



encompass
support services society

Needs Assessment & Engagement Summary

April 2025

Encompass Support Services Society

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Encompass' offices and spaces, and the work that we do, are on the sacred, ancestral territories of the Coast Salish people, specifically the q'w'a:ńł'əń (Kwantlen), áicáy (Katzie), Máthekwi (Matsqui) and se'mya'me (Semiahmoo) First Nations, who are the traditional stewards and protectors of this land and its generous resources. These territories are home to many diverse First Nations, Inuit and Métis people. Our work does not start and end with this territory acknowledgement; it is one important action towards Reconciliation, honouring the land and Indigenous heritage, which dates back since time immemorial.

This territory acknowledgement was developed with the members of the Indigenous Advisory Council, and we thank them for their generosity and collaboration.

INTRODUCTION

Encompass Support Services Society is a CARF-accredited, grassroots, non-profit agency that provides a wide range of enriching and essential support services in Langley, Aldergrove and surrounding communities. Our mission is to strengthen community health and vitality by identifying and responding to needs, collaborating to enhance lives, and cultivating sustainable partnerships. Our vision is to empower individuals, connect people, and enrich lives, and our values are: Integrity, Inclusion, Community, and Collaboration. We endeavor to help build strong, sustainable communities by offering inclusive, low-barrier, accessible services tailored to meet the evolving needs of the individuals and community we serve, with a focus on enhancing access for all. We work to reduce barriers for equity-deserving populations, while collaborating to problem solve access issues and health inequalities. Our services support the development of new skills, improve health and wellness, and support navigation to appropriate services within and outside of our community.

We commit to creating spaces and environments where every individual feels welcomed, respected, and valued, where they can be their authentic self. We honour and celebrate diverse voices and worldviews, particularly those who are under-represented, that make up our organization and the community. We continuously strive to ensure representation of equity-deserving groups including those who identify as First Nations, Inuit and Métis People, Black, and/ or People of Colour, people with disabilities (including invisible and episodic disabilities), folx with neurodivergence, 2SLGBTQIA+ and/or gender and sexually diverse individuals across our programs, advisories, Board of Directors, and employee groups.

Our passion is working with advisories, community and partners to inform our work and direction, while identifying gaps, health inequalities, and needs of those we serve to innovate solutions together. We recognize collaboration and partnerships strengthens our work, informs our knowledge, connects people and helps to build community capacity.

Our current model for providing services under the Public Health Agency of Canada's – Community Action Plan for Children, and the Canadian Prenatal Nutrition Plan is a coalition model, which includes ourselves, Lower Fraser Valley Aboriginal Society and Inclusion Langley Society (see Appendix A for work plans for each coalition partner).

Encompass' Prenatal, Postnatal, Child and Family Programs (0-6 years of age) objectives are to offer programs that support the healthy development of families, infants, and children who may be facing conditions of risk by providing access to programs and services. These resources can support positive parenting skills and parent-child attachment; healthy child development and health literacy; and the development of positive health practices like healthy nutrition and cooking, and the importance of physical activity. For expectant and new parents, our objectives include promoting healthy pregnancies and birth outcomes, while supporting the health of the birthing parent and their infants. Services include: pre- and post-natal and parent/caregiver outreach support; caregiver-child drop-in groups (Family Place); parenting support groups (Best

Babies, Spanish Family, and Pregnant and Parenting Youth); and a free, licensed childcare centre for children of young parents who are attending high-school.

Inclusion Langley Society's objective is to support the healthy development of Indigenous families and children with developmental or support needs facing conditions of risk by providing access to resources and programs that support healthy child development. Programs provide a supportive environment for Indigenous families and care providers with children 0-6 years to build relationships with Elders and the Indigenous community through traditional teachings and protocols.

Lower Fraser Valley Aboriginal Society's objectives are to support the healthy development of Indigenous families and children facing conditions of risk by providing access to early childhood development programs. Programs provide a welcoming place for Indigenous families and care providers with children 0-6 years to build relationships with Elders and the Indigenous community through teaching protocols and traditional teachings.

PURPOSE OF THIS COMMUNITY NEEDS ASSESSMENT

The purpose of this needs assessment is to build a foundation of knowledge that will help to identify the needs of Langley caregivers from pregnancy to early childhood (0-6 years of age) to better understand the challenges and inequalities that each experiences during this period. Part of this process and review is to look at whether our current system of services are working well, to define the current needs of the community, and any areas of recommendations or improvement.

To complete this assessment, we engaged with parents, caregivers, and service providers who use and refer to the Coalition's and partner organizations' services.

OUR APPROACH

In January of 2025, Encompass Support Services Society organized four engagement sessions with participants (Best Babies group X 2, at Family Place, and with the Spanish Family group). We opened an online survey for community families and caregivers from pregnancy to early childhood (0-6), and an online survey for community partners who work closely with these families and those using or referring to our Coalition's services.

The engagement was designed to hear directly from families, caregivers, and service providers around what is working well, what is not working well, gaps that could be addressed, and possible solutions for Langley. Following the engagement, we shared back with our Coalition table to confirm what we had heard from the community, and to focus on solutions and action items to address the prioritized gaps identified through the process.

This report summarizes insights gained from our engagement and Coalition planning table.

Across the entire project, we engaged with 151 people. The engagement phase included online, anonymous surveys and focus group engagement sessions through which we heard back from: 93 caregivers (online survey); 42 caregivers (through four (4) separate focus groups); and 16 community partners/service providers (online survey).

Both the online survey and focus group engagements focused on the following questions:

- What services and supports for children prenatal and/or 0-6 years of age are working well in our community?
- What is not working well in terms of services and support for children prenatal, 0-6 years of age in our community?
- What is the greatest need or challenge that you see or experience for caregivers/families of children 0-6 years of age in Langley?
- What do you see as gaps in programs and services for the Langley communities?
- What barriers currently prevent caregivers and families from accessing programming?
- What else is missing or could be a solution to best serve caregivers and families who are prenatal or with children 0-6 years of age?
- What should be considered when developing programs? Priority list.

The on-line survey was open to families, caregivers and service providers/community partners, of which we had 109 participants:

- 93 parents & caregivers
- 16 service providers

We hosted four (4) focus group engagement sessions with families and caregivers with a total of 42 participants. Each session was offered in-person, with one session hosted in Spanish. Childcare, food and refreshments were available to caregivers. The following is an outline of the sessions provided:

- January 10th, 2025 – 7 caregivers
- January 14th, 2025 – 7 caregivers
- January 15th, 2025 – 14 caregivers (offered in Spanish)
- January 16th, 2025 – 14 caregivers

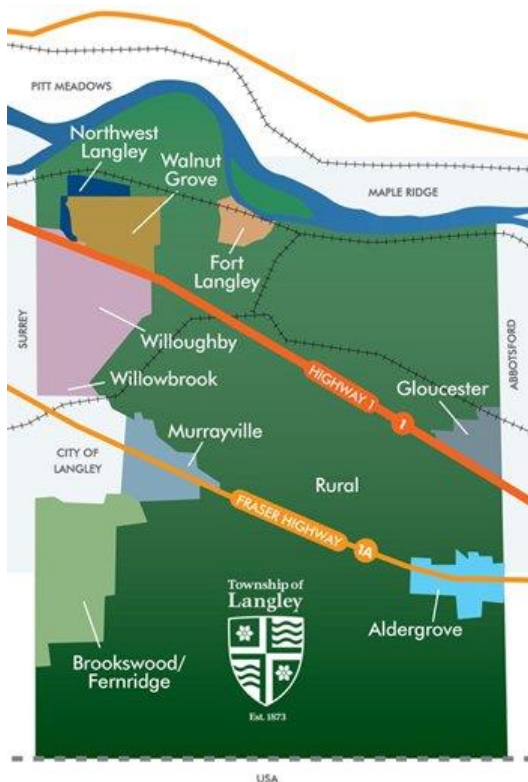
On March 10, 2025, the coalition of partners met to review the responses and plan for solutions, focusing on the following questions:

- What are the strengths in our community and current programs?
- What does the coalition see as gaps? Need areas?
- What are the possible solutions/recommendations? Next steps/strategies/action?

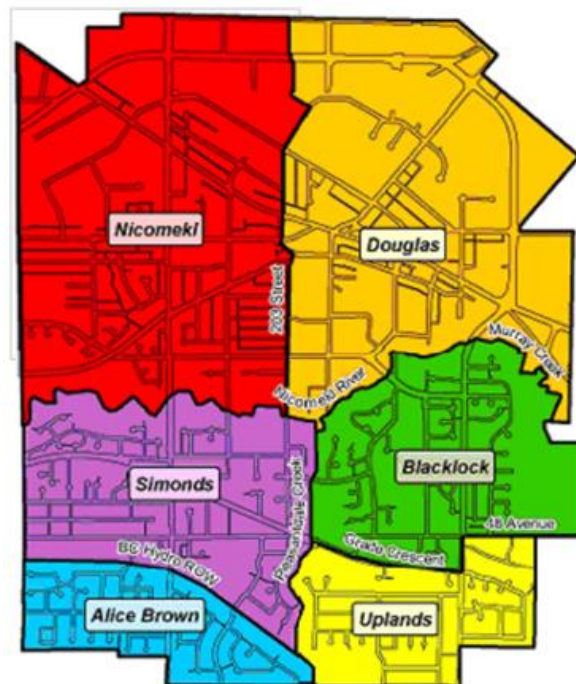
THE LANGLEY COMMUNITY AND ITS NEEDS

Langley is located on the sacred, ancestral, and unceded territories of the Coast Salish People, specifically the q̓'w̓a:ḥł'əḥ (Kwantlen), ḳ̓iḳ̓əy̓ (Katzie), Mátheḳwi (Matsqui) and se'mya'me (Semiahmoo) First Nations, and is comprised of two municipalities the City of Langley and the Township of Langley. It is bordered by the Fraser River to the north, Abbotsford City to the east, the Canadian-US border to the south, and the City of Surrey to the west. The City of Langley covers 10.2 square kilometers with approximately 33,000 residents of which 15.3% are children ages 0-14¹; whereas the Township of Langley covers 316 square kilometers with extensive rural areas, and has over 150, 000 residents, with children ages 0-14 making up 18.4 % of the population².

Township of Langley (City of Langley inset)



City of Langley Map



¹ Langley City. (n.d.). About Langley City. <https://www.langleycity.ca/community-culture/about-langley-city>

² Township of Langley. (n.d.). About the Township. <https://www.tol.ca/en/the-township/about-the-township.aspx>

Langley is marked as one of the fast growing communities in all of BC, and as one of the fastest in all of Canada between 2022 and 2023.¹

Between 2016 and 2021, the overall population of Langley grew by 12.6%, and the immigrant population boomed across the two municipalities growing by a staggering 35.4%, surpassing population growth in any other Metro Vancouver municipality. As of 2021, nearly 23% of Langley's 159,000 residents were immigrants³.

