

# A Sense of Belonging: Supporting Healthy Child Development in Aboriginal Families

Written by: Terrellyn Fearn, Spirit Moon Consulting



Best Start: Ontario's Maternal, Newborn  
and Early Child Development Resource Centre

2006

*best start*  
*meilleur départ* )

Ontario's maternal, newborn and early  
child development resource centre

Centre de ressources sur la maternité,  
les nouveau-nés et le développement  
des jeunes enfants de l'Ontario



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### **Aboriginal Advisory Group:**

Cathy Alisch, Waabinong Head Start  
Jaynane Burning-Fields, Ontario Federation of Indian Friendship Centres  
Evelyn Esquega, Ontario Native Woman's Association  
Annie Kristensen, Pauktuutit Inuit Women of Canada  
Heidi Langille, Pauktuutit Inuit Women of Canada  
Colleen Maloney, Ontario Native Woman's Association  
Laurie McLeod-Shabogescic, Union of Ontario Indians  
Monique Raymond, Métis Nation of Ontario  
Wendy Trylinski, Nishnawbe-Aski Nation

### **Key Informants:**

Connie Seduale, Tungasuvvingat Inuit Family Resource Centre  
Brenda Skinner, Pulaarvik Kablu Friendship Centre  
Lynne Picotte, Métis Nation of Ontario, Timmins  
Paula Naponse, Ontario Federation of Indian Friendship Centres  
Christine Adams, Tungasuvvingat Inuit Family Resource Centre  
Kathy Adcock, Nishnawbe-Aski Nation  
Candi Edwards, Native Woman's Association Sioux Lookout  
Chantal Kaltwasser, Timmins Native Friendship Centre  
Aimee Oakes, Niagara Regional Native Centre  
Lynda Brown, Tungasuvvingat Inuit Head Start  
Ursula Abel, North Bay Indian Friendship Centre  
Colleen Sauve, Odawa Native Friendship Centre  
Lydia Mathews, AHBHC Fort Severn First Nation  
Members of the Aboriginal Working Group

### **Focus Group Participants:**

While the parents and caregivers remain anonymous, their assistance was invaluable.

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## 1. Purpose

This manual was developed to improve service delivery to Aboriginal families in Ontario. It shares important information about what Aboriginal people feel they need to support their families in raising happy, healthy children. While this manual will be most helpful to non-Aboriginal service providers, it may also be useful in the orientation of new Aboriginal service providers.

All people benefit from a sense of belonging, to their families, culture and communities. It is especially important in the case of parents caring for young children. Parents need to feel supported by family, friends, the community and by service providers. Aboriginal people, through a long history of assimilation and discrimination, may not have this sense of belonging. This may impact their health and sense of worth, and may result in feelings of despair and hopelessness. There are many things that service providers can do to foster a sense of belonging in Aboriginal families with young children, connecting parents to the information and supports that they need in a respectful and caring manner, and acknowledging their strengths.

## 2. How this manual was developed

At all levels of development, First Nation, Inuit and Métis people were involved, sharing their voices, history, stories, teachings, and information about the type of services, care and support that families with young children need. An Aboriginal consultant was contracted to do the research and writing of the manual and an Aboriginal advisory group was established with participants representing First Nation, Inuit and Métis. Aboriginal parents provided information through focus groups, and we consulted with Aboriginal professionals. The wisdom of our Elders was included to guide and direct us in understanding how to better support the children of the next seven generations. Efforts were made to involve Aboriginal people from the north, the south, from urban and remote settings.

**Important Note:** The Best Start Resource Centre included as many groups as possible in the planning and development phases of this resource, however, the information in this manual cannot be viewed as representative of all Aboriginal families, communities and groups in Ontario. Service providers are encouraged to learn from the groups and families in their community.

### 3. How to use this manual

This resource was created to offer service providers culturally specific information and approaches that can be applied in everyday practice when supporting Aboriginal families. It was written with many service providers in mind and can be used by anyone who has a role in supporting Aboriginal families.

Our hope is that the manual will increase awareness about First Nation, Inuit and Métis people and their traditional approaches to raising children. Ultimately, our goal is to enhance service delivery to Aboriginal families and to better fulfill our responsibilities to Aboriginal children.

This resource manual contains a wealth of information, including current research, strategies and recommendations. The sections are structured around the four directions of the Medicine Wheel. The Medicine Wheel is an important symbol in many Aboriginal cultures. The concept brings together the theme of wholeness with each direction contributing to the total being. With respect to this manual we have applied the teachings of the four directions to reflect the learning process we recommend front line workers follow when defining their best approach to supporting Aboriginal families and children. This Wheel can be described as the Wheel of Support. The service provider is at the centre of the wheel and must begin in the east direction and move along the wheel clockwise.

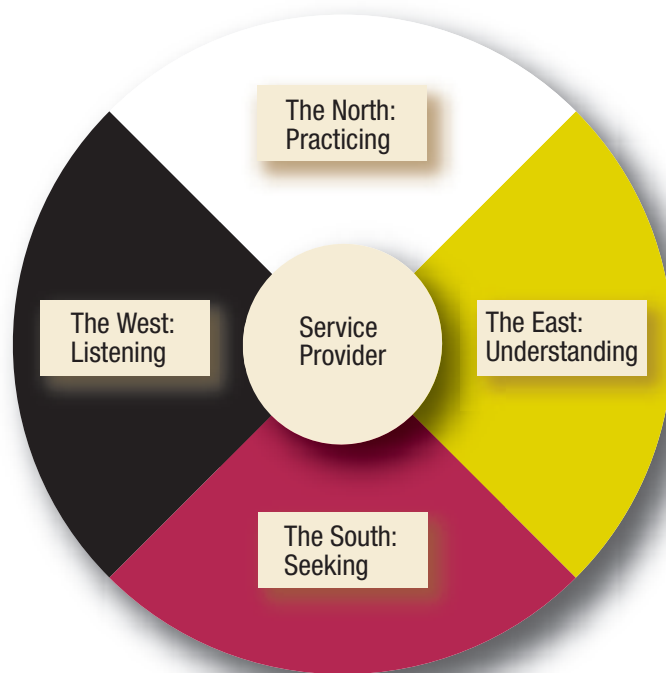



Figure 1: Wheel of Support



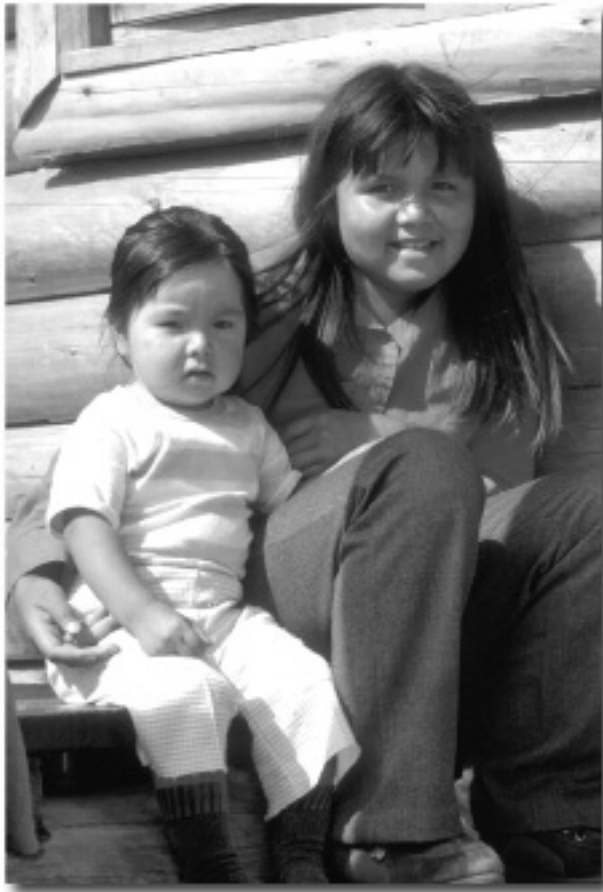
The East direction represents **Understanding**. This section provides the reader with an in depth understanding of the diversity of First Nation, Inuit and Métis people. It captures the demographics of Aboriginal people in Ontario and describes historical factors that influence Aboriginal parenting today. It is important that service providers first understand where families have come from in order to move around the wheel of support.

The South direction represents **Seeking**. Service providers must ask questions and seek current information about factors that influence Aboriginal children in today's society. This section offers an overview of Aboriginal child wellness and looks at current risk factors affecting Inuit, Métis and First Nation children.

The West direction represents **Listening**. Listening to parents is key to knowing how to positively support Aboriginal families. Parents often know how to best support their children. By listening to parents, you may learn how to improve services for families with young children.

The North direction represents **Practicing**. This section outlines effective strategies and approaches to supporting Aboriginal families. You can incorporate these strategies as well as information from the other directions into strengthening your everyday practice. There is also a list of resources and services that can further assist you in finding more information on how to effectively support Aboriginal families.







## 4. Understanding: The Eastern Direction

The sections titled “Aboriginal Diversity” and “Historical Factors Influencing Aboriginal Child Development” were adapted with permission from “Facing the Challenges: Healthy Child Development”, Ontario College Physicians, 2006, authored by Marion Maar, Claudette Chase, Laurie C. McLeod, Margaret Munro


### Aboriginal Diversity

It is important, when supporting any individual, to know a little about who they are, what experiences they bring, their strengths and their challenges. The first step in supporting Aboriginal families is to know who they are as a people. The term *Aboriginal* is used in this manual as defined in the Canadian Constitution Act, referring to all people of indigenous descent, including First Nations, Inuit, and Métis. The term *Indian* is considered a misnomer and offensive by many Aboriginal people when used by non-Aboriginal people and has been largely replaced by *First Nations* (Government of Canada, 2003). The term Status Indian is still in common use because it is a legal term and implies that a person has certain rights, for example, health care and education, which are documented in the *Indian Act* of Canada. First Nations, Inuit and Métis peoples have distinct cultural identities, histories, value systems, and health care needs. A basic overview is provided in the following pages.

In total, there are approximately 50 different Aboriginal cultural groups with 50 distinct languages in Canada (Smylie, 2000). While there are significant differences between

Aboriginal peoples, it is important to note that there is also great diversity within each community, even within each family. The impact of mainstream culture on Aboriginal communities has varied considerably. “Culture” refers to customs, behaviours, beliefs and values that are learned and, to a significant extent, shared within a group of people. Cultures are never static; they change and adapt to internal and external influences. Most Aboriginal cultures have interacted with mainstream Canadian cultures for centuries, and each have incorporated aspects of the other’s culture into their own.

We define “traditional practices” in this manual as those customs that have changed little over a significant time span. For example, traditional practices may be seen in hunting, spirituality, arts and social gatherings. Aboriginal people who live in relatively isolated communities often retain many of their traditional practices. In recent decades, there has been a strong resurgence of traditional Aboriginal knowledge and beliefs in many Aboriginal communities. It is important to note that there should not be the assumption that every Aboriginal person is traditional as there are varying levels of traditional living.



According to the 2001 Canadian census, nearly one million people (3.3%) identified themselves as Aboriginal although the actual number likely exceeds that. The Canadian census underestimates the Aboriginal population by tens of thousands, primarily because many Aboriginal communities are not enumerated. This group of Aboriginal people can be broken down as follows:

Out of all Canadian Aboriginal people, approximately:

- 62% are First Nations
  - 30% are Métis
  - 5% are Inuit
  - 3% identify with more than one
- (Kue Young, 2003)

In Ontario:

- 188,315 people identified themselves as Aboriginal
  - 131,560 identified themselves as First Nations (69.9%)
  - 48,345 identified themselves as Métis (25.7%)
  - 1,380 identified themselves as Inuit (0.7%)
- (Ontario Ministry of Finance, 2003)

The Aboriginal population is much younger than the Canadian population (averaging 25 versus 35 years) with proportionately twice as many children under the age of 15 years (38% versus 20%) (Smylie, 2000). A high

number of people in their reproductive years means an increased focus on child health.

On average, young Aboriginal people are better educated than ever before. According to the Canadian Census, in some communities, Aboriginal youth under the age of 25 are as likely as all Canadian youth to graduate from high school. The number of Aboriginal people with a post-secondary education has seen a dramatic increase as well. In 1969, there were only 200 Aboriginal people living in Ontario with post-secondary credentials; now there are 40,000 (Government of Ontario, 2002).

First Nations (Status Indian) and Inuit people are registered with and are entitled to certain health benefits from the federal government. These health benefits include some services not covered under the provincial medical care programs, such as a dental plan, a drug plan, and assistive devices. The First Nations and Inuit Health Branch website provides details on current coverage. For further information, see [www.hc-sc.gc.ca/fnihb-dgspni/fnihb/nihb/](http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/nihb/). Métis and non-Status Indians do not receive any individual health benefits from the federal government, although there are health promotion programs available in some communities. Other health services, such as physician services, are covered under the provincial Medicare program.

## First Nations People

*“Healing means mending bodies and souls. It also means rekindling the flames that strengthen our Native spirituality. It means physical, mental, psychological and emotional well-being. This is known in Native healing circles as the holistic approach to healing.”*

*Aboriginal Elder, Southern Ontario Region  
(RCAP Report, 1996)*

There are over 600 First Nations communities in Canada and a total of 134 in Ontario. Approximately 35% of this population resides on-reserve and the other 65% resides off-reserve, often in urban centres.

Familiarity with mainstream culture varies. Some First Nations people have spent most of their lives on reserve, others in urban centres, and many move back and forth.

There are many differences between northern and southern reserve communities, most notably the degree of isolation and access to health services, healthy foods, education, and economic opportunities. There are many different Aboriginal languages in Ontario and some communities retain much of their traditional language. English is a second language for many First Nations people, especially older people in Northern communities. Even some younger people who are fluent in English may feel more comfortable discussing difficult issues in their first language.

