CATCH

Community Action Toward Children's Health

It takes a community to raise a child.

Learning About Families' Connections with Services in the Central Okanagan:

Phase 2 – Parents' and Caregivers' Perspectives

Table of Contents

Executive Summary

There is a strong interest in the Central Okanagan community to address the barriers that families face when trying to access services and programs. This became clear through community consultation efforts organized by CATCH[1] to explore issues around "hard to reach" families. Through the research process, it became clear early on that assumptions underlying initiatives to support those in need had to be questioned. Without asking questions, we would not be knowledgeable about whether families wanted to be reached, what they really required, or how issues of stigma towards programs and services, as identified in Phase 1, need to be addressed. A research team was guided by advisors both from agencies and parents and caregivers. This report is one element of the knowledge shared and developed as a result of engagement with parents and caregivers from a wide variety of experiences, including those who can be considered marginalized.

The goal of Phase 2 of the research is to learn more about the diversity of needs of parents and caregivers and how they are met, or not met, in the Central Okanagan community.[2] This includes an inquiry about what is not easily visible as a root cause of issues faced by those who are marginalized. Marginalization can be manifested, for example, as experiencing poverty but could also be interpreted as feeling a sense of inferiority to others, not belonging or not fitting in. This may apply to people at various stages in life. Often, individuals blame themselves for their struggles; however, there are other factors that contribute to marginalization. A metaphorical river is useful in understanding that there are factors downstream and upstream; factors that we

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[1] CATCH (Community Action Toward Children's Health) is a movement of people, agencies, businesses and governments that acts as a catalyst and facilitator for improving early childhood development in the Central Okanagan. Based on input from the community network, CATCH operates under a non-hierarchical structure according to values identified by community members (retrieved from www.catchcoalition.ca).

[2] This needs to occur at multiple levels: "seeing the person (citizens) as a whole" and "seeing the social determinants of health," in other words, from an individual perspective to a society (collective) perspective.

can and cannot control as individuals and that are important in addressing the well-being of people.

We applied the concept of *affinity groups*[3] when conducting focus groups to support learning amongst the participants and the researchers. We learned from participants who were already connected in existing groups that sharing builds confidence and changes perspectives. Through affinity groups, we are also better able to hear the voice of those facing a particular struggle.

We conducted focus group discussions complemented with individual conversations. The format of the conversations was mainly creating a friendly environment and using open-ended questioning methods. Recruitment took place via multiple avenues including web-based advertising and personal connections. We were able to speak with a diversity of groups including Aboriginal mothers and fathers, Asian immigrant mothers and single parents. Findings from the various conversations were reflected upon, coded and analyzed. A number of categories emerged and are presented in this report. A draft was also sent to a number of participants helping with the validity of the outcomes.

Many of the participants we interviewed have experienced feelings of being judged and a sense of inferiority.[4] This often is associated with visiting programs and services as well as a stigma for attending a program. Sometimes this fear is grounded in experiences of children being removed from families. This fear is particularly present with Aboriginal citizens where it is compounded by a history of residential schools. We also spoke with a number of women who felt limited in their power to escape abusive situations. They were faced with the task of making enough money on

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[3] Affinity groups are smaller groups that share some commonalities such as religious beliefs, ethnicity and friends, and they provide safe spaces for its members to dialogue. These groups are providing support and solidarity for one another (Routledge, 1996).

[4] It should be noted that the rationale for conducting this research through a community wide network or coalition such as CATCH is also to bring the voice of people with these types of experiences to the surface. It demonstrates how difficult it is for people to speak out, and, therefore, how difficult it is for those in less marginal positions to learn.

their own while still being able to look after their children. Newly arrived immigrants expressed the challenge of arriving in a culture where raising children is considered a responsibility of individual families rather than communities. They experience loneliness as a consequence and a lost sense of belonging. "Othering" is introduced as a concept to summarize the negative experiences explained above and further discussed in this report. Squires (2013) claims that an "us/them" approach "not only asserts essential differences between groups," but also that groups who are on opposite sides of the division "occupy inferior/superior positions to each other" (p.17). In other words, when people feel othered, they experience negative feelings associated with a label or a characteristic that has been placed on them.

All parents we spoke with expressed a strong need for connections and a sense of belonging. In some cases, this was satisfied through family connections and, in other cases, through a church or an outreach program. A strong sense of belonging was also created through certain Aboriginal programs where people felt safe and amongst family as compared to non-aboriginal programs where an Aboriginal person may feel judged. Key aspects were that these groups were culturally-safe environments where there was no judgment and that they created a sense of belonging. Many participants in this phase of the project, however, expressed the strong need for a sense of belonging.

Issues of being judged also occurred in the medical and education systems. Participants explained that they felt treated in demeaning ways in the medical system where staff would make unjustified assumptions about clients. In school settings, some parents questioned the benefits of a standardized curriculum and grading system for their children. They preferred a more flexible system responsive to the child. Some Aboriginal participants mentioned the hope that Aboriginal-run schools could provide the revitalization of lost culture and skills as a result of residential schools.

We asked about barriers to access services or resources necessary for children and their families. Participants identified poverty and availability of quality and flexible child care as key barriers. Lack of child care implied many were not able to take on employment. Transportation remains an issue for many as well. Many programs are located in areas where it is difficult to get to without either a car or bus. This was especially difficult for people living outside of Kelowna. Lastly, the built environment was mentioned in numerous contexts. Some participants expressed that conducive built environments would help with creating neighbourhood connections and, hence, would play a role in creating a sense of belonging and sense of community.

The purpose of this report is not only to summarize and present the information that we generated, but also to invite further dialogue and understanding of people who experience othering and provide an opportunity to bring their voices to the dialogue and for all to assist in creating culturally-safe environments for these dialogues to occur.

Acknowledgements

Acknowledgements go to all individuals who supported the research process in many different ways, including providing space for focus groups or participating in individual interviews. A special thank you goes to the CATCH Advisory Team and Aboriginal CATCH as well as UBC Okanagan's Department of Social Work for providing guidance and expertise. We especially thank all the participants who shared their experiences, their honesty and their time to speak with the research team. Without their knowledge, this report would not have been possible. The families and caregivers shared their connections and/or disconnections to community programs and services in ways that made sense to them. Each family and caregiver had a unique narrative to share and a wealth of experience that created their own personal view. The research team values all of the families and caregivers for their willingness to engage with us about connecting with the community in this phase of the project.