Additionally, children ages 0-14 made up 15.3% of the population in Langley City and 18.4% in Langley Township. Encompass provides services across Langley and to neighbouring communities, supporting over 2,500 children, youth, and families annually.

The Early Learning Development Instrument from the Human Early Learning Partnership (UBC) tracks trends and patterns in **children's vulnerability**. It is composed of five measures: physical health and well-being, emotional maturity, social competence, language and cognitive development, and communications skills and general knowledge at kindergarten to identify vulnerabilities and inform early interventions. Children are considered vulnerable on the EDI if, without additional support and care, they are more likely to experience challenges in their school years and beyond.⁴ According to their research in British Columbia, childhood vulnerability rates vary significantly across the province, ranging from 21.8% in some communities to 72% in others. In Langley, 31.2% of kindergarten children are vulnerable on one or more scales of the EDI upon entry to kindergarten.

We also recognize that folx from **under-represented and equity-deserving groups**, such as Indigenous, 2SLGBTQIA+, newcomer and immigrant families face multiple barriers when accessing traditional systems of health care, community services, education, etc. We also recognize how intersectionality attributes to inequalities in health care and access. Kimberlé Crenshaw (1989) coined the term "intersectionality", referring to how sources of discrimination overlap and reinforce each other, and build on inequalities of access. This term also refers to the reality that we all have many identities that intersect to make us who we are.⁵ The inequalities in our system of serving children and families from pregnancy to early childhood are complex and deeply embedded for these groups.

¹ Olsen, T. (2024, June 4). *Langley Township was BC's second-fastest growing municipality las year*. Fraser Valley Current. <https://fvcurent.com/p/2023-populations>

² Statistics Canada (2023, March 29). Vital statistics stats and growing population (table). Census Profile. 2021 Census of Population. <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/>

³ Langley Local Immigration Partnership. (2022). *Growing Together*. https://langleylip.ca/wp-content/uploads/2022/12/LangleyandImmigration_Growing_Together_FactSheet_November2022.pdf

⁴ Human Early Learning Partnership. (n.d.). *The Early Development Instrument: Overview*. <https://earlylearning.ubc.ca/monitoring-system/edi/edi-overview/>

⁵ Government of Canada. (2022). *How to integrate intersectionality theory in quantitative health equity analysis? A rapid review and checklist of promising practices*. <https://www.canada.ca/en/public-health/services/publications/science-research-data/how-integrate-intersectionality-theory-quantitative-health-equity-analysis.html>

The health and wellbeing of Indigenous Peoples have been profoundly impacted by a range of interconnected factors, including colonization, residential schools, racism, marginalization, intergenerational trauma, land dispossession, loss of language and culture, child apprehension, overrepresentation in the criminal justice system, and other socio-economic challenges.¹ Canada's colonial policies and practices have led to a disconnection from traditions, culture, languages, and worldviews, further contributing to poorer mental health outcomes. Cultural reclamation, particularly in urban Indigenous communities, must therefore be foundational in wellness work.²

Multiple studies have shown that adults who identified as members of the above groups, including those with less than high school education, those with lower financial income, and those unable to work or are unemployed, reported experiencing significantly more **Adverse Childhood Experiences (ACEs)**. ACEs are potentially traumatic events in childhood (0-17 years), such as neglect and experiencing or witnessing violence. They can include a child's environment that can undermine their feelings of safety, stability and bonding. Because of this, ACEs can negatively affect physical, mental, emotional and behavioral development in children, and have lasting effects on the health and well-being, and prosperity into adulthood.³

Child poverty in BC is also on the rise. First Call Child and Youth Advocacy Society's 2024 BC Child Poverty Report Card⁴ reported the challenges (poor health outcomes, learning, disabilities, academic underachievement, low literacy rates, poorer incomes as working adults) and stressors to child poverty (food insecurity, unemployment, poor education, unsafe living conditions, lack of access to medical services, mental health and well-being).

Findings from this report show racialized groups are disproportionately impacted. As of 2020, 13.5% of racialized children in BC aged 0-17 are living in poverty, defined by the Low-income measure after tax (LIM-AT), compared to 9.8% of non-racialized children. The experiences of racialized groups can vary, for example, as Filipino children in BC have the lowest poverty rate at 4.4%, while Arab children have the highest rate at 35.9%.⁵

¹ Hossain, B., & Lamb, L. (2019). Economic insecurity and psychological distress among Indigenous Canadians. *The Journal of Developing Areas*, 53(1), 109–124.

¹ Gracey, M., & King, M. (2009). Indigenous health part 1: Determinants and disease patterns. *The Lancet*, 374(9683), 65–75.

² Kirmayer, L. J., Brass, G. M., & Tait, C. L. (2000). The mental health of Aboriginal peoples: Transformations of identity and community. *The Canadian Journal of Psychiatry*, 45(7), 607-616.

³ VetoViolence. (2023). *We Can Prevent Childhood Adversity: The Science of Adverse Childhood Experiences (ACEs) Shows We Can Improve People's Lives and Help Them Thrive*. <https://vetoviolence.cdc.gov/apps/aces-infographic/>

⁴ Public Health Agency of Canada. (2024). *Childhood Poverty*. <https://firstcallbc.org/wp-content/uploads/2024/02/First-Call-Child-Poverty-Report-Card-2023.pdf>

⁵ First Call Child and Youth Advocacy Society, "2024 BC Child Poverty Report Card", November 2024. https://firstcallbc.org/wp-content/uploads/2024/12/First_Call_Report_Card_2024_Final-Dec9.pdf

The overall child poverty rate on 61 BC First Nations reserves in 2022 was 34.8%, more than twice as high as the overall BC child poverty rate. The child poverty rate within rural reserves is at an even higher 42.2% and the urban reserve rate was 30.2%.

The 2024 BC Child Poverty Report Card shows many of Langley’s children (10-19.9%) living with low-income families.

Food insecurity is also an issue for many of BC’s children and families, Food Banks BC has reported that since 2019 food bank visits have increased by 81%; and of total food bank users 31% are children.¹

In BC, **lone-parent households** were more impacted by food insecurity in 2022 and 79% of these families are **female-led**.² Nationally, food insecurity disproportionately impacts lone-parent families. However, food insecurity is also higher among Indigenous families, racialized communities, and immigrant families.³

In addition, **child maltreatment** in Canada and across the provinces is prevalent, impacting a child’s overall health and well-being, and success outcomes into adulthood. There were 24,136 children and youth (aged 17 years and younger) who were victims of police-reported family violence in 2022, representing a rate of 334 victims per 100,000 people in Canada. From 2014 to 2022, family violence against children and youth increased by 38% (+43% among girls and +27% among boys) in Canada.⁴

The World Health Organization (WHO) identifies the **postnatal period** as a critical time for women, newborns, partners, parents, caregivers and families to ensure the “best start to health and wellbeing after childbirth” (WHO, p.1).⁵ Yet, during this period, the burden of maternal and neonatal mortality and morbidity remains unacceptably high, and opportunities to increase maternal well-being and to support nurturing newborn care have not been fully utilized.⁶

¹ <https://www.foodbanksbc.com/>

² Statistics Canada (2024). *Food insecurity by economic family type*.
<https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310083401>

³ Arriagada, P., & Racine, A. (2024). *First Nations children living off reserve, Métis children, and Inuit children and their families: Selected findings from the 2022 Indigenous Peoples Survey*. Statistics Canada.
<https://www150.statcan.gc.ca/n1/pub/89-653-x/89-653-x2024001-eng.htm>

⁴ Statistics Canada. (2023). *Trends in police-reported family violence and intimate partner violence in Canada, 2022*.
<https://www150.statcan.gc.ca/n1/daily-quotidien/231121/dq231121b-eng.htm>

⁵ World Health Organization. (2023). *Supporting women, parents and families for a positive postnatal experience – Key information for advocates*. <https://iris.who.int/bitstream/handle/10665/375856/9789240087125-eng.pdf?sequence=1>

⁶ Ibid

ENGAGEMENT SUMMARY - “WHAT WE HEARD”

Strengths

As the population grows and the cost of living continues to rise, families are facing increased challenges, such as poverty, housing insecurity, and food scarcity. These factors, combined with ongoing barriers and stressors, have amplified the need for equitable access to programs that support family resilience and promote children’s development, health, and well-being. Through data collected from our parent and partner surveys and focus groups (Appendix B), we have received consistent feedback of challenges, needs, and stressors faced by caregivers, including financial instability, housing, childcare, social isolation, food insecurity, and a desire for parenting support.

Family and child engagement programs - Social connection/community/combats social isolation

When attending child/caregiver programs, families feel increased mental health, support and friendship with other caregivers. Connecting with other newcomers with shared language spoken helped to build community and combat social isolation. They also find accessing programs, such as Mommy and Me, Hope for Women, Circle of Security, Strong Starts, Aboriginal Infant Development, Family Places, Best Babies, play groups and free drop-ins, helped to strengthen their parenting.

Education /prevention

Families reported gaining new perspectives and approaches to parenting from topics such as attachment, child development, discipline, and breastfeeding. They also learned about early childhood development, circle time, and explored different cultures and parenting styles. Parents expressed feeling more confident and empowered to apply what they have learned in group to their daily lives and in parenting their children. Key topics and formats included parenting classes, support groups for pre- and postnatal parents, drop-in sessions and educational programs.

Outreach and support/referrals

Families benefitted from knowledge sharing on early childhood development, healthcare, and community supports to help them connect with doctors, health agencies, nurses, dental care providers, vaccination services, and pediatricians. These resources were found to be extremely helpful.

Food literacy, skills, and nutritional information

Meal preparation information, cooking club, and access to food donations were all strengths noted in the feedback. Many families appreciated the support of the Indigenous Cultural Facilitator, enjoyed the cultural cooking sessions, and found the guidance on healthy, budget-friendly meals and shopping to be especially helpful.

Mental health and self-care

Recognizing that postpartum, parenting, anxiety, depression, and social isolation are challenges faced by many families, the supports, referrals, and education were reported as especially beneficial to caregiver mental health and self-care.

Language

Providing advice in languages other than English through Spanish-speaking programs was viewed as a key strength, as it allowed for greater clarity and stronger connection to culture, home, and community. Similarly, programs that taught words in Halq'eméylem were highly valued, as they supported cultural revitalization and helped participants strengthen their identity and sense of belonging.

Collaboration

Collaboration between service providers – through co-hosted events, shared facilitation, guest speakers, and in-kind educational contributions – was also recognized as a significant strength by both families and partner organizations. These partnerships not only expanded the reach and impact of programming but also modeled a strong sense of unity and shared commitment to community well-being.