First Nations people typically belong to a specific Aboriginal nation such as Cree, Mohawk, or Ojibway (Anishinabe). Ontario First Nations are united in a political confederacy which is comprised of Political Territorial Organizations (PTOs). These include the Association of Iroquois and Allied Indians, Grand Council Treaty #3, Nishnawbe-Aski Nation, the Union of Ontario Indians, and Independent First Nations (see map in Figure 2 for the location of First Nation communities and their PTO affiliations).

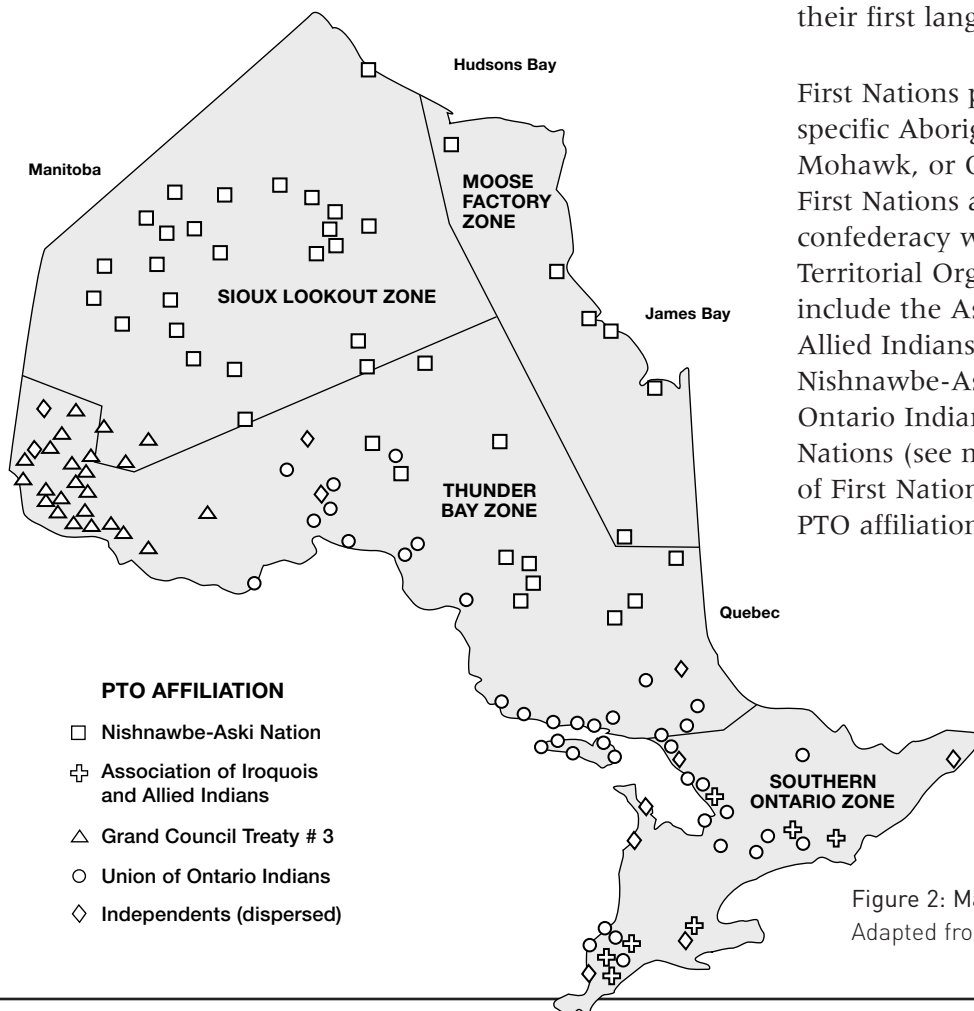


Figure 2: Map of First Nations in Ontario  
Adapted from Chiefs of Ontario, 2005

## Inuit People

*“One of the common myths or stereotypes about Inuit culture is that we are almost always experiencing hunger, if not actual starvation. People from the outside world have a difficult time understanding that an environment that looks so empty can actually offer great abundance in every season of the year.”*

*(Aboriginal Healing Foundation, 2003)*

Approximately 45,000 Inuit live in Canada, with the majority living in 53 communities spread across two provinces and two territories (Quebec, Labrador, Nunavut, Northwest Territories). More than 90% of Inuit communities are accessible by air only (NAHO, 2005b). Ottawa has the largest Inuit population in Ontario as community members travel to this urban centre to


access medical and other services. Inuit communities are located in the following arctic regions (for a map of these regions see Figure 3) (CIHI, 2004):

- Nunavut Territory – home to about half of all Inuit.
- Inuvialuit (Western Arctic) – home to approximately 9% of Inuit.
- Nunavik (Northern Quebec) – home to approximately 21% of Inuit.
- Nunatsiavut (Northern Labrador) – home to approximately 10% of Inuit.

Inuit culture, values, and practices are unique and significantly different from First Nations and Métis people and vary by region. Inuktitut dialects are the predominant spoken and written languages used on a daily basis. Many adults and children speak English as a second language. The Inuit population is also demographically unique. Thirty-nine per cent of the Inuit



Figure 3: Inuit Territories in Canada adapted from: Inuit Tapiriit Kanatami. (2003) Inuit of Canada. Ottawa: Inuit Tapiriit Kanatami.



population is under the age of 14; this makes it the youngest population in Canada. In addition, Inuit birth rates are double the Canadian average (NAHO, 2005b). This demographic reality illustrates a critical need for health education and disease prevention programs targeted at children aged 0-6.

The costs of living and providing health services in Inuit communities are the highest in all of Canada. Many health services are not available locally and most communities and regions suffer from severe physician shortages (Inuit Tapiriit Kanatami, 2005). Seriously ill patients normally receive medical transfers by air ambulance to southern cities, such as Ottawa. The long-term isolation from families and communities associated with medical evacuation is challenging and traumatic for most Inuit patients. Children and their parents are particularly affected.

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## Métis

*"I think of healing as a life process. Everything that is alive is engaged in a continuous process of maintaining balance, and that dynamic process is what I think of as healing."*

*Dr. Carl Urion, Dearborn River Métis, Professor Emeritus, University of Alberta, 2004 National Aboriginal Achievement Award Winner (NAHO Métis Centre, 2004)*

The Métis Nation emerged as a distinct people in the 18th and 19th centuries. They are the descendents of European fur traders and

Aboriginal women. The Métis fulfilled an important role as trappers, interpreters, hunters, and traders. They provided the necessary food to frontier outposts, because they were familiar with both Aboriginal and European customs. Like many other Aboriginal groups, the Métis helped European settlers to adapt to the harsh living conditions of the new country and taught them about game and plant-based food sources (Métis Nation of Ontario, 2004).

Today, the estimated number of Métis in Canada today varies, ranging from 300,000 to 800,000. Some Métis communities are English-speaking, some Cree-speaking, and some have retained their unique language called Michif. The term Métis is sometimes used more inclusively to describe Aboriginal people of recent mixed ancestry or non-status Indians (i.e. Aboriginal people who did not gain Indian status recognition from the Canadian government or those who lost their status) (OMAA, 2005).

The Canadian government has extinguished Métis collective rights as Aboriginal people. The Métis, therefore, do not receive the benefits from the federal governments which are granted to Status Indians and Inuit. Consequently, they do not receive any individual health or dental benefits from Health Canada. Métis and non-status Indian communities are affected by similar health issues and disparities as First Nations and Inuit communities; however, since they lack access to individual health benefits and comprehensive Aboriginal health programs, their communities are often even more dramatically affected.





## Historical Factors Influencing Aboriginal Child Development

Originally there were only the Indigenous people of Turtle Island living on this land. Nations were in the hundreds and were strong, complex and complete societies on their own. Today, as a result of a long history of colonization and assimilation policies Aboriginal people no longer depend on the communal life of the family clan system. That system has been broken down to model the nuclear families of mainstream society that operates purely on the concept of individualism. While a traditional way of life taught children the importance of our connectedness to family, our nation and the natural world, contemporary society teaches us about isolation and individual gain. This lost sense of connection and belonging has then resulted in a loss of purpose, pride and identity. The residential school system and the sixties scoop have greatly contributed to this loss. For more information on the sixties scoop, see page 17.

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## The Inter-generational Impact of the Residential School System

The federal government began the development and administration of residential schools as early as 1874. The residential school system was originally designed to assimilate First Nations people and culture but this system also had a devastating impact on Métis and Inuit people.

The residential school system exposed generations of Aboriginal people to physical, mental, and sexual abuse and resulted in

weakened family ties, a weakening of parenting skills, and a loss of culture and language. Traditional foods were, in most instances, replaced by inexpensive low quality institutional foods that were high in carbohydrates and fats (Hopkins et al, 1995). The conditions that many children experienced, extreme stress caused by abuse and harsh living conditions combined with low quality nutrition, and forced separation from families and communities led to long-term health and mental health problems. Addiction is one of the coping strategies some people have used to deal with these traumas (Brave Heart and DeBruyn, 1998).

Most residential schools were closed by the mid-1970s. The last school in Canada was closed in 1996. In 1997, the Government of Canada acknowledged its role in the development and administration of residential schools and apologized to Aboriginal people who had experienced physical and sexual abuse at Indian Residential Schools (Indian Residential Schools Resolution Canada, 2005).

According to estimates by Statistics Canada, there are at least 85,975 Aboriginal people alive today who once attended Indian residential schools. However, many more people were affected by the inter-generational impact of the residential schools. As young adults came from the schools back to their communities, a significant portion brought with them what they had learned at school: unhealthy and abusive behaviours, and bullying. Isolation from their parents often had a negative impact on the development of nurturing and parenting skills. This, in turn, negatively affected the way some residential school survivors parented their children and grandchildren.



## First Nations Residential School Issues

*“When [the nun] used to strap me ... I knew I was going to get five or ten straps on each hand and I knew it was going to draw blood...She’d even take me and shake my head and say, “the devil is in you so strong. How am I going to beat the devil out of you?” She’d put me in a dark place and tell me to stay there.”*

*First Nations Residential school survivor  
(Haig-Brown, 1988)*

In the most recent First Nations Regional Longitudinal Health Survey (RHS) of 2002-03, nearly half (48.3%) of the survey participants who attended residential schools indicated that their health and well-being was negatively affected by their attendance. Older adults reported more negative effects.

Among the negative experiences cited there were: many forms of child abuse, including harsh discipline, verbal, emotional, physical and sexual abuse, and witness to abuse; social exclusion and forced assimilation, including isolation from family and separation from First Nation communities; loss of language and traditional religion/spirituality; and loss of cultural identity. Many residential school students also experienced bullying from other students, poor education, lack of food and proper clothing, and other harsh living conditions. The Royal Commission on

Aboriginal Peoples (RCAP) report describes the multigenerational community impact of the residential school system:

*“The impact of the system was felt not only by the children who attended schools but also by the families and communities that were deprived of their children and had to deal subsequently with children who returned damaged from the schools. In that sense, communities, parents and, indeed, children later born to former students of the residential schools were all ‘enrolled’.” (RCAP, 1996)*

A leader of a Northern Ontario community describes the modern day legacy of the residential school system:

*“Social maladjustment, abuse of self and others and family breakdown are some of the symptoms prevalent among First Nation baby boomers. The ‘Graduates’ of the ‘Ste Anne’s Residential School’ era are now trying and often failing to come to grips with life as adults after being raised as children in an atmosphere of fear, loneliness and loathing.” (RCAP, 1996).*



## Inuit Residential School Issues

Inuit communities had a similar residential school experience as First Nations communities:

*“Before I went to residential school I had my language, which is Inuktituk. My Inuktituk language at the age of nine was very, very good. I was able to speak to my grandparents, understand what they had to say to me, and in turn I could speak the language very good. Today, I can’t say the same. But during the school years in Inuvik, in Stringer Hall, if I spoke my language, I got slapped in the mouth.”*

*Inuit Residential school survivor (AHF, 2003)*

The Department of Indian Affairs began allocating money toward mission schools for Inuit children in 1925. Forty years later, there were 33 schools in operation in the Northwest Territories and Arctic Quebec. Children as young as five years old were removed from their families in out-post or isolated communities and brought to the residential school locations. Children subsequently lost all or most contact with their families for 10 months of the year. Most residential schools for Inuit children were day schools where all academic aspects were under government control; however, students lived in residential hostels managed by churches. As in the case of First Nations people, residential schools led to loss of family and community ties, as well as a loss of language and culture. However, for Inuit children, there was a significant added cost in their loss of affinity for traditional “country food” such as raw meat (AHF, 2003).

*“When I got back home to my home community of Cambridge Bay, the food that I saw, the food that I tried, I couldn’t eat. It was revolting to see people eating wild meat raw.”*

*Inuit Residential school survivor (AHF, 2003)*

Similar to First Nations children, many Inuit children experienced various forms of child abuse in these residential schools. One Inuit survivor remembers instances of child abuse like the following interaction between a male teacher and a female child:

*“So anyway, he’s looking around, and I guess the first thing he saw was this blackboard eraser. He grabbed it and threw it at her, and she didn’t move or wince, but I saw blood trickling down her hand. The eraser had hit one of her knuckles. She didn’t even cry; she just sat there frozen in her chair.”*

*Inuit Residential school survivor (AHF, 2003)*

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## Métis Residential School Issues

It is estimated that approximately 9% of Aboriginal children who attended residential schools were Métis. While Métis children were exposed to the same abuse as First Nations and Inuit children, there is evidence that they were treated as second class students when the government abolished Métis rights. While this stopped the government from funding Métis children’s attendance at residential schools, many churches still actively admitted Métis children (AHF, 2003).



## Sixties Scoop

“The Sixties Scoop” is a term that refers to the phenomenon, beginning in the 1960s and carrying on until the 1980s, of unusually high numbers of Aboriginal children apprehended from their families and fostered or adopted out, usually into white families. While the authorities of the time considered these apprehensions “to be in the best interest of the child,” adult

adoptees have articulated their sense of loss: loss of their cultural identity; lost contact with their birth families; barred access from medical histories; and for status Indian children, loss of their status. While “the Sixties Scoop” was not legislated by the Indian Act, it emerged because of it. Because the Indian Act defined status Indians as wards of the state, families had no power over the decision made to “scoop” their children.