Background

In 2012, CATCH released a background report, entitled *Reaching the "Hard-to-Reach" Families: Investigating Research and Findings in Communities across the Globe*[5], that investigated various definitions related to the widely used term "hard-to-reach." According to key stakeholders, the term "hard-to-reach" was problematic because of the underlying assumptions associated with it. In order to discover what children and their families really need and under what circumstances communities fulfill these needs, these assumptions needed to be critically reviewed. This means that what "we" think is a solution to the problems, may not be a solution for those people whom we have labelled in need. Through conversations with participants in this research process, the following assumptions embedded in the term "hard-to-reach" were identified:

> a) families *want* to be reached
> b) *we* know what *they* need
> c) *we* know *how* that is best achieved
> d) those in marginal positions do not work hard enough (an assumption linked to blame and judgment)

Reflections on the assumptions above led to the re-framing of the research in the report *Learning About Families' Connections with Services in the Central Okanagan: Phase 1 - Agencies' Perspectives*.[6] Phase 2 now focuses on the interactions with family members or caregivers. This research should be interpreted as a continuation of the entire project since its inception and, therefore, builds on results from Phase 1 (agencies' perspectives) along with numerous other research activities including small group work at a CATCH Network Gathering on October 7, 2014.

Questions about these assumptions were integrated into the research. In our engagement with the participants, we learned explicitly about their lived experiences. We also ensured that we, as

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[5] For the full report, please visit www. *http://www.catchcoalition.ca/FCS*

[6] Although the title mentions services, this does not necessarily imply that it needs to be associated with an official program or service run through an official organization or institution. In interviews with participants, we have stressed that "felt needs" can be expressed in looser terms than that.

researchers, were not guilty of implying these assumptions in our own way of thinking. Also, to learn about what people in marginal positions need and want required looking into the diversity of needs from a diversity of people.

CATCH conducted this participatory research on behalf of all those involved in caring for young children. It is in CATCH's mandate to work on behalf of all participants in the Central Okanagan to create the best possible community for our children. As a coalition, CATCH is accountable to the well-being of all children in the Central Okanagan. This includes examining the root cause of various problems or issues in collaboration with a wide variety of people.

Research Objectives

The goal of Phase 2 is to learn more about the diversity of needs and how they are met in the Central Okanagan community.[7]

Specific attention was paid to the Aboriginal community. A number of conversations were set up in focus group format as well as individual interviews to learn from the lived experiences of Aboriginal people about what it is like to raise children in the Central Okanagan. In textboxes throughout this document, excerpts regarding these lived experiences are communicated. In some sections, we explore possible linkages between the Aboriginal and the non-aboriginal community. In the next section, we will briefly explain that Indigenous approaches to knowledge creation or learning makes sense also for the non-aboriginal community.

Theoretical Framework

This research sets out to explore hidden knowledge, especially with individuals and groups who are marginalized. As mentioned earlier, this research also sets out to challenge some of the assumptions identified during Phase 1. Therefore, rather than assuming that people "fall through the cracks" of a given system, our participatory learning approach aims to identify new

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[7] This needs to occur at multiple levels: seeing the person (citizens) as a whole and seeing the social determinants of health; in other words, from an individual perspective to a society (collective) perspective.

knowledge which will create new actions that are relevant to a broader variety of Central Okanagan community members.

To frame the topic of our research and to link it with the mandate of CATCH, we will use a story which comes from the field of public health. This story is very helpful in communicating the approach, or lens, that is affiliated with CATCH.

The River Story

"Imagine a large river with a high waterfall. At the bottom of this waterfall hundreds of people are working frantically trying to save those who have fallen into the river and have fallen down the waterfall, many of them drowning. As the people along the shore are trying to rescue as many as possible one individual looks up and sees a seemingly never-ending stream of people falling down the waterfall and begins to run upstream. One of other rescuers hollers, 'Where are you going? There are so many people that need help here.' To which the man replied, 'I'm going upstream to find out why so many people are falling into the river.'" Saul Alinsky (as cited in Shelden & Macallair, 2008, p. 162).

We can imagine that as we travel further upstream we see that some people have to cross the river on poorly made bridges to get to their jobs, while in other communities the bridges are made really strong. It is therefore not surprising that people from the areas with poorly-built bridges (and possibly other risk factors) are more likely to fall in the river than those who are more protected (through stronger bridges and perhaps more resources). Some of the people who fall in the river may be able to grab a life vest thrown to them or find a raft to climb on. In public health, these interventions are called secondary prevention. The metaphor helps us see that it is not the individual's fault that they fall into the river. It is not because of personal weaknesses. There are numerous societal factors, such as a strong social and physical infrastructure, that influence risk factors and opportunities in a healthy life.

How this story relates to the goals of our research can be summarized as follows:

- Learning has to occur in conjunction with others. We may need to ask the people what happened upstream. This can be difficult as people may not remember or may perceive things differently. Perhaps they would identify the solutions only in terms of a raft (rather than the more upstream solution of fixing a bridge or a change in the environment).

- The early childhood development (ECD) environment in the Central Okanagan faces challenges in both downstream and upstream areas. The two areas are connected and investments in treatment (downstream), secondary prevention (the raft) *and* primary prevention (upstream) are required. This corresponds with the Social Determinants of Health (SDOH) approach (Berkman & Karachi, 2000). There are complications in moving towards upstream. It is much easier to measure how many people we have managed to pull out of the water than it is to measure benefits from upstream investments (Evans, Barer & Marmor, 1994). In terms of our investigations in Phase 2, it seems easier to develop recovery programs for women suffering from addictions than to change societal attitudes towards women.

- The concept of everything being connected corresponds with Indigenous perspectives of interpreting the world, including both human and non-human elements as interdependent (Smith, 2012; Thayer-Bacon, 2003). The story of the people in the river demonstrates that activities in upstream and downstream segments are connected. This also counts for the time factor. What we do now impacts the world generations from now.

- At the downstream level people often blame themselves for the problems they are facing. We heard this numerous times from the research participants. The story of the metaphorical river helps us understand that other factors beyond an individual's control play a significant, and often hidden, role. The built environment may limit accessibility for families who face, for example, a long commute to a program or service.