The feedback shows that there are many things going well in terms of the Coalition's programs offered to birthing parents and the families with infants and children 0-6 years in the Langley community. Programs were found to combat social isolation, build a sense of community, provide service navigation and referrals, increase health and well-being. Our work together through knowledge-sharing, co-facilitation, education opportunities, access and referral was found to be working well. Finally, the education, knowledge and skills development are benefiting the health and wellbeing of families from pregnancy through early childhood.

Gaps and Needs

We proposed questions to determine what is not working well, the needs and main challenges for Langley families.

What is not working well in the Langley community regarding supports and programs for pregnancy through early childhood (0-6)?

Feedback included difficulty **accessing health services (doctors and specialists)**. Key reasons for this challenge included language barriers (lack of interpretation services), doctors not accepting new patients, and extensive waitlists.

Social isolation was a theme that ran through our survey groups with the importance and need to connect with other families and parents, to make friends, to learn from and support one another, and for social and emotional connection. We consistently heard that there are **not enough resources, programs, or social activities available**, especially ones closer to home, and that age cut offs and waitlists make it difficult to access. Feedback also included new parents feeling isolated when they are at home with newborns, and that there is a need for resources and support for working parents, food insecurity, housing instability, and availability of recreational programs with flexible hours. Additionally, the feedback indicates a strong interest in more programming for families and caregivers with babies under one year of age that focuses on education (delivery, breast feeding, sleep support). For families with children with diverse needs, it was noted that there are insufficient programs or supports that include inclusive, regular outings.

Access to quality childcare was a theme that was also repeated through feedback, noting the importance of it being free and/or affordable, trustworthy, accessible, available in languages other than English, and without waitlists.

Langley is a diverse community and having **resources available in languages other than English and access to English classes** is important to many families. Specifically, they spoke of needing more access to programming in Spanish, access to English classes for those without residency status or citizenship, and supports with translation.

What are the main challenges or greatest needs for families?

All of the above themes were included along with the larger over-arching themes of the **cost of living, finances, employment, housing and rent, food security and transportation** being prioritized as the main challenges. Many of these are interconnected for families, with one or more affecting other areas. For some, access to **basic needs** was the greatest need.

Mental health is a struggle for many. Access to resources that offer counselling, education and prevention supports were noted as being helpful – including those available for children, couples, families and those post-partum. For many, they stated access is difficult due to cost, waitlists, and lack of available services.

The feedback also indicated that more **supports for new caregivers or mothers with babies** was needed. It was noted that cut-off ages are at 6 months or a year, and it would be useful for programs to continue past these age limits. In fact, some programs have had to adjust their accepted ages due to the growing number of families accessing, resulting in decreased capacity. Resources geared to post-partum parents are also needed, and there are only a limited number of programs within the community.

What are the biggest gaps in programs for Langley?

1. Childcare spaces
2. Services with interpreters and English language classes
3. Waitlists in recreation programming

4. Middle years programming

What barriers are preventing families from accessing programming?

- Transportation
- Language barriers
- Childcare
- Finance / cost
- Days/hours of operation
- Awareness of programs
- Immigration status
- Age restrictions
- Waitlists/full/not enough space
- Mental health/anxiety

When we look at the biggest needs and challenges some are out of our scope like transportation, cost of living, and housing. However, through navigation and referral, we can work to problem solve with families through one-on-one outreach and support offered during programming.

Internally, we can also support with speakers to provide education on the above trends, and work to overcome as many of these challenges through our programs and service navigation.

Unfortunately, given how stretched our resources are, we are unable to expand our hours of operation to address availability of services and waitlists.

We will continue to mitigate more complex and systemic challenges by advocating at a community level and with funders and donors. At the community tables, we will work to collaborate solutions to meet some of these gaps and needs.

BEST PRACTICES AND OUTCOMES

So why are prenatal, postnatal and early childhood family supports and services important?

The characteristics of the environments in which children live and grow influence their development and readiness to learn as they enter school for the first time. Extensive research by the Human Early Learning Partnership (HELP) reinforces the value of investing more robustly in early childhood development – it is society’s collective responsibility to provide the best possible start for all children. This data has been instrumental in drawing attention to the connection between children’s development and the social determinants of health, highlighting why the early years matter as a time for focused investment and support.¹

¹ <https://earlylearning.ubc.ca/glossary/#glossary-social-determinants-health>

The Early Childhood Development Instrument (EDI) data has been used effectively over the last 20 years to support collaborative conversations and planning, contribute to policy and decision-making processes, and identify opportunities for action and investments at the provincial, regional and local level.¹

As the research suggests, we can prevent childhood adversity and its lasting effects by working collaboratively to build families' resilience and strength through preventative community programming and equitable access to health supports.

Adverse Childhood Experiences (ACEs) are potentially traumatic events in childhood (0-17 years), such as neglect and experiencing or witnessing violence. They can include a child's environment that can undermine their feelings of safety, stability and bonding. Because of this, ACEs can negatively impact physical, mental, emotional and behavioural development in children, and have lasting effects on their health, well-being, and prosperity into adulthood.

However, evidence shows ACEs can be prevented, helping both children and adults to thrive. Programs that create opportunities for positive childhood experiences support caregivers by referring them to services that strengthen family financial stability, promote healthy and protective social norms, and teach positive parenting strategies. These include programs that raise awareness about attachment and child development, provide early learning opportunities such as those offered at Family Place, and encourage proactive support seeking through drop-in sessions, educational groups, and guest presentations. These initiatives help normalize asking for support and build caregivers' confidence and connection to their community.²

Programs that work to lower barriers, to navigate children and caregivers through colonial and confusing government systems, and to provide supportive parenting knowledge and support, help to build strengths and health outcomes for children and families.

The First Nations Perspective on Health and Wellness³ (Appendix C) offers a holistic view of shared responsibility, emphasizing how collective efforts can lead to positive outcomes for families, children, and the broader community. The interconnectedness depicted in the illustration highlights the crucial role each area plays in enhancing the health and well-being of community members.

¹<https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>

²<https://www.cdc.gov/vitalsigns/aces/index.html#:~:text=Overview,one%20generation%20to%20the%20next>

³<https://www.fnha.ca/wellness/wellness-for-first-nations/first-nations-perspective-on-health-and-wellness>

While cultural disconnection is correlated with negative mental health outcomes, the revitalization of cultural teachings, knowledge, and language are integral to positive health outcomes.¹ Further, culture supports and sustains a strong identity.² A recent study (2019) shows that cultural attachment provides a sense of connectedness and cultural identity that plays a significant role of wellbeing.³

The Truth and Reconciliation Commission's Call to Action #12 (2015) calls upon "federal, provincial, territorial, and Aboriginal governments to develop culturally appropriate early childhood education programs for Indigenous families."⁴ Indigenous programming also upholds children's right to access to culturally appropriate curricula and their heritage language.⁵

This connection between culture and well-being has traditionally been recognized by Indigenous Peoples and should guide the development of more inclusive and effective health care systems and supports. Programs like Lower Fraser Valley Aboriginal Society's *Mímele* (which means "Little Child" in Halq'emeylem), an early childhood playgroup, and Inclusion Langley Society's early childhood programming at Indigenous Wellness Nights are both great examples of how cultural connection programs can work to strengthen the health and wellbeing of young children and families.

When early learning programs are anchored in local, Indigenous and community cultures, languages, practices, and histories, they play a foundational role in children's cultural identity and health trajectory, and provide a pathway for the collective health and well-being of their communities and Nations.⁶ Promising practices include Indigenous early learning and childcare programs that are community-planned, designed, and coordinated. These intersectoral programs are grounded in Indigenous knowledges, cultures, and worldviews; aim to revitalize and protect language and culture; restore identity; and incorporate a holistic approach.⁷ *Mímele* and Indigenous Wellness Nights are both examples of such practices.

¹Kirmayer, L. J., Brass, G. M., & Tait, C. L. (2000). The mental health of Aboriginal peoples: Transformations of identity and community. *The Canadian Journal of Psychiatry*, 45(7), 607-616.

²Ibid

³Hossain, B., & Lamb, L. (2019). Economic insecurity and psychological distress among Indigenous Canadians. *The Journal of Developing Areas*, 53(1), 109–124

⁴Truth and Reconciliation Commission of Canada. (2015) *Calls to action*.

⁵UN Committee on the Rights of the Child. (2009). *General Comment No.11: Indigenous children and their rights under the Convention* (CRC/C/GC/11). United Nations.

[https://www.refworld.org/legal/general/crc/2009/en/102812#:~:text=General%20comment%20No.-,11%20\(2009\)%3A%20Indigenous%20children%20and%20their%20rights%20under%20the,the%20Rights%20of%20the%20Child%5D&text=Distr.&text=rights%20treaty%20to%20include%20specific,in%20a%20number%20of%20provisions.](https://www.refworld.org/legal/general/crc/2009/en/102812#:~:text=General%20comment%20No.-,11%20(2009)%3A%20Indigenous%20children%20and%20their%20rights%20under%20the,the%20Rights%20of%20the%20Child%5D&text=Distr.&text=rights%20treaty%20to%20include%20specific,in%20a%20number%20of%20provisions.)

⁶Greenwood, M., & Jones, E. (2015). Being at the interface: Early childhood as a determinant of health. In M. Greenwood, S. de Leeuw, N. M. Lindsay, & C. L. Reading (Eds.). *Determinants of Indigenous peoples' health in Canada: Beyond the social* (pp. 64-77). Toronto, Canada: Canadian Scholars' Press.

