



CHILD DEVELOPMENT IN INDIGENOUS COMMUNITIES

PROMOTING EQUITY & RESILIENCE ACROSS A CONTINUUM
OF TRIBAL EARLY CHILDHOOD PROGRAMS & SERVICES

TRC Brief | November 2022



Summary

The brief summarizes current knowledge of the needs, priorities, and equity considerations that shape Indigenous early childhood development. Data on key indicators of child well-being, as well as family, program, and community context, are shared from surveys of children and families participating in Head Start, home visiting, and childcare programs run by federally recognized Tribes, Tribal consortia, or Tribal organizations. The brief concludes with examples from the [Tribal Early Childhood Research Center](#) and partners that promote equity and cultural resilience with and for Indigenous children and their families. Information in this brief draws on three webinars on mental health, equity, and resilience that were featured in a 2021-2022 [Tribal Early Childhood Development](#) series hosted by the Administration for Children and Families.



Indigenous* children and families come from communities with rich cultural histories and traditional knowledge systems that are grounded in relationships and reciprocity. However, many of these families have shared experiences of intergenerational trauma and persistent socioeconomic, health, and educational inequities.¹⁻³ These inequities and trauma are the result of centuries of colonization, cultural assimilation, and structural violence, which have shaped well-being, physical and mental health status, health behaviors, and parenting experiences across generations.⁴⁻⁹

Indigenous histories and worldviews are central to deepening our understanding of these inequities and addressing them. “Indigenous scholars and allies are increasingly reframing discussions about intergenerational trauma to also highlight the intergenerational strength and resilience that allowed our Peoples and cultures to survive,” said Dr. Deana Around Him (Cherokee), a senior research scientist at Child Trends and member of the [Tribal Early Childhood Research Center](#) (TRC), in a 2021

* Indigenous is inclusive of American Indian and Alaska Native (AIAN) and other Indigenous Peoples in the U.S. and U.S. territories, including those that are federal or state recognized. When referencing specific data sources, terms aligned with the original source are used; therefore, AIAN, Tribal, and Native American also appear throughout this brief.

Administration for Children and Families (ACF) [webinar on addressing mental health issues](#) in Indigenous communities. “Continuing our ways for generations to come will require us to balance our cultural knowledge and reconciliation with our histories.”

Reframing discussions provides a new narrative for supporting Indigenous child development. The purpose of this brief is to summarize what we know about the context of child development in Indigenous communities and share examples of research that supports Tribal early childhood programs and the families they serve.

TOWARD UNDERSTANDING NEEDS AND PRIORITIES

Promoting equity and justice in Tribal early childhood programs involves, “understanding the needs of children, families, programs, and communities ... and, in the case of justice, the drivers of those needs,” according to Dr. Michelle Sarche (Lac Courte Oreilles Ojibwe), associate professor, Centers for American Indian and Alaska Native Health, University of Colorado-Anschutz Medical Campus, and director of the TRC, in a 2021 ACF [webinar on promoting equity and celebrating resilience](#) in Tribal early childhood programs. Equity

factors in differences in need, ability, and context to provide individuals with the exact resources required to access opportunities. For example, providing transportation to families who could not otherwise access an early childhood program or mental health support to parents whose mental health conditions make it challenging for them to have a healthy relationship with their child. In contrast, justice involves fixing the underlying system(s) in such a way that equitable access is the norm. Examples of justice might include communities with a robust public transportation system or employment opportunities that allow families to afford a reliable car, or communities with high quality health care such that parents have ample resources to address their mental or other health concerns.[†]

The TRC helps promote equity and justice for Indigenous children and families through research in partnership with Tribal communities and programs. Since 2005, the TRC has been funded by the ACF Office of Planning, Research, and Evaluation to grow the field of early childhood research in partnership with Tribal Head Start, Home Visiting, Child Care, and Temporary Assistance for Needy Family (TANF) program leaders, Indigenous community partners, early childhood and family economic well-being researchers, ACF federal staff, and a broad network of ACF-supported and other early childhood initiatives and national centers serving Indigenous communities and programs. The TRC centers its research on understanding the needs and supports that promote child development, family well-being, and workforce professional development and well-being in partnership with Tribal Head Start, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Child Care and Development Fund, and TANF programs.

To provide a snapshot of what is currently known about Indigenous children and families and the continuum of programs and services that support their development, subsequent sections of this brief share data on child well-being and family, community, and program context from the [AIAN Head Start Family and Child Experiences Survey](#) (AIAN FACES), [Tribal MIECHV Program](#), an evaluation of [Tribal Child Care Development Fund](#) (CCDF) grantees, and a [national survey](#) of

[†] [Achieve Brown County](#)

child care needs among AIAN parents conducted by the Bipartisan Policy Center.