Affinity groups

As mentioned, learning occurs most effectively in social contexts. Group-based learning and reflections are gaining popularity in higher education institutions; but as demonstrated, the social determinants of health lens also requires interaction with a wide range of people who

work and live in different parts of the river. The parent advisory focus groups and the Advisory Team expressed an interest in seeking the knowledge of the diversity in the community, especially those who are marginalized. For this reason, we have paid specific attention to groups already formed who share certain characteristics, and we arranged new focus groups as well.[8]

Routledge (1996) calls these groups *affinity groups.* He claims that within the heterogeneous society there are a number of smaller groups, which share some commonalities, such as religious beliefs, ethnicity and friends, and they provide safe spaces for its members to "articulate, listen to one another, share concerns, emotions, fears, etc" (p. 404). These groups are providing support and solidarity for one another. One affinity group in this report was a group of 12 women who migrated from Asia. Although they are all unique individuals, they have all come from an Asian country and share common cultural perspectives towards raising children. Clearly, they also share their immigration status and that they are women. Routledge claims that there is a clear sense of ownership and consensus about a relational aspect towards their lived experiences.

An Aboriginal father explained how his participation with the newly formed Aboriginal dads' group provided an opportunity to share experiences. In a culturally-safe environment where he could exchange freely among other dads, he learned that he was not the only one questioning his "dad" skills. The group has, even after a very short time running, resulted in an enhanced confidence in fatherhood and a better understanding of what he can do as a father. On top of that, he has learned that he does not need to blame himself for not feeling he can be a good dad. This demonstrates the importance and validity of group dialogues and sharing in learning.

From this consensus, a voice can be brought to a more heterogeneous level of a community dialogue. This report is one element of that broader communication.

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[8] We complemented the focus groups with individual semi-structured interviews to provide opportunities for participants to share knowledge they would not want to share with others.

Research Development

The research team was tasked with engaging with families and caregivers in the Central Okanagan through a participatory action research methodology.[9] In other words, families and caregivers were asked about their connections and their lived experiences within the community.

The CATCH Research team, consisting of Myrna Kalmakoff (Community Coordinator), Eve Layman (Community Support Coordinator), Menno Salverda (Lead Researcher) and Barb Haagenson (Graduate student with UBC), met frequently to critically reflect on the process of how to engage with families and caregivers. Catherine Disbery, Aboriginal CATCH coordinator, helped recruit and conduct conversations with participants as well as organized focus groups and analyzed results. The report itself was written by Barb and Menno and edited by Angela Cleveland.[10] The report is written from a *we* perspective. This *we* approach hopefully communicates that the issues we are confronted with affect all community members. The solutions also require commitment from all community members in all their variety and relations.

In Phase 1, the research team interviewed 21 agencies to inquire about their knowledge, expertise and experiences with engaging families connecting to services. A recommendation from Phase 1 was to talk with families who are trying to access programs and services but are facing barriers.[11] As in Phase 1, the design and direction of Phase 2 was supported through guidance from the Advisory Team.[12] In preparation for Phase 2, the team suggested conducting a number of parent focus groups to assess how to approach families and caregivers given the

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[9] For detailed information on processes and tools, please see Appendix A. Appendix B, provides a chronological table with specific dates of the community engagement activities (interviews and focus groups) and reflection meetings with the parent focus groups and the Advisory Team.

[10] For more information on Menno Salverda and Barb Haagenson, please see Appendix C.

[11] For a summary or the full report of Phase 1, please see the following weblink: http://www.catchcoalition.ca/FCS

[12] The Advisory Team (AT) consists of key participants from the CATCH network, including members from agencies and institutions. Similar reflections were held with parent groups as well.

outcomes of Phase 1 and the goals of the overall research. Key recommendations, which flowed from Phase 1, were to pay specific attention to the following thematic areas: diversity (in terms of diversity of needs), connections, information, cultural safety, and social determinants of health. Two parent focus groups, held in April 2014, assisted in guiding the research in Phase 2.

An advisory team was established through the Aboriginal CATCH coalition and consisted of members from Westbank First Nation, Ki-Low-Na Friendship Society and Metis Community Services Society of BC. Through this coalition, not only was space provided for two focus group discussions, but recruitment for individual conversations also occurred through this collaborative effort.

Recruiting Parents and Caregivers

We connected to the community through web-based advertising, networking with professional, personal and community connections, word-of-mouth, newspaper advertisements, Facebook, and community group presentations. The geographic range was from Peachland to Lake Country, including West Kelowna, Kelowna, Rutland, and Black Mountain. We conducted six focus groups and 19 semi-structured interviews with families and caregivers - reaching approximately 60 people in total. Participants were offered a choice between an individual or group conversation (or both) which was mainly coordinated through phone conversations with Barb Haagenson. As an acknowledgement for the expertise of the participants, CATCH provided $25 gift certificates to each participant as well as providing financial support towards childcare costs for the interview period. The informed consent process followed protocols associated with research in the community.

From the Aboriginal community, we had conversations with 21 women and men. Some conversations were in focus group format and some were organized as individual conversations. We spoke with fathers, single mothers, and family members who had experience with their children in government care and those whose children had been returned to them.

We learned from Phase 1 that many people do not want to be associated with programs or services and that they face numerous barriers when accessing non-governmental organizations (NGO) or government agencies. Reasons vary from a perceived stigma or fear of their family being reported and, ultimately, fear of their children being taken away. These findings have been confirmed from research from the Wellesley Institute on the impact of racism on health disparities affecting Aboriginal people across Canada. The findings indicate that racism in the health sector leads to people avoiding programs and services they really need (Allan and Smylie, 2015).

CATCH, representing a coalition of many stakeholders supporting early childhood development, is not an agency itself, yet this is not necessarily completely understood in the community. Communication about the research may have come across as something 'official' and something to be avoided. Consequently, this made recruitment much more difficult. To mitigate these challenges, we relied on informal connections and through the agencies in the CATCH network. Some parents/caregivers were eager to participate because they were looking for an opportunity to share their experiences and struggles.

To ensure a diversity of cultural and social experiences, we interviewed families and caregivers that included single mother-led families, grandmothers raising grandchildren, blended families, long-term marriages with children, mothers who were raised in the BC child welfare system, dual-income families, unemployed parents, disabled parents, parents in recovery, parents whose children had been apprehended and returned and in process for reunification, parents whose child had died, families with one to five children, as well as Aboriginal families and Asian immigrant families. All were families who have lived in the Central Okanagan either for generations or for several years at the time of this research.

The conversations were conducted at a place and time most suitable to the family member(s). This included local coffee shops, the beach, parks or in private homes. There were two

researchers present for all the semi-structured interviews and up to four members of the research team working in the focus groups.[13] Appendix D shows an example of a focus group discussion design.[14]

Network Gathering October 7, 2014

A preliminary presentation of the results of Phase 2 was made at a CATCH network gathering on October 7, 2014. Following this presentation, the audience was divided into small groups and asked to provide feedback. The aim was to receive feedback and guidance for the ongoing efforts of Phase 2. There were 71 participants who were mainly agency representatives from the CATCH network.

