In the next section I examine the literature that focused on families, and more specifically on newcomer families' experiences and perceptions in raising children with developmental delays. Moreover, I reviewed the extant literature that has attempted to unearth barriers to service utilization and that has revealed strategies that work for newcomer families when seeking health and early intervention services.

Review of the Literature

For many families when first learning their child has a developmental delay enter into a grief cycle similar to when the death of a loved one occurs (Barnett, Clements, Kaplan-Estrin, & Fialka, 2003; Haley, Hammond, Ingalls, & Romaro-Marin, 2013; Seligman & Darling, 2009;

Turnball & Turnball, 2001) in that they go through a range of feelings that include denial, anger, bargaining, sadness, and acceptance (Kubler-Ross, 2011). In terms of cultural competence, Cook et al. (2012) noted a considerable amount of research about grieving and acceptance comes from "Euro-American professionals who are describing their cultural peers" (p. 41). Therefore, Cook et al. (2012) argued that understanding how diverse families experience learning their child has a developmental delay is not fully realized by professionals. It is important to note that for many families the experience of immigrating to a new country "invokes [the] grief experience" (Banghwa, Michin, & Harrington, 2010, p. 611). Many families with diverse attitudes and beliefs question the meaning of developmental delays, and this may affect their ability to adapt and accept a diagnosis (Kisler, 2014; Kisler & McConachie, 2010). The meanings of the types of developmental delay, whether it refers to society's view or the family's own conception, differs significantly for service providers and "is socially constructed and specific to the culture in which they are found" (Ripat & Woodgate, 2011, p. 88). These culturally-informed meanings are described next.

Meaning-Making about Developmental Delays

In their study about how diverse parents make meaning of developmental delays, Wilgosh and Scorgie (2000) introduced a new concept called the parent transformational process. The parent transformational process suggests that as parents attempt to answer questions, they activate three processes: image-making, meaning-making and choice-making. The parent transformational process implies that parents often ask themselves questions as they attempt to understand, cope, and make meaning of the news that their child has developmental delays. In their findings, Wilgosh and Scorgie (2000) uncovered several 'meaning-making' themes from interviews conducted in their study with 18 American culturally diverse parents of

children with developmental delays. The most common theme found across all cultures in their study for all parents was the belief that everything happens for a reason. Families reported that image-making, meaning-making, and choice-making resurfaced with life transitions. This notion of life transitions is reminiscent of Bronfenbrenner's (1994) element of time or chronosystem, and how people grow and change with life events.

Biomedical and Traditional Cultural Beliefs

A multiple case study involving South Asian mothers found participants embraced both "'biomedical' and sociocultural 'traditional'" (Daudji et al., 2010, p. 512) beliefs about their child's developmental delay. Five mothers of children born with developmental delays were interviewed. The small study was part of a larger study intended to understand the perceptions of childhood delays and best practices of rehabilitation services, and compare and contrast findings from a previous study of mothers living in Bangladesh (Maloni et al., 2010). 'Biomedical' beliefs are based on Western scientific medical methodology, whereas 'traditional' remedy in South Asian culture relies on traditional views from elders or "spiritual healers or homeopaths" (Daudji et al., 2011, p. 512). Daudji et al. (2011) found mothers in both studies used both biomedical beliefs and traditional beliefs when describing their children's developmental delay. Mother's used traditional beliefs when speaking about their hopes, dreams, and worries about the future. Mothers and children from both studies reported stigma, blame, and social isolation from family and friends; however, mothers in the Canadian study reported fewer incidents in their experiencing of stigma. Daudji et al. (2011) found that parents who used both biomedical beliefs and unique traditional beliefs coped better through the process of adjusting to a diagnosis. Therefore, the authors argued the need for professionals to support

and work together with families as they adjust and cope with a diagnosis and rehabilitation by uncovering their unique beliefs and values.

Dahr (2009) examined the challenges that parents living in India experience in having a child with developmental delays. Family members interviewed articulated fear for the safety and the long-term well-being of their children with developmental delays. The study revealed that labels associated with a developmental delay segregate, stigmatize, and isolate the family from others in the community. Dahr (2009) stated that when working with diverse families with children who have disorders, it is important to reveal the impact this has on the family's social interactions. The findings in this study highlight the paradigms of Bronfenbrenner's ecological systems theory. Communities are embedded in the macrosystem, the far-reaching ideology of an individual's social class, culture and subculture. This system of beliefs and values are passed down to future generations that influences and sets forth how childhood developmental delays are viewed. I examine the literature that explores barriers to accessing services for newcomer families next.

Barriers to Accessing Services

In this section, I look more closely at barriers to accessing services for newcomer families with findings from government reports and extant literature. According to Bowen (2001) there are four groups in Canada who may experience barriers to accessing services. These groups include First Nations and Inuit communities; newcomers to Canada; Deaf and hard-of-hearing persons; and, depending on where they live, those who converse in either French or English only. Along with Bowen (2001), findings from numerous government reports have argued that language is a barrier to accessing health care and posited that information and services are not considerate of language (Balla, Harb, & Mills, 2010; Cornwell et al., 2007;

Pollock, Newbold, Lafrenière, & Edge, 2011); culture (Kilbride & Webber, 2006); religion, or values of diverse populations (Teixeira, 2008; Petrenchik, 2008). Factors associated with immigration contribute to newcomers' ability to access services. These factors are described next.

Immigration and Its Influence on Accessing Services: Findings from Government Reports

Newcomers who choose to immigrate to Canada, "on average…. are in better health than Canadian-born residents" (City of Toronto, 2011 p. 34) due to self-selection and Canada's health screening processes. This has been coined "the healthy immigrant effect" (City of Toronto, 2011, p. 34); however it has been found this health advantage may decline years after immigration (Ali, McDermott, & Gravel, 2004; Gold & DesMeules, 2004). Many newcomers encounter multi-layered issues and self-report the stress associated with unemployment, underemployment, immigrating to a new country, language barriers, and being unaware of Canadian health care services and facilities as contributors to under-utilization of services and a decline in their health advantage (City of Toronto, 2011). Reitz and Banerjee (2007) examined data about discrimination and racial inequality and the affect on social integration of newcomers to Canada. Overall, visual minorities, including "persons who are non-Caucasian in race or non-white in colour and who do not report being Aboriginal" (Statistics Canada 2015), struggle with employment, low socioeconomic status (SES), and affordable housing. Visual minorities also experience higher poverty rates as compared to non-immigrants (Centre for Equality Rights in Accommodation, 2009). In sum, many newcomers find themselves under-employed because their education and work experience may not be recognized or valued in their new country. Several research studies have investigated health literacy and the decline in health care usage. These studies are described next.

Health Literacy and Its Influence on Accessing Service: Findings from Current Research

In terms of health literacy barriers, Newbold (2009) conducted a large study in Canada investigating health care use amongst newcomers in British Columbia, Ontario, and Quebec. It was found that newcomers with less than 15 years residing in Canada had between 5 and 24% fewer visits to a physician than non-immigrant populations or those newcomers who immigrated more than 15 years ago. Newcomers require access to health information and the ability to understand it successfully. Numerous scholars and researchers concur with and explicated the link between health literacy and health care usage (Nutbeam, 2000; Smith & Haggerty, 2003). Zanchetta and Poureslami's (2006) literature review examined "links between health literacy and use of health services among newcomers in Canada" (p. 26). Their findings revealed that those who are not health-literate struggle to use health information found in physician offices, rehabilitation clinics, pharmacies, retail stores, or public service announcements via media. In their study about the links between health literacy and use of health services, Zanchetta and Poureslami (2006) asserted health literacy and ethnocultural diversity is an over-looked dilemma. In addition, Zanchetta and Poureslami reported that the most common barriers include the following: lack of information about available services; a reluctance to disclose the use of folk remedies; lack of culturally sensitive services; and, not questioning when they do not understand information presented to them. Barriers to health literacy may contribute to poor health status of newcomers over time. Zanchetta and Poureslami claimed that cultural sensitivity and cultural competence training as well as employing culturally diverse practitioners are solutions in addressing barriers. Communication about health promotion and prevention involves an understanding of "different realities" and world views amongst, and between, health care

practitioners and newcomers (Zanchetta & Poureslami, 2006, p. 226). In the next section, I further elaborate on other factors that may affect diverse families when accessing services.

Additional Barriers to Accessing Service

In terms of language and communication barriers, Khanlou et al. (2014) investigated the perceptions of service providers (SP) of immigrant parents with children with developmental delays under-utilizing intervention services in Canada. Through in-depth interviews, Khanlou et al. (2014) examined 27 SPs perspectives about the difficulties newcomer mother's face when accessing supports and services and their own difficulties in providing service. Their findings revealed that language and communication are barriers to accessing services. English was a second language for many parents, and this aspect caused difficulty in conversing with service providers, accessing social supports and funding, understanding diagnoses, and completing tedious paperwork. Family cultural beliefs, values, and their view of developmental delays affected their ability to access services. Participants observed a sense of gratitude from immigrant mothers for the services they received and they did not ask for services they were entitled to, as this quote from a SP illustrates…. "Immigrant parents are not sure what their rights are and so it's easier to push them aside (SP 26)" (Khanlou et al., 2014, p. 1843). Khanlou et al. (2014) argued that language and communication are barriers for immigrant mothers accessing and utilizing services and called for culturally responsive services and for SPs to understand the unique needs of newcomer families.

In terms of socioeconomic barriers, Singer and Irvin (1989) have revealed in their studies with families that living in poverty impacts upon parental stress levels and coping skills in raising children with developmental delays. Moreover, the authors found living in poverty makes it difficult for families to access services, participate in intervention services, or carry-

through with intervention strategies. Several studies conducted in recent years have recognized SES as a barrier in accessing services (Fellin, King, Esses, Lindsay, & Klassen, 2013; King et al., 2011; Takanishi, 2004). In separate studies Fellin et al. (2013) and King et al. (2011) argued that parents' lack of knowledge of available funding for specialized equipment created financial hardships for many families. Furthermore, affordable transportation, or access to public transportation, was cited as a barrier to accessing services that were most often times dispersed across the city (Klassen, Gulati, Watt, Banerjee, Sung, et al., 2011).

In the next section, I describe the literature that explored the importance for SPs to "respond to the beliefs, values, and child-rearing practices of families of diverse backgrounds" (Cook et al., 2012, p. 18). Recommendations from authors Kalyanpur and Harry (1997) and Lindsay et al. (2014) argue that both service models and the professionals who deliver interventions services move towards being culturally competent when working with diverse families and children.

Cross-Cultural Competence

As noted above, cross-culturally competent SPs are aware of their own biases, cultural backgrounds, as well as the impact this may have on their relationships with diverse families in providing culturally sensitive services (Callicott, 2003; Guralnick, 2008; Kalyanpur & Harry, 1997; Lindsay et al., 2014; Lynch & Hanson, 2011; Van Ngo, 2009). According to Bowers (1984), professionals who are reflective practitioners are able to question their "taken-for-granted beliefs" (as cited in Kalyanpur & Harry, 1997, p. 489) and have the capacity to value and respect others' view of the world (King, Desmarais, Lindsay, Piérart & Tétreault, 2014; Lindsay, King, Klassen, Esses, & Stachel, 2008; Lynch &Hanson, 2011; Tervalon & Murray Garcia, 1998). SPs possess knowledge that the family may not have; however, the family has knowledge that is out

of reach for SPs (Tervalon & Murray Garcia, 1998). In their study, Lindsay et al. (2014) interviewed 45 social workers (SWs) employed in pediatric rehabilitation centres about the role of culturally sensitive care when working with diverse families. The study revealed common challenges in providing culturally sensitive care. Language and time spent using interpreters affected the SWs ability to build relationships with parents (cultural labour). Differences in cultural views complicated SWs ability to connect with families (cultural brokerage). Differences included the mismatch between the field of SWs (grounded in Western values) and those of diverse families. SWs reported that Western ideology of best practice intervention strategies were incongruent with the families' views, perceptions, or beliefs of their children's developmental delay. The study found that SWs overcame these challenges by leveraging cultural brokerage that refers to SWs connecting their own cultural orientation with that of the family's, and cultural labour associated with their professional role (for example, accessing resources and completing referral forms) in their day-to-day work with families. Lindsay et al. (2014) argued that SWs who are aware of their profession, culture, and question their taken-for-granted beliefs are able to provide culturally sensitive care to newcomer families. In the next section, I explore the literature that examined interventions and strategies that work for newcomers when accessing services.

Strategies that Support Service Utilization

The literature regarding health promotion and the health literacy needs for newcomer populations provides interventions and strategies that could be transferrable to early intervention, education, and social services. Simich (2009) authored a policy brief for the Public Health Agency of Canada about health literacy and immigrant populations. The policy brief provided extant research and policy recommendations about health literacy and the strategies that support

newcomers. Evidence suggests attention should be given to strengthening and supporting health literacy for newcomer families, because it applies "not only to medical settings, but to a variety of everyday settings and the life course" (Simich, 2009, p.4), as illustrated next.

Strategies to Support Health Literacy: Findings from Government Reports

According to the report Health Literacy in Canada (2008), reading and understanding health literacy information is a complex skill and requires the ability to read text, to find information located in various formats and charts, as well as to comprehend numeracy, all at the same time. The report points to professionals in the medical field and their lack of knowledge of health literacy as a systemic barrier. A survey conducted with almost 700 professionals and policy-makers highlighted low levels of awareness and understanding of health literacy; 30% were unaware of the term health literacy and 60% were unaware of community supports to assist with health literacy endeavours. Furthermore, only 7% indicated they had workplace policies related to health literacy (Canadian Public Health Association, 2006). Strategies to support health literacy for newcomers whose first language is not English or French include the following: using plain language; providing information visually; using video format; and, producing information in multiple languages (Centres for Disease Control and Prevention, 2015; City of Toronto, 2011; Council of Agencies Serving South Asians, 2008). Rootman and Gordon-El-Bihbety's (2008) found that health literacy strategies or interventions have received little attention or rigorous evaluation, especially for newcomer populations. Additionally, findings from their report "A Vision for a Health Literate Canada: Report of the Expert Panel on Health Literacy" suggests that using plain language, visuals, and videos may increase knowledge; however, there is very little evidence supporting changes in health behaviours Rootman & Gordon-El-Bihbety, 2008).