⁷Halseth, R., & Greenwood, M. (2019). *Indigenous early childhood development in Canada: Current state of knowledge and future directions*. <https://www.nccih.ca/docs/health/RPT-ECD-PHAC-Greenwood-Halseth-EN.pdf>

Preschool age enrichment with family engagement and improved quality of childcare through licensing and accreditation are two approaches for enhancing parenting practices, parental education, social support, and access to community resources, while simultaneously creating optimal learning environments for young children. Preschool enrichment with family engagement programs, in general, have documented positive impacts on the child’s cognitive skills, school achievement, social skills, and conduct problems and are effective in reducing child abuse and neglect.¹

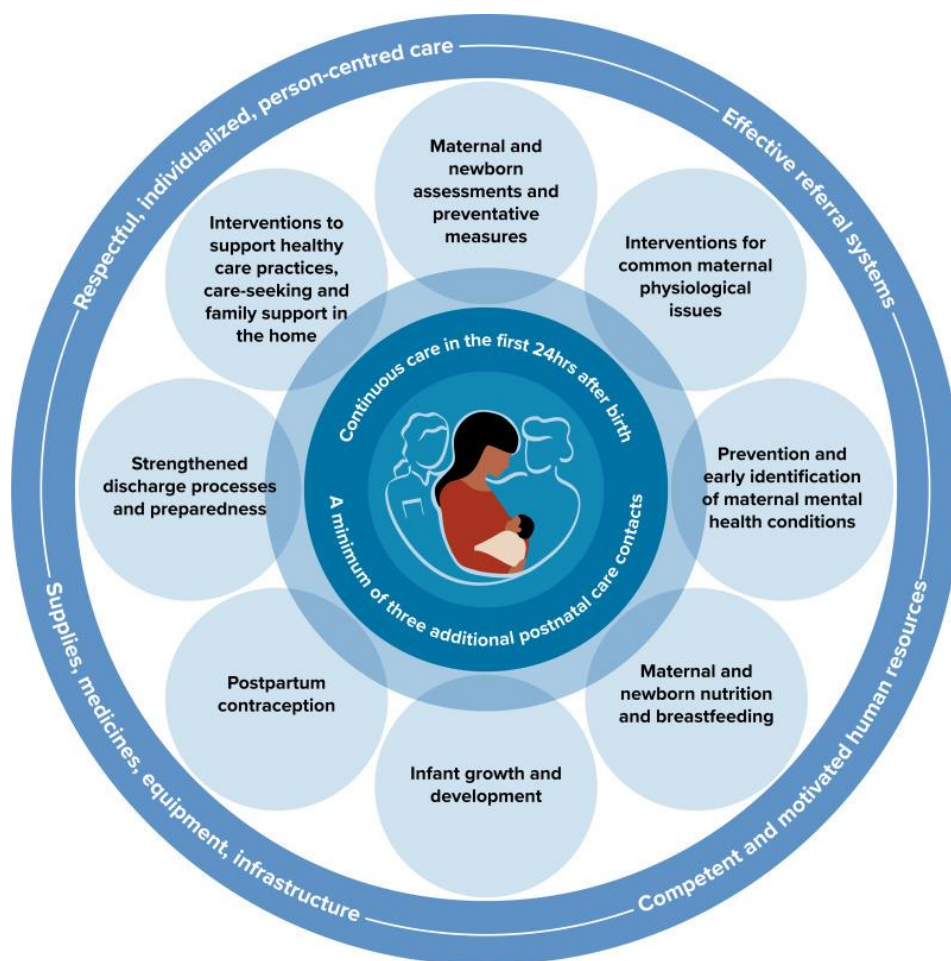
The World Health Organization (WHO) defines the postnatal period beginning immediately after the birth of the baby and as a critical time for women, newborns, partners, parents, caregivers and families. Postnatal care services are foundational to the continuum of maternal, newborn and childcare, and key to achieving the Sustainable Development Goals (SDGs) on reproductive, maternal and child health, including targets to reduce maternal mortality rates and end preventable deaths of newborns. WHO has established guidelines aimed at improving the quality of essential, routine postnatal care for birthing parents and newborns with the ultimate goal of improving maternal and newborn health and well-being. It recognizes a “positive postnatal experience” as a significant endpoint for all birthing parents and their newborns, laying the platform for improved short- and long-term health and well-being. A positive postnatal experience includes receiving information, reassurance and support in a consistent manner from motivated health workers; and a resourced and flexible health system that recognizes the needs of women and babies, and respects their cultural context.

This is a consolidated guideline of new and existing recommendations on routine postnatal care for birthing parents and newborns receiving facility- or community-based postnatal care in any resource setting. It provides a comprehensive set of recommendations for care during the postnatal period, focusing on the essential package that all birthing parents and newborns should receive, with due attention to quality of care; that is, the provision and experience of care.²

¹ https://www.cdc.gov/violence-prevention/media/pdf/resources-for-action/CAN-Prevention-Resource_508.pdf

² World Health Organization. (2022). *WHO recommendations on maternal and newborn care for a positive postnatal experience: Executive summary*. <https://iris.who.int/bitstream/handle/10665/352658/9789240045989-eng.pdf?sequence=1>

This infographic outlines these recommendations:¹



CONCLUSION

The purpose of this needs assessment is to build a foundation of knowledge that would help to identify and understand the needs, challenges and inequalities of Langley caregivers from pregnancy to early childhood (0-6 years of age). Part of this process was looking at whether our current system of services and health supports are working well, the current needs, and areas of recommendations.

We learnt that many of our services are working well together, meeting the needs of families with young children, and supporting pregnant people and mothers.

¹ World Health Organization. (2022). *WHO recommendations on maternal and newborn care for a positive postnatal experience: Executive summary*. <https://iris.who.int/bitstream/handle/10665/352658/9789240045989-eng.pdf?sequence=1>

Survey feedback indicated that Langley’s service ecosystem is often difficult to access due to waitlists, funding shortfalls, and other systemic barriers. Through continued collaborative efforts with community organizations and Coalition Partners, we can and will continue to bridge gaps and build relationships in services.

In summary, the results of this assessment strongly support that the programs we are currently running for Langley are much needed and offer vital supports needed by caregivers, parents, and families.

RECOMMENDATIONS AND NEXT STEPS MOVING FORWARD

It is important that families and caregivers in Langley who are pregnant through early childhood experience consistency and reliability in the care they receive. From the feedback from surveys and focus groups, we recommend maintaining our Coalition’s well-established services for families from pregnancy to early childhood, as it works to meet many of the above needs, challenges and fits within best practices and preventative systems of care. Given the growing population, we are consistently hearing that expanding programs with similar offerings is essential to meet increasing community needs. A disruption to current services would only add to the challenges and barriers currently faced by the community.

We remain committed to strengthening our system of care – both within our organization and across the broader community. We believe that collaboration enhances our work, deepens our knowledge, and expands our collective impact.

When we look at programs that build resiliency and strengths in families, the data shows that providing early intervention and prevention programs help to strengthen families, parenting, attachment, access or navigation to resources that support overall wellness, health and the needs of a family like financial stability and health care.

Our objectives are to continue to build community capacity by promoting and supporting the health and well-being of pregnant and birthing parents, as well as infants, young children (0-6 years), and their parents and caregiver. We aim to enhance partnerships across sectors and facilitate the development and sharing of knowledge between community and caregivers.

APPENDIX A

Work Plans of Coalition Partners

The Coalition remains committed to continuing the delivery of existing services and programs with consistency and care. Supported by current funding from the Public Health Agency of Canada (PHAC) through the CPNP/CAPC initiatives, the following outlines the programs and activities currently offered by our Coalition partners.

Lower Fraser Valley Aboriginal Society (LFVAS):

1. Offers an early childhood playgroup weekly:
 - Provide Indigenous children with opportunities to engage in cultural activities, including the teaching of several songs and at least 15-20 words in Halq'eméylem.
 - Provide children 0 – 6 age-appropriate crafts and activities to foster cultural development.
 - Provide parents and caregivers of Indigenous children opportunities to participate in children's play and interact with their child(ren).
 - Provide parents and caregivers with opportunities to interact with each other. Encourage healthy peer support and modelling of appropriate parenting techniques from participating parents.
 - Invite monthly presenters such as Indigenous Elders, and health professionals.
 - Provide a healthy snack for playgroup attendees.
 - Provide access to an Aboriginal Infant Development Program Resource Consultant onsite. Observe children for any developmental concern or delay, evaluate and refer to appropriate services if necessary.
 - Provide developmental information and resources to Indigenous parents, foster parents and caregivers.
2. 1:1 resource navigation:
 - Provide outreach services and connections to Indigenous families to ensure that they have access to early years' services.
 - Provide 1:1 support and resource navigation to families with children with complex or higher needs.
3. Two (2) Aboriginal Family Gatherings per year in partnership with Langley School District #35:
 - Early years' playgroup staff build trust with families and invite them to participate in LFVAS Aboriginal Family Gatherings, as well as other Indigenous programs and services.

Inclusion Langley Society:

1. Offers early childhood programming at four (4) Aboriginal Family Nights:
 - Promote nutrition by providing balanced nutritious meals.

- Provide a family-focused, multi-generational environment where children, parents/caregivers and Elders will share a meal together and participate together in their child’s play and activities.
- Provide Indigenous children opportunities to engage with a variety of cultural activities and materials, including drumming, beading, traditional plants and medicines, nature walks, songs, traditional dancing, weaving and more.
- Provide Indigenous families with additional support by Indigenous workers.
- Provide parents and caregivers with support to encourage positive parenting practices.
- Provide families with information about Indigenous community events that promote health and social development.
- Promote the teaching of traditional language through having guest Elders.
- Build relationship and a sense of community with our families.
- Offer Indigenous Family Nights in a variety of locations such as Aldergrove (in partnership with both the Langley School District #35 and LFBAS), Kwantlen First Nation, through the Indigenous programs at School District #35, or virtually (Zoom, Facebook, etc.).

Encompass Support Services Society:

1. Operation of Aldergrove Family Place – operates through a family resource program model that promotes and supports all developmental areas and levels. These developmentally-appropriate activities include guided and unguided play, story and circle time, music and rhythm activities, arts and crafts, special events, children’s literacy, nutritional information, physical literacy, and cultural cooking.
2. Community Outreach – Delivers consistent and evolving parent-child drop in and family resource support across Langley. Activities are for parents and caregivers:
 - Information sharing by facilitators and speakers;
 - Exchange of parent information and peer support;
 - Parent education workshops, crafts, recreational activities, health and nutrition, personal and life skill development; and
 - Connection with community, including knowledge of community resources appropriate for their needs and expanding their level of personal and family support.
3. Quality Children’s Program for Spanish Group – children engage in:
 - Guided and unguided activities (i.e. crafts, colouring, pre-literacy learning activities);
 - Story and circle time led by Early Childhood Education (ECE) staff with age-appropriate books available to parents;
 - Music and rhythm activities;
 - Special events, evening events, field trips; and

- Activities to support bonding between parent and child.
4. Spanish Family Power - Parent participants engage in:
- Discussions providing resources and education about parenting skills;
 - Presentations by professional guest speakers related to a range of health, safety and well-being topics;
 - Structured parent and child activities to encourage bonding;
 - Onsite support from the facilitator at the groups;
 - Special events and programs to give support and information access re: specific to minority/and/or immigrant families;
 - Access to resources and referral information via the facilitator and guest speakers; and
 - Informal support via peers/other parents.
5. Best Babies of the Langley's
- Support one to two weekly lunch club programs that provide participants with:
 - Vitamins and mineral supplements as needed;
 - Nutritious meals and food access;
 - Interactive nutritional displays and dialogue;
 - Presentations by community specialists on personal healthy;
 - Education on nutrition, health, and lifestyle choices;
 - Guidance on food budgeting and affordable, nutrient-dense foods;
 - Food supplements (e.g. gift cards);
 - Social opportunities to foster connections and reduce isolation;
 - Presentations on infant development and the introduction of solids;
 - Awareness and education sessions on Fetal Alcohol Spectrum Disorder (FASD), Postpartum Depression (PPD), the benefits of breastfeeding, and more; and
 - Opportunities to inform program planning by sharing ideas for topics, fieldtrips, and group events.
 - Provide one-on-one support to birthing parents up to 3 months post-delivery including:
 - Dietary assessments and nutrition counselling;
 - Health and lifestyle support;
 - Breastfeeding support;
 - Monitoring of mental health;
 - Safety information for infant (e.g., safer sleep, car seat safety); and
 - Referrals to appropriate community supports.
 - Monthly multi-disciplinary and cross-sectoral case conferencing.