## Aboriginal people today

First Nation, Inuit and Métis people continue to show enormous resilience. Aside from their historical hardships, communities have faced and overcome many challenges and continue to create opportunities for healing and strengthening well into the future. Through self governance initiatives, they now hold the power to make decisions for themselves, their families and communities. Aboriginal leaders have taken responsibility for the health and wellness of their children by providing programs and services engrained in culture and inclusive of traditional teachings and practices. Aboriginal initiatives surge through most sectors of the government including justice, child welfare, health, early childhood, education etc. There are many success stories and positive change continues to take place.



## 5. Seeking: The Southern Direction

Aboriginal people believe that children do not belong to us but are gifts sent from the Creator. It is our job to nurture and guide children throughout their childhood so they will grow to fulfill their purpose while on this earth. Because children are so sacred it is everyone's responsibility to nurture them and keep them safe, to provide them with unconditional love and attention so they will know they are wanted and hold a special place in the circle. Every child regardless of age, or disability has gifts and teaches us lessons. They are all unique and should be respected.

Children learn from conception that they are never alone. A large interconnected circle of family and community relationships constantly nurture their spirits. Each person, including children, holds a place

within that circle and within the circle people learn their value as individuals. They are impacted by the choices of others and they too affect all of the individuals in that circle by the choices they make. In this system they are also given a sense of responsibility to the community that helps to define who they are. Therefore, within Aboriginal concepts of family and community, the spirit is always being affirmed and validated by support, guidance, love, and a sense of belonging. This is the foundation of Healthy Aboriginal Child Development.

### Aboriginal Child Wellness Wheel

Indigenous cultures throughout the world have always approached health in a holistic way. Most Aboriginal people believe wellness is achieved through the balance of body, mind, emotion, and spirit. Holistic health incorporates the physical, mental, emotional and spiritual needs of the individual, family and community. Things become holistic when all of the dimensions of the whole being are considered. We may address each dimension individually but must realize they are all connected. Each part enhances, supports and affects the other. Each of these dimensions consists of wellness factors. The range of individual wellness is reflective of how each of these factors is addressed. We use this concept to understand Aboriginal child wellness. Some Aboriginal groups may not use the concept of the wheel, however, the idea of holistic wellness is common to all Aboriginal people.

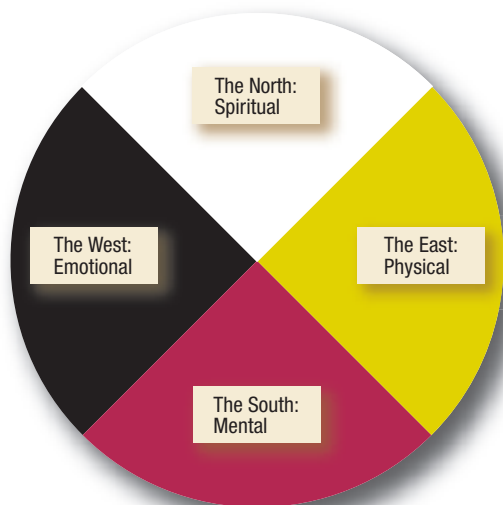


Figure 4: Child Wellness Wheel



## Physical

The **Physical** dimension of child wellness deals with the functional operation of the body. In general, wellness factors related to the physical dimension can be grouped within the following categories:

- *Physical Activity* including motor development, adequate amounts of sleep, body weight
- *Nutrition* including a balanced diet and access to healthy food
- *Medical Care* including updated immunizations and pre/post natal check ups, and access to medical system when needed
- *Physical Environment* including safety in the home, preventing common injury, and pollution (e.g. environmental tobacco smoke, bacteria or contaminated water)

## Mental

The **Mental** dimension deals with cognitive development and use of language. Wellness factors related to the mental dimension include the child's ability to pay attention, problem solve, and understanding concepts. Communication and use of expressive language including gestures, sounds and words also contribute to mental wellness. The use of observation as a learning process is key for developing the mental aspects of Aboriginal children. Children learn through observation.

## Emotional

The **Emotional** dimension deals with having a secure attachment, healthy self-confidence and emotional stability. Encouraging

emotional development in Aboriginal children helps them define their sense of purpose and the feeling of being grounded in their culture. They develop a sense of who they are and they understand that they matter. Wellness factors include children feeling supported and encouraged to feel their emotions, involvement in traditional ceremonies, teachings, and use of traditional medicines. Children also need to develop a strong sense of belonging and must have opportunities to feel their connections to family, clan, nation and creation.

## Spiritual

The **Spiritual** dimension deals with the child's connection to their inner self and all that is. When children are born, their spirits are pure, clean and complete; it is at this time they are most connected to the spirit world. Wellness factors include praying, learning or hearing traditional songs, the sound of the drum, participating in cultural ceremonies, knowing their language and understanding their connection and relationship to self, family, nation, land, animals and the spirit world.

**Aboriginal child wellness** results from the **balance** of the Physical, Mental, Emotional, and Spiritual dimensions of the individual, family and community. When one or more areas are out of balance a child's health can be severely affected. There are many underlying factors that contribute to this imbalance and the implications on the health status of Aboriginal children are drastic.



## Contributing Factors to the Health Status of Aboriginal Children

Many factors have contributed to the current situation of First Nation, Inuit and Métis people in Canada. Prior to European contact, Aboriginal societies were strong and self-sufficient. The history of colonization and assimilation has resulted in great imbalances in the physical, mental, emotional and spiritual well being of Aboriginal people, families, communities and nations. These imbalances have been passed down from one generation to the next resulting in a large loss of identity, language, self-esteem and nurturing ways. These multiple, multigenerational losses have contributed to erosion of Aboriginal self-reliance and collective responsibility for health. They are the result of assimilation policies and practices, removal of children through residential schools and adoptions and implementations of the *Indian Act* (New Directions: Aboriginal Health Policy for Ontario). It should be noted that the *Indian Act* does not apply to Inuit people.


The health system, as it exists now, is not adequately meeting the needs of Aboriginal people. Existing policy, administrative and program barriers restrict the effective delivery of culturally appropriate programs and services to Aboriginal people. Isolation, lack of transportation and quality medical care compounded by language and communication barriers further contribute to the negative impact on Aboriginal child health.

## Impact on Aboriginal Children 0-6

There are many health risk factors for Aboriginal children. At the same time it is important to mention that the health of Aboriginal children improves when First Nation, Inuit and Métis communities are given the opportunity to approach healing in a more proactive, traditional way. Through the use of traditional healing and medicines Aboriginal people are able to positively impact and contribute to the health and wellness of their children.

Historical factors and determinants of health impact on the health status of Aboriginal children in many specific areas. For example social determinants such as poverty, unemployment, lack of food security and environmental factors contribute to the current health status of Aboriginal people. Poverty is not a new phenomenon to Aboriginal families. In 2005, 33% of off-reserve Aboriginal children lived in a low income families, see [www.campaign2000.ca](http://www.campaign2000.ca). Poverty has a huge impact on health from not being able to access services to being unable to afford the cost of over the counter prescriptions. Aboriginal poverty is compounded by the multiple social and health risk factors that are the legacy of colonization.





Brief information is provided about a few areas of primary risk or concern. This is a brief summary of the current health status of Aboriginal children including contributing factors, impact, and strengths. See Chapter 8 and the list of resources and services at the end of this manual for more information on these topics.

It should be noted that unfortunately, there are several issues impacting the ability to provide Métis health information. The inability to accurately identify and assess health issues and outcomes within the Métis population has led to the lack of recognition of Métis rights to health and health care. These factors have resulted in inaccurate or incomplete data and, for many specific health issues, a total absence of relevant or available data.

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## Obesity

Childhood obesity has become a major concern for Aboriginal groups in Canada. Over half (55.2%) of First Nations children on reserve are either overweight (22.3%) or obese (36.2%). Almost half (49%) of children between the ages of three to five are obese (NAHO, 2005a). Poor nutritional habits and the lack of physical exercise compounded by poverty are at the root of the problem. There is a gradual move towards promoting the use of traditional foods and lifestyle that positively impacts childhood wellness.

## Type 2 Diabetes


Once coined “adult onset diabetes”, Type 2 diabetes is being diagnosed at a younger age as childhood obesity increases. Some of the first cases of childhood type 2 diabetes observed were in Aboriginal communities. Sandy Lake Reserve in Northwestern Ontario has the third highest rate of diabetes in the world. At least 26% of its population has type 2 diabetes (MOHLTC, 1999).

Traditionally, Aboriginal people led physically active lifestyles and lived off nutritious “land food”. The combination of genetic susceptibility, transition to a sedentary lifestyle, and adoption of a diet high in fats and sugar are major contributors to this dramatic increase in type 2 diabetes among Aboriginal people.

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## Dental Health

Aboriginal people have a higher rate of dental decay and oral disease than the general Canadian population. Factors that may influence this outcome include a diet high in sugary foods, lack of water fluoridation and poor access to oral health prevention and treatment services. The high cost of milk in isolated areas also contributes to the issue as parents may give their baby pop or juice in a bottle because it is more affordable. The 1990-91 Medical Services Branch Children’s Oral Health Survey found that 91% of First Nations and Inuit children were affected by dental decay, with 5- to 6-year-olds averaging 7.8 decayed teeth. An Ontario study



compared Aboriginal children's oral health with that of two comparable non-Aboriginal populations, those born in Canada and those born outside Canada. It found that other Canadian children are three to four times more likely than Aboriginal children (in this case defined as First Nations and Inuit) to be free of dental decay. Decay rates were two to five times higher among the Aboriginal children. Early childhood caries is also an important area of concern (Peressini et al, 2004). In the Sioux Lookout Zone, for example, 75% of children under the age of 5 have had a general anaesthetic for dental work (Chase, 2005).

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### **Fetal Alcohol Spectrum Disorder**

Alcohol use among Aboriginal people in Canada varies and it should be understood as a problem of certain individuals and sub populations, rather than a problem of all Aboriginal people. It is linked to underlying factors of poverty, despair, discrimination and lack of hope. Substance use among Aboriginal groups in Canada is a direct result of the devastating effects of colonization including residential school experiences and the ongoing economic and social marginalization of First Nation, Métis and Inuit people over a long period of time. Fetal Alcohol Spectrum Disorder (FASD) is the umbrella term used to describe the range of harm caused by prenatal exposure to alcohol. The causes of FASD are complex and deep-rooted.

The rate of FASD is estimated at nine per 1,000 live births. Initial studies suggest that the rates of FASD in some Aboriginal communities may be significantly higher (NAHO, 2005a). There are few culturally appropriate diagnostic services that are accessible to parents.

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### **Infant Health**

Compared with the overall population of children in Canada, Aboriginal children are twice as likely to be born prematurely or underweight (NAHO, 2005a). High birth weights are also important to note as large unhealthy babies are often born to mothers who have diabetes during pregnancy.

Infant mortality among First Nation and Métis populations is about double that of the Canadian average. Infant mortality rates among the Inuit in the Northwest Territories are about 2.5 times higher than national rates. The leading individual cause of First Nations infant mortality is sudden infant death syndrome (SIDS).

Children exposed to second hand smoke are at increased risk for SIDS, lower respiratory tract infections such as bronchitis, pneumonia, middle ear infections and asthma. A study found that Aboriginal children have high rates of allergies, bronchitis and asthma (NAHO, 2005a). The misuse of tobacco is placing at high risk the health, quality of life and even life expectancy of a very large number of these children in First Nations and Inuit communities.





## Language

Language and culture are key to the collective sense of identity and nationhood of the First Nation, Inuit and Métis people. For generations Aboriginal cultures have used oral tradition to pass down stories that reflect the relationship between the people, land and the places and events that define them. It is the means by which cultural beliefs, traditions and shared values may be conveyed and preserved. Language is fundamental to cultural identity. The loss of language means the loss of key aspects of culture and identity.

The assimilation of Aboriginal children into residential schools paved the way for loss of language in Aboriginal communities. The negative experiences of those who attended these schools left large numbers afraid to use their language and ashamed of who they are as First Nation, Inuit and Métis people.

Language strength among urban First Nations people is declining and Michif is in a critical state. First Nation, Inuit and Métis people living in cities tend not to use their languages at home making intergenerational transmission exceedingly difficult.

Only 12% of Métis children ages 14 and under speak or understand an Aboriginal language. Inuktitut on the other hand, remains relatively strong in the north. 2001 census data reports 64% of Inuit children used this language most of the

time at home. Language is integral to the development of First Nation, Inuit and Métis children's identity. Services and programs need to place emphasis on language and culture through both content and delivery. We are seeing an increase in language and cultural knowledge being successfully incorporated into many programs.


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## Environment

Aboriginal people have long recognized the links between the health of the environment and the health of their people. Poor health in Aboriginal communities is directly linked to the destruction and/or contamination of their lands, water and air as well as traditional foods and medicines.

Environmental contaminants, such as mercury and PCB's affect game and fish. Many Aboriginal people still practice traditional lifestyles and use traditional foods. They are more directly affected by environmental degradation than the general population.

Environmental health including safe drinking water, water and soil contamination, and household mold are of great concern to Aboriginal communities. In 1999, 65 First Nations and Inuit communities were under a boil water advisory for varying lengths of time, an average of 183 days of boil water advisories per affected community. Almost one third (32%) of First Nation communities consider their main source of drinking water unsafe (NAHO, 2005a).



In the summer 2004, an environmental study of the river and creek that runs through the community of a southern Ontario First Nation revealed high levels of PCB's, nickel, cadmium, arsenic, zinc and lead.

The presence of mold in houses has also been identified as a problem in First Nations communities. Inadequate housing can lead to mold growth, which leads to a number of health problems including respiratory illness. In addition to housing adequacy, overcrowding remains a problem. Most homes on reserves have more than one person per room. Overcrowding increases the risk of transmitting communicable diseases.