Strategies to Support Health Literacy: Findings from Current Research

Kreps and Sparks (2008) literature review of on-line data bases examined strategies using "culturally sensitive communication programs" (p. 329) for providing newcomer populations with health information so they can make decisions about health care choices and behaviours. The authors found newcomers experience health literacy, language, SES, and cultural barriers in understanding and accessing health care information and services. The authors recommended that communication messages should be framed using the target audience by embedding values, beliefs, language, and culturally relevant images. Kreps and Sparks's echoed recommendations from the Health Literacy in Canada (2008) report, arguing that information should be provided in the form of visuals with plain language. In the next section, I further elaborate on strategies that address health literacy and language barriers of newcomers.

Plain language. Studies have found health information in print format uses language and vocabulary that is far too difficult for most Canadians to comprehend and is often available only in English or French (Khanlou et al., 2014; Zanchetta & Poureslami, 2006). People with low literacy levels and those with a second language prefer when professionals speak slowly, use short words and do not use jargon (Zanchetta & Poureslami, 2006). Using plain language accompanied by visuals, and asking the person to repeat back the information, helps address the health literacy needs of newcomers and ensures comprehension for SPs (Khanlou et al., 2014).

Translators and interpreters. The use of translators and interpreters who speak newcomers' first language has been identified in the extant literature as effective strategies in addressing language barriers (Crocket, 2005; Fellin et al., 2013; King et al., 2011; McKeary & Newbold, 2010). However, evidence suggests that the use of interpreters for translation is under-utilized in community services and in the medical field. For example, in a study by King et al.

(2011) parents who were interviewed expressed difficulty understanding English terminology when they received a diagnosis for their child. This led to the view that parents were being resistant, but in actuality, they simply did not understand the diagnosis or what services were being offered. Parents reported they were not informed that interpreters were available to them. SPs acknowledged limited use of interpreters or translators in their work with diverse families. Therefore, King et al. (2011) concluded that SPs would benefit from training in using interpreters and for SPs not to assume families are aware of this support.

Visuals and videos. Visuals when accompanied by text have been found to increase understanding, comprehension, and recall of health information (Dowse, 2004; Dowse & Ehlers, 2005). Videos combined with health literacy strategies have proven to be successful in relaying health promotion messages. For example, culturally sensitive video clips were aired on local television for the Iranian community in Greater Vancouver, Canada. In their study Pourselami, Murphy, Nicol, Balka, and Rootman (2007) assessed the effectiveness of informational video clips on immigrant's attitudes towards British Columbia's (BC) Health Guide program. Data were collected pre/post airing of the video clips from a sample of Iranian citizens. Participants reported the videos encouraged them to utilize the BC Health Guide and there was a significant increase in service utilization. Results suggested using culturally sensitive videos are effective in delivering health promotion messages when they target culturally specific communities (Pourselami et al., 2007).

Summary

In Chapter Two, I presented the theoretical framework for this project. I also provided a review of the literature on newcomer families' perceptions and experiences in raising children with developmental delays, barriers when accessing services, and strategies that assist newcomer

families when seeking support services. Not only did the literature provide an understanding of newcomers' perceptions and experiences in viewing their children with developmental delays, but it also illustrated the link between health literacy and use of health services amongst newcomer populations. It also unmasked strategies that can be transferable to early intervention, education, and social services and are relevant for this graduating project. In the next chapter, I establish connections between findings from the extant literature review with connections to practice, in order to promote culturally responsive early intervention services for newcomer families.

CHAPTER THREE: CONNECTIONS TO PRACTICE

In this chapter, I connect sociocultural and ecological systems theory with my experiences and current practice as an administrator, and past experiences as a Registered Early Childhood Educator and a former Special Needs Resource Teacher. The review of the literature supports my argument that simply attributing cultural and family beliefs to service-seeking behaviours without investigating other contexts can be a disservice to these children and their families. Findings from the literature review suggest newcomer families require culturally sensitive services that are congruent with their unique beliefs, values, customs and language. I have observed families who decline interventions services or do not access early year's programs to which they are entitled. Sadly, I hear service providers (SPs) and educators describe these families as being resistant, or in denial that their child has developmental delays. My observations resonate with the King et al. (2011) study in which these authors found that language and communication barriers led to the view from SPs that those parents were being resistant. Findings from the literature review indicate that families incur challenges in service-seeking that encompass and go beyond their family (microsystem) and their overarching culture and belief systems (macrosystem). More specifically, Bronfenbrenner's (1986) ecological systems theory emphasized the inter-relatedness of the ecological contexts in the child's life. In addition, child care programs representing mesosystems and early intervention programs, education, and, government agencies representing exosystems all interact and intersect and have an important role to play, influencing newcomer service-seeking behaviours.

In the next section, I introduce two vignettes, based on the work that my agency and I do with newcomer families who have children with developmental delays. The vignettes illuminate how newcomer families' culture, values and beliefs may or may not have been considered when they were service-seeking. I have used pseudonyms for privacy and confidentiality purposes.

Vignette #1

A two-parent family immigrated to our community shortly after the birth of their first daughter. Ragesh, the father, managed a store and was away from home for long periods of time. His wife, Pryia, experienced post-partum depression and was referred to a public health nurse (PHN) for support. The PHN noticed the mother missed her family and friends who were living in India, which deepened her depression. Ragesh felt Pryia's demeanor was attributed to loneliness and she was simply missing her family. The PHN had concerns about their daughter Aara and her development, and referred the family to a developmental pediatrician. Eventually, Aara was diagnosed with autism and the family was persuaded to place Aara in our child care program where she and her family could receive inclusion services. The diagnosis was extremely difficult for both parents and deepened Pryia's depression. Pryia was encouraged to attend a local family resource centre with the goal that she would experience support and networking with other mothers from the diverse community. She attended the parent drop-in at the family resource centre where a number of mothers were also newcomers. Unfortunately, Pryia was not embraced or welcomed by them. This further deepened her feelings of isolation and depression. Eventually, Ragesh made the difficult decision to take his young family back to India so that Pryia could be with her mother, sisters, and friends.

In reflecting on this experience, I realize how Pryia's feelings of grief, having had to leave her home and extended family behind, resonates with Seligman and Darling's (2009) findings. Moreover, in receiving news about her daughter being identified with developmental delays, her grief deepened, consistent with the findings of studies by Barnett et al. (2003), Haley et al. (2013), and Hammond et al. (2013) about the stages of grief parents may experience when

faced with the news their child has developmental delays. Moreover, I realize the PHN, albeit well intended, suggested strategies that were grounded in Western values and on best practices of her profession that were incongruent with the families culture and belief systems, as identified by the findings of Lindsay et al. (2014) and King et al. (2014). As I gain a deeper understanding of this situation, I also draw on the inter-relatedness of the ecological contexts (Bronfenbrenner, 1986) in this mother and child's life. More specifically, I realize the different levels of connections, including the child's family (microsystem) connected with the PHN and child care centre (mesosystems), as well as the parents seeking resources and supports from government agencies and programs (exosystem). This vignette illustrates how the internal culture (macrosystem containing deeply-rooted beliefs, values, and thought processes) of this family was not visible to the PHN, something that resonates with Bronfenbrenner's ecological systems theory (1978). This experience also illustrates how the inter-related ecological systems in a child's life affects their development (Bronfenbrenner, 1978). The second vignette describes the importance of service providers and the notion of cross-cultural competence in providing culturally sensitive services.

Vignette #2:

A two-parent family recently immigrated to my community and was accessing support from a community Infant Development Program (IDP), an early intervention program that supports infants and young children who may be at risk for developmental delays or have a diagnosed disability [http://www.halton.ca/cms/One.aspx?portalId=8310&pageId=11325]. Their child was recently diagnosed with autism. The IDP Consultant was informed of the diagnosis by the father (Deepak) during a telephone conversation. He asked that she not share the information with his wife (Bala) because he did not want to upset her; he viewed the diagnosis as temporary. Deepak stated that he did not want the news of his child's disability to be spread to his home country; it would bring shame to his family. The IDP Consultant understood his concerns as her own parents had immigrated from India when she was an infant and she understood the beliefs and values associated with her culture; however, she was conflicted between honouring her professional duties and respecting the family for where they were situated. Moving forward in creating family service plans was difficult as Bala cared for their child but the father was the decision-maker. Over time, Deepak eventually shared the diagnosis with Bala. While on a home visit, Bala explained to the IDP Consultant that her child had a very mild form of autism, and that he will outgrow it.

As I reflect on this interaction, I understand this father's need to protect his wife and son from shame and stigma associated with having a child with developmental delays, an aspect that resonates with Dahr's (2009) and Daudji et al. (2011) studies. Specifically, these studies found that the whole family experienced social isolation, shame and stigma from family and friends, something I realize now this father deeply wanted to avoid. I draw on how the meaning of developmental delays for diverse families and their communities differ significantly and are unique in which they are found,

something identified in studies by Berk (2012); Dahr (2009); Danesco (1997); Daudji et al. (2011), and Wilgosh and Scorgie (2000). Moreover, I connect with Bandura's (1977) social learning theory as I realize that the family obtained their knowledge from their experiences drawn from their own upbringing, acquiring the meaning of developmental delays from social interactions with their family, culture, and community, thus resonating with Bandura's (1977) posits on social learning theory. I draw on the importance of cross-cultural competence in providing culturally sensitive services. The IDP consultant was able to respect the father's request because she understood and identified with the family's culture. She realized her profession was grounded in Western ideology that did not match the father's views and perceptions of his son's disability, something identified in the studies by Kalyanpur and Harry (1997); Lindsay et al. (2014); and, Tervalon and Murray Garcia (1998). As I gain a deeper understanding of this situation, I also draw on the importance of professionals being reflective practitioners, as demonstrated by this consultant. More specifically, the consultant possessed the capacity to respect the parents' view of the world, something identified through King et al. (2014), Lindsay et al. (2008), and Lynch and Hanson's (1993) findings. Moreover, from an administrator's perspective this highlights for me the importance of employing culturally diverse SPs and educators so that we can meet the needs of our growing newcomer population, resonating with Zanchetta and Poureslami's (2006) findings. Furthermore, I realize how this family's microsystem influenced their view of their child's diagnosis as described through Bronfenbrenner's (1994) ecological systems theory, and their meaning-making about developmental delays that resonates with Vygotsky's (1978) sociocultural theory. In the next chapter, I discuss the practical application of the research for a presentation for service providers and educators.

Connections to Practice: A Workshop for Service Providers and Educators

Throughout this project, I have argued newcomer children with developmental delays have a right to access early intervention services. Moreover, I have discussed that simply

attributing cultural and family beliefs to service-seeking behaviours without investigating other contexts is a disservice to these children and their families. As an administrator, I believe I have a professional responsibility to advocate for newcomer families and their children. The literature I have reviewed has shown families encounter many barriers to services that go beyond their culture and belief systems. Likewise, the literature review unearthed strategies and interventions that address barriers for newcomers accessing services that are transferable to early intervention programs, government services and education. The workshop, entitled "Newcomer Families with Children with Developmental Delays: Experiences with Service Utilization" is suitable for an interagency learning opportunity. The intent of the workshop is to share current research findings with professionals in the disciplines of early intervention and education as well as community members and stakeholders. Together we can plan and create professional development opportunities for SPs and educators in order to provide culturally sensitive services for diverse families. Moreover, I believe service provision for newcomers ought to be high on the agenda for future community child care planning. Research from Wenger-Trayner (2015) suggests CoP is an effective way to accomplish this goal. With this in mind, I have developed a presentation for SPs, educators, and stakeholders that might be shared at one of our local interagency meetings. In doing so, I will assume the role of a "system convener" in order to promote CoP across the landscapes of practice, specifically by facilitating new partnerships and learning opportunities across multi-disciplinary systems (Wenger et al., 2015). In Part One of the workshop, I introduce the guiding theorists for this project and definitions of key terms. I offer to the participants how I conceptualize culture. I describe how I identify with many cultures, for example: workplace, profession, education, family/ethnicity, and my community. I

examine the role of service providers and intervention services and invite participants to consider the inter-related role we play in the contexts of children's lives.

In Part Two of the workshop, I examine newcomer perceptions and experiences in raising children with developmental delays as well as barriers and strategies that work when seeking-services. Through the summary of the extant literature, I reveal how factors often associated with being a newcomer (for example, socioeconomic status, language, literacy, education, and cultural backgrounds) influence their ability to find support. I ask participants to engage in group work to draw out strategies that work from their personal and professional experiences when working with diverse families. Professionals who share their knowledge with each other create a CoP social learning journey, as illustrated by Wenger-Trayner et al. (2015), something identified in Chapter Two. Finally, I invite participants to examine the notion of cross-cultural competence and the importance for service providers and educators to understand the unique needs of newcomer families in raising a child with developmental delays.

In Part Three of the workshop, I invite participants to expand upon the tactics of CoP used for professional learning. Wenger (1998) coined the metaphor "landscape of practice" (as cited in Wenger-Trayner et al., 2015, p. 13) when describing the knowledge found in professional experience and practice, as illustrated in Chapter Two. I will invite participants, sitting in multi-disciplinary groups (for example, educators, speech pathologists, and occupational therapists) to work together to answer the following question: "How might we cultivate culturally sensitive service systems for diverse families in our community?" The aim is for professionals to experience a social learning journey across the landscape of practice. I then express my commitment to bring forth the responses from the group work for community child care planning and policy development purposes. I conclude the presentation by summarizing

findings from the literature review, and appeal to stakeholders and decision-makers to commit to selecting champions from their agencies to join a multi-agency CoP in cultivating culturally sensitive services in our community.