1																				
1																				
30	11	19	27	24	17	8	6	6	8	2	7	3	3	0	0	1	2	0	1	2

Question # 3 – Which gender best describes how you identify

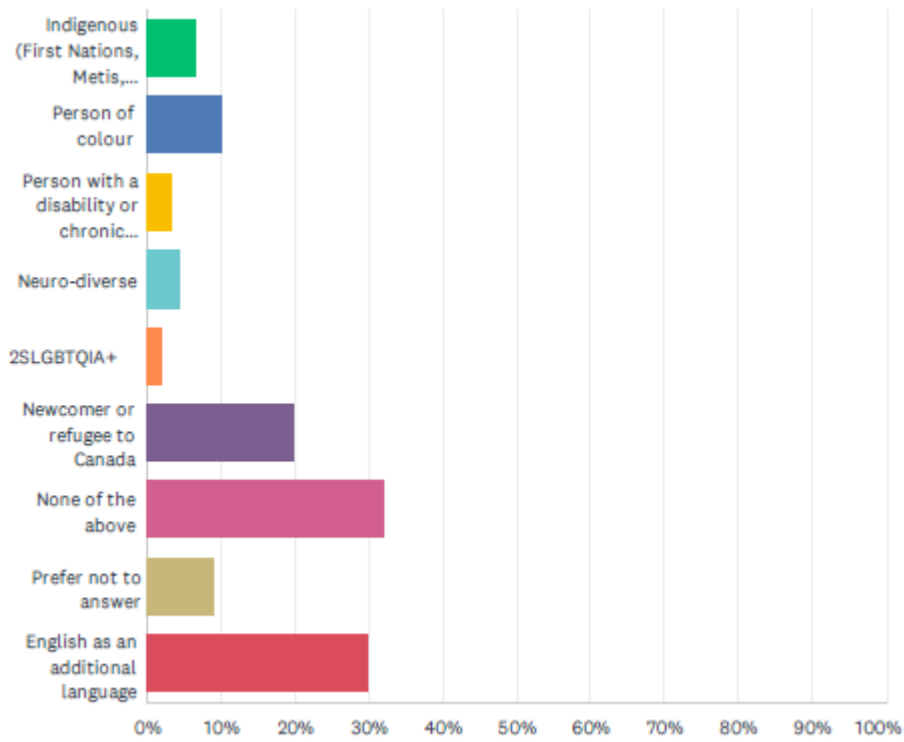
84 woman

5 male

1 N/A

Question # 4 - Which of the following groups do you identify?

ANSWER CHOICES	RESPONSES	
Indigenous (First Nations, Metis, Inuk/Inuit)	6.67%	6
Person of colour	10.00%	9
Person with a disability or chronic condition	3.33%	3
Neuro-diverse	4.44%	4
2SLGBTQIA+	2.22%	2
Newcomer or refugee to Canada	20.00%	18
None of the above	32.22%	29
Prefer not to answer	8.89%	8
English as an additional language	30.00%	27
Total Respondents: 90		



What is the primary language spoken in your home?

English 43

Spanish 34

Arabic 5

Punjabi 3

Tagalog 1

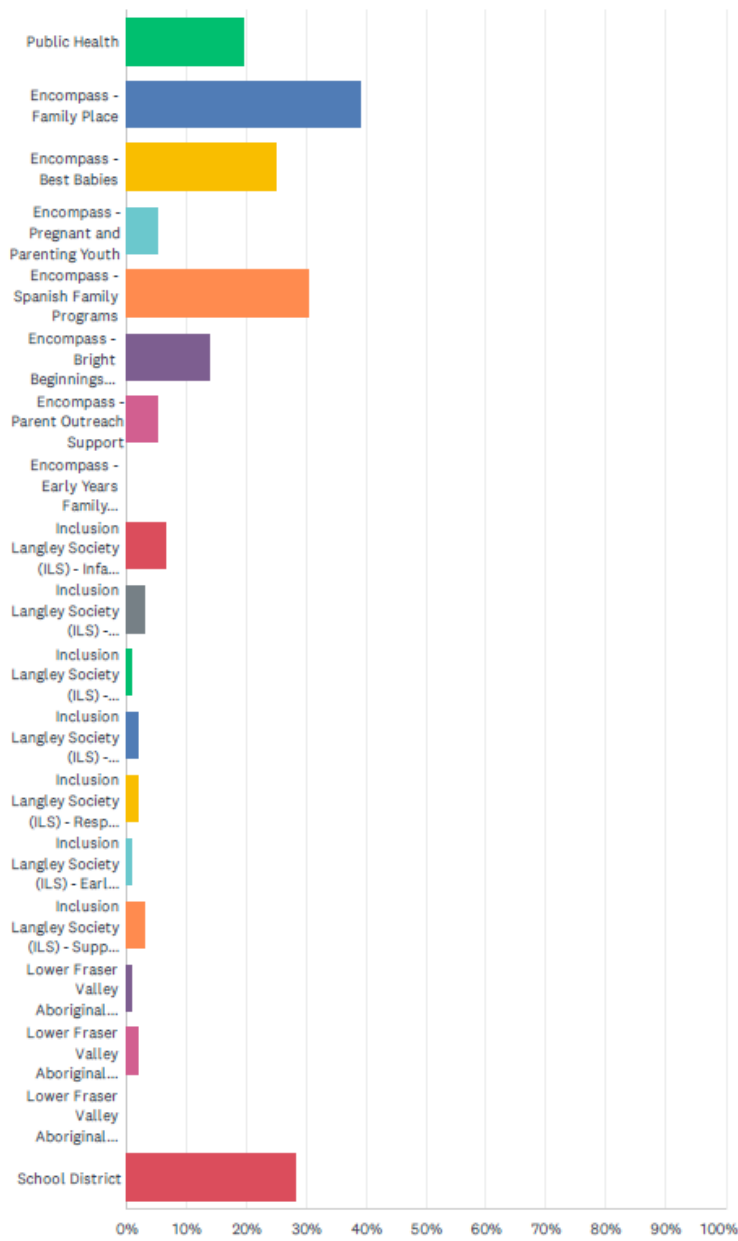
Chinese 1

Persian/Farsi 1

Ukrainian, Russian, Spanish 1

Kurdish 1

Question #5 Are you currently accessing any community programming for children 0-6 years of age, or pre/postnatal programming? If so with who?



ANSWER CHOICES	RESPONSES	
Public Health	19.57%	18
Encompass - Family Place	39.13%	36
Encompass - Best Babies	25.00%	23
Encompass - Pregnant and Parenting Youth	5.43%	5
Encompass - Spanish Family Programs	30.43%	28
Encompass - Bright Beginnings Centre Childcare	14.13%	13
Encompass - Parent Outreach Support	5.43%	5
Encompass - Early Years Family Navigation	0.00%	0
Inclusion Langley Society (ILS) - Infant Development Program	6.52%	6
Inclusion Langley Society (ILS) - Supported Child Development Program	3.26%	3
Inclusion Langley Society (ILS) - Aboriginal Infant Development Program	1.09%	1
Inclusion Langley Society (ILS) - Aboriginal Support Child Development Program	2.17%	2
Inclusion Langley Society (ILS) - Respite Services	2.17%	2
Inclusion Langley Society (ILS) - Early Years Navigation/Hub	1.09%	1
Inclusion Langley Society (ILS) - Support for Families	3.26%	3
Lower Fraser Valley Aboriginal Society - Mimele	1.09%	1
Lower Fraser Valley Aboriginal Society - Little Voices	2.17%	2
Lower Fraser Valley Aboriginal Society - Aboriginal Head Start	0.00%	0
School District	28.26%	26
Total Respondents: 92		

#	OTHER COMMUNITY ORGANIZATION OR PROGRAM (PLEASE SPECIFY)	DATE
1	Strong start	2/19/2025 2:56 PM
2	Recreation Centre, library, Surrey United Soccer Club,	1/30/2025 2:43 PM
3	Pss- Circulo de apoyo	1/27/2025 8:52 PM
4	Options Surrey , LCSS, SWIS	1/27/2025 1:23 PM
5	OPTIONS Adventure Program	1/23/2025 12:49 PM
6	Langley Education Centre, Food Bank, Immigration Helper	1/22/2025 3:51 PM
7	Community Centre	1/22/2025 3:48 PM
8	NA	1/16/2025 1:13 PM
9	Langley Education Center	1/16/2025 1:12 PM
10	N/a	1/16/2025 1:11 PM
11	Langley Education Centre, community centre, BC Assesment Autism Network	1/16/2025 1:07 PM
12	Ywca single mothers group	1/16/2025 1:02 PM
13	recreation centre, library, swimming, abacus classes, Langley Education Centre	1/16/2025 1:01 PM

14	local community center, Langley United Soccer	1/16/2025 12:53 PM
15	Starfish and Strong Start	1/15/2025 5:34 PM
16	Strong Start	1/15/2025 5:24 PM
17	School Programs - Starfish, breakfast club, resource teacher	1/15/2025 5:02 PM
18	local community center	1/15/2025 5:00 PM
19	Strong Start	1/15/2025 4:47 PM
20	IDP	1/15/2025 4:42 PM
21	Community Centre Play Gyms	1/15/2025 4:07 PM
22	LEC Youth Care Worker, MCFD Social Worker	1/13/2025 4:14 PM
23	Ywca single moms group	1/10/2025 1:25 PM
24	Option	1/10/2025 11:38 AM

Question #6- What services and supports for children and families 0-6 are working well in our community?

Inclusion 4

Inclusion Langley Aboriginal Infant & Supported Child Development Program – 3

Encompass 2

Spanish Programs 1

Family Place 5

Encompass Bright Beginnings Childcare – 2

Best Babies – 6

Foundry - 3

School District 2

Strong Start - 1

Langley Community Services -1

Options – 1

ISHTAR 1

Connect you ? – 1

YWCA – 1

Food Bank - 1

Question 7 - What is **not working well** in terms of services and support in our community?