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### Childhood Injury

Aboriginal children are much more likely than other children in Canada to die from injuries. The rate of death from injury is four times greater for Aboriginal infants, and among preschoolers, the rate is five times greater (Canadian Council on Social Development, 2002). This may be due to many reasons including isolation and minimal access to emergency medical services.

### Early Learning Environments

In Aboriginal communities, it is extremely important for childcare services to recognize and respect Aboriginal family systems and cultural practices. Ideally childcare services should provide care in Aboriginal languages and teaching methods should be based on Aboriginal ways of learning.

Early childhood development (ECD) or pre-school programs facilitate a child's cognitive and social development, particularly those from economically disadvantaged families. The APS 2001 indicates 57% of Métis children aged 6-14 had attended an ECD program when they were younger.

Children provided with opportunities to learn the language, customs, traditions and protocols unique to the culture and community are more likely to develop resilience. A comprehensive preschool system must be universally accessible to all children regardless of residency, geographic location, ability or need. Programs must be flexible enough to be responsive to children with special needs. Adequate funding is required to ensure that all Aboriginal children are able to access needed services and programs.

*“Children are gifts sent from the Creator.  
Every child, regardless of age, or disability has gifts and teaches  
us lessons. They are all unique and should be respected.”*





## 6. LISTENING: The Western Direction

There is no one answer to the question: How do you support Aboriginal families in raising their children? The answer is complex. We have to consider each family as unique, each community as individual and each nation (First Nation, Inuit and Métis) as distinct. In order to begin to seek out the answer we must engage First Nation, Inuit and Métis parents and caregivers in this discussion.

Aboriginal parenting has a unique history and there are cultural strengths which families rely on when raising children. Parents who participated in creating this resource have found themselves in need of many of the programs and services this manual will reach. They speak very highly and respectfully of workers and organizations that have made a positive impact on their lives and the lives of their children. They shared their experiences, knowledge and wisdom to create understanding, bridge cultural differences and to influence individuals and systems to improve supportive services to Aboriginal children.

This section of the manual incorporates information gathered from First Nation, Inuit and Métis parents and caregivers. Through focus groups and interviews, parents

highlighted topic areas they felt front line workers should consider when supporting them in raising happy, healthy children. The main areas of concern for the parents were:

- The need for knowledge of traditional Aboriginal parenting
- Inclusion of the extended family in family planning
- Using a holistic approach to supporting their children
- Understanding the challenges Aboriginal children face
- Inclusion of strategies for parent or caregiver health

Parents talked a lot about different traditional parenting techniques, some of which are included. It was challenging to include everything, as there are many different traditions for each nation, community and family. Parents talked about why they felt certain issues were important to them and about the historical context of these issues. Quotes and examples from parents were included to highlight certain areas.



## Aboriginal Parenting

It was important to the Aboriginal parents that non-Aboriginal workers have a basic understanding of and respect for Aboriginal parenting practices. They emphasized the value of providing parents with the option of raising their children in a traditional way. Parents felt most empowered when they were encouraged and supported by front line workers to learn and engage in cultural methods. Because parenting techniques differ from nation to nation it is impossible to include all traditional beliefs and practices related to Aboriginal parenting in this manual. We encourage you to connect with Aboriginal organizations and traditional members in your respective community to learn about their beliefs and practices around traditional Aboriginal parenting.

Historically, Aboriginal parenting was not left to chance. Through well-defined traditions, values, and practices, which were handed down from generation to generation, parents and other caregivers nurtured, protected, and guided children. Children were taught the right way to do things, how to get along with others, and how to have self-control. Different nations did this in different ways, but each had very positive values about children that helped keep the group strong. It was believed that children were as much a part of the group as anyone else and should be respected.

Traditional Aboriginal parenting is defined by patience and kindness. Traditional ways of raising children are very rich in nurturance and love. There are proven practices that Aboriginal people have been drawing on for generations that help children along their path to healthy growth and development. Parents felt it is important for non-Aboriginal


workers to accept their traditional teachings and not impose their own values and beliefs on them.

*“Aboriginal families have been living, surviving and thriving for hundreds of years, why should they change now?”*

*“It is important for me to raise my children in my culture. I grew up in foster care and don’t want my children to feel the way I did.”*

The use of the cradleboard is one example. Some First Nation parents use the cradleboard to keep the baby safe and close to their mother’s side. The baby is wrapped tightly and then laced in the board. This provides an environment where the baby feels safe and secure, like being in the womb. It relaxes the infant allowing them to sleep or quietly observe what is going on around them. While in the cradleboard the baby is tightly bundled and unable to move their hands thus forced to use their eyes and other senses to explore the world around them. Their seeing and hearing skills develop early and children also learn patience and observation. It is also used to calm babies. When the baby is wrapped he or she is comforted and understands the message to calm down. It is easy to soothe a baby with a cradleboard as they cannot flail their arms and move their legs about. Parents must use the cradleboard from birth and not begin when they are a few months old, as they will object to being in it. Also, babies are not left in there for long periods or time, there is a balance of time spent in the cradleboard and time spent using their muscles and moving around. There are many other benefits to using the cradleboard. It provides an





opportunity for women to bond, designing and decorating the board together, learning how to properly wrap the babies and passing on teachings of child rearing. There is great care in how boards are made. It brings the family together for one common goal, to help nurture the child in traditional way and to provide an environment where the child will feel secure.

*“One nurse said that using the board was not appropriate now (today’s society). She said that the baby shouldn’t be strapped in and unable to move. I don’t think she really understood how to use it.”*

Not all nations use a cradleboard. Some use wrapping. The infant is wrapped in a blanket, like in a cocoon and they are secure and safe. Parents talk or sing to their babies while they sleep to let them know the parent is near and not to worry. Some nations use a blanket or shawl to carry their infants as well as children. The child is secured to the parent’s back, side or front by way of a shawl. This way, the little one is snuggled close as the parent goes about their work. Inuit mothers used an Amautik. It is the mother’s parka that is worn by women in the Nunavut region of Canada and has a pouch where the child fits snugly as they are carried on their mothers back. This beautiful parka is deeply rooted in Inuit tradition and culture and is an everyday item of use for women in the north.

Aboriginal methods of nurturing children help create positive relationships between parent and child and positively contribute to the physical, mental, emotional and spiritual development of children, giving the child the best possible start in this world.

In most Aboriginal cultures breastfeeding is encouraged. It creates an emotional bond between the mother and child. When a child feeds from their mother’s breast they are learning about sharing and giving. Their physical, mental, emotional and spiritual self is being nurtured. How long a mother breastfeeds her children, varies in many cultures. In mainstream society, mothers usually are encouraged to breastfeed the first two years of life while in Inuit families a baby is a baby until five years of age, children are carried until 3-4 years and it is not uncommon for mothers to breastfeed up to 5-6 years of age.

*“Advocate for our cultural way of raising our children to other community organizations or agencies.”*

*“Don’t compare Aboriginal children to mainstream child development milestones, they’re different.”*

*“I love coming to the parenting circle every week and learning traditional ways to raise my child!”*

*“I go to an Aboriginal parenting group but I still have a non-Aboriginal social worker. She always asks me questions about my culture and I like that.”*

*“It is important for workers to have cultural appreciation of traditional methods of parenting, language and young parents. Just because we may be young doesn’t mean we are always at risk because of it. We have family help and we know how to raise children because we helped our own mother and aunts.”*



## Support Networks and Extended Family

Extended family members play an integral role in the healthy development of Aboriginal children. Each member may fulfill a different role in supporting the family. Children are not just the concern of the biological parents, but the entire community. Therefore, the raising, care, education and discipline of children are the responsibility of everyone - male, female, young and old. Children can be corrected by anyone in the community, and so child supervision is everyone's job. The community acts as parent. In western culture, the responsibility of raising, disciplining and supervising children is the role of the parents alone. These very different philosophies can create challenges when expectations of one are put on the other.

For example, a parent shared that she recently moved to an urban area from a more rural community. She allowed her five year old child to play in the neighbourhood playground unsupervised. The Children's Aid Society was called by someone in the community, as they believed the child should not be alone. The mother had just moved from an Aboriginal community where everyone in the community knew each other and children were watched by everyone. There, her child was safe even when the mother was not around, the mother was not aware of any potential danger her child may have been in.

It is important to be familiar with this concept of community responsibility in raising children, when trying to understand an Aboriginal perspective of family. In western culture, "family" refers to the nuclear family and includes the mother,

father and/or siblings. In Aboriginal culture the "family" includes the mother and/or father, siblings and also embraces extended relations such as aunts, uncles, cousins, grandparents and even members of the community who are very close to that family. It is important for anyone who supports Aboriginal families to understand this concept of the "extended family" and to consider those members when outlining the family's support system and care plans.

*"Children are important in parenting for example older siblings may play the role as parent."*

*"Our family is the place where we learn how to live, how to behave, how to treat people and how to respect everything around us. These teachings we pass on through the generations. We do this by sharing! When we are sharing our food, or our clothing, our money and even our homes, we are also sharing togetherness and responsibilities, our time, our advice and encouragement, our support and our love! All this allows our kids to know, understand and identify who they are."*

Parents also felt it is important for workers to not assume that all extended families are close, healthy and supportive. Be sensitive to their family history and ask the parents whom they consider to be a support person.

*"It is important to understand trauma and dysfunction in families and the issues of racism, poverty, alcohol abuse, suicide, family violence and unemployment that may be present. Although not everyone has positive "family" experiences, my family is important, dysfunctional or not."*




## Understanding Prenatal Teachings

Parents felt it was important for non-Aboriginal workers to have a sense of Aboriginal prenatal teachings so they could be open to other ways of explaining prenatal health. Historically, pregnant women would learn about how to care for themselves and their children from Elders and other people. They would pass on teachings about prenatal child development and parents learned that their child was always growing, developing, and learning, even before birth. The following prenatal teachings were compiled from information gathered from the Aboriginal Healthy Babies Healthy Children Family Home Visitors Manual created by the Ontario Federation of Indian Friendship Centres and interviews with Aboriginal parents, Elders and front line workers. Teachings vary from one Aboriginal nation to another. It is respectful to ask parents what their beliefs or traditional teachings may be.

- Take traditional medicines. This will help strengthen the mother and baby for birth. It will help ease the birthing process and some may speed up labour. Some may assist if there are complications.
- Do not go to funerals as the spirit of the one who passed on may be lonely and will try to encourage the baby's spirit to go with them. A baby could easily go because they are so close to that spirit world. If the person who dies is a close relative you can go but there are protective measures and medicines to help.
- Do not look at bad things or think bad thoughts. Your baby will learn these things.
- Have a good mind, be in a good space and be peaceful. The baby will be peaceful and calm.
- Do not dance at Pow Wow's; it is considered offering your baby to the Creator.
- Eat well. What you eat, baby eats. Good nutrition is essential for good health.
- Sing songs, tell stories and talk to baby. This will help them develop their identity. It will give the baby a sense that it is entering the world in a loving environment.
- Go to certain ceremonies (only if determined safe). The baby will start learning those things about its identity.
- Do not lay sideways on the bed or the baby will position itself that way in the womb. This may cause difficulties in childbirth.
- Caress belly. This moves baby around so it doesn't get stuck.
- Do not overeat or indulge in cravings. If you allow that baby to have all it wants to eat the baby will learn that he/she can control you. You need to teach the baby discipline from the time of conception.
- Pray. This helps strengthen mom. Baby will learn about how to nurture our connection to the Creator.
- Do not go hunting. You are creating a life and you should respect that by not taking life.



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- Stand near the drum. Baby will hear the songs and feel the heartbeat of mother earth. It will become familiar with the drum and it will comfort them later in life.
  - Do not use drugs, alcohol or smoke. The baby is consuming those things too. This will affect their mind, body and spirit and the child will want to use these things at a young age because it is already in their body.
  - Get up early. Get out of bed as soon as you are starting to wake up. The baby will wake up in the morning and won't be lazy.
  - Go to bed early. The baby will not stay awake all-night or late into the night.
  - Speak your Native language. It will be baby's first language. They start learning while in the womb. It is comforting to them because it is what they know.
  - Exercise regularly and stay active. Good health for mom is good health for baby. It makes pregnancy and labour easier. The baby won't be lazy.

## Aboriginal Children in Today's Society

Aboriginal children today are faced with many challenges. They are trying to find their identity in a world that is consumed with racism and prejudice. They must learn to balance the teachings of their Elders with the messages of a materialistic culture that reaches into their lives via television, internet and formal education. Aboriginal children face several barriers simply because they are First Nation, Inuit or Métis. Not only are they striving to find their place within mainstream society but they may also struggle to identify within their own culture. One parent described the unique challenge Métis children face because their history embraces two cultures:

*"Discrimination for Métis children is different than for First Nation or Inuit children. They may be viewed as wannabe's, in between both cultures (First Nation and European). Some Métis children did grow up in First Nation homes and some within the White (European) culture. Because of this, it can be challenging for them to feel accepted in either."*



## Holistic Approach to Supporting Children

Child development is regarded in a holistic manner. Parents feel the best way to support the healthy child development of Aboriginal children is to incorporate all aspects of the child and family into service delivery. You must consider the physical, mental, emotional and spiritual components of the child and incorporate all four into every plan of care. Parents strongly felt that non-Aboriginal programs and services needed to do a better job at meeting the spiritual needs of their children.

*“Aboriginal people have always been spiritual people, our children need to have that sense that there is a power greater than themselves. This teaching must begin at conception and continue through childhood.”*

Spiritual beliefs about children provide a foundation for the child’s spiritual development. In some nations children are seen as gifts from the creator who might be taken back if they are not treated well. Others believe that because children are such recent arrivals from the spirit world, they possess a special wisdom and they should be listened to. These beliefs help to protect children. It is important to nurture this spiritual connection in children early on and to always validate that they are part of creation, connected to all beings. This will guide them and provide them strength as they fulfill their role in this world.