Summary

In this chapter, I have connected the theoretical frameworks and reviewed literature regarding newcomers' experiences and perceptions in raising children with developmental delays to how they experience services in my community. I have shared vignettes and personal experiences outlining how newcomer parents' culture, values and beliefs may, or may not have been considered by SPs when providing service. I have also outlined a presentation suitable for an interagency learning opportunity for professionals. I have described the CoP framework based on Bandura's (1977) social learning theory and how adopting this form of professional learning may be beneficial to service providers, educators and families who access our services. I expressed my belief that together we can create a community that is accessible for all of its residents. In Chapter Four, I present my reflections and concluding thoughts on this project, and outline future research directions and limitations.

CHAPTER FOUR: CONCLUSIONS

The literature examined in this project validated the significance of newcomer families' beliefs and values in viewing children with developmental delays. In my literature review, I have illustrated how newcomer families perceive and make meaning of developmental delays. A given culture passes down unique values, beliefs, language and ways of knowing from one generation to the next (Vygotsky, 1978; Bronfenbrenner, 1994). As a result of my investigation, I have developed a deeper understanding of how the meaning of developmental delays influences families both on a personal and societal level, something that resonates with studies by Dahr (2009) and Daudji et al. (2011). I am better informed about the various ways that families perceive and experience developmental delays, and how culture and other factors associated with being a newcomer can influence family service-seeking behaviours (Khanlou et al., 2014). In the next section, I present conclusions for this project, and point out limitations and directions for future research.

Reflections and Concluding Thoughts

I have realized that in addressing guiding question one, many newcomer families encounter barriers when seeking-services that are associated with immigrating to a new country (for example, language, communication, lack of awareness of services they are entitled to access, literacy, education, SES, and transportation). Drawing on Bronfenbrenner's (1978) ecological systems theory, I argue that organizations, education, programs, and regional and provincial government need to rethink the ways they attempt to engage and invite diverse families to use their services because of the inter-related role we play in children's health and well-being. For example, simply providing diverse families with an agency brochure or suggesting they access a Web site does not ensure comprehension or an assurance that they will access service. In addressing guiding question two, the literature investigated illuminated strategies that may work

for newcomer families who are in the process of service-seeking. It is important to note that research linking health literacy and the use of health care services amongst newcomer populations provided interventions and strategies that we, as service providers (SP) and educators, can transfer into the work that we do in our community, as illustrated by Simich, (2009). Professionals require training on health literacy and community supports to assist with health literacy efforts, which was identified in Chapter Two, as a systemic barrier by the Canadian Public Health Association (2006).

From my perspective, SPs and educators need to reconsider the taken-for-granted views they possess of newcomer families, as illustrated by the findings of Kalyanpur and Harry (1997) and Lindsay et al. As outlined in Chapter Two, being culturally competent supports SPs in understanding the values and beliefs of diverse families and in providing culturally sensitive services (Lindsay et al., 2014; Van Ngo, 2008). However, numerous studies from the literature review identified a challenge that SPs and educators face is a lack of training in cultural competency (King et al., 2011). I believe that consideration should be given in promoting cross-cultural competence and health literacy training for students in pre-service curricula and for professionals in public and private schools and in agencies that serve newcomer families. This can be challenging for many reasons, including the availability of training or resources, which points to the need for forming interagency learning opportunities for students and professionals, as described by (Wenger et al., 2015).

Limitations and Directions for Future Research and Practice

The scope of this project may be limited in its review as it focused on the context of newcomers accessing health services. The literature review did not include refugee families with children with developmental delays who face different and multiple challenges. For example, Canada recently became home to many Syrian refugees. Canada has committed to giving

vulnerable children, women and their families priority for refugee admission (Huber, 2015). However, the findings from the literature reviewed are relevant and meaningful for communities across Canada as they experience similar challenges in delivering services for newcomer families. The findings from this project can invite and guide future directions in developing culturally sensitive services. As outlined in Chapter Two, numerous government and scholarly studies have investigated the role of health literacy and service utilization in the health care field. Nevertheless, my investigation revealed a lack of literature investigating the role of health literacy and service utilization in early intervention services or education. My first suggestion for future research is to investigate the role of health literacy and service utilization amongst newcomers in early intervention, education and social services. More specifically, include the voices of newcomers' by investigating their perspectives and experiences when service-seeking. My second suggestion for future research is to investigate refugees and service utilization, specifically those with children with developmental delays. For example, Huber's (2015) article illuminated the need for a different approach to investigating the impact of trauma associated with the refugee process and the impact of trauma on children with developmental delays. In terms of recommendations derived from my connections to practice, I suggest that professionals and agencies in my community adopt a CoP framework. The goal would be to increase professional learning and cross-cultural competence, and to guide community child care planning in providing culturally sensitive services for newcomer families, including refugee families, especially for those with children with developmental delays. I believe it is important for my community to understand and meet the unique needs of our new residents so that their children can receive early intervention and support services before they arrive to Kindergarten.

References

Ali, J., McDermott, S., & Gravel, R. (2004). Recent research on immigrant health from Statistics Canada's population surveys. *Canadian Journal of Public Health, 95*(3), 19-113.

Ajodhia-Andrews, A., & Berman, R. (2009). Exploring school life from the lens of a child who does not use speech to communicate. *Qualitative Inquiry, 15*(5), 931-951.

Baker, B. (2002). The hunt for disability: The new eugenics and the normalization of school children. *Teachers College Record, 104*(4), 663-703.

Balla, E., Harb, H., & Mills, A. (2010). *East Downtown Toronto LIP Council, Final report*. Toronto, ON: Canadian Centre for Victims of Torture. Retrieved from: http://ccvt.org/wp-content/uploads/2011/08/LIPREPORT-November-2009-September-2010.pdf

Bandura, A. (1977). Social learning theory. 1-46. Retrieved from: http://www.esludwig.com/uploads/2/6/1/0/26105457/bandura_sociallearningtheory.pdf

Banghwa, L.C., Michin, H., & Harrington, D. (2010). Measuring migratory grief and loss associated with the experience of immigration. *Research on Social Work Practice, 20*(6), 611-620.

Barnett, D., Clements, M., Kaplan-Estrin, M., & Fialka, J. (2003). Building new dreams: Supporting parents' adaptation to their child with special needs. *Infants and Young Children, 16*(3), 184-200.

Berk, L. (2012). *Infants and children: Prenatal through middle childhood* (5th ed.). Pearson Education.

Bowen, S. (2001). *Language barriers in access to health care*. Ottawa: Health Canada. Retrieved from: http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/2001-

lang-acces/2001-lang-acces-eng.pdf.

Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspective. *Developmental Psychology*, *22*(6), 723-742. Retrieved from: http://dyna2.nc.hcc.edu.tw/dyna/data/user/hs1283/files/201203171009462.pdf

Bronfenbrenner, U. (1994). *Ecological models of human development*. International Encyclopedia of Education, (3), (2nd ed.). Oxford: Elsevier.

Buckner, J. C., Bassuk, E. L., & Weinreb, L. F. (2001). Predictors of academic achievement among homeless and low-income housed children. *Journal of Psychology*, *39*(1), 45-69.

Callicott, K. J. (2003). Culturally sensitive collaboration within person-centred planning. *Focus on Autism and Other Developmental Disabilities*, *18*, 61-68.

Canadian Public Health Association. (2006). *Report on focus groups with literacy learners*. Unpublished data prepared for the Expert Panel on Health Literacy. Retrieved from: http://www.cpha.ca/uploads/portals/h-l/report_e.pdf

Center for Disease Control and Prevention. (2015). *Everyday words for public health for public health communication*. Retrieved from: http://www.cdc.gov/other/pdf/everydaywordsforpublichealthcommunication_final_11-5-15.pdf

Centre for Equality Rights in Accommodation (CERA). (2009). *Sorry, it's rented." Measuring discrimination in Toronto's rental housing market.* CERA. Retrieved from: http://www.equalityrights.org/cera/docs/CERAFinalReport.pdf

City of Toronto. (2011). *"The global city: Newcomer health in Toronto"*. Retrieved from: http://www.toronto.ca/legdocs/mmis/2011/hl/bgrd/backgroundfile-42361.pdf

Coleman, J. (2006). *The early intervention dictionary: A multidisciplinary guide to terminology* (3rd ed.). Bethesda, MD: Woodbine House.

Cook, R. E., Klein, M. D., & Chen, D. (2012). *Adapting early childhood curricula for children with special needs* (8th ed.). Upper Saddle River, NJ: Pearson Ed.

Cornwell, L., Hendrickson, T., Lee, M., Lettner, M., Loli-Dano, L., & Peng, I. (2007). *Health status and health needs of older immigrant women: Individual, community, societal and policy links – Research report*. Toronto, ON: Ontario Women's Health Network. Retrieved from: http://www.owhn.on.ca/pdfs/Older Immigrant Women's Health Report_Final_Final.pdf

Council of Agencies Serving South Asians (CASSA). (2008). *Summary report: South Asians and health —A roundtable to identify gaps in health promotion for South Asian communities in Ontario*. Toronto, ON: CASSA. Retrieved from: file:///C:/Users/runmo_000/Downloads/South+Asians+and+Health+Summary+Report%20(1).pdf

Crockett, M. (2005). New faces from faraway places: Immigrant child health in Canada. *Paediatrics & Child Health, 10*(5), 277–281.

Crowther, I. (2009). *Inclusion in early childhood settings: Children with special needs in Canada*. (2nded.). Toronto ON: Pearson Canada.

Danseco, E. R. (1997). Parental beliefs on childhood disability: Insights on culture, child development and intervention. *International Journal of Disability, Development and Education, 44*(1), 41-52.

Dahr, R., L. (2009). Living with a developmentally disabled child: attitude of family members in India. *The Social Science Journal, 46,* 738–755.

Daudji, A., Eby, S., Foo, T., Ladak, F., Sinclair, C., Landry, M., Moody, K., & Gibson, B. (2011). Perceptions of disability among south Asian immigrant mothers of children with disabilities in Canada: Implications for rehabilitation service delivery. *Disability and Rehabilitation, 33*(6), 511-521.

Dei, G.J.S. (1996). Critical perspectives on antiracism: An introduction. *The Canadian Review of Sociology and Anthropology, 33*(3), 247-267.

Dowse, R. (2004). Using visuals to communicate medicine information to patients with low literacy. *Adult Learning, 15*(1/2), 22-25.

Dowse, R., & Ehlers, M. (2005). Medicine labels incorporating pictograms: Do they influence understanding and adherence? *Patient Education and Counselling, 58,* 63-70.

Edwards, C. P., Gandini, L., & Forman, G. E. (1998). *The hundred languages of children: The Reggio Emilia approach —advanced reflections*. Greenwood Publishing Group.

Edwards, S. (2003). New directions: Charting the paths for the role of sociocultural theory in early childhood education and curriculum. *Contemporary Issues in Early Childhood, 4*(3), 251-266.

Edwards, S. (2006). Stop thinking of culture as geography: Early childhood educators' conceptions of sociocultural theory as an informant to curriculum. *Contemporary Issues in Early Childhood, 7,* 238-252.

Fellin, M., King, G., Esses, V., Lindsay, S., & Klassen, L. (2013). Barriers and facilitators to health and social service access and utilization for immigrant parents raising a child with a physical disability. *International Journal of Migration, Health and Social Care, 9*(3),

135-145.

Goelman, H., & Guhn, M. (2011). The Theoretical Framework (s) That Guided the CHILD Project. In *New Approaches to Early Child Development* (pp. 17-32). Palgrave Macmillan US.

Gold, J., & DesMeules, M. (2004). National symposium on immigrant health in Canada: An overview. *Canadian Journal of Public Health*, *95*(3), 13-13. Retrieved from: http://www.jstor.org.ezproxy.library.ubc.ca/stable/41994327

Guralnick, M. (2008). International perspectives on early intervention a search for common ground. *Journal of Early Intervention*, *30*(2), 90-101.

Haley, M., Hammond, H., Ingalls, L., & Romano Marin, M. (2013). Parental reactions to the special education individual education program process: Looking through the lens of grief. *Improving Schools*, *16*, 232-243. doi: 10.1177/1365480213505180

Hall, Edward T. (1976, 1989). *Beyond culture*, NY: Anchor Books Editions.

Health literacy in Canada: A healthy understanding. (2008). (Ottawa), 1-38. Retrieved from: https://www.bth.se/hal/halsoteknik.nsf/bilagor/HealthLiteracyReportFeb2008E_pdf/$file/HealthLiteracyReportFeb2008E.pdf

Huber, J. (2015, November 29). How Canadians can help child refugees arriving in Canada. *CBC News Canada*. Retrieved from: http://www.cbc.ca/news/canada/child-refugees-assistance-welcome-canada-1.3339971

Kalyanpur, M., & Harry, B. (1997). A posture of reciprocity: A practical approach to collaboration between professionals and parents of culturally diverse backgrounds. *Journal of Child and Family Studies*, *6*(4), 487-509.

Khanlou, N., Haque, N., Sheehan, S., & Jones, G. (2014). “It is an issue of not knowing where to

go": Service providers' perspectives on challenges in accessing social support and services by immigrant mothers of children with disabilities. *J Immigrant Minority Health*, *17*, 1840-1847. Retrieved from: http://link.springer.com/article/10.1007/s10903-014-0122-8/fulltext.html.

Kilbride, K. M., & Webber, S. M. (2006). *Plug them in and turn them on: Homelessness, immigrants, and social capital*. Ottawa, ON: Housing and Homelessness Branch, Department of Social Development and Human Resources Canada. Retrieved from: http://homelesshub.ca/resource/plug-them-and-turn-them-homelessness-immigrants-and-social-capital

King, G. & Meyer, K. (2006). Service integration and coordination: A framework of approaches for the delivery and coordinated care to children with disabilities and their families. *Child: Care, Health and Development, 32*(4), 477-492.