The outcomes of that day can be summarized as follows:

- A need to communicate these important research findings to policy makers.
- To continue focus group discussions as a way to enhance connections to the community.
- Expand the use of examples and metaphors to demonstrate how downstream and upstream are connected.

Many participants appreciated the term "othering," and compared this with the more familiar terms labelling or stereotypes. They acknowledged the need to investigate more on how othering affects people and in what way this can be addressed.

Themes and Categories

As shown in Appendix A and D, conversations in individual interviews and focus group discussions were guided by open questions arranged around the general themes mentioned above. While the themes, which were derived from the two advisory focus group gatherings,

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[13] For details on the interviews and focus groups see Appendix A and D. For more information on how to design the semi-structured interviews or the focus groups, including techniques on how to avoid leading or judging questions, the research team has relied on previous experiences as well as tools from a portal on multi-stakeholder processes: http://portals.wi.wur.nl/msp/.

[14] Dependent on the nature of the group or the environment, we would make adjustments accordingly.

served to frame the conversations, the analysis itself led to the emergence of categories, which we have used here in this report to organize the findings (see section What We Heard).

Interviews were conducted with a lead interviewer and a note taker. Following the conversation, the lead interviewer and note taker would summarize the main lessons learned during that interview. Notes were typed up and collected in one larger document. Prioritizing the categories occurred in part by listing the number of times elements affiliated with a specific category were mentioned. However, we also applied the Social Determinants of Health lens or the metaphor of the people in the river to capture different types of determinants. We paid special attention to the narratives, which emerged from the lived experiences of the participants, and especially those who suffer from marginalization. For example, women suffering from addiction may be an important issue in the Central Okanagan. These "problems" are visible and logically explain the need for "treatment" programs. However, the root causes for some of these problems and other factors that prevent full reintegration are less visible, even by the people who suffer from them. Furthermore, the reintegration in society of women who have overcome addiction is complicated by the sense of being labelled the "recovered addict," instead of acknowledging and respecting them.[15] This label or stigma can also be identified as othering, a recurring category and the one we will describe in more detail in the next section.

What We Heard

This section discusses the categories which were identified following coding and analysis of the results of focus groups and individual conversations we had with parents and caregivers with a wide range of experiences. The categories which will be discussed in this section are: othering;

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[15] It is widely accepted that the format of using semi-structured questions and the positioning of researchers as learners is crucial to arrive at relevant information. It is not likely that a survey would have led to the deeper learning about the linkages to the wider society and the struggles in our community. Besides, we, who conduct the questioning, are often biased ourselves towards dominant worldviews and, therefore, we may not see the position or the experience of the people we interview. The intent of open and non-judgmental questioning is to remain open for learning new things. In this case, we learned from those who feel marginalized about issues that can be found at a much more upstream level.

sense of belonging, culture and community; medical system; education system; access and barriers to child care, transportation, information and built environment.

Othering

Earlier in this report, we highlighted the case of a mother who had suffered from addiction and felt strong in her recovery. What we learned from this woman was that it is important to realize that this stigma or label of "recovered addict" remains a problem for the whole family. The metaphor of the river is especially applicable here. The label or stigma invokes a sense of blame that many feel as an individual responsibility. However, when we apply the metaphor of the river, we can also understand that the broader environment plays a large role in coping, managing the stress, preventing integration and overall thriving in the community. In this case, the woman who tried to reintegrate in society after many years of suffering from addiction and abuse is confronted with a society that she feels is still hostile to her. She would like to speak out about her experiences, being aware her experiences are important for those who face similar challenges, but she is traumatized by the guilt she feels if her children's friends' parents find out she is a "recovered addict."[16] The label is applied by the mother herself but it is reinforced through society. The label or stigma is normalized in society and this makes it difficult for people to be part of society.[17] This report is not meant to construct solutions to these problems. This report tries to summarize what we, as learners, have heard from community members and from those who have "fallen through the cracks." Following CATCH's mandate in this research, however, we can say that the solutions have to be sought in factors beyond the individual, in society, as well as factors both downstream and upstream.

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[16] It should be noted that the rationale for conducting this research through a community wide network or coalition such as CATCH, is also to bring the voice of people with these types of experiences to the surface. It demonstrates how difficult it is for people to speak out, and, therefore, how difficult it is for those in less marginal positions to learn.

[17] A critical discourse analyses (CDA) can identify *how* stigmatization and othering occurs. Caldas-Coulthard (2003) and Gillian (2001) provide some guidance from literature. This report voices from the participants' perspective that othering occurs but not necessarily how.

The blame that is associated with being othered is felt as pressure from society. However, that pressure often translates in self-blame. Comments we heard included "I am not strong enough," "they are better dads," and "I should have had an education." The feeling of inferiority, when one does not conform to the "norm", is a recurring theme with participants facing struggles, and it explains the apprehension of those in need joining certain programs. They feel a sense of shame and do not want to be stigmatized. That stigma is not only situated with the people who experience them but is also reproduced and reinforced with actions in our society. This was demonstrated in the following feedback from one of the participants.

Following a number of negative experiences with marriages, one participant explained that she decided to try things out as a single mother. She received support from agencies and programs. One day, the support staff confronted her with the judgment that she was not making enough money so that her children could benefit from more activities. A few months later, when she was working two jobs to make ends meet, she was confronted with the statement that she should be home more often to support her children. This example demonstrates how women are caught in a tough situation where poverty can only be solved by "putting a ring on it" (as expressed by a participant), which could explain why it is difficult for women to leave unhealthy relationships. On top of that, they feel that their ability to be a good mother is challenged by judgments from society that does not value the efforts of mothers. Single motherhood is not only being labelled as inferior but has negative discriminatory ramifications.

Some of the families had differing levels of insight when looking at labelling and othering as noted through some of the questions that arose. Questions such as "Why can't I be proud of who I am and what I have done?" or "If my children are not in programs, am I a good parent?" and "Does the phrase 'All Families Welcome' include my same sex marriage?" The insights into the struggles, which some of the families shared with the researchers, were sometimes accompanied by tears and expressions of discomfort, anxiety and sadness. A main lesson learned from this category is that trying to arrive at solutions and real progressive action for

these issues requires consistent reflections about what labels have been normalized by society. The process that may help overcome the negative impact on individuals who suffer from being labelled or othered from society must also be considered. Often these solutions need to be constructed beyond developing a new program to "help" someone or a group. Often these programs simply perpetuate the othering.