## Choices in Parenting

Parents feel most empowered when they have the power of choice. They want the option to choose to parent their children in a traditional way or in a more mainstream way. They feel it is important for workers to provide them with this option and to encourage them to determine the way that feels right for them.

*“Please don’t make me do anything, if I have a choice I will probably do it anyway.”*

*“It’s ok for workers to share their opinions about what I should do, just be ok if I want to try something else.”*

*“It is important for me to raise my children in a good way, sometimes I need support but what I mostly need is to learn how to make decisions for myself.”*



## Parent Health

*“When parents are stressed, they tend to parent less efficiently.”*

Holism is imbedded in Aboriginal culture and refers to the interconnectedness of all beings. Children cannot be separated from the context of family, community and culture. Because children are connected to everything around them, the health and wellness of a child is strongly influenced by the health and wellness of their parents, family and community. It is important for parents to feel that their physical, mental, emotional and spiritual needs are considered. They feel comfortable receiving support with these four components in a cultural way.

Parents feel that when they are confused or unsure of their own identity it is hard to pass on to their children a firm sense of identity. By learning about their culture and coming to terms with what it means for them to be

First Nation, Inuit or Métis, parents believe they can begin to find their own strengths and better support their children.

Social and economic issues such as poverty, unemployment and addictions compound the challenges parents face. The parent who is worried about where the next meal will come from may not be thinking about praising their children. The single mother who has no extended family for support may find it hard to meet all the needs of her child. Given all these challenges, parents must still find the strength to support and guide their children in this world. Participants shared that if they feel supported and empowered by their workers, they were able to cope with the daily challenges of parenting. They feel their healing was an important part of the family plan and to have supports in place, plenty of options and the power to make decisions for themselves and their children. They want to know how to get their own needs met in a way that will benefit their children.



## **A SENSE OF BELONGING**

*“To have strong children we must find our own strength.  
One place to find that strength is in our culture.”*





## 7. Practicing: The Northern Direction

This section provides information on strategies and approaches that are helpful in supporting Aboriginal families with children 0-6. The information was gathered from First Nation, Inuit and Métis front line workers who support families with children 0-6. For each topic area you will find helpful approaches, wisdom of the Elders and things to consider when providing support to these families.

### Power and Privilege

The issue of power and privilege can be a sensitive one. It can be disturbing for non-Aboriginal people to learn about the intentional oppressive policies and colonization of Aboriginal people. The concept of lack of power and privilege has strong historical implications for Aboriginal people, and is still a concern today. Historically and, in some cases, presently, Aboriginal people have been oppressed through the policies and practices of non-Aboriginals. It is important for non-Aboriginal people who support Aboriginal families to understand the concept and implications of power and privilege and to acknowledge the power imbalance of dominant society (European/white) vs. Aboriginal people and the effects or implications it has on the relationship between non-Aboriginal service providers and Aboriginal clients.

Privilege is a special advantage enjoyed by an individual, class, or social group. There are two types of privilege: Earned and Unearned. Earned privilege is gained as a result of effort. Unearned privilege is an advantage given to or enjoyed by certain people over the common advantage of others. There may be a conscious awareness and use of this Unearned privilege or, individuals may not even realize they are entitled to certain privileges because of their race.

To support Aboriginal families, service providers need to recognize the past and present roles of power and privilege, and their ongoing influences on client/worker dynamics. The harm that was done during colonization, the residential school system, as well as ongoing discrimination, has affected Aboriginal people's ability to trust non-Aboriginal people. Healing is taking place in Aboriginal communities, families and individuals, but oppression has had long-term, intergenerational impacts.



## Helpful Approaches

- Be gentle in your approach with parents.
- Validate people as human beings. Avoid acting like you are better and you know best.
- Give families the power of choice.
- Realize that a person has power when one can mobilize resources to accomplish one's goals.
- Realize that everyone has different paradigms of experience and acknowledge that you can never fully understand because you have not experienced it quite like other people.
- Provide a strength-based approach to every aspect of your work. Do not focus only on risk.
- Ask families how they would like to be supported and then empower the parents to reach those goals as much as possible.
- Challenge the system you work in if it is not inclusive of other cultural ways of doing things.
- Allow the family to take ownership of their situation. Do not demand it.

## Wisdom of the Elders

*“Before you speak, think of how your message will be received. You may say things with the best intention and still offend someone.”*

*“Learn about Aboriginal history. If you don't know what we went through as a people, you can't understand why we are the way we are.”*

*“Do not act like the expert in our culture. Use other means to establish common ground. For example, do not say, “I knew an Aboriginal person in school, met one when I was in.....”*

*“Personal expressions of colonization can include feelings about oneself associated with internalized racism. Decolonization is a critical aspect of recovery and renewal for Aboriginal people.”*

## Questions to Consider

- Am I allowing the family to have power and choice over their situation?
- Do I see myself as better than the family?
- Am I sensitive that the family may feel intimidated or mistrustful?





## Cultural Identity

Aboriginal identity is different for each individual, family and community. The reasons vary and are associated with personal identity, how an individual has been raised (i.e. with or without a strong cultural background), their belief system (choice to practice cultural values) and can also be associated with geographical factors (raised in a First Nations, Métis or Inuit community as opposed to raised in an urban setting). The continuum of Aboriginal identity ranges from Non-Cultural to Bi-Cultural to Traditional.

**Non-Cultural** identification is where a person functions solely from western world-views and practices.

**Bi-Cultural** incorporates a strong cultural identification in conjunction with holding western world-views and practices.

**Traditional** is a strong cultural identification. Traditional approaches are commonly found in rural communities where the traditional language is spoken. Cultural beliefs are embedded in the language.

It will help you to know where each member of the family identifies themselves on this continuum. It will inform you of how to better meet their needs. Keep in mind that individuals may move back and forth along this continuum, which merely indicates the range of possible cultural expressions in relation to personal identity (FNCCS, 2003). Do not assume that all Aboriginal people know and practice their culture. They may not know how to identify on this continuum.

## Helpful Approaches

- Ask families about their beliefs and traditions and work within their framework.
- Realize some families have ingrained traditions that they are not even aware of.
- Ask families if they would like to learn more about their culture and connect them to the proper Aboriginal services.

## Wisdom of the Elders

*“Aboriginal people experience their identity in different ways.”*

*“While two individuals may share the same cultural group (Ojibwa), they may express their cultural identity in different ways depending upon their life experiences. One Ojibwa mother may have grown up in a traditional environment and the other may have been raised in care and not have a strong sense of identity.”*

## Questions to Consider

- Do I know the history of the family? How was each member raised?
- Does the family want to learn more about traditional methods of raising children?
- Where do I go for information or support with integrating culture into the family care plan?





## Pan-Indianism

Aboriginal people are distinct. Throughout this manual we have presented differences in First Nation, Inuit and Métis people and culture. We can further identify differences within each cultural group. Pan-Indian is a term used to identify the untrue assumption that all Aboriginal peoples are the same. It assumes that one's nation doesn't matter and all traditions are interchangeable. There are many nations within Canada who differ in their environments, teachings, languages, traditions and child rearing practices. Some include Ojibwa, Cree, Inuit, Mohawk, and Métis. Because Aboriginal people are now moving from communities and traveling further distances to live, we now see urban centers with many people from different nations throughout Canada.

### Helpful Approaches

- Be open to learning about families and their culture as they see it.
- Ask parents where they are from, what community or nation they belong to.
- Be aware that the family members may be from different tribal affiliations.
- Realize that not all families are the same. Follow the family's lead.
- Ask questions.

## Wisdom of the Elders

*“Pan-Indianism should be avoided because it leads to stereotyping and misinformation about First Nation, Inuit and Métis Peoples.”*

*“Why should anyone expect that all Aboriginal people are the same? Europeans differ in their cultural identity. Some are English, Spanish, Scottish, Irish, German, Dutch and Italian.”*

### Questions to Consider

- Am I providing an opportunity for the family to share their unique culture?
- Am I open to accepting and validating their traditional child rearing practices?



## Building Trust

Building a relationship takes time. It can be challenging when working within a system that focuses on short timelines and many expected outcomes. Remember, if you do not invest the time to build the relationship, you will never have trust. This process is key to the success of any prevention or intervention plan.

### Helpful Approaches

- Connect with parents as people first, and then as parents.
- Recognize strengths in the family.
- Only commit to something you can follow through with.
- Be clear with parents that they are the decision makers about their child and that you are there to empower them.
- Be nonjudgmental. Validate parent's experiences and praise their actions when appropriate.
- Respect the opinions and ideas of parents, recognizing you may learn from them as well.
- Slow down the process. Do not rush into asking personal questions, it may take 3 or 4 visits.
- Keep meetings informal and know it is ok to share personal information about yourself, your children or family.
- Have an "open door" policy. Invite families to come in to see you anytime, not just when in crisis.

- If possible, try to be involved with the family from beginning to end. Frequent turnover in staff can have a negative impact.
- Be available to families when they need you, not just on your scheduled visits.

### Wisdom of the Elders

*"The relationship with your client is reciprocal. When offered food or gifts, please accept them. It is the Indian way to accept and not refuse; this will help to build trust."*

*"Take cues from the family, if you come off very assertive, it may be overwhelming. For example, Inuit people tend to present as withdrawn and timid when dealing with mainstream individuals. It takes time to establish a relationship, trust and divulge information. They are taught to bear their hardship and not share it with anyone else."*

*"Aboriginal culture is based on respect for ourselves and for each other."*

### Questions to Consider

- Do I let the family know I value their input?
- Do I acknowledge their strengths?
- Am I allowing for the time needed to establish the relationship?



## Attitudes & Bias

Understanding and acknowledging the personal attitudes and biases that you may have, will help you to prevent potential challenges that may arise in your role in supporting Aboriginal families. It is important to also be aware of any potential negative attitudes or experiences family members may have as well.

### Helpful Approaches

- Ask the family how they see your role in supporting them.
- Ask the family if they have been involved with your type of service before, and ask how that experience was for them.
- Validate their feelings.
- Encourage the family to be successful. Do not criticize.

### Wisdom of the Elders

*“Some Aboriginal people may be intimidated when working with non-Aboriginal people; feel misunderstood and judged of practices. Their mistrust of service providers and institutions is a direct result of the legacy of colonization and oppression. They may feel you are part of a bigger system that is out to get them. They may feel you are not going to understand them and that you are unable to relate to them.”*

## Questions to Consider

- What preconceived ideas do I have about First Nation, Inuit and Métis people?
- Am I forcing my beliefs on the family?
- Do I expect them to follow through with a plan that is disrespectful of their cultural beliefs and traditions?
- Am I allowing my personal biases or attitudes to interfere with the process?
- How can I support families who do not want to try new things, or do not follow through with commitments due to their fear of failure?



## Integrated Approach

An integrated approach occurs in the context we are calling the Circle of Support. It is a team approach that includes the basic elements of life that we all are entitled to. It includes the scope of supports, both formal and informal, that provide these essential elements. While acknowledging the importance of formal services, the Circle of Support also includes the role of the extended family, friends, and families who work together on behalf of the parents and children.

### Helpful Approaches

- Seek out Aboriginal services in your community.
- Take part in Aboriginal community events.
- Be honest. Let the parent know you have limited knowledge and will seek out information on how to support them better or how the family can support themselves better.
- Think holistically. Support the family as a whole unit. If your mandate is children 0-6 and they have an eight year old child, service them as well, if possible.
- Ask parent(s) if they want involvement of an Aboriginal worker.
- Include Aboriginal workers or support people in meetings and in plans of care.
- Refer your families to Aboriginal specific programs, i.e. Aboriginal Healthy Babies Healthy Children, traditional midwifery.

- Go with families to visit relevant Aboriginal community services.
- Try to keep a consistent staff contact for each family.
- Look at integration as a continuum of services, not a revolving door. If families feel the service will be there only for a short time they may be hesitant to participate.

### Wisdom of the Elders

*“Visit Aboriginal organizations and communities in your area. Attend gatherings, cultural events and speak with Elders and traditional people. Ask for guidance on how to develop or strengthen relationships with them to better support their families.”*

*“Be open to assistance from Aboriginal organizations and communities. Do not feel your way is better.”*

### Questions to Consider

- What Aboriginal specific services are available in my community?
- Am I supporting the whole family as I should?
- Have I considered the extended family as part of the support network?



## Transition from Rural Areas

While there are many advantages to living in rural areas, Aboriginal people can be very isolated. They may not have access to consistent health services, and may have to travel long distances to see doctors, nurses or child specialists. There are likely to be fewer services, less access to resources and less options. Some families decide to move to the urban centers to follow or be with other family members or because they need more access to health services. Living in urban centers can be isolating as well. There may be a sense of being disconnected from their community. They may not have a clear sense of the possible challenges they may face and it can be very overwhelming. It is important for anyone supporting transitional families to understand some of the challenges they may face during this transition.

### Helpful Approaches

- Ask families how you can support their transition if they have moved from a rural area.
- Translate written communication into other languages, or find someone who can do this.
- Visit families in a comfortable, safe environment and provide traditional foods.
- Be flexible with every aspect of your involvement (timelines, expectations).
- Support the family in getting connected to Aboriginal parenting groups or support circles if they are interested.
- Understand that the family (parent(s) and children) may be the only support network they have.

- If you provide services to a fly-in community, provide the time to establish a relationship with the community.

### Wisdom of the Elders

*“For families that come to urban centers from rural areas or families new to the community, do not impose your own values. There’s a difference between integrating and assimilating a family.”*

*“Understand what families are facing with respect to culture “shock”. For example moving from up north (Nunavut). The city is a different way of life, very fast paced, paper orientated system that is foreign to them. Up north they have no understanding about filling out long intrusive forms or the waiting for processing times etc.”*

*“Some rural communities have 4 streets so when they move to urban centers, it can be mind boggling for people to navigate through the city to appointments. They might not realize the time it takes to travel and if language affects reading street signs or bus schedules they could be late for appointments.”*

### Questions to Consider

- Do I consider the context of the lives of Aboriginal families living in rural areas? Do I have unrealistic expectations of these rural families?
- Do I recognize the strength of rural life, as well as try to address the challenges?
- How can I assist with making the transition to urban life smoother for this family?