Child Well-being

The goal of AIAN FACES is to describe children enrolled in Region XI[‡] Head Start programs, as well as their families and the staff and programs who serve them. Two waves of nationally representative data have been collected through AIAN FACES (2015-16 and 2019-20), which include data from the direct assessment of individual children's development and from surveys of each participating child's parents and teachers. AIAN FACES was designed to represent all children enrolled in Region XI Head Start programs, including both AIAN and non-AIAN children. To summarize data on whole-child well-being, we highlight AIAN FACES data collected in the 2019-20 school year specific to AIAN children and families.¹⁰

School readiness¹⁰

About half of AIAN children in Region XI began the 2019-20 school year at or above average for their age in receptive vocabulary, letter-word knowledge, and math skills. Similarly, more than half started at or above average for their age in expressive vocabulary and early writing. Assessing improvements in early academic skills over the course of the 2019-20 Head Start year was not possible because of the pandemic and its impacts on the program year. However, AIAN children enrolled between 2015-16 made important gains in all these areas except early writing.

While half of AIAN children were performing at or above average for their age across multiple indicators of school readiness, this also means that half started the 2019-20 school year with skills below average for their age. Region XI Head Start programs may want to prioritize these areas to support early learning and school readiness.

Social-emotional health¹⁰

- 70% of AIAN children were read to 3 or more times each week by a family member.
- On average, teachers reported AIAN children have more social skills (mean score=15.9, possible range 0-24) than

[‡] Region XI Head Start programs are those run by grants to federally recognized Tribes and Tribal consortia.



problem behaviors (mean score=4.8, possible range 0-28).

Physical health¹⁰

- 45% AIAN children were overweight or obese.
- 98% of parents rated their child's health as good, very good, or excellent.
- Nearly all (99.7%) parents reported their child has access to a regular health care provider.

Disability¹⁰

- 14% of AIAN children experienced a disability, of whom 22% had multiple disabilities, 60% had a speech or language disability, 30% had a cognitive disability, 18% had a behavioral or emotional disability, and 61% had an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).

Family and Community Context

Data from the 2019 AIAN FACES,¹⁰ Tribal MIECHV Program,^{11,12} a national survey of childcare needs among AIAN parents,¹³ and an evaluation of Tribal CCDF grantee plans¹⁴ help us understand needs and priorities at the family and community levels.

Family structure^{10,11}

- Among AIAN children in Region XI Head Start programs, 40% lived with both parents, 47% lived with one parent, and 13% did not live with either parent.
- Among adults participating in the Tribal MIECHV Program between 2010-2014, 70% were single and 43% are under 25 years of age.

Socioeconomic indicators^{10,11}

- 31% of AIAN children in Region XI Head Start and 71% of Tribal MIECHV participants between 2010-2014 lived in homes at or below the federal poverty level (FPL).
- 26% of AIAN children in Region XI Head Start lived in homes experiencing food insecurity.
- 59% of parents served by Tribal MIECHV programs between 2010-2014 were unemployed.
- Among households in which AIAN children in Region XI Head Start lived, 15% are crowded, 14% need major repairs often or always, and 28% lack at least one basic utility.
- 20% of AIAN children in Region XI Head Start lived in households that face transportation challenges (e.g., lack of access to a reliable vehicle, could not afford gas or public transportation).

Parent mental health and stress¹⁰

Among parents of AIAN children in Region XI Head Start:

- 52% reported mild to severe depressive symptoms.
- 29% reported one or more financial strains (e.g., limited money for housing, clothing, food, medical care).

Childcare access¹³

Among AIAN parents surveyed about childcare needs in 2021:

- 53% reported childcare responsibilities impacted their ability to work in the past month, with nearly three-quarters (73%) missing between 4 and 17 or more hours of work due to childcare responsibilities.
- Key barriers to finding childcare included lack of availability, high cost, and issues with quality of care.
- About three-quarters (76%) living on Tribal reservations and trust lands reported having access to Tribal childcare through the Tribe in which they are enrolled compared to only one-third (31%) living off Tribal lands.
- More than half (56%) relied on informal childcare, which includes providing care on their own, asking family and friends for help, leveraging local preschool programs, and seeking out community resources.
- 31% reported being a caregiver to their child compared to 23% of parents nationally.
- Most prefer childcare services offered by a Tribal program (56%) rather than state program (44%).