King, G., Lindsay, S., Klassen, A., Esses, V., & Mesterman, R. (2011). *Barriers to health service utilization by immigrant families raising a disabled child: Unmet needs and the role of discrimination*. Final Report to Citizenship and Immigration Canada. Retrieved from: http://atlantic.p2pcanada.ca/wp-content/blogs.dir/1/files/2011/09/families-with disabled child-final-report1.pdf

King, G. A., Esses, V. M., & Solomon, N. (2013). Immigrant and refugee families raising children with disabling conditions: A review of the international literature. *US immigration and education: cultural and policy issues across the lifespan*, 179.

King, G., Desmarais, C., Lindsay, S., Piérart, G., & Tétreault, S. (2014). The roles of effective communication and client engagement in delivering culturally sensitive care to immigrant parents of children with disabilities. *Disability and Rehabilitation, 37*, 1-10. doi:

10.3109/09638288.2014.972580

Kisler, J., & McConachie, H. (2010). Parental reaction to disability. *Paediatrics and Child Health, 20*, 309–314. Retrieved from: http://dx.doi.org/10.1016/j.paed.2010.02.010

Kisler, J. (2014). Parental reaction to disability. *Paediatrics and Child Health, 24*, 331-336. doi:10.1016/j.paed.2014.04.004

Klassen, A., Gulati, S., Watt, L., Banerjee, A., Sung, L., Klaassen, R., Dix, D., Poureslami, I., & Shaw, N. (2011). Immigrant to Canada, newcomer to childhood cancer: A qualitative study of challenges faced by immigrant parents. *Psycho-Oncology*, 1-5. doi: 10.1002/pon.1963

Kreps, G., & Sparks, L. (2008). Meeting the health literacy needs of immigrant populations. *Patient Education and Counseling, 71*, 328–332. Retrieved from: https://www.researchgate.net/profile/Lisa_Sparks/publication/5464322_Meeting_the_health_literacy_needs_of_immigrant_populations/links/541384b90cf2fa878ad3dc60.pdf

Kübler-Ross, E. (1969). *On death and dying*. New York: Macmillan.

Kübler-Ross, E. (2011). *On children and death*. New York, N.Y.: Simon and Schuster.

Lave, J., & Wenger, E. (1991) *Situated learning. Legitimate peripheral participation*, New York, NY: Cambridge University Press.

Lindsay, S., King, G., Klassen, A., Esses, V., & Stachel, M. (2008). Working with immigrant families raising a child with a disability: Challenges and recommendations for healthcare and community service providers. *Disability & Rehabilitation, 34*(23), 2007-2017.

Lindsay, S., Tetrault, S., Demaris, C., King, G., & Piérart, G. (2014). Social workers as "cultural brokers" in providing culturally sensitive care to immigrant families raising a child with a physical disability. *Health and Social Work, 39*(2), e10-e20.

Lynch, E., & Hanson, M. (1993). Changing demographics: Implications for training in early intervention. *Infants and Young Children, 6*(1), 50-55.

Lynch, E., & Hanson, M. (2011). *Developing cross-cultural competence* (4th ed.). Baltimore, MD: Paul H. Brooks Publishing.

Maloni, P. K., Despres, E. R., Habbous, J., Primmer, A. R., Slatten, J. B., Gibson, B. E., & Landry, M. D. (2010). Perceptions of disability among mothers of children with disability in Bangladesh: Implications for rehabilitation service delivery. *Disability and Rehabilitation*, *32*(10), 845-854.

McKeary, M., & Newbold, B. (2010). Barriers to care: The challenges for Canadian refugees and their health care providers. *Journal of Refugee Studies,* 1-23. doi:10.1093/jrs/feq038

Messiou, K. (2006). Conversations with children: Making sense of marginalization in primary school settings. *European Journal of Special Needs Education, 21*(1), 39-54.

Newbold, K. B. (2009). Health care use and the Canadian immigrant population. *International Journal of Health Services, 39*(3), 545-565.

Nutbeam**,** D. (2000). Health literacy as a public health goal: A challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International*, *15*, 259–267.

Offord Centre (2014). *Early Development Instrument (EDI): A population-based measure for communities*. Retrieved from: http://www.offordcentre.com/readiness/EDI_factsheet.html

Ontario Ministry of Education (2015a). *Full-Day Kindergarten. Why should I enroll my child?* Retrieved from: http://www.edu.gov.on.ca/kindergarten/whyshouldienrolmychild.html

Ontario Ministry of Education (2015b). *Full-Day Kindergarten study evaluation*. Retrieved from: http://www.edu.gov.on.ca/kindergarten/theresearchisin.html

Our Kids Network (2011a). *Report card 2011: A vision for children in Halton*. Retrieved from: http://www.ourkidsnetwork.ca/Public/Page/Files/25_okn_report_card_2011_12.02.11.pdf

Our Kids Network (2011b). *Executive Summary, Report card 2011: A vision for children in Halton*. Retrieved from: http://www.ourkidsnetwork.ca/Public/Page/Files/33_okn_report_card_2011_exec_summary_12.02.11.pdf

Petrenchik, T. (2008). Childhood disability in the context of poverty: A discussion paper prepared for The Ontario Ministry of Children and Youth Services. *CanChild Centre for Childhood Disability Research*. Retrieved from: https://www.canchild.ca/en/ourresearch/resources/ChildhoodDisabilityintheContextofPoverty CanChild.pdf

Pollock, G., Newbold, B., Lafrenière, G., & Edge, S. (2011). Perceptions of discrimination in health services experienced by immigrant minorities in Ontario. *Social Innovation Research Group*, 1-35. Retrieved from: http://p2pcanada.ca/wp-content/blogs.dir/1/files/2015/09/Perceptions-of-Discrimination-in-Health-Services-Experienced-by-Immigrant-Minorities-in-Ontario.pdf

Poureslami, I., Murphy, D., Nicol, A. Balka, E., & Rootman, I. (2007). Assessing the effectiveness of informational video clips on Iranian immigrants' attitudes toward and intention to use the BC. Health Guide program in the Greater Vancouver Area, *Medscape General Medicine*, *9*(1), 12.

Public Health Agency of Canada. (2014). *Health literacy*. Retrieved from:

http://www.phac-aspc.gc.ca/cd-mc/hl-ls/index-eng.php#tabs-2

Ravindran, N., & Myers, B. (2012). Cultural influences on health, illness, and disability: A review and focus on autism. *Journal of Child and Family Studies, 21*, 311-319.

Reitz, J. G., & Banerjee, R. (2007). *Racial inequality, social cohesion and policy issues in Canada*. Canada: Institute for Research on Public Policy. Retrieved from: http://irpp.org/wp-content/uploads/2014/08/reitz.pdf

Ripat, J., &Woodgate, R. (2011). The intersection of culture, disability and assistive technology. *Disability and Rehabilitation: Assistive Technology*, *6*(2), 87-96. Retrieved from: http://dx.doi.org/10.3109/17483107.2010.507859.

Robbins, J. (2005). Contexts, collaboration, and cultural tools: A sociocultural perspective on researching children's thinking. *Contemporary Issues in Early Childhood, 6*(2), 140-149. Retrieved from: http://cie.sagepub.com/content/6/2/140.full.pdf+html.

Rootman, I., & Gordon-El-Bihbety, D. (2008). *A vision for a Health Literate Canada: Report of the expert panel on health literacy*. Retrieved from: http://www.cpha.ca/uploads/portals/h-l/report_e.pdf.

Sanchez, S. (1999). Learning from the stories of culturally and linguistically diverse families and communities: A socio-historical lens. *Remedial and Special Education, 20*, 351–359.

Seligman, M., & Darling, R. B. (2009). *Ordinary families, special children: A systems approach to childhood disability*. Guilford Press.

Simich, L. (2009). *Health literacy and immigrant populations*. Submitted to the Canadian Public Health Agency and Metropolis Canada. Retrieved from: http://canada.metropolis.net/ pdfs/health_literacy_policy_brief_jun15_e.pdf.

Singer, H. S., & Irvin, L. K. (1989). Family caregiving, stress, and support. In G. H. S. Singer & L. K. Irvin (Eds.). *Support for caregiving families: Enabling positive adaptation to disability* (pp. 3-26). Baltimore: Paul H. Brookes.

Skinner, B. F. (1953). *Science and Human Behavior*. New York: The Free Press.

Smith, J. L., & Haggerty, J. (2003). Literacy in primary care populations: is it a problem? *Canadian Journal of Public Health/Revue Canadienne de Santeè Publique*, *94*(6), 408-412.

Statistics Canada. (2011). *Immigration and Ethnocultural Diversity in Canada.* Retrieved from: https://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.cfm Statistics Canada. (2015). *Classification of visible minority*. Retrieved from: http://www.statcan.gc.ca/eng/concepts/definitions/minority01a

Takanishi, R. (2004). Leveling the playing field: Supporting immigrant children from birth to eight. *The Future of Children*, *14*(2), 60-79. Retrieved from: http://www.jstor.org.ezproxy.library.ubc.ca/stable/pdf/1602794.pdf?acceptTC=true

Teixeira, C. (2008). Barriers and outcomes in the housing searches of new immigrants and refugees: A case study of "black" Africans in Toronto's rental market. *Journal of Housing and the Built Environment*, *23*(4), 253-276.

Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, *9*, 117-125.

Turnbull, A., & Turnbull, A. (2001). *Families, professionals, & exceptionality: Collaborating for empowerment* (4th ed.). Upper Saddle River, NJ: Prentice-Hall.

Van Ngo, H. (2009). Patchwork, sidelining and marginalization: Services for immigrant youth.

Journal of Immigrant & Refugee Studies, 7, 82-100.

doi: 10.1080/15562940802687280

Vygotsky, L. (1978). *Mind in society*. London: Harvard University Press.

Wenger, E. (2011). Communities of practice: A brief introduction. 1-7. Retrieved from: https://scholarsbank.uoregon.edu/xmlui/bitstream/handle/1794/11736/A%20brief%20introduction%20to%20CoP.pdf?sequence=%201.

Wenger-Trayner, E., Fenton-O'Creevy, M., Hutchinson, S., Kubiak, C., & Wenger-Trayner, B. (2015). *Learning in landscapes of practice; Boundaries, identity, and knowledgeability in practice-based learning*. New York, NY: Routledge.

Wilgosh, L., & Scorgie, K. (2006). Theoretical model for conceptualizing cross-cultural applications and intervention strategies for parents of children with disabilities. *Journal of Policy and Practice in Intellectual Disabilities, 3*(4), 221-218.

Winzer, M. (2008). *Children with exceptionalities in Canadian classrooms* (8th ed.). Toronto, ON: Pearson Education Canada.

Zanchetta, M. S., & Poureslami, I. M. (2006). Health literacy within the reality of immigrants' culture and language. *Canadian Journal of Public Health/Revue Canadienne de Santeè Publique*, *97*(2), S26-S30.

APPENDIX A

Table 1

Number and Percent of Population Speaking neither English nor French

Number and Percent of Population Speaking Neither English nor French

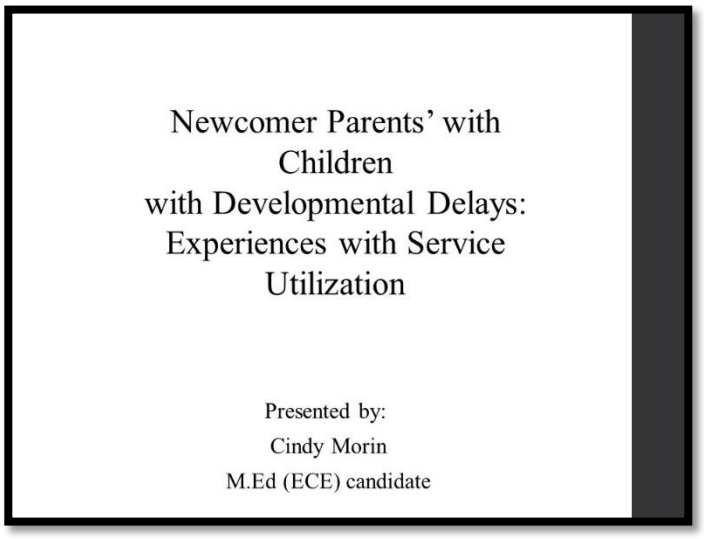
Census of Canada, 2001 and 2006 and National Population Household Survey, 2011

	2001			2006			2011			Change in Non-Official Languages			
	Total Population	Total Pop. Speaking Neither English nor French	Pct of Total Pop. Speaking Neither English nor French	Total Population	Total Pop. Speaking Neither English nor French	Pct of Total Pop. Speaking Neither English nor French	Total Population	Total Pop. Speaking Neither English nor French	Pct of Total Pop. Speaking Neither English nor French	5-YEAR Change (2006 to 2011)		10-YEAR Change (2001 to 2011)	
Municipality	Num	Num	Pct	Num	Num	Pct	Num	Num	Pct	Num	Pct	Num	Pct
Halton	372,410	2,120	1%	435,400	3,215	1%	498,105	4,925	1%	1,710	53%	2,805	132%
Oakville	143,685	1,265	1%	164,490	1,735	1%	181,455	2,365	1%	630	36%	1,100	87%
Burlington	149,735	585	0%	162,485	815	1%	174,245	1,240	1%	425	52%	655	112%
Milton	31,005	100	0%	53,410	450	1%	83,680	1,070	1%	620	138%	970	970%
Halton Hills	47,985	170	0%	55,020	210	0%	58,725	255	0%	45	21%	85	50%

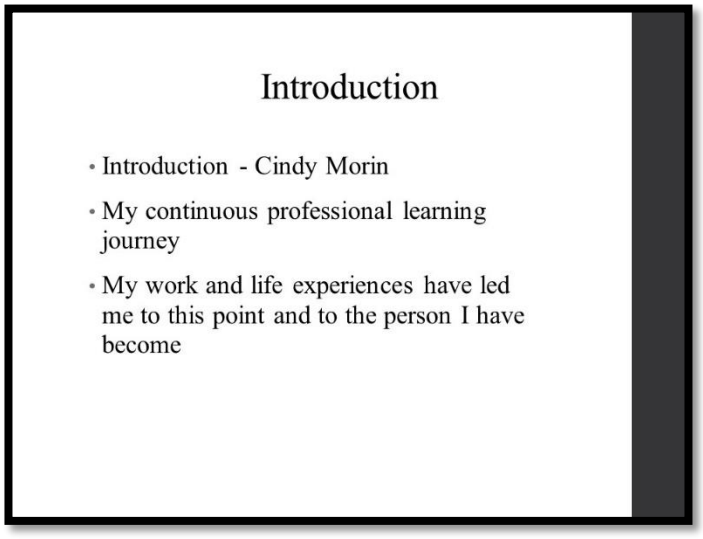
Statistics Canada. 2012. Halton, Ontario (Code 3524) and Canada (Code 01) (table). Census Profile. 2011 Census. Statistics Canada Catalogue no. 98-316-XWE. Ottawa. Released October 24, 2012. Retrieved from: http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/index.cfm?Lang=E (accessed December 9, 2015).