## Urban Centres

Over half of Aboriginal people in Ontario live in Urban Centres. Urban Aboriginal people are faced with many challenges, whether they are originally from remote communities, or grew up in urban settings. There may be feeling isolated, disconnected from their cultural community and they may have less extended family supports. It is important for anyone supporting urban Aboriginal families to take direction from that family.

### Wisdom of the Elders

*“Some Aboriginal people grew up in the city and were not raised in their culture. They may want to learn about their culture, get connected to Elders and participate in ceremonies. This will help them to heal.”*

*“Do not assume that someone living in the city does not know their culture.”*

## Questions to Consider

- Do I consider the context of the lives of Aboriginal families living in urban areas? Do I have unrealistic expectations of these urban families?
- Do I recognize the strength of urban life, as well as try to address the challenges?
- Did I ask the family if they want to learn about their culture?
- How can I assist with connecting the family to cultural gatherings?
- What can I learn from the family about their culture? How can we incorporate this into the family plan?





## Communication

Communication is important in every relationship especially one that relies on openness and trust. Aboriginal people learn about communication at a very young age. Through the telling of stories Aboriginal children learn about proper relationships with other people and the environment. They are taught to be good listeners and to regard words as sacred. They are taught to be good observers and to understand the meaning of non-verbal communication. It is important to consider verbal and non-verbal communication when working with Aboriginal people.

### Wisdom of the Elders

*“Nodding may be a sign of respect for the one who is talking, it doesn’t mean that a person is consenting or agrees with the speaker.”*

### Questions to Consider

- Am I conscious of my verbal cues?
- Am I speaking too fast?
- Am I asking too many questions at a time?
- Do I provide enough time for a response?
- Is my body language providing positive messages?

## Realistic Expectations

Family expectations should be realistic. Parents feel like front line workers sometimes put so much into their care plans that they feel overwhelmed and set up for failure.

*“My worker expected me to do so much and I don’t think she could do even all of these things, why should she expect me to do it when I don’t have a car or money?”*

*“It is overwhelming when I have so many things I have to do. Why can’t I just do a few things like attend one parenting circle and have a home visit? Why do I have to go to a lot of appointments and see all these people?”*



## Knowledge of Aboriginal Community Services

All of the Aboriginal parents shared that they felt most comfortable being supported by Aboriginal people. They feel it is more comforting when the other person has shared a similar experience and has an understanding of where you came from and what you are going through. That being said, it should be noted that not all Aboriginal people feel this way. If the family is more comfortable with Aboriginal services or wants them involved, it is beneficial for you to be aware of the Aboriginal services in your community. Find out about the location, program staff, programs it provides as well as understanding of the cultural aspects and working philosophy of these services.

*“It would be nice for workers to know what services out there are culturally appropriate. Like Métis specific programs and First Nation ones.”*

*“I attended the Healthy Babies Healthy Children program and then found out there was an Aboriginal one I could have gone to. I would have like to know that in the beginning.”*

*“Understand the reasons why a family may want to attend Aboriginal specific services; culturally appropriate services increase the resiliency of the family.”*

*“I am able to socialize with other Native moms and families with small children.”*

*“I feel like I fit in. I can go to drumming, do traditional crafts and learn teachings from the Elders. There is a lot of support and respect for me here.”*

## MAKING A DIFFERENCE

*Everyone has a role in caring for Aboriginal children. As service providers you can make a difference by considering the unique circumstances of Aboriginal families, learning how they prefer to receive services and by providing those services in a holistic manner. Overall, you will be more successful in providing helpful support if you work towards:*

- 1. Understanding the context of Aboriginal health*
- 2. Seeking additional information*
- 3. Listening to Aboriginal families*
- 4. Choosing to practice strategies that are respectful and caring*





## 8. Addressing Areas of Risk in Aboriginal Families

There are two main things to consider when supporting Aboriginal families in addressing their challenges:

1. Using a Strength Based Approach
2. Addressing Underlying and Historical Factors

A strength based approach emphasizes and builds on the strength of the family and each member. When you are supporting Aboriginal families in making positive changes, it is important to focus on the family's strengths as a means of addressing those challenges. For example, if you are working with a young mother to quit smoking, focus on the positive choices she has made like cutting back the amount of cigarettes she smokes per day, not smoking in the home or not allowing company to smoke inside the home. Work with mother towards making more positive choices and provide lots of encouragement along the way.

No matter what issues families may be struggling to overcome, it is also important to look at any underlying and historical factors that may be preventing them from moving forward. By recognizing determinants of health such as poverty and isolation and by being sensitive to historical issues, service providers will find it easier to engage Aboriginal people. By first addressing these underlying factors families may feel empowered to challenge the more specific issues they may be facing. For example, by

addressing the nutritional needs of a pregnant woman who is living in poverty, she may then cut back on her smoking since she smokes most when stressed about money and food for the children.

Providing families with information to raise awareness of issues can be helpful in some circumstances. In a few cases awareness campaigns may further alienate individuals and families. The family may need support in addressing the underlying factors that contribute to the issue. For example, providing a pregnant mother with information on FASD and drinking during pregnancy may not prevent her from drinking if the pregnancy is a result of being raped. What she may need is support walking through the process of healing from the trauma, before she is able to address her alcohol use.

In this chapter we have included practical suggestions for addressing each area of risk for Aboriginal children outlined in the chapter titled *Seeking: The Southern Direction*. If you are providing support that focuses on one aspect of the wheel, there are some suggestions that may assist you. Keep in mind that it is important to include all aspects of the Wellness wheel when supporting Aboriginal children and you may have to involve other services or support people to assist with other areas.



## Obesity

- Play a role in setting up recreational programs including cultural programs and games.
- Find out about access to nutritious foods. Is the family able to buy enough healthy food? Is there a way you can make a difference?
- Breastfeeding should be encouraged as a proved method of reducing obesity in children.
- Invite someone to provide Aboriginal teachings about physical activity.
- Use food charts that are inclusive of both traditional foods (berries, wild meat etc) as well as foods that are less expensive (powdered milk) or or foods that are easier to access in remote areas (canned milk or salmon).

For more information on specific strategies check out the Centre for Indigenous Peoples' Nutrition and Environment at <http://www.cine.mcgill.ca/Tfood.htm>

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## Type 2 Diabetes

- Identify ways the family can access healthy foods.
- Use teaching aids that have pictures and a cultural context.
- Involve Aboriginal people in your approach to teach about traditional values including traditional diets and food.
- Physical activity should be encouraged.
- Involve Elders to share teachings about traditional lifestyle.

- Encourage breastfeeding as it is the most natural component of a traditional diet.

For more information on specific strategies check out the Southern Ontario Aboriginal Diabetes Initiative website at [www.soadi.ca](http://www.soadi.ca)

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## Dental Health

- Involve the parents, child, community health workers, nutritionists and hygienist in the family plans.
- Create resources that are visual and have culturally appropriate messaging about dental health.
- Support families to visit dental services on a regular basis. Offer to attend the appointment as a support person.

For more information on specific strategies check out <http://www.caphd-acsdp.org/Aboriginal%20Preschool.pdf>

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## Fetal Alcohol Spectrum Disorder

- Recognize that women drink during pregnancy for many reasons, to cope with difficult life circumstances, to self medicate for undiagnosed mental health problems, because they did not know they were pregnant, because they did not know the risks, due to addiction etc.
- Make sure people understand that there are benefits to a diagnosis of FASD. A diagnosis links families to services and to information about parenting and teaching tools that are effective.

- Be understanding of the role of healing. High rates of community alcohol use are often related to poverty, despair, discrimination, lack of hope.

For more information, see the FASD Toolkit for Aboriginal Families at [http://www.ofifc.org/ofifchome/page/Document/UP\\_FILE/2005091312710QTB.pdf](http://www.ofifc.org/ofifchome/page/Document/UP_FILE/2005091312710QTB.pdf)

- Invite individuals who speak the language to participate in your programs by telling stories or teaching songs in the language.
- Recognize the connection between language and cultural well being.
- Involve parents.
- Understand how language strengthens a child’s physical, mental, emotional and spiritual health.

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### Infant Health

- Recognize the risks and concerns about both low and high birth weights.
- Have knowledge of the reasons why births weights can be low or high.
- Encourage parents to immunize their children. Provide an accessible location for this to happen.
- Encourage Aboriginal mothers to breastfeed. Put support people in place to assist when mother goes home.
- Support a healthy mother-baby relationship.

For more information on specific strategies and resources check out [http://www.aidp.bc.ca/links.html#preg\\_resource\\_dir](http://www.aidp.bc.ca/links.html#preg_resource_dir)

For more information on specific strategies check out the Aboriginal Language Program Planning Workbook available at <http://www.fnesc.bc.ca/publications/pdf/language%20workbook2.pdf>

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### Environment

- Find out about possible toxic waste dumps on reserves.
- Ask about water quality.
- Assist through advocacy and lobbying as appropriate.
- Keep in mind that these types of factors may be the most serious risks that Aboriginal families face – see if there is something you can do to make a difference.

For more information on specific strategies on environment check out <http://www.healthyenvironmentforkids.ca/english/>

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### Language

- Recognize that language development can happen at different rates in Aboriginal children.
- Incorporate language into your services through written learning resources or through speech.





## Childhood Injury

- Provide parent education in a cultural context that is appropriate for them.
- Create social supports for parents by involving healthy family members.
- Support parents to be the best they can.
- Encourage parents to create a safe outside and home environment. Instead of telling parents how to make their home safe, offer to go to their home and assist.
- If children require screening or assessment, ensure tools are culturally appropriate.

For more information on specific strategies check out the National First Nations and Inuit Injury Prevention Working Group. They provide information on injuries and injury prevention in First Nations and Inuit communities [http://www.hc-sc.gc.ca/fnih-spni/index\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/index_e.html)

## Respiratory Illness

- Be respectful of the fact that tobacco is one of the 4 sacred herbs.
- Discuss a range of options, including stepping outside to smoke, rather than focusing only on cessation.
- If the individual is not ready to quit smoking, let them know you can help when they are ready. Be respectful of their choices – you want them to come back to you when they feel able to consider quitting.
- Recognize the role of addiction, stress relief, and managing hunger in smoking. This is a complex problem. Find out about the role that tobacco plays in her life.

For more information on specific strategies on smoking see [www.pregnets.org](http://www.pregnets.org)

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## Early Learning Environments

- Consider the setting. Do you use images that show Aboriginal families?
- Have you brought in Elders or traditional people to share stories?
- Do you have dolls that are non-white?
- Do you provide food and snacks that are traditional foods?
- Do you incorporate various languages?
- What method of communication do you use?
- Do you understand Aboriginal developmental milestones?



**Effective support to Aboriginal families recognizes the following:**

1. Aboriginal parenting provides an effective model for parents in today's society.
2. Parents are more successful at parenting when they actively decide what type of parenting they want to provide.
3. Aboriginal parenting builds stronger children. Stronger children build stronger communities.
4. Children need nurturing, kindness and a strong emotional connection with their parent(s).
5. Child development and different stages of growth are defined by traditional as well as modern theories.
6. The need and value of effective communication.
7. That parents should be able to determine the ways in which they can best meet the needs of their children.
8. In order for parents to give children what they need to be successful, parents first must be able to get what they need. Address underlying issues.
9. No parent is perfect and parents should have realistic expectations of themselves as well as their children.
10. The complex and challenging times in which we live make Aboriginal parenting an especially difficult task, one in which parents need special information and skills in order to help their children.



## 9. Case Senarios

The following case scenarios were developed to assist you in identifying helpful approaches to supporting Aboriginal families.





## Case Scenario #1

Ivalu is a 25 year old Inuit mother of two children aged 2 and 4.5. She has just moved into the city from a northern remote community and has found an apartment in Inuit housing. She does not have any family in the city and feels isolated in this new community. She is involved with a public health nurse who she has only seen once in person. The nurse wants her to enroll both of her two children in a mainstream Head Start program as soon as possible. The mother is reluctant and has not returned telephone messages left by the nurse.

### Things to Consider

- **Support** – Extended family support and community support are very valuable to Aboriginal people. The mother may be reluctant to send both of her children to day programs, as her children are her only supports right now.
- **Realistic Expectations** – There are a lot of adjustments when moving from remote to urban communities. It may take time to get settled.
- **Trust** – It takes time to build trust. The nurse may have to make an extra effort to visit the mother and meet her more frequently in person before she feels comfortable with her.
- **Culture** – In addition to the obvious isolation that can be created, the mother may feel uncomfortable sending her children to mainstream programs.
- **Language** – There may be language or communication barriers. Leaving phone messages doesn't mean someone has received and understood the message.

### Helpful Approaches

- Ask the mother how she would like to be supported.
- Ask the mother if she would like to send her children to culturally appropriate services such as Inuit Head Start.
- Suggest that the mother enroll one child in Inuit Head Start for now and the other can go at a time when mother is more comfortable.
- Connect her to Inuit community services, programs and social gatherings if she wants to. Offer to go with her to visit these places.
- Find other ways to improve communication, meet in person or involve a translator.



## Case Scenario #2

An Ojibway grandmother has care of her 3 grandchildren through custom adoption. All of the children are enrolled in school. The youngest child, age 5 has been increasingly getting into trouble in school and is exhibiting behaviours such as poor impulse control, inability to concentrate and fine motor challenges. The teacher has requested a meeting with the grandmother and the school psychologist. At the meeting the school psychologist recommends the child be assessed for Fetal Alcohol Spectrum Disorder (FASD). The psychologist continues to speak of what FASD is and how it can be treated. The grandmother is silent throughout the meeting and nods her head the odd time. At the end of the meeting the psychologist tells the grandmother he will set up an appointment with a doctor he knows who specializes in this area.