Health services (doctors, specialists, language specific) (12)

- Health services 7 (in Spanish 5)
- Doctors accepting/ specialists 4

Not enough programs/resources/services (12)

- More programs (out of schools in communities/ closer to home)
- Working mom supports
- Options Adven Program
- Rec/swim options 2
- Support for single mothers
- Programs to run more frequently – longer 2
- More programming for babies under 1
- Strong start and pre-k funded programs need more
- Free Delivery and Sleep Training 2

Childcare (10)

- Free / affordable childcare options/spaces (based out of schools, more space)

Wait times (7)

- Wait times for programs (assessments, activities for children, school, daycare, workshops, doctors and specialists, counselling)

Language specific resources & Awareness (6)

- Spanish resources 2
- English classes for those without residency or citizenship
- More Spanish programs 2
- Language support

Counselling /Therapy (5)

- More resource/Free therapy/counselling for mothers, couples and single parents, children)

Program Awareness (3)

- Lack of sufficient awareness of available services for families of young children and English as a second language, newcomers (2)

School / education system 3

- Too many children in classes

Transit (1)

Food security (2) -Foodbank Sources Aldergrove closed

Question # 8 – what are your **main challenges** as a caregiver (food security /rent etc.)

Cost of living (31)

- Single income
- Diapers/wipes

- Formula
- Managing bills
- clothes
- Everything is expensive
- Inflation
- Money
- Financial services
- Car
- Utilities
- Extra expenses

Rent (29)

- During mat leave

Food security (26)

- Healthy
- Affordable

Mental Health (12)

- work life balance
- emotional support
- frustration – emotions

Childcare / daycare (12)

- affordable
- in home support, respite,
- available/spaces

Community / isolation / connectedness (10)

- Home alone with children
- Family support
- inclusive outings,
- gatherings for Indigenous Children with disabilities
- single mom, no family

Free rec based resources (8)

- finding free play resources
- extra school activities like sports, arts etc always booked
- after school activities

Language barriers (6)

- language classes with childcare

Transportation 5

Health care (5)

- free one-one support postpartum
- coverage

- specialist access

Employment (3)

- language barrier x2

Security 3

Resources (2)

- parenting skills / classes
- teen programs

Uncertainty about the future

Question #9 – What is your **greatest need**?

Childcare/daycare/pre-school (18)

- Trustworthy, accessible, affordable, increase hours, evening shift, for English language classes, studying, post-secondary, for drop-in, more morning options

Community connection/socialization- Groups to connect with (12)

- caregiver and child play/drop in
- mom friends
- place to take kids
- social support & emotional connection

Employment (11)

- flexible for parenting (moms), part time
- support to get a better job

Finances/money (8)

- help with the cost of living

Housing /rent– interconnected with finances (6)

- access to subsidies

Mental Health Support (6)

- caregivers and kids

Transportation 4

- car
- tickets

Basic Needs(3)

- children’s necessities, baby stuff, formula

Support with baby/child (3)

- With special needs
- in home support and respite
- OT/PT support for child with autism

English (3)

- classes

Food Security (2)

- healthy

Time with my kids

Medical Services - Spanish speaking

Recreation / sports

Immigration Status

Education

- finish school

Question #10 – What do you see as **gaps in programs** and services for the Langley communities?

Childcare spaces (affordable, free, more hours, flexible) (11)

- EBB more spaces and free, waitlist takes time

ESL services, English classes with childcare – for work permits (8)

Waitlists/ not enough spaces/activities (6)

- Rec Based Programming
 - swimming, soccer
 - play gym, drop ins
 - ice skating

Middle years services (6)

- those with disabilities no options

Parent programs – self care, physio, exercise with childcare(3)

More baby focused (6-12 months) (2)

None (2)

Programs run during working hours

Parent support – children ASD

Financial supports

Access to affordable housing

Spanish Speaking Programs

No follow up

Special event funding

Inclusive regular outings/gatherings for Indigenous families with disabilities

Immigration status support

Tutoring

Smaller classroom sizes

Hard to navigate services/marketing of available

Q #11- What **barriers** currently prevent you from accessing programming?

Transportation/distance (21)

Language (14)

Childcare (13)

- Parents can't attend due to childcare, or other children can't attend due to childcare for others

Finance /Money / cost (11)

- We make too much to qualify for things, but not enough to pay for things
- Cost

Day / hours of operation (7)

Not knowing about them/advertising (6)

Immigration status (6)

Age restrictions (5)

Not enough space/high demand (4)

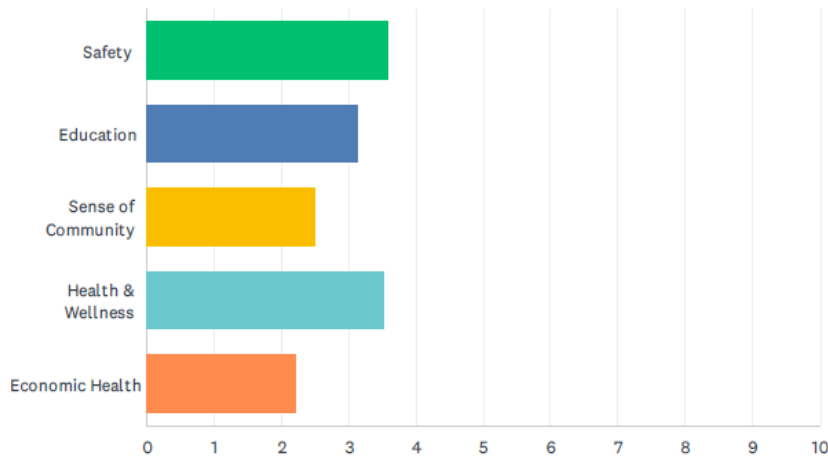
Weather (2)

Single parent / help / support (2)

Management of children with diverse needs and behaviors (switching groups)rather than working through challenges, increasing ratio of staff to children (1)

Q#12 Please put in order of importance what you feel should be considered when developing programing.

Answered: 94 Skipped: 0



	1	2	3	4	5	TOTAL	SCORE
Safety	43.62% 41	13.83% 13	10.64% 10	21.28% 20	10.64% 10	94	3.59
Education	12.77% 12	23.40% 22	36.17% 34	20.21% 19	7.45% 7	94	3.14
Sense of Community	10.64% 10	18.09% 17	14.89% 14	25.53% 24	30.85% 29	94	2.52
Health & Wellness	24.47% 23	32.98% 31	21.28% 20	14.89% 14	6.38% 6	94	3.54
Economic Health	8.51% 8	11.70% 11	17.02% 16	18.09% 17	44.68% 42	94	2.21

Q#13 What is important for us to know that we are missing.

Spanish programs (6)

- more

Food security programs/cost of living (4)

- Healthy eating

Capacity/funding for more (4)

- Community is growing fast more spaces
- More availability / frequency

Mental Health needs (4)

- Sessions with a counselor

Programs for older children (4)

- Extension of ages for programming

- Teens (2)

Childcare (4) more spaces and hours, free

Advertising/knowledge of groups/programs/resources (4)

Best Babies reduction of age from 1 year – 6 months, reduced connections for moms (2)

Continuing education opportunities for caregivers with childcare attached (2)

Transportation (2)

- Access to more bus routes and skytrain

Outdoor Activities

- Summer out doors programs

Education on early childhood development (potty training, reading books, role play & playing, crafts art games, different ages, cultures)

Support for caregivers

More availability for newcomers

Focus group responses collated Total (42)

Aldergrove BB group (7) January 14

Langley Group BB (14) January 16th

Family Place Aldergrove (7) January 10th

Spanish Family Power (14) January 15th

1. How did you hear about the program?

- Word of mouth (10)
- Other community programs (health, mat clinic, referred, strong start, Baby Talk) (8)
- Social media/internet (4)

2. What brought you to program

- Social connection/community/combat social isolation (parents and children) (20)
 - To get out of the house
- Mental health issues (2)
- Play based programming (2)
- Not having to cook lunch (2)
- Support / Help with baby(2)
- Childminding
- Guest speakers and topics

3. In which has the expectation been met?

- Connection/combating social isolation, better mental health, support and friendships with other moms & children , newcomers, language spoken Spanish (11)
- 100% - offered more than expected (2)

- ECD activities & learning (circle time, learning about different cultures, parenting styles) (2)
 - Donations amazing!
 - support
 - Variety of food
 - Help from staff & other moms
4. What other programs do you attend and what do you like about them?
- Community centres
 - LCSS- FP (2)
 - Inclusion Langley – playgroups
 - IDP – practitioner comes to home
 - Baby Talk
 - Encompass BB (3)
 - Strong Start (4)
 - Options (Children programming)
 - Mother Goose (Vancouver)
 - Encompass FP (3) – program in the park
 - YWCA Surrey
 - Burnaby (Asian Community for Children)
 - Recreation Centre – tot romp children 4 and under
 - Family Centre Abbotsford
 - Library
 - Yoga Baby and Me (paid)
 - Central Heights Church Mommy and Me Group (Abbotsford)
 - Circle of Security
 - Willow buds (food catered to children and adults, coffee bar, they sing, friendly open to all)
 - Care for Women (counselling, ultrasounds)
 - Meals on Wheels
 - Farmer market coupons
5. What experiences have strengthened your parental abilities in those programs/what helped your child succeed?
- Meeting other parents/children/ Connection/friendships (12)
 - Education, speakers - Experiencing new things & Learning new perspectives/approaches (7)
 - Referrals to & learning about other services/resources/therapies (3)
 - support BB (2)
 - Circle of security (childminding and learning about parenting (2)
 - Cooking Club / Cultural cooking
6. What has helped you make informed decisions for you and your family's health/wellbeing
- Confidence & Empowerment - to apply what I have learnt during group in life and at home (7)

- **Nutrition information (5)**
 - Indigenous Cultural Facilitator – visits and nutrition info
 - Cultural cooking & Nikki
 - Meals at FP
 - **Knowledge of ECD / Health and support to reach out for more support with doctors / pediatrician/ nurse/dental/vaccinations (4)**
 - The importance of Mental Health & self care (2)
 - Having others speak the same language to give clarity on advice
7. If you think of a challenging situation you faced last year what community resources were available to help you cope/navigate it?
- Best Babies (throughout pregnancy, for MH) (7)
 - IDP (2)
 - Pacific Post Partum (1-1 zoom calls)
 - Care for Women – mentor , visits, food cleaning
 - Diagnosis and medication so child could attend school
 - A paid therapist sent letter to school, now they have prioritized my son’s speech delay
 - Circle of security
 - Meals during the time my child was in ICU
 - counselling
 - Outreach services
 - OBGYN
 - Hospital shared community resources
 - ISHTAR
 - 811 (lactation support)

What do you wish were available?