APPENDIX B

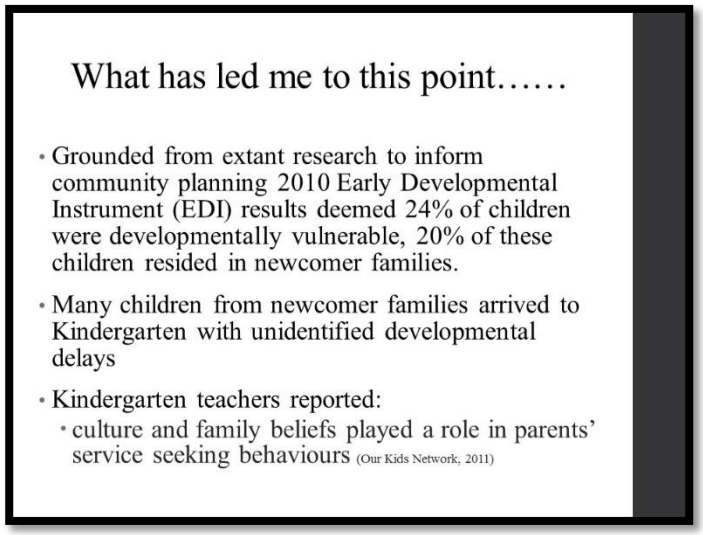
Connections to Practice: A Presentation for Service Providers and Educators



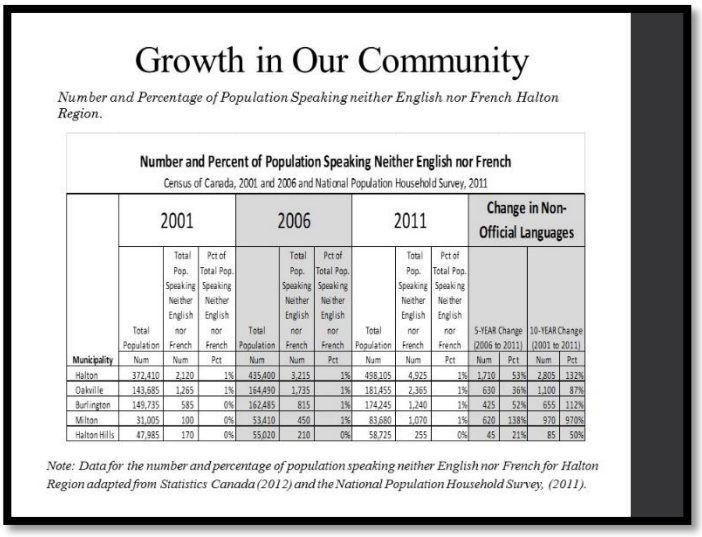
Welcome to the presentation titled: Newcomer Families with Children with Developmental Delays: Experiences with Service Utilization.
This presentation is part of my Master of Education capstone project, UBC.
It is intended to provide information to professionals working in early intervention, education, and social services in Ontario and perhaps across Canada.



- Experience working in early intervention and early education over 37 years.
- I describe how my education and experience has shaped my ways of knowing working with diverse families and their children.
- I describe how my M. Ed. studies and research has shaped my practice and the professional that I have become.
- I share how I hope my research might shape their practice in working with culturally diverse families and the services we provide to families.



- This project is very important to me because I believe newcomer children with developmental delays have a right to access early intervention services; and, sadly many are missing out of this opportunity in our community.
- I believe simply attributing cultural and family beliefs to service seeking behaviours without investigating other contexts would be a disservice to these children and their families. Consideration must be given to children's development within their "contexts, communities, and cultural settings" (Robbins, 2005, p. 141).
- Canada is a culturally and racially diverse country. According to Statistics Canada (2011) one out of five people in Canada are visible minorities and are foreign-born citizens. Census Canada (2001; 2006) and the National Household Survey (NHS) (2011) indicated an exponential growth of newcomers immigrated to our municipality possessing non-official languages and reported an ethnic background other than British or French (see Appendix A).
- It is very important for our field to gain an understanding of newcomers' experiences and perceptions of their children with developmental delays, what works, and, what does not work so that we can together as a community effectively plan culturally sensitive services that will meet their needs.



Growth in Our Community

Number and Percentage of Population Speaking neither English nor French Halton Region.

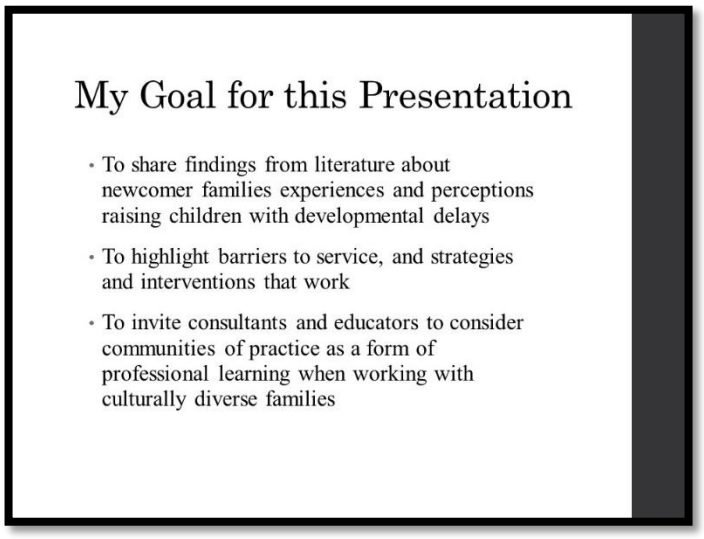
Number and Percent of Population Speaking Neither English nor French

Census of Canada, 2001 and 2006 and National Population Household Survey, 2011

	2001			2006			2011			Change in Non-Official Languages			
	Total Population	Total Pop. Speaking Neither English nor French	Pct of Total Pop. Speaking Neither English nor French	Total Population	Total Pop. Speaking Neither English nor French	Pct of Total Pop. Speaking Neither English nor French	Total Population	Total Pop. Speaking Neither English nor French	Pct of Total Pop. Speaking Neither English nor French	5-YEAR Change (2006 to 2011)		10-YEAR Change (2001 to 2011)	
Municipality	Num	Num	Pct	Num	Num	Pct	Num	Num	Pct	Num	Pct	Num	Pct
Halton	372,410	2,120	1%	435,400	3,215	1%	488,105	4,925	1%	1,710	53%	2,805	132%
Oakville	143,685	1,265	1%	164,490	1,735	1%	181,455	2,365	1%	630	36%	1,100	87%
Burlington	149,735	585	0%	162,485	815	1%	174,245	1,240	1%	425	52%	655	112%
Milton	31,005	100	0%	53,410	450	1%	83,680	1,070	1%	620	138%	970	970%
Halton Hills	47,985	170	0%	55,020	210	0%	58,725	255	0%	45	21%	85	50%

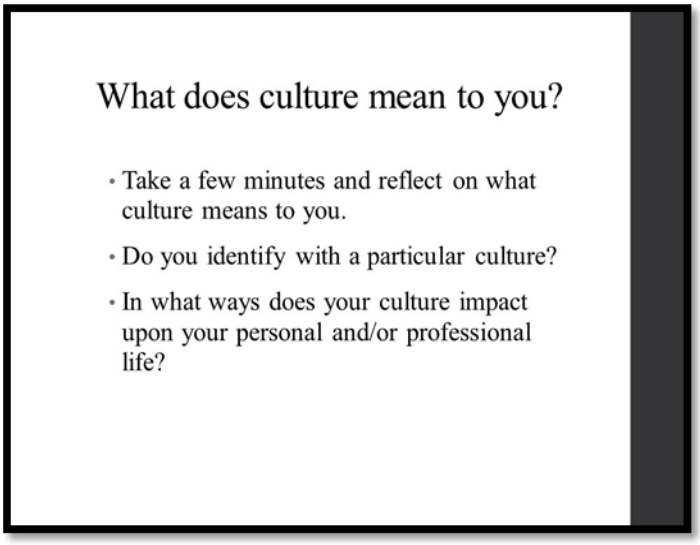
Note: Data for the number and percentage of population speaking neither English nor French for Halton Region adapted from Statistics Canada (2012) and the National Population Household Survey, (2011).

- Our community has experienced exponential growth.
- In research conducted for child care planning it was found in 2011 that we experienced:
    - 78% increase in visible minorities
    - 47% growth in mother tongue languages other than English or French
    - We have experienced a ten-year change of 132% in non-official languages in our community (see Appendix A).



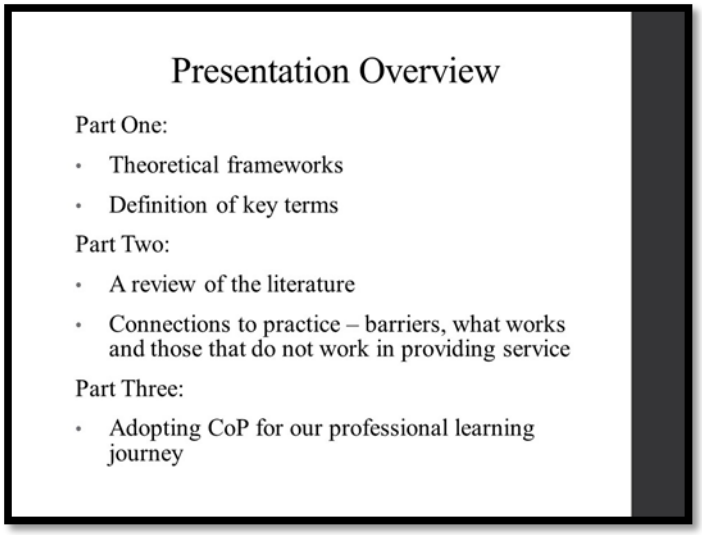
My goals for this presentation are as follows:

- To share findings from my in-depth examination of scholarly literature about newcomer families beliefs and values in raising children with developmental delays.
- To introduce consultants and members of education to sociocultural and ecological frameworks as lens in which to view newcomer families and their children.
- To highlight barriers to service and offer alternative ways for agencies and education to reach out to diverse families.
- To invite consultants and members of education to consider CoP as a form of professional learning and increasing cultural competence.
- To influence community planning to support newcomer families ability to cope in raising their child with developmental delays and in providing culturally sensitive services.



Individual Activity

- I share with the group how I conceptualize culture. I describe how I identify with many cultures e.g workplace, profession, education, family/ethnicity, community, and faith based institutions. In each of these cultures are values, beliefs, customs, and ways of knowing that shape who I am both professionally and personally.
- I describe that my ethnic background is situated in both British and French culture. I am fluent in English, one of Canada's official languages. The work that I do for Halton Region is grounded on best practice and Western ideology. I realize when I enter into a professional relationship with diverse families that I bring a Westernized lens to my work.
- Extant literature claims service providers need to be aware of their own cultural backgrounds and how this may impact upon their work with diverse families. (Kalyanpur & Harry, 1997; Callicott, 2003; Guralnick, 2008; Lindsay, Tétreault, Desmaris, King, & Piérart, 2014). Our culture shapes our worldview and our ways of knowing (Ravindran & Myers (2012).
- Think-Pair-Share
  Participants are asked to take a moment and think about what culture means to them. Think about their own cultural identity and how it may, or may not, impact upon their personal and/or professional. Using paper available on the paper they are invited to write down reflections.
  Participants are invited to share their reflection with a partner

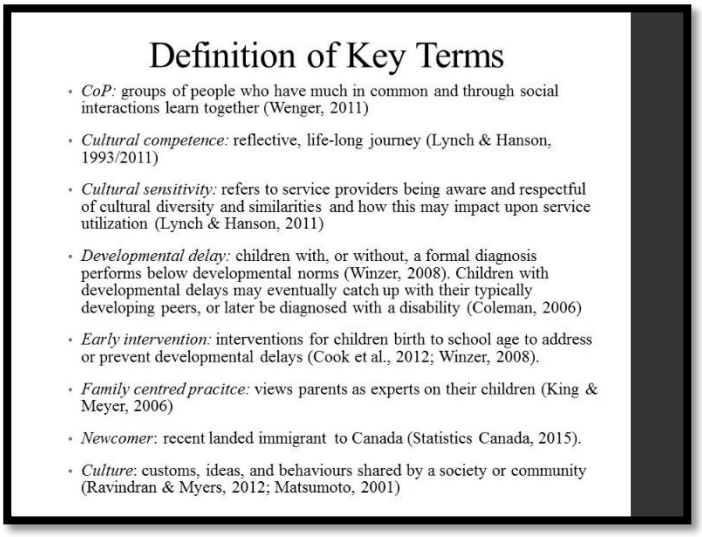


You have had time to reflect upon what culture means to you; and, the ways in which your cultural identity may impact upon your personal/professional life. I encourage you to embrace your ideas and bring them with you as we travel together through the remainder of the presentation.