Childcare services¹⁴

Among Tribal CCDF grantees operating child care centers during the 2014-15 fiscal years:

- 85% provided center-based childcare, 42% provide group home childcare, 73% provide family childcare, and 54% provide in-home care.
- 87% offered full-time services, 71% offer part-time services and before or after school services, and 30% offer other services (e.g., wraparound care for infants and toddlers, summer programs, home-based Early Head Start services).
- 81% provided care for infants and toddlers, 91% provided care for preschool aged children, and 67% provide services for school aged children.
- The majority (85%) served children up to 12



- years of age with 10% serving children up to age 13.
- 47% provided childcare for children between ages 13-19 who are physically and/or mentally incapable of self-care.
- Most (97%) used state median income for family of the same size to inform income eligibility and use a sliding fee scale.
- More than half (51%) planned to implement cultural activities with elders and 52% plan to offer culturally-based summer youth programs.
- Less than half (45%) participated in the U.S. Department of Agriculture's Child and Adult Food Care Program, which provides financial support for meals served in childcare settings.

Family strengths¹⁰

Despite the challenges they face, families with AIAN children in Region XI Head Start report significant sources of strength.

- 90% of parents reported they sometimes or always have social support with respect to having a place to stay, cash for emergencies, or receiving advice or food.
- 49% of children lived in homes where a Native language is spoken.
- 4% lived in homes where a Native language is always or usually spoken.



- 88% of children participated in at least one cultural or community activity in the last month.

Program Context

Tribal Home Visiting^{11,12}

Tribal MIECHV programs provide important scaffolding in early childhood through home visiting and family support. The majority of Tribal MIECHV grantees in the first cohort (2010-2014)¹¹ demonstrated positive improvement across the following infant, child, and family outcomes:

- maternal and newborn health (62%)
- school readiness and achievement (69%)
- family economic self-sufficiency (77%)
- reduced crime or domestic violence (77%)
- reduced child injuries, abuse, neglect, or maltreatment and emergency department visits (85%)
- coordination and referrals (69%).

Among primary caregivers enrolled in Tribal MIECHV programs¹² during the 2021 fiscal year:

- Nearly all (92%) received recommended home visits.
- 78% were screened for depression within 3 months of enrollment or by 3 months post-delivery and at least annually thereafter, with

- 85% screening positive for depression or parenting stress receiving a timely referral for services and follow up.
- 81% were screened for substance abuse within 3 months of enrollment or at least annually thereafter.
- 76% reported that their enrolled children received the recommended number of well-child visits.
- 76% were provided with training on prevention of child injuries.
- Nearly half (48%) received an observational assessment of caregiver-child interaction by a home visitor.
- 72% reported that their enrolled children received a developmental screening at least annually; with 90% screening positive for development delay receiving a timely referral for services and follow up.
- 71% were screened for intimate partner violence (IPV) within 6 months of enrollment and annually thereafter; with 94% screening positive for IPV receiving a timely referral for services and follow up.
- 80% were screened for economic strain (e.g., poverty, food insecurity, housing insecurity, etc) within 3 months of enrollment and annually thereafter; with 91% with unmet needs receiving a timely referral for services and a follow up.
- 91% who enrolled prior to child's birth initiated breastfeeding.
- All (100%) received a postpartum visit with a health care provider within 8 weeks of delivery.
- 96% reported that their enrolled children received all recommended immunizations.
- About half (52%) were screened for parenting stress within 3 months of enrollment and annually thereafter.
- 88% were educated about the importance of putting infants to sleep on their backs, without bed-sharing and soft-bedding.
- 81% reported that a caregiver or family member read, told stories, and/or sang songs with their enrolled child every day.

Tribal Head Start¹⁰

Data from the 2019 AIAN FACES provide context for AIAN children in Region XI Head Start **classrooms**.

- 40% of children were taught by a lead teacher who is AIAN.
- 61% of children had teachers who have

- taught for over five years.
- Almost all children (81-98%) had teachers that enjoy teaching, believe they are making a difference, and would choose teaching again.
- 16% of children had teachers who self-report moderate to severe depressive symptoms.

The inclusion of **culture and language** in Region XI Head Start classrooms is a major asset.

- 86% of children had at least one culturally significant item in their classroom.
- 65% of children were in classrooms where instruction is in a Native language at least some of the time.
- 56% of children were in classrooms with Native language lessons.
- 70% of children were in programs with a cultural or language elder or specialist available.
- 43% of children had a lead teacher who speaks a Native language.

Overall, the contexts of these Tribal early childhood programs in participating communities indicate there are supportive and culturally responsive environments where Indigenous children can grow, learn, and thrive.