- Knowledge about resources – counselling (2)
- Best babies for working parents
- Afternoon, evening and weekend programs
- Better MH support
- More free activities for moms that include childcare (2)
 - Free music and art classes (evenings and weekends)
- More parent / relationship courses that offer childcare
- Spanish speaking support for speech delay
- Spanish speaking counselling
- Resources offered in my language – I seek support on-line from home country
- Lactation support (consultant monthly at FP) (2)
- Night time nurse (post-partum doula)
- Sleep consultant
- Tot romp sensory play (Surrey)
- More resources available (breast milk donations)
- No waitlists or shorter
- Outreach when there are difficulties
- Childcare – more options

8. Are there services of information you are in need of to improve your parenting/ your families health and wellbeing that you have to seek outside of your community?

- Counselling for older children (Langley but not Aldergrove)
- Anxiety – Taming worry Dragon LCSS
- Parenting programs
- Group Therapy / Couples/Marriage programs with childcare (2)
- Farmers market vouchers
- Options survey
- Dermatologist (Bolivia, north van Mexican Dr.) (2)
- Pediatrician (online, Columbia and Mexico)
- Parenting program (Columbia on line)
- Hope for children – Abbotsford
- Archway Abbotsford
- Yoga – South Surrey
- Abbotsford Rec
- Psychologist
- Allergist
- Nutritionist
- Obgyn
- Homeopathy (mexico)
- MH & Education supports in Japan for 12 year old son.

9. Are there Cultural considerations that affect your choice in the early years programs you attend?

- Nice to learn about other cultures
- Enjoy the multicultural setting
- Would like to attend cultural programs so children don't lose their families heritage- but can't because of PR (ELP)
- Attend BB because of Spanish speaking staff
- Attend FP because of language
- Cultural cooking
- Translators – having someone that speaks your language
- Different cultural circles – love the Indigenous circle with Candace, Minnie for yoga would like more

10. If you could change, add remove something from the program what would it be?

Family Place

- More gym times, more days
- More circle time, loved that it is twice a week now
- Theme days, love that we have added these
- Learning skills such as gardening with children and learning life skills
- Cooking for the children, love that we do this during make and take but time can be hard for nappers
- Cooking for parents

- Parents are enjoying the Make and Take in the afternoons and love that children in Kindergarten can come after school.
- Like that the parents can eat and there is parent friendly foods as some parents don't get the chance to eat before coming to program.
- Capping the numbers of how many can come in program. The parents talked about having an overflow outside. Some parents explained they feel overwhelmed. We talked about in the past we used to ask during busy times if anyone had been there for a while and would like to pass on their time to a new family. Our goal is to greet every family that comes to our space.
- Parents asked if we were able to get permanent canopies added to playground for rainy days.

Spanish Family Power

- I would like more topics on nutrition, beauty, makeup and personal care
- I would like more topics on how to prepare for adolescence
- Parenting in the middle years

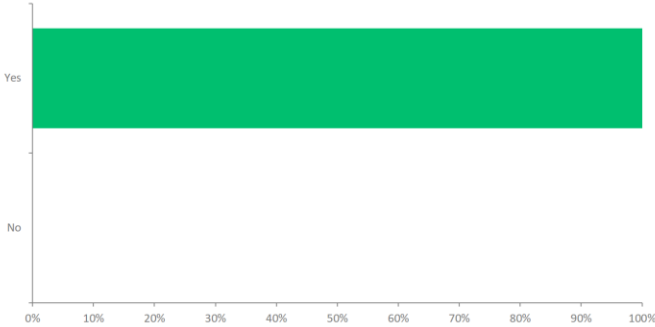
Best Babies

- Add in an additional day
- Take home meals
- Change Langley group back to 12 months.
- More advertising that we offer free childminding
- The time of the program is difficult (12-2)
- Add a community potluck for Best Babies families
- Feedback "I wish I knew about the program sooner." "Bring Conner back!"
- Change the graduation age from 6 months to 1 year.
- More gluten free food
- Mom to mom – peer support
- Anonymous questions or question box
- More support for dads

PHAC Partner/Community Organizations Survey – Total 16 responses

Q1: Are you currently working with families, caregivers or parents of children prenatal -6 years of age?

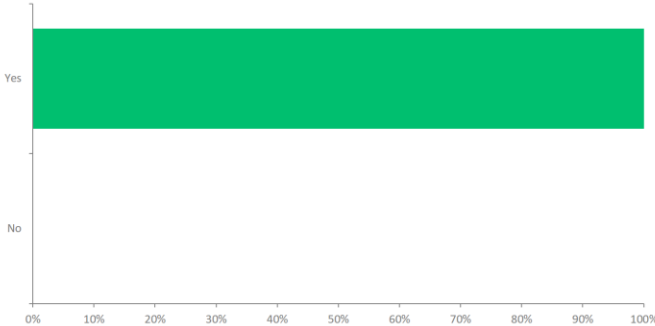
Answered: 16 Skipped: 0



Powered by SurveyMonkey

Q2: Do you offer programming or supports for this demographic?

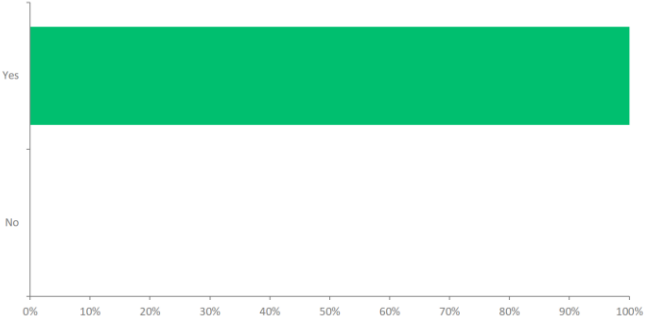
Answered: 16 Skipped: 0



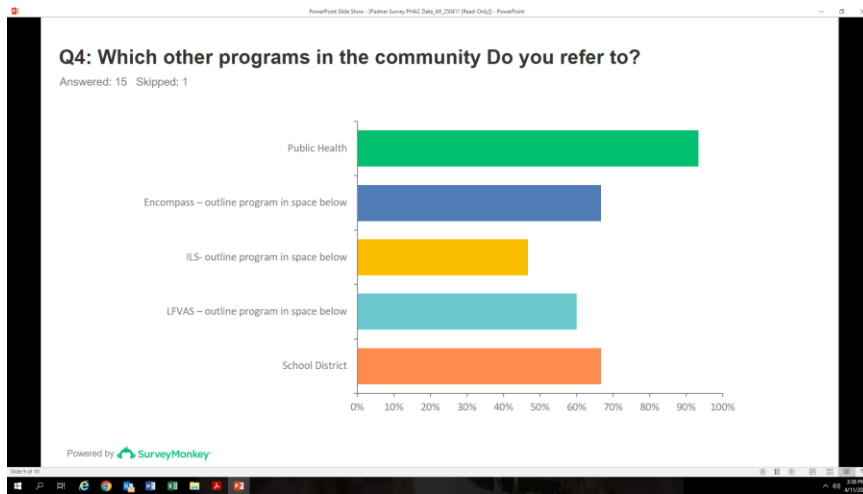
Powered by SurveyMonkey

Q3: Do you refer to other programs in the community serving Prenatal – 6 years of age?

Answered: 16 Skipped: 0



Powered by SurveyMonkey



Q4: Which other programs in the community Do you refer to?

Answered: 15 Skipped: 1

ANSWER CHOICES	RESPONSES	
Public Health	93.33%	14
Encompass – outline program in space below	66.67%	10
ILS- outline program in space below	46.67%	7
LFVAS – outline program in space below	60.00%	9
School District	66.67%	10
TOTAL		50

Powered by SurveyMonkey

Q5 What services and supports for children prenatal, 0-6 years of are working well in our community?

Answered: 13

Skipped: 3

#RESPONSESDATE1 Mommy and me, hope for women, 1/30/2025 10:57 AM 21/29/2025 10:47 AM 3 Circle of security AIDP + ASCD at ILS Strong Starts 1/24/2025 1:46 PM 4 We appreciate the support we get from Inclusion Langley in our classrooms for our children and teachers 1/23/2025 3:42 PM 5 Inclusion Langley, Aboriginal Infant & Supported Child Development Program 1/23/2025 2:50 PM 6 Inclusion AISCD is working well and has no waitlist 1/23/2025 10:07 AM 7 IDP and AIDP, ASCD, - building relationship through supporting families over their child's full early years experiences. home visiting and meeting in community (hybrid) works well for families. 1/23/2025 8:42 AM 8 The Aboriginal Infant and Supported Child Development Program, Drop in Playgroups for families, Strongstart, Inclusion Langley 1/22/2025 2:12 PM 9 Good variety of free drop-in programs, free support finding childcare, different parenting classes are available, support for pregnant women and infants 1/15/2025 1:16 PM 10 Langley does very well at offering a variety of programming in many of our communities. There is something almost everyday that families can participate in and at low to no cost 1/14/2025 2:56 PM 11 agencies work well together; easy referral process 1/14/2025 1:44 PM 12 Play groups 1/13/2025 1:24 PM 13 Access to services such as free drop ins where they are able to choose when 1/10/2025 1:35 PM

Q6 What is not working well in terms of services and support in our community?

Answered: 13

Skipped: 3

#RESPONSEDATE1 Access to more affordable childcare 1/30/2025 10:57 AM 2 Long waitlist for some of the services available A good number of services are offered without childcare 1/29/2025 10:47 AM 3 LFVAS mimele playgroup isn't consistent for staff, makes it hard for families to connect. Doctors gatekeeping referrals to pediatricians 1/24/2025 1:46 PM 4 We wish there was more funding for more Support Workers to be in the classes 1/23/2025 3:42 PM 5 Nothing. They are AMAZING 1/23/2025 2:50 PM 6 Therapies, mental health, food security, rent prices 1/23/2025 10:07 AM 7 staff turnover with agencies - it's hard to build relationship when the professional is different at every visit. there are NO true mental health supports for families that are accessible in our area. 1/23/2025 8:42 AM 8 Lack of Quality Childcare Centers , ECE staff lacking skills and lack of support workers in the childcare settings so children can attend childcare 1/22/2025 2:12 PM 9 The group which I think of as the 'poor middle class' is struggling. Cost of rent/housing, food insecurity etc is stretching people to the limit. They are too 'rich' to access many of the resources like the food bank and the Christmas bureau, but are barely surviving. Another support that is lacking is mental health and post partum support for new moms. Reproductive Mental Health has a long wait list, and often cancels appointments. Pacific Post Partum has limited hours where they can take calls from moms struggling with post partum (Mon-Fri 10-4) and there are long wait lists for groups. Moms tell us that they need someone to talk to in the evenings or late at night not in the middle of a busy day, and if there are wait lists for groups, it's not actually helping moms when they need it the most which is during the first three months after baby is born. 1/15/2025 1:16 PM 10 services and supports for families with children with extra support needs, lack of accessible childcare, transportation for families who do not drive, access to adequate food and housing 1/14/2025 2:56 PM 11 limited access to interpreter services, esp. given the changing demographics Can be confusing at times to remember which agency offers which program as some sound similar 1/14/2025 1:44 PM 12 Supports in other languages, food bank does not provide enough food at times, housing is difficult to find, especially with children. 1/13/2025 1:24 PM 13 Waitlists for Inclusion Langley Best Babies - age cut off due to numbers 1/10/2025 1:35 PM

Q7 What is the greatest need that you see for caregivers/families of children 0-6 years of age in Langley? (food security? Rent?)