- I introduce you to the theorists who have guided my thinking to complete this project
- I define key terms used to throughout the presentation
- I review literature examining newcomer families' experiences and perspectives in raising a child with developmental delay, barriers to service, and strategies that work in providing culturally responsive services.
- I then invite us to consider adopting a CoP social learning framework as a form of professional development, increasing our cultural competence, and in shaping culturally sensitive services.

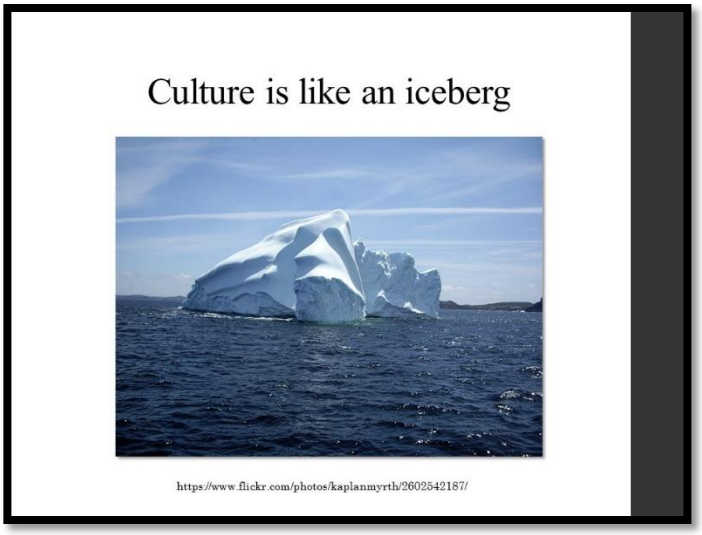
Part One:

- Definition of key terms
- Theoretical frameworks



The following terms play a key role in discussing this project: newcomer; culture, developmental delay, early intervention; and CoP.

- *CoP:* can evolve organically due to community members' common areas of interests or concerns, or intentionally with the purpose of acquiring and sharing knowledge and meaning (Wenger, 2011).
- *Cultural competence*: professionals who are reflective and aware of their culture and biases, question their taken-for-granted beliefs are able to provide culturally sensitive care to newcomer families (Kalyanpur & Harry, 1997)
- *Cultural sensitivity*: refers to service providers being aware and respectful of cultural diversity and similarities and how this may impact upon service utilization (Lynch & Hanson, 1993).
- *Developmental delay:* pertains to a term used to describe children with, or without, a formal diagnosis who performs below developmental norms and milestones (Cook et al., 2012; Winzer, 2008; & Crowther, 2009). Coleman (2006) posited children with developmental delays may eventually catch up with their typically developing peers, or later be diagnosed with a disability
- *Early intervention* is a prevalent term used to describe a wide variety of interventions (e.g. education, psychological, or therapeutic) for children birth to school age to address or prevent developmental delays (Cook et al., 2012; Winzer, 2008).
- *Family centred practice*: moves away from viewing the child in isolation and focuses upon the child within the family system (Cook et al., 2012). Professionals who partner, collaborate, and view parents as experts on their children defines FCP (King & Meyer, 2006).
- *Newcomer* is a predominant term used to describe a recent landed immigrant who arrived in Canada up to five years prior from a census year (Statistics Canada, 2015)

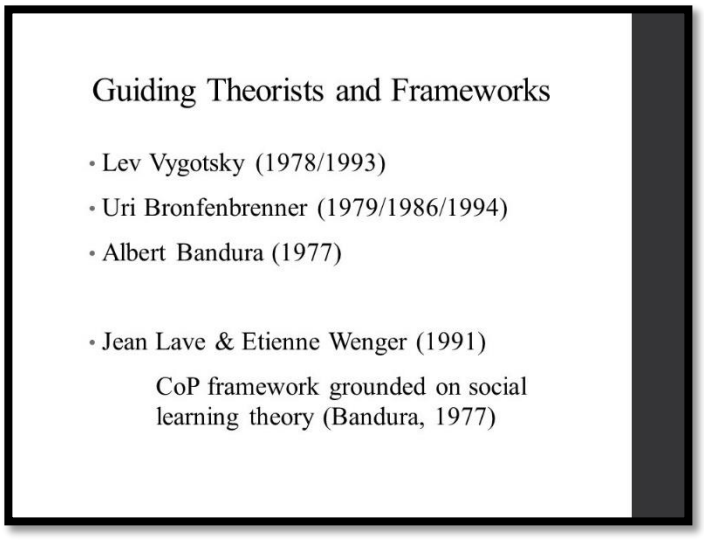


- *Culture* is customs, ideas, and behaviours shared by a society, community, or particular group of people and it is constantly evolving (Bronfenbrenner, 1994; Ravindran & Myers, 2012; Matsumoto, 2001). Cultural behaviours are immediately apparent; however, behaviours, values, and ideas are often hidden (Hall, 1976)

- In 1976, Anthropologist Edward T. Hall posited culture is like an iceberg and that there are two parts to culture, comprising of both external and internal components. A small portion of the external culture (behaviour) is above water the water's surface and is visible of a particular society. Hidden beneath the water's surface is the internal culture (values, beliefs and thought processes) of a given society.

- I argue to consider both the external and internal components when working with newcomer families and their children in order to unearth their values, beliefs and thoughts. This image constructs the importance for service providers and educators to look beyond the tip of the ice berg and to gain an understanding of what is often times hidden from our view….family values, beliefs, and thought processes of a given society.

The Circumference (2008). Kaplinmyrth (no real name supplied). Retrieved from: https://www.flickr.com/photos/kaplanmyrth/2602542187/
Licensed under Creative (Attribution-Only)
https://creativecommons.org/licenses/by-sa/2.0/

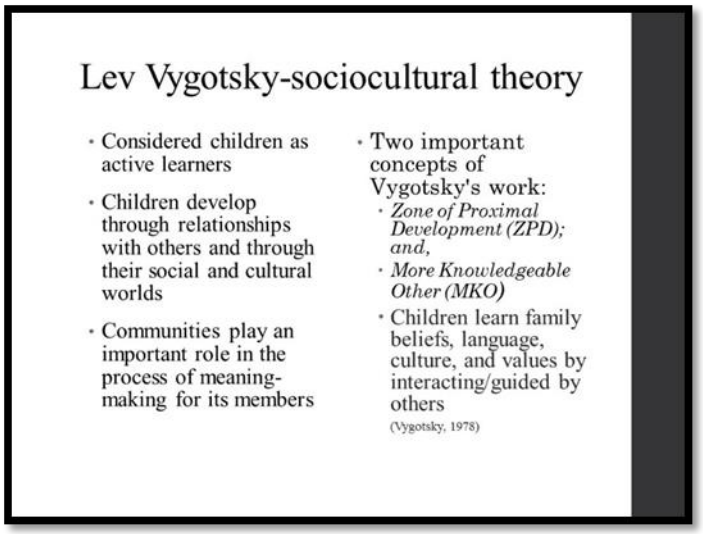


My personal philosophy in working with all families and children aligns with sociocultural and ecological frameworks.

In viewing children and families within sociocultural and ecological frameworks means children and their contexts are explicitly intertwined and linked. Both Vygotsky and Bronfenbrenner posited reciprocal relationships within and between the child and their environmental systems influences them as they grow and develop. Likewise, children exert an influence within and between their contexts.

I describe CoP, grounded on social learning theory, and how it guided my thinking in investigating professional learning and how it can be adopted as a framework in sharing professional knowledge and experiences with others.

The theorists that guided my thinking to complete this project, are described next.

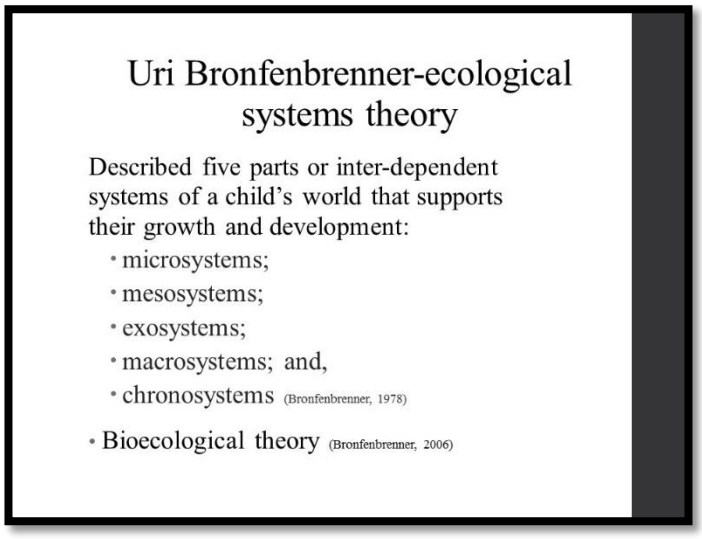


Lev Vygotsky

- Bandura (1977) and Vgotsky provided insight into the reciprocal nature of child development (Vygotsky, 1978)
- Children learn by actively participating in practices with others.
- Two important concepts from Vygotsky's (1978) work are the More Knowledgeable Other (MKO) and the inter-related concept of Zone of Proximal Development (ZPD). The former refers to an 'other' who possesses a better understanding or knowledge about a subject and scaffolds, guides, or facilitates learning. ZPD is the learning process whereby a MKO acknowledges and recognizes 'what is known' and guides and encourages the learner through 'what is not known'
- From a sociocultural theory perspective cultural family and community beliefs, language, and values are passed down to future generations; these generational influences and experiences play a pivotal role in newcomer parents' view and meaning-making of child development (Berk, 2012; Bronfenbrenner, 1994; Danesco, 1997; Robbins, 2005; Vygotsky) and, "will have far-reaching ripple effects in [a child's] lifetime and in the lives of future generations" (Goleman & Guhn, 2011, p. 18). Research has supported the notion extended families, parents, and children share a social world filled with "culturally defined meanings and significance" (Edwards, Gandini, & Forman, 1998, p. 265).
- Similar to Vygotsky's sociocultural theory, Bronfenbrenner (1978) posited, through his ecological systems theory, reciprocal relationships within and between the child and their environmental systems influences them as they grow and develop; at the same time the child exerts an influence within and between their environmental systems.

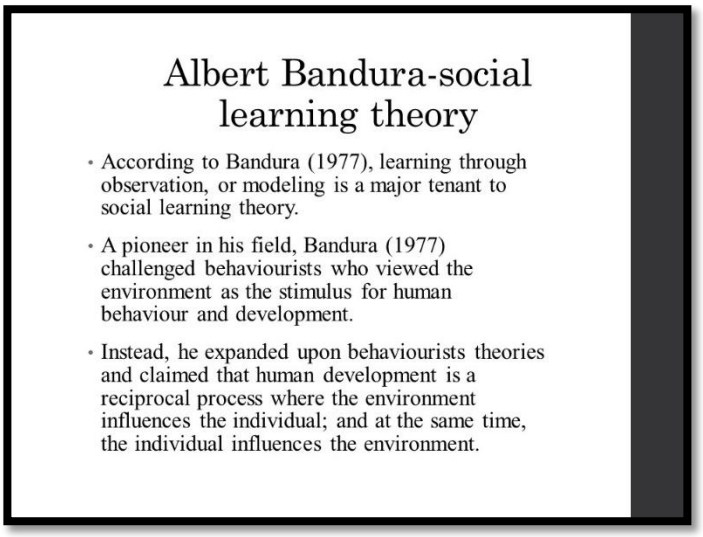
<u>Think-Pair-Share Activity:</u>

- Participants are asked to reflect on the following questions:
- Where does your world view originate from?
- Does it impact on how you view the world; and, how you view others?
- Time will be given for each person to think of a response.
- Participants are asked to share and discuss with a partner.



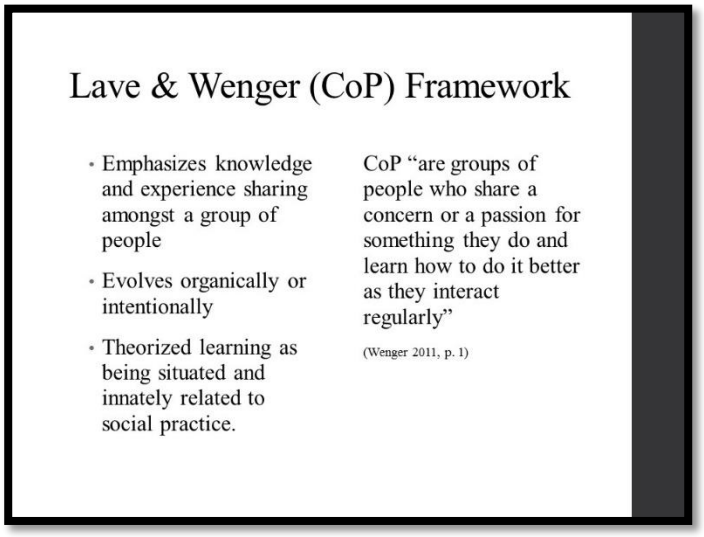
These interdependent systems include: microsystems, mesosystems, exosystems, and macrosystems (Bronfenbrenner, 1978/1986/1994). An example of these systems are:

- Microsystem: child's home/family, extended family, child care, friends, community, faith based institutions
- Mesosystems: interrelatedness of child's micro system and other settings (e.g. relationship between parent and child's teacher)
- Exosystems: areas that indirectly affect the developing person and directly influence the family, neighbourhood, and school. They may include their parents' workplace, parents' social circle, and/or influences from their community. The exosystem contains formal and informal community structures such as education, politics, religion, and economics (e.g. parental employment satisfaction or hours of work may impact upon their relationship with their child and have influence on their development) (Bronfenbrenner, 1986).
- Macrosystems: Bronfenbrenner (1994) posited the macrosystem for a culture or subculture are unique and vary based on religion, culture, or SES each with their own belief system and way of life.
- Bronfenbrenner (1994) later added chronosystem that represents transitions and how people grow and change with life events. For example the birth of a new baby, divorce, illness, or a move to a new country constitutes life transitions.
- In later works, Bronfenbrenner became aware of how a child's biological and psychological (e.g. skills, abilities, disabilities, or temperament) characteristics shape their development and impacts their environment throughout their life course (Bronfenbrenner & Morris, 2006). Bronfenbrenner's (2006) bioecological theory posed the significant role of "proximal processes" and distal processes are in child development. Likewise, Bandura (1977) and Goelman and Guhn (2011) posited the reciprocal nature of human development and that learning is socially constructed, described next.