"Othering" is closely related to power. A majority of Aboriginal people shared their frustrations with people in authority and their lack of understanding of the situation of Aboriginal families - "people in authority have to know the real truth." Aboriginal participants explained they felt judged and not treated as human beings - "They can't just look at your file. They should be with you in your house." The fact that more than half of Aboriginal children are in government care in BC (Representative of Children and Youth, 2013), demonstrates how othering, or an inferior perspective towards Aboriginal families, is a reality. The term trauma is often used in association with experiences of Aboriginal families in the past when children were removed from families into residential schools. In our conversations, Aboriginal participants explained that trauma was a fact of life - "everyone has trauma," and it "holds people back from being good parents." In almost all conversations with Aboriginal people, a desire was expressed to change the relationship with authorities and develop more tools in the communities to heal from trauma. Removing children from families mostly adds to the trauma, reinforcing the problems of othering and trauma described above.

It should be noted, in reference to the box above, that we also learned from non-aboriginal families about this sense of judgment from authorities (whether government or non-governmental organizations). In Phase 1, agency representatives recognized these sentiments towards authorities or professionals. It has, for example, led to broader discussions about child protection versus family support programs. Apart from the findings from the research in the Central Okanagan, the report from the Wellesley Institute affirms these sentiments at a broader societal scale (Allan & Smylie, 2015).

Sense of Belonging, Culture and Community

Participants experience a different sense of belonging depending on their affinity and their struggles. Practically all participants declared that a sense of belonging or community and culture is really important. When we asked the group of Asian women what they missed most

from their country, all participants identified the shared community responsibility of looking after children. In the Central Okanagan, they feel a lot of pressure and individual responsibility to look after their own children. Consequently, these women feel very lonely. They do not have any free time as they cannot rely on the shared responsibility for looking after children. In many cases, there are no neighbours to help look after the children. In other cultures, there is much more shared responsibility to raise a child. This corresponds with feedback we received from other parents in the focus groups as well. All parents expressed a strong need for connections and a sense of belonging. In some cases, the importance of this came to light following the closure of an outreach program with a specific agency supporting parents - "All my friends came from going to programs in the community."

Both agency representatives (in Phase 1) and parents interviewed confirmed the value of sharing stories about parenthood in a low barrier and low stigmatized environment. However, most feedback we received from parents was that, in general, programs and services were counterproductive in providing access to this sense of belonging. As discussed before, many programs or services seem to convey the message of meeting specific needs - needs that are stigmatized in the community.[18] An example that contradicts the general experience towards programs is the experience of some Aboriginal participants of Aboriginal programs - "they are run as if everyone was family."

Aboriginal participants claimed that Aboriginal programs run by Aboriginal staff were low barrier and did create "that sense of belonging you don't have at other parent programs." People at Aboriginal programs go out of their way to make you feel welcome and relaxed. In Aboriginal gatherings, people will "hold your baby while you take another child to the washroom." We should note that these revelations affirm the notion of the importance of affinity groups, discussed in the theory section, and creating a culturally safe environment for people to share their stories, experiences and develop that sense of belonging.

[18] In Phase 1, we learned that agencies themselves realized that barriers to access their programs were large and prevented people from participating. Barriers were related to paperwork, distance, time of offering or stigma and judgment. Agencies had joked that it was not people who were hard to reach, but programs and services (see report Phase 1 (Learning About Families' Connections with Services in the Central Okanagan: Phase 1 - Agencies' Perspectives): http://www.catchcoalition.ca/FCS)

The connections to community experienced by families and caregivers run the gamut from family to programs to neighbours and churches. We heard, for example, "Being a mom created a stronger bond with my mom" or "My mom helped me to keep my child" and "My step-dad is a great granddad." Other families and caregivers welcomed connections in their community - "We have friends in the cooperative," or "All my new mom friends come from Facebook." Some of the families and caregivers felt their church was an important aspect of community - "The local church pastor is a male role model for my son."

Other families and caregivers did not have connections to family - "We have no family here to help." Most people without family in the area found it much more difficult to cope and to feel part of the community, which corresponds with the experience of the Asian immigrants who also felt lonely and challenged to raise children with no close connections in the community.

While some families and caregivers found much of their connections through social media and online networks, others would not go outside of their existing friends on Facebook to meet other new parents - "It's a little creepy to meet up through Facebook." For other families having a program run at regular times was a barrier - "My son does not have the same schedule as the program each week."

Some families and caregivers avoided programs and services. They expressed that in order to strengthen their family, they needed to shelter themselves and their children from programs and services (they were not specific which ones). According to some participants, this strategy of sheltering helped to attach child and parent - "I had to go around the service; they would have ripped us apart." In another example, a parent dropped out of a specific recovery program, which did not allow children to be with their mother - "I couldn't finish treatment – I missed my child too much."

A sense of belonging can come from existing groups, but can also be created through starting new groups or providing opportunities for sharing in affinity groups. Some of the Aboriginal fathers and newcomers are seeking a sense of belonging. They share being fathers in the Central Okanagan and this was sufficient to create that sense of belonging. Similarly, we heard from the Asian women that a focus group like this invokes positive dialogue amongst them. They generally do not have an opportunity to discuss these matters, ironically compounded by the fact that the job of raising children now falls solely on them, rather than the broader community (as it was in Asia). We were told by all participants to continue to conduct similar focus group discussions. They felt they were necessary to simply provide the space for these dialogues to occur.

> Culture and fatherhood – We heard that confidence in parenting is a large issue with Aboriginal parents. Rather than jumping to a parenting program (which would present the issue as a problem with the parents themselves), dialogues are emerging (even through this research) about root causes and obstacles to be discovered in the wider society. Some Aboriginal participants explained that their own parents were not able to be affectionate with them as a result of having spent many years in residential schools. Traditionally, physical affection between parents and their children is part of Indigenous culture. Yet for many, there are challenges as a generation in residential schools continues to produce the trauma that families currently experience. There is conviction that healing needs to start in the community with the people themselves. There is hope that through increased awareness and activities, such as the Aboriginal dads' program, the sense of belonging among people will lead to healing and better foundations for raising our children.

Medical System

For some parents, the connection to the medical system was problematic and, for some, it was supportive. Several families and caregivers had experiences with Western medical practitioners whose reliance on measures as indicators of well-being meant that the child, as a whole, was not seen; only their height, weight and age were seen and valued. This experience was demeaning and, in turn, created for this family a feeling of not being seen as a whole - "It made me feel like a bad parent."