Answered: 15

Skipped: 1

#RESPONSEDATE1 Rent, childcare, food security, legal support 1/30/2025 10:57 AM 2 Affordable housing Low cost or free counselling Parenting programs 1/29/2025 10:47 AM 3 Food security, housing security, transportation supports, playgroups, health and medical advocacy 1/24/2025 1:46 PM 4 Support for Children in childcare and more funding for families and facilities. 1/23/2025 2:50 PM 5 food security, housing, mental health, transportation 1/23/2025 10:22 AM 6 Food security 1/23/2025 10:07 AM 7 Housing, food security, transportation. 1/23/2025 8:42 AM 8 Food Security, Rent and Housing , General cost of Living , Mental Health and Outreach Support for Families and Transportation Needs 1/22/2025 2:12 PM 9 Rent, food security, sustainable employment, childcare. 1/21/2025 10:15 AM 10 Rent, Food security, isolation (loneliness) 1/15/2025 1:16 PM 11 Food, housing and transportation 1/14/2025 2:56 PM 12 access to mental health supports for themselves so they can better parent their children 1/14/2025 1:44 PM 13 rent 1/13/2025 1:24 PM 14 Food security Childcare Easier access to services that fit their family 1/10/2025 1:35 PM 15 Food insecurity, support for families with young children, rent affordability 1/10/2025 1:28 PM

Q8 What do you see as gaps in programs and services for the Langley Communities?

Answered: 13

Skipped: 3

#RESPONSEDATE1 Translators, mentors, access to English courses 1/30/2025 10:57 AM 2 Breastfeeding support Labor and Delivery classes 1/29/2025 10:47 AM 3 Child and youth mental health services. Groups and activities for children ages 6-12. 1/24/2025 1:46 PM 4 See above. Funding for more consistent support within our classrooms 1/23/2025 3:42 PM 5 Not enough funding for organizations that help support childcare services. 1/23/2025 2:50 PM 6 Silo service, waitlist 1/23/2025 10:07 AM 7 anything for the 5-6 year olds who can't go to school - their funding options for childcare dry up when they are eligible for school, but the school can't handle them so they just send them home and then parents lose their jobs. also school age kids, but this survey is for littler ones. 1/23/2025 8:42 AM 8 There needs to be more quality/ affordable childcare options for families and more out of school programs for school age children . 1/22/2025 2:12 PM 9 There is a gap in services for the middle years 7-12. Long wait lists for services, such as BI, Speech, Developmental 1/15/2025 1:16 PM 10 lack of funding for agencies and committees to do the work they used to 1/14/2025 2:56 PM 11 I am unclear who is serviced by who within LCSS/encompass. Depending on residency status things change and this is confusing for me and difficult to communicate with my clients about (especially when there is a language barrier). 1/13/2025 1:24 PM 12 There are many pregnant and after birth

services such as best babies yet it is cut off at 6months. Parents are struggling after that age. Parents that have gone back to work have mentioned there is not a lot of services in the evening or weekends. Families want to still feelconnected.1/10/2025 1:35 PM13We need more supports for mothers postpartum past 6 weeks. This is when mostmidwife/clinic visits are completed and moms are released to fend for themselves1/10/2025 1:28 PM

Q9What barriers currently prevent caregivers and families from accessingprogramming?

Answered: 15

Skipped: 1

#RESPONSESDATE1Language1/30/2025 10:57 AM2Language barrierTransportation1/29/2025 10:47 AM3Transportation. Their own mental health.1/24/2025 1:46 PM4Lack of knowledge/direction. Financial (to pay for private SW's)1/23/2025 3:42 PM5transportation1/23/2025 10:22 AM6Fear of government organisations, Lack of feeling of connection, feeling of isolation, awareness of community programs and services1/23/2025 10:07 AM7not knowing what is even out there - when you google supports, many of them have outdated contact information or outdated staff information on line and it's hard to reach out to 'entities' rather than people.1/23/2025 8:42 AM8Mental Health issues, Transportation1/22/2025 2:12 PM9Transportation1/21/2025 10:15 AM10Language, transportation, wait lists1/15/2025 1:16 PM11Mental Health and anxiety, transportation1/14/2025 2:56 PM12some families don't realize they can self refer language barriers1/14/2025 1:44 PM13Transportation, language, connection. Moms need a 'friend' who they know and can meet atthe program that speaks their language. Like a mentor.1/13/2025 1:24 PM14TransportationSmaller spaces for programsBack to work with no alternative programs.1/10/2025 1:35 PM15Funding, language barriers, transportation1/10/2025 1:28 PM

Q10What else is missing or could be a solution to best serve caregiversand families who are prenatal or with children 0-6 years of age?

Answered: 10

Skipped: 6

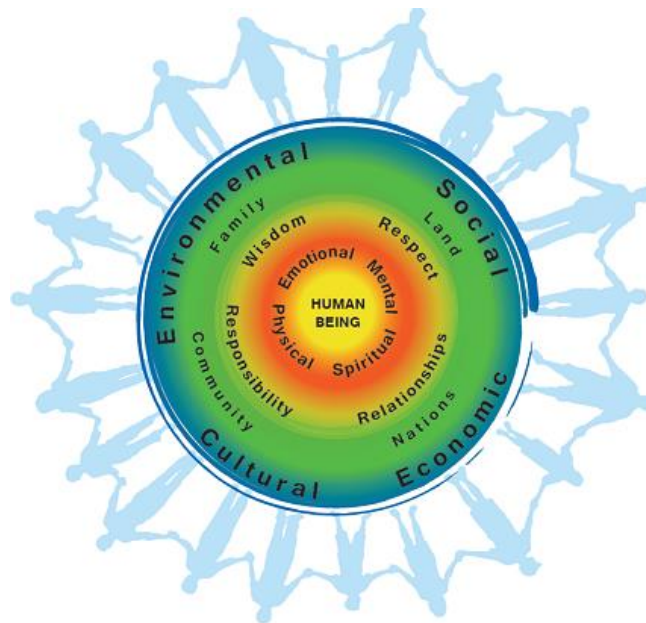
#RESPONSESDATE1Transportation, prenatal vitamins1/30/2025 10:57 AM2Limited options for parents with infants A lot of programs get full quickly, the demand is greater than the offer1/29/2025 10:47 AM3More incentives to join community programs, perhaps giving them gift cards for attending. Circle of security courses for prenatal parents.1/24/2025 1:46 PM4Community partnerships strengthened1/23/2025 10:07 AM5less clinical, more relational and holistic options. streamlining agencies so families dont nee to coordinate with so many different systems/procedures.1/23/2025 8:42 AM6Better Quality ECE trained staff, more general info on child development for families,1/22/2025 2:12 PM7- It would be great to have a Baby go Round in Langley- more affordable housing like the Jennie Gaglardi building- evening programs so that families can attend together- Best Babies in Langley to go back to 12 months. By the time some moms start going out again after giving birth they don't have much time left if they have to leave by 6 months.1/15/2025 1:16 PM8Free clothing swaps, resource sharing, transportation, fresh food, diapers, formula, etc.1/13/2025 1:24 PM9Evening classes or weekends. Many parents have been back to work yet still would like to feel they are connected with all of the services and organizations they have used or attended.1/10/2025 1:35 PM10More support for pregnant and postpartum moms.1/10/2025 1:28 PM

APPENDIX C

First Nations Perspective on Health and Wellness

First Nations Health Authority utilizes the First Nations Perspective on Health and Wellness to visually depict and describe their vision of *Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities*. The following provides a detailed explanation of each aspect of the illustration.

Vision Visual Depiction Understanding the Perspective Background



The **Centre Circle** represents individual **Human Beings**. Acknowledging that wellness starts with individuals taking responsibility for their own health and wellness.

The **Second Circle** illustrates the importance of **Mental, Emotional, Spiritual** and **Physical** facets of a healthy, well and balanced life. Highlighting the importance of balance between these aspects of wellness and that they are nurtured together to create a holistic level of well-being in which all four areas are strong and healthy.

The **Third Circle** represents the overarching values that support and uphold wellness: **Respect** is about honouring where we come from: our cultures, traditions, and ourselves; **Wisdom** includes knowledge of language, traditions, culture and medicine; **Responsibility** extends not just to those with whom we come into contact or relate, but also to the roles we play within our families, our work and our experiences in the world. Also entailing mutual accountability and reciprocity,

responsibility intersects with many areas of our lives, and involves maintaining a healthy, balanced life as well as showing leadership through modelling wellness and healthy behaviours; **Relationships** sustain us and are about togetherness, team-building, capacity building, nurturing, sharing, strength and love.

The **Fourth Circle** depicts the people that surround us and the places from which we come, all critical components of our healthy experience as human beings. **Land and health** are closely intertwined because land is the ultimate nurturer of people. **Community** represents the people where we live, where we come from, and where we work, all having a role in our health. **Family** is our support base, and is where we come from. There are many different kinds of families that surround us, including our immediate and extended families. For First Nations people, family is often seen as much broader than many Western perspectives. Our families may also include who we care for, support systems, and traditional systems in addition to (or instead of) simply blood lines. It is important to recognize the diversity that exists across British Columbia, that there are different family systems that exist (e.g. matrilineal). **Nations** include the broader communities outside of our immediate and extended families and communities.

The **Fifth Circle** depicts the **Social, Environmental, Cultural** and **Economic** determinants of our health and well-being. **Social** determinants such as security, housing, food, prevention, promotion, education, health awareness, and outreach supports, are all critical aspects of our health and well-being. **Environmental** determinants include the land, air, water, food, housing, and other resources that need to be cared for and considered in order to sustain healthy children, families and communities. **Cultural** determinants include language, spirituality, ceremonies, traditional foods and medicines, teachings, and a sense of belonging. **Economic** determinants include resources which we have a responsibility to manage, share, and sustain for future generations.

The **people** who make up the **Outer Circle** represent the FNHA Vision² of strong [children, families, elders, and people in communities](#). The people are holding hands to demonstrate togetherness, respect and relationships. Children are included in the drawing because they are the heart of our communities and they connect us to who we are and to our health.

¹ First Nations Health Authority. (n.d.). <https://www.fnha.ca/wellness/wellness-for-first-nations/first-nations-perspective-on-health-and-wellness>