PROMOTING EQUITY & CELEBRATING RESILIENCE

In pursuit of equity and justice, we should center and deepen our understanding of resilience in early childhood. In a 2021 [ACF webinar on resilience](#) in Indigenous communities, Dr. Melissa Walls (Bois Forte and Couchiching First Nation Anishinaabe), an Indigenous researcher and associate professor at the Center for Indigenous Health at Johns Hopkins University, encouraged Tribal leaders, practitioners, and researchers to focus efforts beyond risk factors. “Adversity does not have to define our existence,” said Walls. “Culture and community are the pathways to well-being.”

According to Walls, those pathways are grounded in relational practices such as engagement in traditional and spiritual activities, speaking and learning traditional languages, giving and receiving social support, and focusing on connectedness, family cohesion, and cultural efficacy. Moreover, a growing body of evidence from retrospective studies led by Walls with



AIAN adults links these cultural protective factors to positive mental health and stress buffering across the lifespan.^{15,16}

Early childhood offers a unique window to foster positive development as the brain is highly responsive to experience in the early years.¹⁷ As time goes on, the energy required for change increases as the brain becomes less responsive to experience.¹⁷ Given what we know about cultural protective factors supporting health and well-being across the lifespan, we have an opportunity to bolster Tribal early childhood through a continuum of programs and services that are culturally grounded and trauma-informed. Drawing on its partnership network of researchers, early childhood program and organizational leaders, and federal partners, the TRC is working across this continuum through Communities of Learning. The following are examples of lessons learned, resources, and future directions.

Early Childhood Developmental Screening

Guided by a [Community of Learning](#), the TRC’s Pilot Exploration of Developmental Screening in Tribal Communities (Tribal PEDS)

project was conducted in partnership with four Tribal communities to explore perceptions of developmental screening among professionals and families in Indigenous early childhood settings. The goals of the project were twofold. First, to explore screening systems in Indigenous communities through conducting interviews and focus groups with families and professionals. Second, to pilot methods of collecting developmental screenings with a large sample of young Indigenous children that could inform a future, larger study to assess exactly how well current screening tools work for Indigenous children.

Key findings from the project highlight priorities for effective screening efforts in Indigenous communities, including:

- intentionally building trust among professionals and families.
- educating families about screening.
- considering culture and context in interpreting screening results.
- enhancing training for early childhood professionals.

We also learned about important barriers to collecting developmental screening data online from Indigenous families with young children for a validation study. Future efforts to validate screening tools with AIAN families will require strong relationships with early childhood programs to support study recruitment and provide feedback to families. With this new knowledge, the TRC developed a [resource for families](#) to help them better understand developmental screening and a [resource for professionals](#) who administer screening instruments to AIAN children with tips about how to communicate with families about key aspects of the screening process.

Early Relational Health

Another [TRC Community of Learning](#) was established in 2021 to focus on understanding and measuring early relational health (ERH) within Indigenous communities and Tribal early childhood settings. The initial goal was to learn how well existing measures of parent/caregiver-child interaction work with AIAN families, as these are hallmark measures in early childhood program evaluation and practice. However, the focus soon shifted to understanding

ERH from an Indigenous perspective based on a comprehensive review of literature on Indigenous values related to raising and nurturing young children.

Through this process, we have learned that existing measures fail to consider the importance of relationships beyond the parent/caregiver-child dyad. As a result, existing measures miss important qualities and practices of child-rearing that are valued in Indigenous communities. New measures are warranted and need to be based on a deep understanding of how Indigenous families interact with young children. In this TRC Community of Learning, ERH - as opposed to “parent-child interaction” alone - has been noted as a concept that is more aligned with Indigenous worldviews, as it prioritizes and considers relationships at the family and community levels.¹⁸

The TRC’s ERH research is guided by Ullrich’s Indigenous Connectedness Framework¹⁹ and Indigenous research methodologies, which are grounded in conversations and stories. In partnership with the Community of Learning, the TRC team developed a conceptual model of ERH in Indigenous communities. An approach called “group concept mapping” is also being used to learn about and prioritize practices that support ERH. Findings from the group concept mapping process will guide the development of a culturally grounded measure of ERH that will be piloted with Tribal early childhood program partners in 2023.

SUMMARY

The data highlighted in this brief provide examples of the needs, priorities, and indicators of Indigenous child and family well-being that the TRC and its partners focus on to promote equity and justice across a continuum of Tribal early childhood programs and services. The data reflect nearly 20 years of efforts to grow and deepen understanding of Indigenous early childhood development. The TRC’s work is ongoing, and we look forward to supporting and continuing to grow the field of early childhood research with and for Indigenous communities.

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