### Things to Consider

- **Sensitivity** – A gentle and non-judgmental approach works well with families when dealing with FASD or any special needs of children.
- **Culture** – Assessment and screening can look very different in a cultural context and may be more suited to the child.
- **Communication** – Silence does not mean consent. The best way to know what someone thinks is by asking them and giving them time to respond. A response may not come at that exact instant. It may take time to process things. Non-verbal communication is important also. Many Inuit people may raise their eyebrows when meaning yes and scrunch their nose to convey no.

### Helpful Approaches

- Ask grandmother if she would like to bring a support person or family member to the meeting.
- Ask grandmother if she would feel more comfortable with culturally appropriate services involved such as local Friendship Centre or First Nation.
- Suggest a meeting in a location that is comfortable for the family.
- Learn about how to approach Aboriginal families about FASD.
- Be clear with grandmother that she is the decision maker about the child and that you are there to assist where she sees fit.
- Ask Grandmother what support she may need at this time.



## Case Scenario #3

Chantal is a young Métis mother, who has recently given birth to a baby girl and has been deemed a high-risk mother because of her age (17). Chantal has taken good care of herself during her pregnancy and is excited about giving birth to her daughter. Children's Aid became involved while she was in the hospital. Her physician referred her to a mainstream Healthy Babies Healthy Children program and her discharge plan included home visits and the expectation she would attend a Nobody's Perfect parenting course once a week. During the first home visit, Chantal did not answer the door. The HBHC worker logged the visit as a "no show" and tried again the next day. On the second visit, Chantal did not answer again and the worker logged as a no show again. CAS was notified of the "no shows" and a social worker came to visit the home. Chantal did answer the door this time and the social worker threatened that if she did not follow through with the service plan that her child was at risk of being taken away.

### Things to Consider

- **Her age** – Although she is 17, she may have a supportive extended family to assist her in her new role as a mother. She may not be high risk.
- **Strength based approach** - Chantal has taken care of herself during her pregnancy and has made positive choices about the care of her child.
- **Assumptions** - Because she did not answer the door did not mean she was a no show and not following through with the plan. She may have had a family or medical emergency.
- **Culture** - If she was involved in a Métis HBHC program, she may have been more comfortable with changing the time of the house visit, or telephoning ahead.

### Helpful Approaches

- Ask Chantal if she would feel more comfortable with an Aboriginal support person (AHBHC worker).
- Provide her with options of parenting programs.
- Ask her what supports she needs during this time.
- Provide contact numbers to pass along any changes in appointment times.
- Include extended family in service plan, not just mother and baby.





## Case Scenario #4

An Inuit family has recently become involved with the Children's Aid Society. During a home visit the social worker noticed there was not a lot of food in the fridge and that there was a dead seal in the middle of the kitchen floor. The family was eating the seal raw and offered some to the worker. With a disgusted look on her face the worker rejected the offer. When the worker left the home she made notes about what she saw. She noted there was little food in the fridge and that children were eating raw meat. She was concerned that the means of which they were eating the seal, raw and on the floor, presented a health risk for the children.

### Things to Consider

- **Assumptions** - Having little food in the fridge does not mean the children are not eating. Most Aboriginal families believe in sharing and supporting the community. The family may have given food away that day, they may be eating at another family members house etc.
- **Traditional Foods** - Some Aboriginal families use traditional foods in everyday living. Traditional foods provide children with the nutrition and nourishment they need to be healthy. They may not keep a lot of processed foods in their homes.
- **Culture** - The family is used to eating seal in a traditional way. Accept this as their family practice.
- **Non-Judgmental** - The family offered food to the worker in kindness. It is ok to refuse but do so in a respectful way.

### Helpful Approaches

- Be open with families. Ask questions about why there is little food in the fridge.
- Ask family members about their traditional foods. Learn more about how they contribute to the health and well being of children.
- Find out more information about the Inuit communal practice and ritual of eating raw seal meat.
- Be non-judgmental and considerate of the beliefs of others.



## Case Scenario #5

Audra is a Mohawk mother of four children. Two of her younger children have been removed from the home and placed temporarily into a non-Aboriginal foster home outside the community. Audra is concerned that while the children are in temporary care they will not be connected to their community and culture. The foster parent and social worker are unsure of what they can do to accommodate the mother's concern.

### Things to Consider

- **Holistic Approach** - To care for Aboriginal children means addressing their mental, physical, emotional and spiritual needs.
- **Culture** - Aboriginal children need to have continuity in their lives, which may include connection to their family, community and culture.
- **Strength Based Approach** - The mother is concerned for her children's cultural well being.
- **Rights** - Aboriginal children under the law have a right to fully engage in their culture while in care of the province.

### Helpful Approaches

- Find an appropriate placement for the children. A healthy extended family member who lives in the community, or someone near the community may be able to house them in a temporary situation.
- Seek the assistance and involvement of the community, for example, connect with First Nation children's programs or visit the local Friendship Centre.
- Offer to set up transportation and involvement in community events, programs for the children.
- Include the mother in developing the family care plan.
- Look after the best interest of the children by allowing the opportunity to be involved in their culture and community.



## 10. Glossary

**Aboriginal** - Defined in the Canadian Constitution Act, referring to all people of indigenous descent, including First Nations, Inuit, and Métis.

**Anishinaabe** - An Aboriginal nation of people also referred to as Ojibway.

**Clan** - A family structure that includes relations beyond the immediate family. It is an extended family.

**Colonization** - The act of possessing or inhabiting a distant land by a group of emigrants or their descendants.

**Country Food** - Traditional foods that are found in the local environment. May include berries, meat of local game, veggies, herbs and spices.

**Cree** - An Aboriginal nation of people.

**Culture** - Refers to customs, behaviours, beliefs and values that are learned and, to a significant extent, shared within a group of people.

**Fetal Alcohol Spectrum Disorder (FASD)** - An umbrella term describing the range of effects that can occur in a person whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral and learning disabilities with lifelong implications.

**First Nation** - A person associated with a specific Aboriginal nation such as Cree, Mohawk or Ojibway (Anishinabe).

**Indian** - The term Indian is considered a misnomer and offensive to many Aboriginal people when used by non-Aboriginal people and has largely been replaced by First Nations.

**Indian Act** - Created by the government to assimilate Aboriginal people, the Indian Act defined status Indians as wards of the state. Aboriginal people no longer had the power to make decisions over themselves.

**Indigenous** - The term indigenous peoples refers to all Aboriginal groups in Canada.



**Inuit** - Are a people who live near the Arctic.

**Inuktitut** - The Inuit language. Inuktitut language dialects are the predominant spoken and written languages used on a daily basis.

**Mainstream Culture** - The most predominant culture.

**Métis** - Descendants of European fur traders and Aboriginal women.

**Michif** - The Métis language.

**Mohawk** - An Aboriginal nation of people.

**Ojibway** - An Aboriginal nation of people also referred to as Anishinaabe.

**Political Territorial Organizations (PTOs)** - An Ontario First Nation political confederacy comprised of five groups including the Association of Iroquois and Allied Indians, Grand Council Treaty #3, Nishnawbe-Aski Nation, the Union of Ontario Indians, and Independent First Nations.

**Residential Schools** - A system originally designed to assimilate First Nation people and culture. It also impacted Inuit and Métis people. The last residential school in Canada was closed in 1996.

**Sixties Scoop** - A term coined to describe the act of removing Aboriginal children from their homes and communities in the 1960's. Aboriginal children were apprehended by the government and fostered or adopted out, usually into white families. Children were sent to the United States and other parts of Canada.

**Status Indian** - A legal term that implies that a person has certain rights that are documented in the Indian Act of Canada.

**Traditional Practices** - Customs that have existed over a significant time span.

**Wheel of Support** - A model to better engage and support Aboriginal families.





## 11. Resources and Services

### General Resources

- **Aboriginal Canada Portal** is a single window to Canadian Aboriginal on-line resources, contacts, information, government programs and services. Phone 1.888.399.0111 or visit the website at [www.aboriginalcanada.gc.ca](http://www.aboriginalcanada.gc.ca)
- **First Nations and Inuit Health Branch** of Health Canada has a wealth of information about healthy pregnancies. Look on the web site at [http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/index\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/index_e.html)
- **Good Minds** has many Aboriginal and Native American educational resources for schools, libraries, and the general public, for grades K to Post Secondary. Phone 1.877.862.8483 or 519.753.1185 or visit the website at [www.goodminds.com](http://www.goodminds.com)
- **Native Indian & Inuit Community Health Representatives Organization** has a range of resources and toolkits on maternal and newborn health related topics. Phone 450.632.0892 ext. 21 or visit the website at [www.niichro.com](http://www.niichro.com)
- **Za-geh-do-win Information Clearinghouse** - This Clearinghouse collects, compiles, catalogues and distributes Aboriginal-specific information, research, documents and materials regarding family violence, family healing and health. Phone 1.800.669.2538 or 705.692.0420 or visit the website at [www.za-geh-do-win.com](http://www.za-geh-do-win.com)

### National and Provincial Aboriginal Organizations

- **Ontario Métis Aboriginal Association** provides information on programs and services throughout Ontario for Métis families. Phone 705.946.5900 or check out the website at [www.oma.org](http://www.oma.org)
- **Aboriginal Healing and Wellness Strategy** provides resources to those who administer or support Ontario-based programs and services designed to improve Aboriginal health and reduce family violence. Contact 416.326.6905 or visit the website at [www.ahwsontario.ca](http://www.ahwsontario.ca)
- **Inuit Tapiriit Kanatami** – Canada’s national Inuit organization. [www.itk.ca](http://www.itk.ca)
- **Métis Nation of Ontario** has an abundance of information about Métis culture, programs and services. For more information on their services and program sites throughout Ontario phone 1.800.263.4889 or 613.798.1488 or visit the website at [www.metisnation.org](http://www.metisnation.org)
- **Ontario Federation of Indian Friendship Centres** is part of a national movement with 27 centres throughout Ontario. For more information on their programs, services and site locations phone 416.956.7575 or 1.800.772.9291 or visit the website at [www.ofifc.org](http://www.ofifc.org)






- **Ontario Native Women's Association** - enhances, promotes, and fosters the social, economic, cultural and political well-being of First Nations and Métis women within First Nation and Canadian societies. Phone 807.623.3442 or 1.800.667.0816 or visit the website at [www.nwac-hq.org](http://www.nwac-hq.org)
- **Nishnawbe-Aski Nation**  
Phone 1.800.465.9952 or 807.623.8228 or check out the website at [www.nan.on.ca](http://www.nan.on.ca)
- **Pauktuutit Inuit Women of Canada** - has a range of publications, resources, contacts and information. Phone 613.238.3977 or 1.800.667.0749 or visit the website at [www.pauktuutit.ca](http://www.pauktuutit.ca)
- **Tungasuvvingat Inuit** aims to empower and enhance the lives of Inuit residing in Ontario. Provides community-based counselling and resources. Phone 613. 563.3546 or check out the website at [www.ontarioinuit.ca](http://www.ontarioinuit.ca)
- **Union of Ontario Indians** - Anishinabek Health Commission, Fetal Alcohol Spectrum Disorder Program provides culturally based training and resources to Aboriginal frontline workers located throughout the Anishinabek Nation. Four regional FASD Program Workers provide capacity-building training and support services to 41 First Nations. Workshops are conducted on a wide range of FASD related topics. An FASD resource library is maintained and a number of culturally based resources have been developed. Phone 705.497.9127 or Toll-free: 1.877.702.5200 or check out the website at [www.anishinabek.ca](http://www.anishinabek.ca)

## Aboriginal Programs and Services

- **Aboriginal Head Start in Urban and Northern Communities** is a comprehensive early intervention program for First Nations, Inuit and Métis children and their families living in urban centres and large northern communities. It is a preschool program that prepares young Aboriginal children for school by meeting their spiritual, emotional, intellectual and physical needs. Additional information about the program's values, components and project sites is available online at [http://www.hc-sc.gc.ca/fnih-spni/famil/develop/index\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/famil/develop/index_e.html)
- **Aboriginal Health Access Centres** - These centres are similar to Community Health Centres and are located across the province. They offer culturally appropriate primary care to Aboriginal families and individuals. Programs may include: family medicine and nurse practitioner sources, nutrition counselling, health education, disease prevention, mental health counselling, and Traditional Healing, etc. For a site listing check out the website at [www.ahwsontario.ca/programs/hac.html](http://www.ahwsontario.ca/programs/hac.html)
- **Aboriginal Healthy Babies Healthy Children** - This program's objectives are to improve the long term health prospects of children aged 0 - 6 years. The program includes pre- and post-natal screening and assessment, home visiting, service co-ordination and support for service integration. For more information check out the AHWS website at [www.ahwsontario.ca](http://www.ahwsontario.ca)