The medical system was isolating for some parents and caregivers in that the focus on vaccination as mandatory for children did not provide room for differences - "There was no dialogue around it," "There is a big gap – usually just immunization access." On the other hand, for some families and caregivers, the connection to the health services was one that felt supportive and they could go and ask for help whenever they needed to - "I have a good relationship with my nurse."

Education System

For some parents, their child was bullied in school, and they felt their school was not responsive - "There was lots of talk, but no resources." For other parents, having their children attend independent school meant that they could stay away from the "Big, scary school where the kids smoke." A number of families critiqued the official education system and the pressure for children to "adjust" to a standardized curriculum. Families participating in "un-schooling" meant their children would "learn by experience and through the interests of the child" and that parents had "support in the un-school community." Other families identified that school was where their children were valued by society, as once they became of school age, there was a dollar figure attached to each one of them - "The children count once they are five years old, about $6,700.00 per child per year."[19] As well, once children reach school age, the costs associated with child care lessens. Child care was also an issue among some of the participants.

One Aboriginal participant expressed that, as a parent, he did not feel confident about raising children because he lacked healthy parent role models. Earlier generations of his family lost the knowledge their ancestors had to raise strong children when governments forced Aboriginal families to send their children to residential schools. This awareness led this parent to enroll his children in a First Nations-run school where cultural and language teachings might bring his children greater pride and confidence in their heritage.

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[19] This is the amount that public schools in BC receive per child per year to run the schools. The average per-pupil funding in the K-12 sector will increase to $8,603 in 2013-14, the highest ever. Retrieved from: http://www.newsroom.gov.bc.ca/2013/03/operating-grants-maintained-per-pupil-funding-highest-ever.html

Access & Barriers

Child care

The tension for some families and caregivers between being at home and being at work was noted. For one grandmother, she recalls being told to stay home and raise her children. However, she asked, "What do I do all day when they are in school?" Another parent "became bored" with being at home by the time her child was two months of age. The way she managed this was to start a home-based business. For another parent, she describes how difficult it is to step-out of the workplace for fifteen years and then return. One family of duel-employed parents have child care costs that "are like a second mortgage." One parent, who was unemployed, struggled trying to find quality child care that fits with the work search requirements of Employment Insurance. There are limited options for flexible licensed child care spaces for a child under three years of age. This parent did not need full- time or part-time child care.

Finding quality, licensed child care in smaller communities is challenging for some parents. Going back to work after parental leave meant looking for child care for five months, and feeling "…desperate because there are no places." Sometimes, older siblings are in a role of babysitter for their younger siblings. This can be problematic for it may mean that one child "…takes on the role of caregiver." Poverty is a cross-cutting theme which is generally seen as one of the most important social determinants of health. Most participants, while not mentioning poverty directly, did explicitly state that access (and the price) of child care was very difficult.

Almost all Aboriginal participants linked poverty to access of child care and not making enough money to pay for child care - "I would like to work, but I can't make enough money at a job to pay for child care." Some also mentioned that subsidies for child care were not easy to get. Another interesting suggestion was made that perhaps if there was sufficient child care, there would not be as many children in government care, implying that life would be less stressful for families to make ends meet and provide support for their children.

Transportation

Some families choose to not ride the bus for various reasons - "There are weird people on the bus." Some families keep two cars in use to drive their children to programs and activities - "Need a car to get to places in the Central Okanagan." Some will not allow their children to ride their bicycles to school or activities or to play on the streets due to safety concerns.

Information

A barrier that arose during the interviews was knowing what programs and services are available for families and caregivers. Knowing how and where to look for support as well as knowing the right questions to ask was a stumbling area for some families - "Where can I go for help without losing my child?" or "How come I don't know about this resource?" In some cases, what is offered as a support for families, sometimes comes in packages, for example free swimming opportunities, yet the package only allows it for a pool in Kelowna not in West Kelowna or in Lake Country. This links to the transportation barrier as well.

Built environment

The built environment was identified by some families and caregivers as a barrier. For some, geographical barriers, such as having to drive over the bridge between Kelowna and West Kelowna, were not an option. Having busy streets with cars and no safe and level paths to access parks was noted as a barrier. The existence of purpose built communities (ie. gated communities) was also noted for its ability to create disconnection for the community.

Aboriginal participants expressed many frustrations with the bus system and had experienced unfriendly bus drivers - "I was asked to get off the bus with my child and stroller." Some areas, such as Queensway Transit Exchange, were perceived as unsafe. Transportation barriers keep people from accessing programs they actually wanted to participate in. In other cases, participants enjoyed access to programs in the smaller communities.

DISCUSSION

Many of the participants that we spoke with generally avoid programs and services because of stigma. This relates to what we heard agency representatives say in Phase 1 of the research. Therefore, in addressing the question, "how to help those who 'fall through the cracks,'" a framework for action needs to consider factors beyond the assumptions that programs and services can help individuals. The research demonstrates that thoughtful action is required to support those who are marginalized, but also for those who are privileged to "see" different experiences. Because of stigma and fear towards programs and services, if we continue to try and help people based on the current institutional infrastructure, we may, at best, help only a few, but more likely perpetuate the problem. People will be marginalized even further since the root causes of the problems, such as labelling and othering, have not been addressed.

As researchers, we tried to fully engage citizens in individual interviews and focus groups and respect them as experts in their knowledge about specific struggles. This research was set out to learn from these struggles. Focus group conversations allowed not only for researchers to learn, but also for participants themselves to create a sense of belonging and safety and to learn from each other. Through these *affinity groups,* we learned from the participants themselves that they became more confident hearing from other participants that they share similar struggles and stories. Realizing that they are not the only ones facing their struggles changed perspectives. Therefore, we learned that the *process* of the research is actually an outcome itself. The participatory approach results in a voice or a narrative of experiences through the lens of those who feel they do not fit in.

The feeling of not fitting in emerged in many conversations and is discussed as "othering" in the report. We learned that participants often buy into the labels ascribed to them, even where these labels are associated with being inferior to the "norm." Some participants blame themselves for not being "normal" – "I should have had an education" or "I should have stayed

married". A few participants, we discovered, were able to link their situation to limitations within the systems, institutions and norms of society. These participants had become very conscious of their own strengths, knowledge and power, but were also painfully aware of the broader structures and social relations in society that limit their ability to express that knowledge *and* teach the community. This counts for the women who experienced othering through the label "recovered addict," or the single mother who experienced judgment for either not working hard enough to support her children or being away from home and her children too much. Building programs to *help* those who are labeled (the poor, the drug addicts, the Aboriginals, women, the immigrants, etc.) will not solve the societal problem of why there is poverty, discrimination or racism etc... *Helping* people who are labeled and judged according to that label is not the same as *caring* for individual human beings who have a wide range of characteristics.