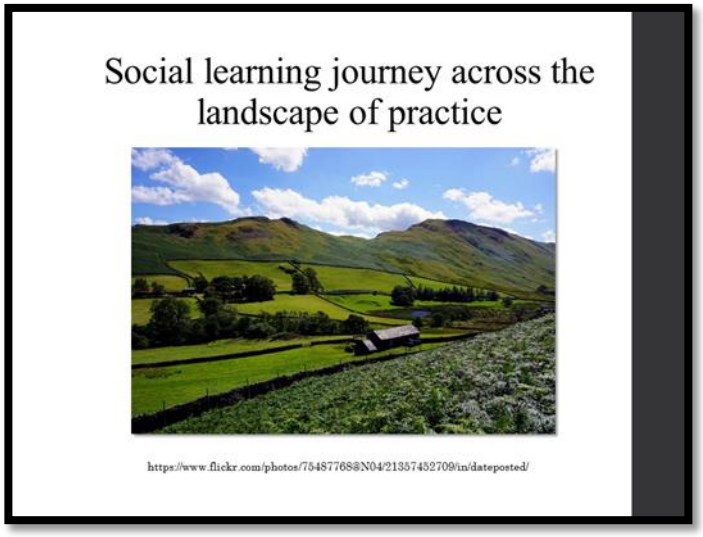


Bandura challenged behaviourists like (Skinner, 1954) who viewed the environment as the stimulus for human behavior and development to view development as bidirectional and reciprocal where the environment impacts upon the individual; and in turn, the individual impacts upon their environment.

CoP framework, drawn from social learning theory is described next.

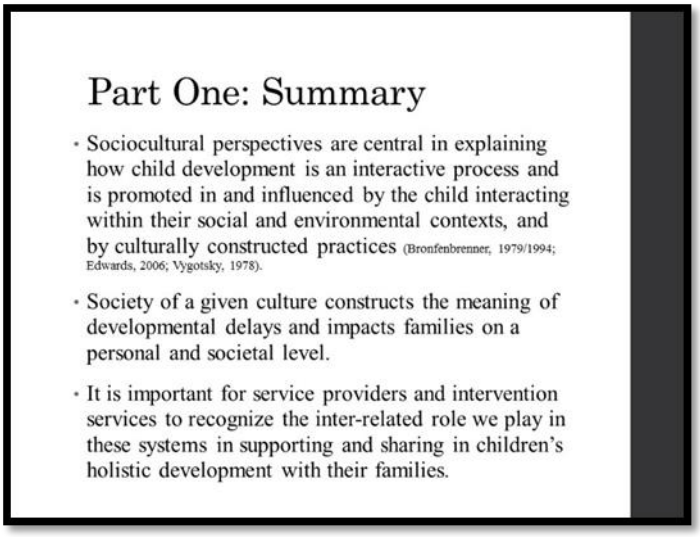


- CoP framework was coined and co-authored by Lave and Wenger (1991) and is grounded on social learning theory (Bandura, 1977).
- CoP can evolve organically due to community members' common areas of interests or concerns, or intentionally with the purpose of acquiring and sharing knowledge and meaning.
- Lave and Wenger were both profoundly influenced by Bandura (1977) and Vygotsky (1978).
- Bandura challenged behaviourists like (Skinner, 1954) who viewed the environment as the stimulus for human development. Bandura viewed development as bidirectional and reciprocal where the environment impacts upon the individual; and in turn, the individual impacts upon their environment. Bandura posited learning is a cognitive process and may occur through direct teaching, observation, and/or modeling in social contexts (1977).
- Learning is described as socially situated and socially constructed; that is, Lave and Wenger theorized learning as being situated and innately related to social practice.
- CoP is a social learning framework that can be used for facilitating, constructing, and transferring knowledge for workplace, education, and community organizations.

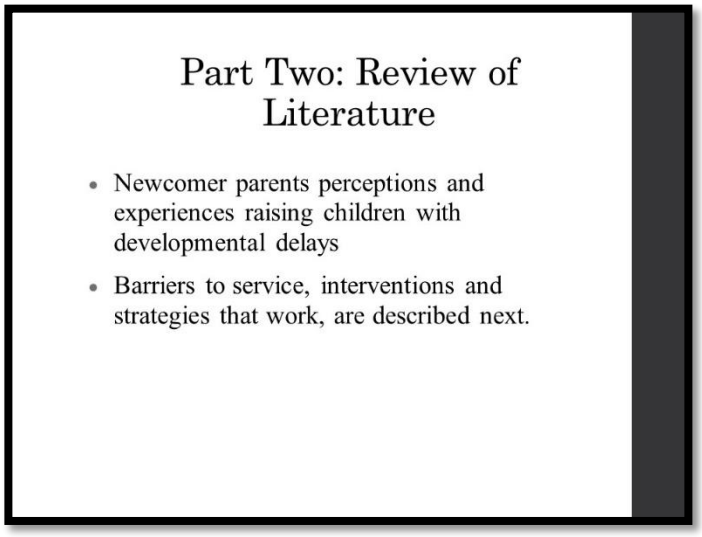


- Wenger (1998) developed the metaphor "landscape of practice" (as cited in Wenger-Trayner et al., 2015, p. 13) describing the body of knowledge of a particular profession; and, intertwined within the boundaries of professions CoP are situated.
- Professionals who immerse themselves in other professional boundaries and CoP create a social learning journey across the landscape….. "This journey within and across practices shapes who we are" (Wenger-Trayner et al., 2015, p. 19) as professionals. Learning is conceptualized as both social and cultural.
- We will return to CoP in Part Three of the presentation.

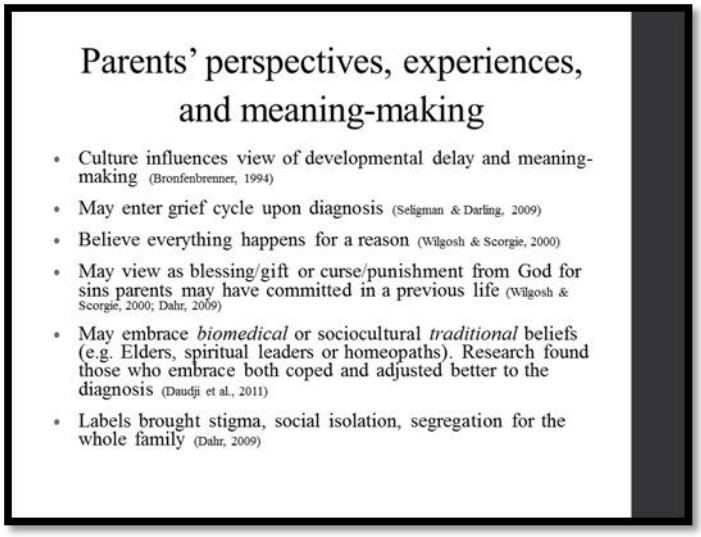
Landscape (2015). Barnyz (no real name supplied). Retrieved from: https://www.flickr.com/photos/75487768@N04/21357452709/in/dateposted/ Licensed under Creative Commons (Attribution-Only) https://creativecommons.org/licenses/by-nc-nd/2.0/



- Break: Please take a 15 minute break and when you return we will investigate newcomer perceptions and experiences in raising children with developmental delays as well as barriers and strategies that work, and those that do not work when service seeking.

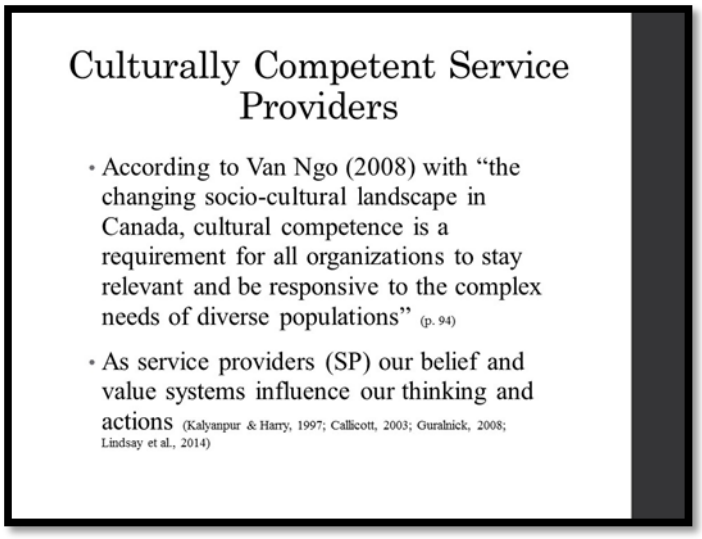


- So now we will consider newcomer perceptions and experiences in raising children with developmental delays as well as barriers, interventions and strategies that work when service seeking.
- I reveal how factors often associated with being a newcomer (e.g. socioeconomic status, language, literacy, education, and cultural backgrounds) influences their ability to find support.



- A particular culture or sub culture influences the view of developmental delays and impacts upon meaning-making (Bronfenbrenner, 1994). Parents with diverse attitudes and beliefs question the meaning of developmental disabilities which may impact upon their ability to adapt and accept a diagnosis (Kisler, 2014).
- Parents may experience a grief cycle (Kubler-Ross, 1969) similar to bereavement of losing a loved one when receiving a diagnosis. Authors Cook et al. (2012) noted a considerable amount of research about grieving and acceptance comes from Western ideology; and, thus argued understanding how diverse families experience learning their child has a developmental delay is not fully realized by professionals. It is important to note for many families immigrating to a new country "invokes [the] grief experience" (Banghwa, Michin & Harrington, 2010, p. 611).
- Parents reported meaning-making of their child's disability either as a curse/blessing; or, as a gift/punishment from God (Wilgosh & Scorgie, 2000; Daudji et al., 2011). Research claim parents embraced both a "'biomedical' and 'traditional'" (Daudji et al., 2011, p. 512) beliefs about their child's disability coped better. Biomedical is grounded Western medical methodology/traditional is grounded in sociocultural beliefs. Parents reported labels stigmatize, segregate, and isolate their whole family from others in their community (Dahr, 2009). The meaning of the developmental delay, whether it is society's view or the family's, differs significantly and "are socially constructed and specific to the culture in which they are found" (Ripat & Woodgate, 2011, p. 88).
- Wilgosh and Scorgie (2000) argued cultural beliefs and meanings, choices in intervention services, along with how the disability is presented to families by service providers, impacts upon parents' reactions to a diagnoses of a developmental disability in a child.

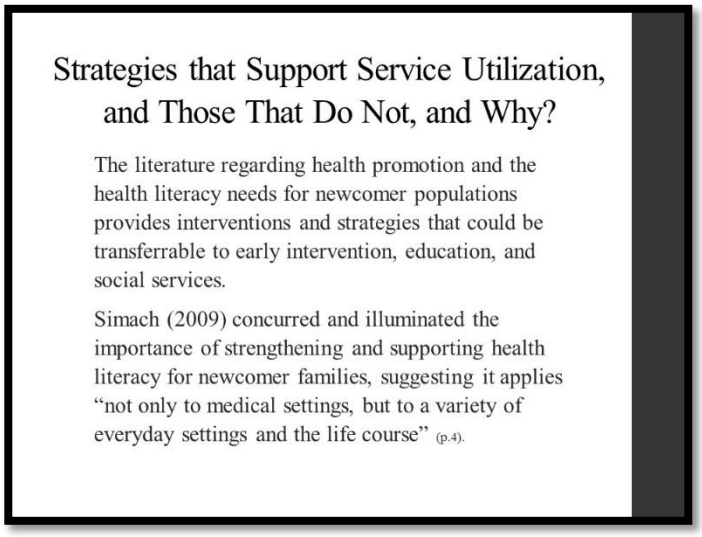
- Public Health of Canada (2014) defines health literacy "the ability to access, comprehend, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings across the life-course." (p. 1). Health messages are developed for people you are fluent in reading English or French; many newcomers experience difficulties in reading one or both of Canada's two official languages.
- Barriers to health literacy (health promotion and prevention) may contribute to poor health status of newcomers over time. Newcomers who immigrate to Canada are in better health than Canadian-born citizens due to self-selection and Canada's health screening processes; coined "the healthy immigrant effect" (City of Toronto, 2011, p.34), it has been found this health advantage may decline years after immigration (Gold & DesMeules, 2004; Ali, McDermott & Gravel, 2004) due difficulties associated with health literacy.
- Language and communication barriers occur in completing paperwork, understanding medical terminology, conversing with service providers, accessing social supports and funding, understanding diagnoses (Khanlou et al., 2014).
- Many newcomers are under-employed because their education and work experience may not be recognized or valued in their new country (Crockett, 2005). Researchers have recognized SES as barriers in accessing services Takanishi, 2004; Petrenchik, 2008; Simich, 2009; Fellin et al., 2013; King et al., 2011).
- Information and services are not considerate of language, culture, religion, or values of diverse populations (Bowen, 2011). Cultural sensitivity training, cultural competence training, and employing culturally diverse practitioners are solutions in addressing barriers (Zanchetta & Poureslami, 2006),



- Past research concerning culture and disability have shown that cultural practices, beliefs and meanings impact upon our attitudes and services (Lindsay et al., 2014). Our cultural world influences our belief systems and how we view the world (Vygotsky, 1978; Fraser, 2012).
- In order to provide reciprocal, culturally responsive care with families, SP's need to be aware of their own biases and cultural background and the impact this may have on their relationships with diverse families (Kalyanpur & Harry, 1997; Callicott, 2003; Guralnick, 2008; Lindsay et al., 2014). It was found differences in cultural views complicated SP's ability to connect with families (Lindsay et al., 2014).
- I argue to consider CoP social learning framework for professional learning in providing culturally responsive services and our life-long journey of being culturally competent.