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- **Aboriginal Head Start On-Reserve** is an early intervention program for First Nations children (age zero to six) living on reserve, and their families. It is intended to prepare children for their school years by meeting their emotional, social, health, nutritional and psychological needs. Additional information, including a description of program standards and links to newsletters and Annual Reports, is available online at [www.hc-sc.gc.ca/fnihb-dgspni/fnihb/cp/ahsor/index.htm](http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/cp/ahsor/index.htm)
  - **Brighter Futures** - This is a federal program delivered through First Nations and Inuit Health Branch that provides funding for First Nations and Inuit communities to develop and manage programs targeting the physical, mental and social well-being of children. Some of the community projects that have been delivered through this program include parenting skills training, community mental health, and youth initiatives. Visit [http://www.phac-aspc.gc.ca/dca-dea/programs-mes/capc\\_main\\_e.html](http://www.phac-aspc.gc.ca/dca-dea/programs-mes/capc_main_e.html)
  - **Community Action Plan for Children (CAP-C)** - This is the off-reserve component of Brighter Futures. This program targets off-reserve Aboriginal children up to six years of age. Its mandate is to assist organizations to design community-based programs that improve the physical, mental, emotional and spiritual well-being of children and their families. CAP-C funds programs that target prenatal issues, infant and child nutrition, parenting skills, cultural development and retention, and community development and healing. There are currently 58 off-reserve CAP-C projects. The program is managed through Ka:nen Our Children Our Future. You can contact them at 1.800.361.0563 (toll free) or check out the website at [www.kanen.on.ca](http://www.kanen.on.ca)
  - **Canada Prenatal Nutrition Program**  
A federally-funded program with a specific Aboriginal component. It targets pregnant women who may be at risk of nutritional problems during their pregnancy and during the first six months after the baby is born, through community projects located both on- and off-reserve. These include: community kitchens, community gardens, nutrition classes, food buying clubs, support, education, referral and counselling to pregnant women at risk. To find out more about on-reserve CPNP programs, go to [http://www.phac-aspc.gc.ca/dca-dea/programs-mes/cpnp\\_goals\\_e.html](http://www.phac-aspc.gc.ca/dca-dea/programs-mes/cpnp_goals_e.html). To find out about the off-reserve programs CPNP programs, please contact the Aboriginal management body that oversees the projects at: Ka:nen: Our Children, Our Future in Thunder Bay at Tel. 1.800.361.0563 or check out their website at [www.kanen.on.ca](http://www.kanen.on.ca)
  - **Tsi Non:we Ionnakeratstha Ona:grahsta, Six Nations Maternal and Child Centre** – this centre provides preconception services, pre and post natal care, and birthing services to women with low risk pregnancies, to women in the southwest Ontario area. Services are provided by Traditional Aboriginal midwives, and incorporate traditional midwifery practices. As required, referrals are made to and medical back up is available from local obstetricians and hospitals. Phone 519.445.4922



## Young Parents

- **Aboriginal Youth Network** is a network that runs across Canada (and beyond) connecting all Aboriginal youth. They have an interactive health center posting information and online quizzes for youth in the areas of pregnancy, contraception, addiction, sexuality, nutrition and mental health. Phone 1.800.459.1884 or 780.459.1884 or visit the website at [www.ayn.ca](http://www.ayn.ca)

## Aboriginal Parenting

- **Canadian Child Care Federation** check out the website at [www.cccf-fcsge.ca](http://www.cccf-fcsge.ca)
- **First Nation Child & Family Caring Society of Canada** contains a wealth of information, links, resources and publications. Check out their website at [www.fncfcs.com](http://www.fncfcs.com)
- **The Parent Resource Centre** contains information on resources available to all parents, caregivers and those who support them. This website offers info about programs, workshops, professional development and resources. Phone 1.888.565.2466 or 613.565.2467 or check out the website at [www.parentresource.on.ca](http://www.parentresource.on.ca)
- **Raising the Children** – a training program for Aboriginal parents offering information, training modules and resources specific to Aboriginal parenting. Visit the website at [www.raisingthechildren.knet.ca](http://www.raisingthechildren.knet.ca)

## Nutrition

- **Building Healthy Babies** – A Prenatal Nutrition Book for Community Health Workers in First Nation Communities. This reference book can be used to help plan a prenatal program or sections can be used as part of existing prenatal programs. It is available at [www.hc-sc.gc.ca/fnihb/bpm/prc/prc\\_printed.htm](http://www.hc-sc.gc.ca/fnihb/bpm/prc/prc_printed.htm)

## Aboriginal Childhood Development

- **The Aboriginal Children's Circle of Early Learning** is a web based network and clearinghouse containing information on Aboriginal ECD, an interactive website and database. Check out the website at [www.abecd-dpea.ca](http://www.abecd-dpea.ca)

## FASD

- **Aboriginal Approaches to Fetal Alcohol Syndrome/Effects** is an online magazine produced by the Ontario Federation of Indian Friendship Centres and is available from [http://www.ofifc.org/ofifchome/page/Document/UP\\_FILE/200505161258EPB.pdf](http://www.ofifc.org/ofifchome/page/Document/UP_FILE/200505161258EPB.pdf)
- **FAS Bookshelf Inc.** – Provides an online and mail order service for FAS resources. Phone 604.942.2024 or check out the website at [www.fasbookshelf.com](http://www.fasbookshelf.com)
- **FAS Resource Centre** – Provides awareness and education in First Nations through information and training. First Nations Education Council, Quebec, 240 Sondakwa Place, Wendake, QC G0A 4V0. Tel. 418.842.7672.

- **FASD Toolkit for Aboriginal Families** – produced by the Ontario Federation of Indian Friendship Centres. It can be found online at [http://www.ofifc.org/ofifchome/page/Document/UP\\_FILE/2005091312710QTB.pdf](http://www.ofifc.org/ofifchome/page/Document/UP_FILE/2005091312710QTB.pdf)
- **It Takes a Community:** A Resource Manual for Community-based Prevention of Fetal Alcohol Syndrome and Fetal Alcohol Effects. Aboriginal Nurses Association of Canada, 1997. Please contact: Aboriginal Nurses Association of Canada, 192 Bank Street, Ottawa, ON. K2P 1W8. Tel. 613.236.3373.

## Diabetes

- **Aboriginal Diabetes Initiative** - A program that provides information about diabetes in the Aboriginal community. Provides funding for community-based prevention and treatment programs. Visit [http://www.hc-sc.gc.ca/fnih-spni/diseases-maladies/diabete/index\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/diseases-maladies/diabete/index_e.html)
- **National Aboriginal Diabetes Association** – provides information and resources specific to Aboriginal people. Contact them at [www.nada.ca](http://www.nada.ca)
- **Sandy Lake First Nation School Diabetes Prevention Program** - The program provides information to preschool children on healthy nutrition, and physical activity. It has a school curriculum component. Contact them at 807.774.1485

- **Southern Ontario Aboriginal Diabetes Initiative** – provides culturally appropriate education, promotion and prevention resources as well as advocacy. For more information contact their head office at 905.938.2915 or toll free at 1.888.514.1370.

## Elders

Elders bridge the past and the present and provide guidance for the future. They teach important traditions and pass on their skills, knowledge and personal experiences. It is for these reasons that in Indigenous societies Elders are treated with respect. There are respected protocols one must know when approaching an Elder to share their knowledge and wisdom. Offering gifts such as tobacco is respectful. Tobacco is considered one of the sacred medicines and it is offered to Elders, Healers and Medicine people when seeking their advice.

- **Kumik - Council of Elders**  
The purpose of the Council is to provide Aboriginal and non-Aboriginal employees with instruction and counsel in dealing with problems arising in the work place which have developed because of unfavourable attitudes and cultural differences. Phone 819.953.2913 or check out the website at [http://www.ainc-inac.gc.ca/ai/aw/kumik\\_e.html](http://www.ainc-inac.gc.ca/ai/aw/kumik_e.html)



## 12. References

- Aboriginal Healing Foundation (AHF) (2003). *Healing Words*, 4(2,3).  
[http://www.ahf.ca/e\\_Newsletters.aspx](http://www.ahf.ca/e_Newsletters.aspx)
- Assembly of First Nations Health and Social Secretariat (2005). *First Nations Health Bulletin: Safe Homes, Safe Communities*. Special Issue Summer 2005.
- Brave Heart MY, DeBruyn LM (1998). The American Indian Holocaust: Healing historical Unresolved Grief, *American Indian and Alaska Native Mental Health Research*, 8:56-78.
- Canadian Council on Social Development (2002). *The Progress of Canada's Children. 2002 Highlights*.  
<http://www.ccsd.ca/pubs/2002/pcc02/hl.pdf>
- Canadian Institute for Health Information (CIHI) (2004). *Improving the Health of Canadians*, Ottawa: CIHI.
- Chase C (2005). Sioux Lookout, personal communication, February 2005.
- Chiefs of Ontario (2005). *Interactive map*. <http://www.chiefs-of-ontario.org>
- First Nations and Inuit Regional Longitudinal Health Survey Steering Committee (1998). *First Nations and Inuit Regional Longitudinal Health Survey*. Ottawa.
- First Nations Child and Family Caring Society of Canada (2003). *Caring Across The Boundaries: Creating Collaboration between the Voluntary Sector and First Nations Peoples in Canada. Module II*.
- Government of Canada, Indian and Northern Affairs Canada (2003). *Definitions*.  
[http://www.ainc-inac.gc.ca/pr/info/tln\\_e.html](http://www.ainc-inac.gc.ca/pr/info/tln_e.html)
- Government of Ontario (2002). *Demographic Profile*.  
[http://www.aboriginalbusiness.on.ca/resource\\_kit/ch4-6/ch4\\_1.html](http://www.aboriginalbusiness.on.ca/resource_kit/ch4-6/ch4_1.html)
- Haig-Brown C (1988). *Resistance and renewal: Surviving the Indian residential school*. Vancouver: Tillacum.
- Hopkins J, Stephenson P, Turner N (1995). *Changing Traditional Diet and Nutrition in Aboriginal Peoples of Coastal British Columbia, in Persistent Spirit: Towards Understanding Aboriginal Health in British Columbia*, eds. P. Stephenson et al. Victoria: University of Victoria, 143.
- Indian Affairs and Northern Affairs Canada (2000). *Basic Departmental Data, Ottawa 2001*.
- Indian Residential Schools Resolution Canada (2005). *Residential School History*.  
[http://www.irsr-rqpi.gc.ca/english/historical\\_events.html](http://www.irsr-rqpi.gc.ca/english/historical_events.html)
- Inuit Tapiriit Kanatami (2005). *Inuit Health Indicators*.  
[http://www.naho.ca/inuit/english/pdf/health\\_indicators.pdf](http://www.naho.ca/inuit/english/pdf/health_indicators.pdf).
- Kue Young T (2003). Review of research on aboriginal populations in Canada: relevance to their health needs, *British Medical Journal (International Edition)*, 327(7412): 419-427.



Métis Nation of Ontario (2004). *History*.

<http://www.metisnation.org/culture/history/home.html>

Ministry of Health and Long-Term Care (November 1999). *Diabetes: Strategies for Prevention. Report of the Chief Medical Officer of Health*.

[http://www.health.gov.on.ca/english/public/pub/ministry\\_reports/diabetes/diabetes.html](http://www.health.gov.on.ca/english/public/pub/ministry_reports/diabetes/diabetes.html)

National Aboriginal Health Organization (NAHO) (2005a). *Preliminary Findings of the First Nations Regional Longitudinal Health Survey (RHS) 2002-03. Children's t Survey*. Prepared by the First Nations Centre.

<http://www.naho.ca/firstnations/english/documents/2002-03RHSChildPrelimV8.pdf>

National Aboriginal Health Organization (NAHO) (2005b). *Who are Inuit?*

[http://www.naho.ca/inuit/english/who\\_inuit.php](http://www.naho.ca/inuit/english/who_inuit.php)

National Aboriginal Health Organization (NAHO) (2004). *Preliminary Findings of the First Nations Regional Longitudinal Health Survey (RHS) 2002-03. Adult Survey*. Prepared by the First Nations Centre.

[http://www.naho.ca/firstnations/english/pdf/RHS\\_prelim\\_results\\_nov8.pdf](http://www.naho.ca/firstnations/english/pdf/RHS_prelim_results_nov8.pdf)

NAHO Métis Centre (2004). *Métis Centre E-news*, 2(2,3).

[http://www.naho.ca/MHC\\_Site/E/eneews\\_april2004.html](http://www.naho.ca/MHC_Site/E/eneews_april2004.html)

Ontario Federation of Indian Friendship Centres (2000). *Urban Aboriginal Child Poverty: A Status Report on Aboriginal Children and Their Families in Ontario*.

Ontario Métis Aboriginal Association (2005). *History*.

[http://www.oma.org/page\\_1\\_OMAAS\\_history\\_mission\\_vision.htm](http://www.oma.org/page_1_OMAAS_history_mission_vision.htm)

Ontario Ministry of Finance (2003). *Census 2001 Highlights. Fact sheet 6*.

<http://www.fin.gov.on.ca>

Peressini S, Leake JL, Mayhall JT, Maar M, Trudeau R (2004). Prevalence of early childhood caries among First Nations children, District of Manitoulin, Ontario. *International Journal of Pediatric Dentistry* 14:101-110.

Royal Commission on Aboriginal Peoples (RCAP) (1996). *Report of the National Royal Commission Round Table on Aboriginal Peoples*. Ottawa: Supply and Services Canada.

[http://www.ainc-inac.gc.ca/ch/rcap/sg/sgmm\\_e.html](http://www.ainc-inac.gc.ca/ch/rcap/sg/sgmm_e.html)

Smylie, J (2000). A Guide for Health Professionals Working with Aboriginal Peoples. The sociocultural context of Aboriginal peoples in Canada, *Policy Statement by Society of Obstetricians and Gynaecologists of Canada*. No. 100. [http://sogc.medical.org/SOGCnet/sogc\\_docs/common/guide/library\\_e.shtml](http://sogc.medical.org/SOGCnet/sogc_docs/common/guide/library_e.shtml)

Statistics Canada (2003). *Aboriginal Peoples Survey (2001) Initial Findings: Well-Being of the Non-Reserve Population*.



## About Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre

The Best Start Resource Centre supports service providers across the province of Ontario who work on health promotion initiatives to improve the health of expectant parents and their young children. Best Start is a key program of the Ontario Prevention Clearinghouse, funded by the government of Ontario to undertake activities in these areas: consultation, training, information and resource development and dissemination. The Resource Centre addresses a range of topics from health before pregnancy, pregnancy, maternal health and issues related to child health.



Ontario's maternal, newborn and early  
child development resource centre  
Centre de ressources sur la maternité,  
les nouveau-nés et le développement  
des jeunes enfants de l'Ontario



Ontario  
Prevention  
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d'information  
en prévention

Best Start: Ontario's Maternal, Newborn  
and Early Child Development Resource Centre  
c/o OPC

180 Dundas Street West, Suite 1900, Toronto ON M5G 1Z8  
Tel: 416.408.2249 / 1.800.397.9567 Fax: 416.408.2122  
Email: [beststart@beststart.org](mailto:beststart@beststart.org) Website: [www.beststart.org](http://www.beststart.org)