Similarly, Aboriginal people often feel more fearful of visiting programs and services or visiting society in general. Aboriginal people consistently experience othering (racism) and face a much higher risk of having their children being taken away. Their fear of western society stems from the days of colonization and residential schools. *Helping* Aboriginal people, without addressing othering, is counterproductive, despite the good intentions from those who want to help. Other contexts in which participants felt judged included the medical system, school settings, visits to agencies or visits from support workers. This demonstrates the systemic nature of the barriers, which prevent many community members from fully participating in society.
These issues strongly connect with the need of a sense of belonging. Many who did not have family nearby felt very lonely. Those who did have family in the area, pointed out it was a crucial factor of support as they did not have many other connections. Participants informed us that affinity groups create a sense of belonging and result in self-confidence. We also experienced this ourselves in the focus groups we facilitated.

There were more concrete issues discussed at length by participants. Low income and low wages created many challenges to provide for the needs of families and children. In this context, many participants also expressed that the lack of available, affordable flexible child care was problematic.

Addressing the issues summarized in this report requires action and responsibilities at various levels:

- Those in positions of power and privilege must take every opportunity to listen and learn from the diversity in the community. Those who have lived experience in marginalized positions have knowledge about how society impacts their abilities which is not always visible or easy to understand. Policy makers or developers of programs and services should be especially aware of the type and variety of barriers citizens face.

- Those who feel othered have a responsibility to find innovative ways to express their voice. Without these voices, societal change does not take place because the assumptions based on which help is offered will not be challenged. This voice can only be heard, however, when there is a level of consciousness of how othering and silencing occurs in society. Without that consciousness, it is more likely that someone will blame themselves for their struggles and accept a position of inferiority. We might hear a cry for help and they might try to do everything to fit in, instead of engaging in the process of changing society.

- Coalition type initiatives (such as CATCH), positioned already to collaboratively focus on the well-being of young children, can help in creating safe learning environments either at the affinity group level or at more diverse gatherings such as a community network gatherings. Where it may be difficult for people to speak in public, their voice can still be communicated through a learning platform, of which this report is one element.

We would like to extend an invitation to the broader community to help us in our inquiry as to how we can collaboratively and concretely act upon the knowledge generated. How can the Central Okanagan and all its players move upstream and improve the environment for all citizens, families and children? How can the minority perspective and experience, which is

currently othered, be considered in the diversity of cultures and experiences and, through that process, be validated?

This research process will be an important element in furthering policy development in early childhood development within the Central Okanagan. Following the end of this phase, CATCH will be planning a number of community forums to bring different voices together and building an action plan to move upstream.

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Appendix A : Methods / tools.

Various tools and methods are used for both Phase 1 and Phase 2 as well as for Aboriginal and "mainstream" CATCH. The methodology used is aligned with the core values of CATCH, as a coalition of many stakeholders who work together to create the best possible Central Okanagan for children to grow up in. The methodology in this research is based on learning from agencies about people / clients and the environment people in need have to move in and through. These experiences are cross-checked in Phase 2 through learning from family members and caregivers themselves through interviewing individually and in focus groups.

In short the following methods were part of the overall approach:

WHAT	WHY	WHEN	COMMENTS
Quick scan (online)	To get a sense of who is involved with programs and services for families in general across the Central Okanagan. Before Phase 1.	March 2013	
Draft methodology	To create clarity and buy-in about the complete process. Guidance from advisory team.	March 2013	
Focus group / advisory team	To receive guidance from advisory team* regarding: categories of programs and services (type of programs and service (universal or targeted; vulnerable or not; type of vulnerability). To receive guidance from advisory team regarding validity of asking certain questions Reflective guidance consistently during the whole research process. For the Aboriginal research, guidance was provided through the agencies affiliated with Aboriginal CATCH.	March, 2013. Dec 2013, 2x 2014.	About 5-10 people
Semi-Structured Interviews (SSI) with agencies	To get deeper understanding of factors (or assumptions) that define "Hard to Reach Families"[20] for agencies and assumptions about why agencies develop certain programs and services. How do agencies know about their clients? Why do they want to reach them?	April / May	Test interviews to check if on right track
Literature	Some cross-checking evidence from literature. Some on processes, critical thinking about assumptions and Early Childhood Development in general. Evidence from various agencies and university research on some issues.	ongoing	This report is not a literature review.
Focus groups (Phases 1 and 2)	Learning from various groups. Some groups were conducted with agency representatives. Most focus groups were conducted with representatives of parents or caregivers. Specific effort was paid to identify and recruit "categories" of parents with specific characteristics (not labels), such as, citizens newly arrived from Asia, citizens recovered or recovering from addictions, women who have suffered from abusive relationships.	mid-May and ongoing	The CATCH Network provided for contacts and arranging a venue for these focus groups.
Semi-structured interviews with	To hear their voices and understand their experiences better in relation to connections in the community.	mid-May early June	Informed by focus group

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[20] Although the term HTRF has been challenged through this research process, the term is still a familiar term to many participants, and hence, it is occasionally used to start the conversation.

families			discussion
Workshops / presentations	Bringing wide variety of stakeholders together to present findings and exchange about and reflect on the different aspects of the research. This should help inform an action plan for agencies and other stakeholders to overcome the obstacles faced and /or to nurture those aspects of public participation that work well.	September 2013, October 2014, February 2015	
Community work forum	To engage a wide variety of participants and dialogue on what next steps should be.	April 2015	

* Key stakeholders / advisory team = who can speak on behalf of a broader range of agencies (than their own) about the approach, methods and narrower selection of agencies that will be most relevant to interview. From a wide range of agencies only about 20 will be interviewed. All members of the Advisory Team are also strong affiliates with CATCH integration team or the network.

** Examples categories = Mental health and addictions, Aboriginal population, ethnic diverse groups, such as Asian citizens, who may have just arrived in Central Okanagan.