<u>Think-Pair-Share</u>

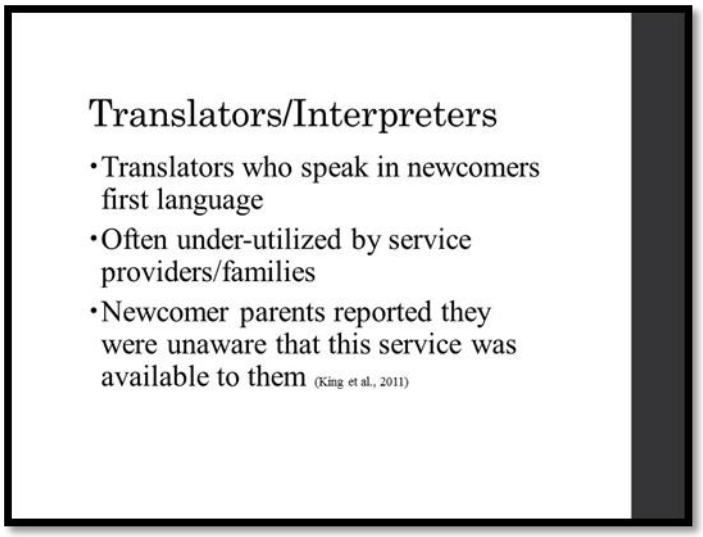
- Participants are asked to reflect on the following questions:
- In what way does your own cultural practices and belief systems influence the work you do with diverse families?
- Can you think of a time when your cultural practices and belief systems were incongruent when interacting with diverse families?
- Describe how this impacted upon your relationship with them.
- Participants are encouraged to share and discuss with a partners.



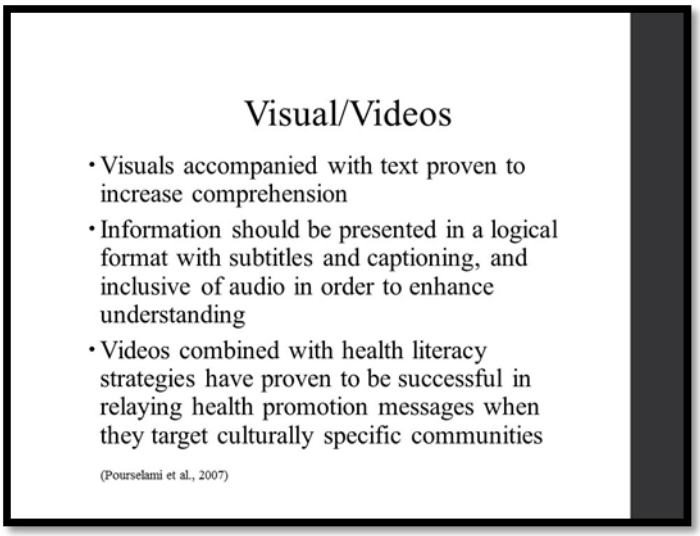
- According to the report Health Literacy in Canada (2008) six out of ten Canadians (60%) do not possess the skills to manage their health care needs and 48% of Canadians have low literacy levels. Reading and understanding health literacy information is a complex skill and requires the ability to read text, to find information found in various formats and charts, as well as comprehending numeracy all at the same time. On average seniors, immigrants (those who do not speak English or French), and individuals unemployed possess lower than average health literacy skills.
- A survey conducted with almost 700 professionals and policy-makers highlighted low levels of awareness and understanding of health literacy; 30% were unaware of the term health literacy and 60% were unaware of community supports to assist with health literacy endeavours. Only 7% indicated they had workplace policies related to health literacy (Canadian Public Health Association, 2006).
- The Health Literacy in Canada (2008) report illustrated much of the health information available to Canadians is in print format with sophisticated literacy levels that is too difficult for most to understand.
    - The report suggests strategies to support health literacy for newcomers whose first language is not English or French includes using plain language, using translators/interpreters providing information visually, in video format, and available in multiple languages.

I believe if service providers were aware of and understood the barriers associated with health literacy for newcomers many barriers could be reduced when they are service-seeking. Strategies that support health literacy is described next.

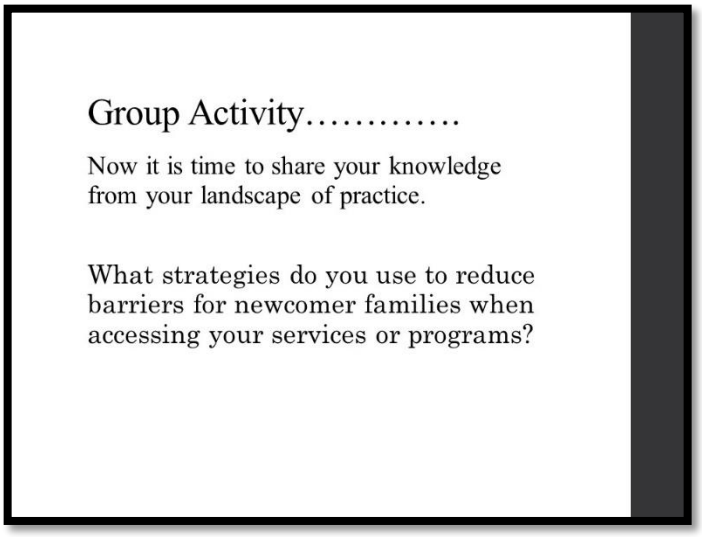
- Health information in print format uses language and vocabulary that is far too difficult for most Canadians to comprehend and is often available in English or French (Canadian Council on Learning, 2008; Zanchetta & Poureslami, 2006; Khanlou et al., 2014; Center for Disease Control, 2015).
- Pouliot (2004) argued people with low literacy and those with a second language prefer when professionals speak slowly, use jargon free language, and use ‘“short” words” (as cited in Zanchetta & Poureslami, 2006, p. S27).
- Using plain language accompanied by visuals, and asking the person to repeat back the information, helps address the health literacy needs of newcomers and ensures comprehension for service provider (Rootman & Gordon-El-Bihbety, 2008).
- Newcomers whose first language is neither English nor French emphasizes the need to have information in print, visuals, or videos available in different languages (Canadian Council on Learning, 2008).
- In a study conducted by King et al. (2011) under-utilizing translators led to the view parents were being resistant but in actuality they simply did not understand the diagnosis or what services were being offered.



- In a study conducted by King et al. (2011) under-utilizing translators led to the view parents were being resistant but in actuality they simply did not understand the diagnosis or what services were being offered.



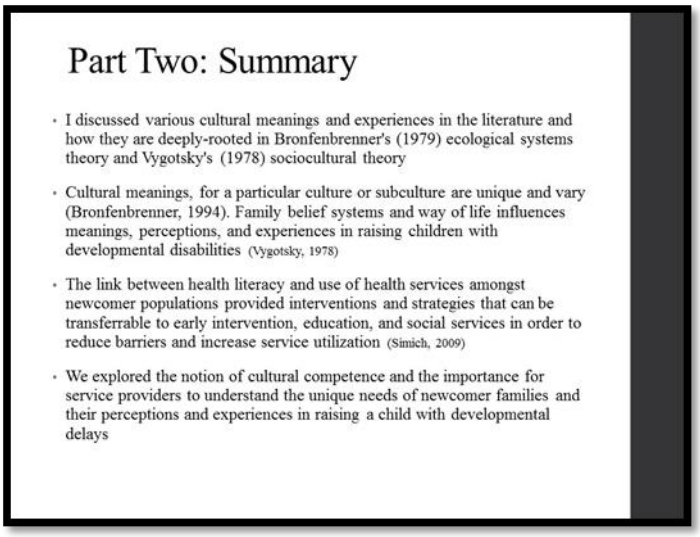
- Participants reported after viewing a televised culturally sensitive video targeted at their culturally specific community encouraged them to utilize the BC Health Guide and there was a significant increase in service utilization (Pourselami et al., 2007).



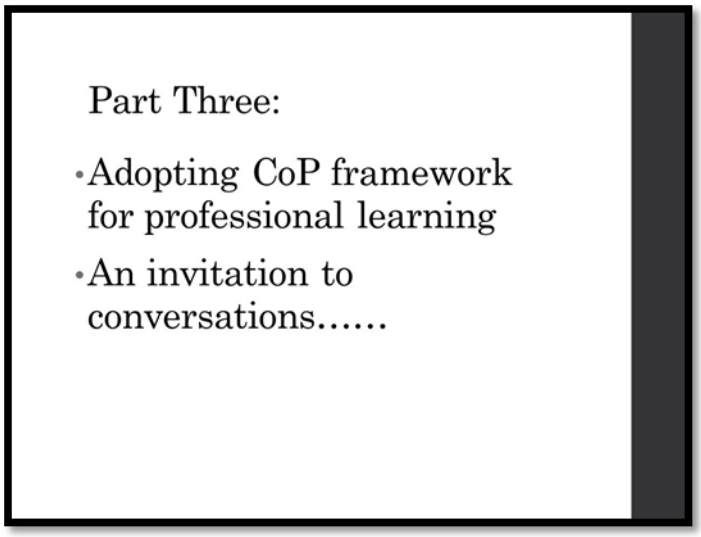
Group Activity:

- Using markers and post-it notes participants are asked to share strategies or interventions with others in their group they use to reduce barriers for newcomer families when accessing service.
- Participants are directed to add their notes to chart papers hung around the room. The charts are labelled with the following headings:
  In what ways do you support?
    - Multiple languages/communication
    - Written materials
    - Cultural competence (e.g. training opportunities)
    - Cultural views and beliefs (e.g. folk practices)
    - Transportation
    - Fragmented services
    - Other….

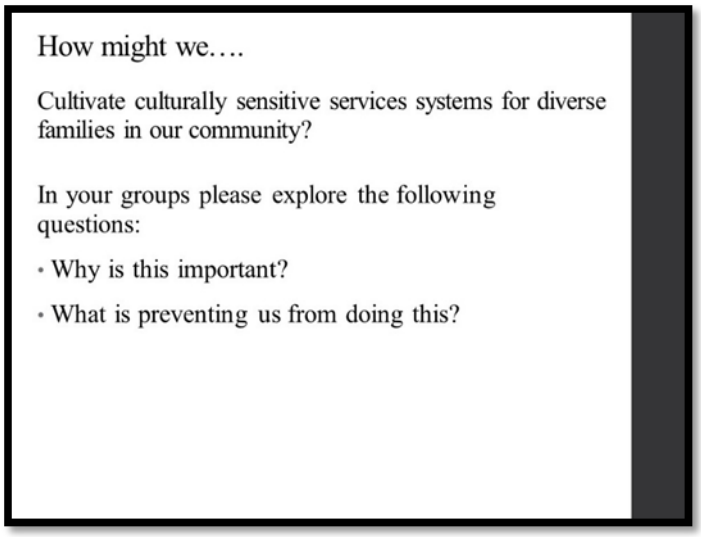
  Participants are encouraged to move about and place their strategies on the matching chart paper. A volunteer are asked to read aloud from each chart to the whole group. Participants engage in a process of CoP where they share their knowledge while gaining knowledge from their colleagues. Wenger-Trayner et al. (2015) described this as a social learning journey across the landscape of practice.



Break: Break for 15 minutes and state when they return we will investigate CoP as a form of professional learning.



- Wenger et al. (2015) posited professionals who immerse themselves in other professional boundaries and CoP create a social learning journey across the landscape.
    - I draw on their work about CoP described in Chapter Two and in addition to their work about how to bring professionals together.



Group Activity- 20 minutes.
Participants are grouped in a multi-discipline seating arrangement as they work together to answer the following question. Each table is equipped a flip chart, markers, and post-it notes.

Our Challenge: How might we cultivate culturally sensitive service systems for diverse families in our community?

Participants work together and brainstorm/generate 5-8 answers to the question:

1. Why is this important? Participants record answers on post-it notes and attach them to the flip chart.

Participants are encouraged to work together and brainstorm/generate 5-8 answers to the question:

2. What is preventing us from doing this? Responses are recorded on the post-it notes and attach them to the flip chart.

Answers to these questions may provide direction to address our challenge. Each table select two suggestions to be shared with the whole group.
Reponses are gathered and discuss next steps and future directions.

Part Three Summary:

- In this section, you were briefly introduced and experienced the tenants of CoP and learning through the landscape of practice
- The key questions posed sought to initiate joint explorations and interactions, unearth commonalities around issues, and to learn about each others experiences and the work you do with culturally diverse families
- Let's continue our conversations! I implore stakeholders and services to commit to selecting champions from your agencies to join in CoP in cultivating culturally sensitive services in our community

Conclusions:

- We have come to understand more deeply the unique needs of newcomer families in raising children with developmental delays
- Diverse families are not fully utilizing early intervention services or attending early year's programs. We now understand the barriers many of these families endure.
- CoP provides a platform where we can learn from one-another, share strategies that work and those that do not work, identify training gaps for service providers and educators, and involve multiple stake-holders in providing culturally sensitive services to diverse families.

Accessible Services in Our Community

- Next Steps ...how can we break down barriers?
- At a community level identify and address known barriers, develop strategies to reduce them and continue with our work from today.
- Multi-sectorial collaboration matters…..through CoP in developing culturally sensitive services and increasing our cross-cultural competence.
- Engage stakeholders and all levels of government (influence funding/policy).
- Include evidence from the literature review in the planning for the Early Learning and Child Care Plan (2016-2020). Include newcomer families through focus groups or surveys in developing culturally sensitive services.