Appendix B: Chronology of Events

WHAT	WHEN
Network meeting HTRF	December 2012
Interviews with agencies (Phase 1)	Period January 2013 – June 2013
Presentation Phase 1 results	October 2013
Advisory Team meeting	December 3, 2013
Focus Group Phase 2 guidance from parents	April 3, 2014
Focus Group Phase 2 guidance from parents	April 10, 2014
Focus Group Aboriginal	June 2, 2014
Training event Aboriginal agencies supporting Phase 2	June 13, 2014
Focus Group Aboriginal parents	June 18, 2014 (the one done by agencies)
Focus Group Peachland	June 19, 2014
Focus Group Karis Society	July 11, 2014
Advisory Team – preliminary results Phase 2 (with Barb from UBC)	September 16, 2014
Focus Group Asian parents in Okanagan	September 29, 2014
Network Gathering, presentation Phase 2 preliminary results	October 7, 2014
Individual interviews with variety of participants	Summer, 2014
Individual interviews with Aboriginal participants	Winter, 2014
Advisory Team	January 29, 2015
Community presentation and invitation for community forum	February 25, 2015
Community forum	April, 2015

Appendix C: Lead Researchers

Menno Salverda was the lead for this research. He was responsible for the design of the research components and facilitated the focus groups as well as conducted, in collaboration with other members of the research team, the semi-structured interviews. He also facilitated various reflections on the progress of the research, including the Advisory Team, and presented at community gatherings. Having been coalition manager of CATCH between 2004 and 2007, Menno Salverda is very familiar with the CATCH mandate and structure. He is currently affiliated with a UBC PhD program where he is focusing on the role of dialogue and community-based research in social transformation in communities.

Barb Haagenson, worked with the research team for the period April – September, 2014 as part of her Social Work Degree at UBC Okanagan. She contributed in areas of community development, recruitment, analyzing, reporting and participating in the research team reflections, specifically geared towards Phase 2.

Appendix D: Example of Focus Group Agenda.

This example is a focus group discussion with Karis Society, conducted on July 11, 2014.

Time	What	Details (for facilitators – including staff from Karis – who is there also as counsellors (if needed))
10.00	Welcome and introduction	Facilitator starts: Introductions - THANK YOU'S – Ice breaker? Or bridge: (monkey's? – perhaps **people in river**), Baby in buggy?
10.15	Overview project and goals / agenda of the day	Facilitator / resource person provide short explanation of **agenda and objectives** (on flipchart?): 1) To learn from caregivers' lived experience and build on each others' knowledge 2) To create collective ownership (in the process) engaging in learning about the community 3) To provide important knowledge into the community based research project Facilitator: **quick history of project and CATCH**. What is CATCH's role? (link to story earlier). (use of triangle? Or other visuals?) **Consent forms**. (affirming that you are part of CATCH and know what that means (responsibility) in the production of community knowledge about what would be best for children and what that would mean for *action*. CATCH draws from all sorts of experiences and challenges. Explain facilitators with CATCH are not belonging to any agency or political party (☺): the political business is that of *taking a stand* for children 0-6. This team is to learn from diversity of knowledge in community and results of learning will be communicated back to community, including policy makers and politicians.
10.25	Rich picture	Split in two groups (or 3 -5 per group ideally) and provide following task: 1) think (individually) for **1 minute** about your **dream community**. 2) Draw (on flipchart on table) with your group a picture – 10-15 minutes of your dream community for your children (what is important to you / or your child?). Facilitators to guide the conversation and steer (only when group strays too far from topic) with probing questions (not leading or judgmental) towards the themes we want to learn more about (and pay attention to new possible themes).
10.40	Expand rich picture	Stop dreaming: wake up! Next 10 minutes on 2 flipcharts (separate): 1) What can you find in community that *helps* achieving the dream? 2) What do you think *hinders* us achieving the dream? Argue from your lived experiences and /or observations Can you think of other people's experiences who are not here?
10.50	Break	
11.10	Reflect	Take 1 minute to think (individually) about 2-3 key things you have learned from your group: Write on cards: what struck you most? Share 1 thing in group. With group: prioritize top 2-3 things. Prepare to share with the other group(s) on flipchart
11.25	Share	Sharing of key issues / topics that have come up from your group: one topic at a time (depending on time left) – 1-2 minutes per topic and quick conversation: check duplicates.
11.45	Reflection	In small groups or plenary. Quick buzz: Name one thing you liked today - One thing we should do better next time? Other questions: do you have friends / people you know whom you think may have good information for CATCH and who may want to participate?
12.50	Adjourn	THANK YOU!!!

Appendix E: Stories

Story on "Othering"

Sam Supalla once described his childhood friendship with a hearing girl who lived next door. As Sam's story went, he never lacked for playmates; he was born into a Deaf family with several Deaf older brothers. As his interest turned to the world outside his family, he noticed a girl next door who seemed to be about his age. After a few tentative encounters, they became friends. She was a satisfactory playmate, but there was the problem of her "strangeness." He could not talk to her as he could with his older brothers and his parents. She seemed to have extreme difficulty with even the simplest or crudest gestures. After a few futile attempts to converse, he gave up and instead pointed when he wanted something or simply dragged her along with him if he wanted to go somewhere. He wondered what strange affliction his friend had, but since they had developed a way to interact with each other, he was content to accommodate her peculiar needs.

One day, Sam remembers vividly, he finally understood that his friend was indeed odd. They were playing in her home, when suddenly her mother walked up to them and animatedly began to move her mouth. As if by magic, the girl picked up the dollhouse and moved it to another place. Sam was mystified and went home to ask his mother about exactly what kind of affliction the girl next door had. His mother explained that she was HEARING and because of this did not know how to SIGN; instead she and her mother TALK, they move their mouths to communicate with each other. Sam then asked if this girl and her family were the only ones "like that." His mother explained that no, in fact, nearly everyone else was like the neighbors. It was his own family that was unusual. It was a memorable moment for Sam. He remembers thinking how curious the girl next door was, and if she was HEARING, how curious HEARING people were (Padden & Humphries, 1988, pp. 15–16, as cited in Hole (2007) capital letters in original).

Story on "Seeing" Connections
In the focus groups and meetings, we used the following example as a way to relate the difficulty of "seeing" connections in our community with a concrete example. Thich Nhat Hanh (Hanh & Weisman, 2008), demonstrates how we do not always seem to observe these connections. He also claims, however, that with critical reflection, one can "know" that we "inter-are":

> Suppose we take a seed of corn and plant it in the damp soil. A week or so later the seed will sprout. About three days later, we may come and ask the corn seedling, "Dear plant, do you remember the time you were still a seed?" The plant may have forgotten, but because we've been observing, we know that the young cornstalk has truly come from the seed." (p. 33)

Thich Nhat Hanh (Hanh & Weisman, 2008) suggests that we may think the seed has died as we can't see it anymore. "If you're capable of seeing the corn seed in the corn plant, you have the kind of wisdom the Buddha called the wisdom of nondiscrimination" (p. 33). The point Thich Nhat Hanh is trying to make is that thinking from a certain perspective (window if you like) it could limit our vision to see the important connections to foundational elements of "the way things are."