

Mobilizing Our Collective Moral Courage:



A Framework for
Supporting the
Health of First
Nations Children,
Families, and
Communities



Our Spirit

Our Life

Our Way

Blue Quills First Nations College is governed by seven appointed members, each representing one of seven local First Nations communities, plus one Elder from the Saddle Lake First Nation. The First Nations communities that own and operate the College are:

Beaver Lake Cree Nation

Cold Lake First Nations

Frog Lake First Nations

Heart Lake First Nation

Kehewin Cree Nation

Saddle Lake Cree Nation

Whitefish Lake First Nation #128

*This document contains hyperlinks to several recommended resources. In order to access these website links, please download an electronic copy of this document from the Blue Quills First Nations College website: www.bluequills.ca

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Executive Summary



What have we learned (about ensuring the safety and well-being of children) and do we have the moral fortitude to put those lessons into practice?

Dr. Cindy Blackstock, 2011, p. 38

As a post-secondary institution which is founded upon Indigenous knowledge, Blue Quills First Nations College (BQFNC) is committed to a vision of healthy First Nations communities.

Acknowledging that traditional family and community structures have been impacted by the forces of colonialism, the College has engaged with communities, researchers and governments to consider strategies for restoring health to Indigenous families. Through these discussions, a need has become apparent for the development of a comprehensive plan for improving early childhood outcomes for First Nations children.

This document features the utilization of Indigenous knowledge and research from a variety of disciplines to mobilize a multi-strategic response for supporting the health of children, families and communities. By building on shared values, the framework provides a foundation to guide collaborative actions that will reach across cultures, disciplines, and sectors.

Dr. Cindy Blackstock, Director of the First Nations Child and Family Caring Society (FNCFCFS), has used the term “moral courage” to describe the liberating and uplifting results of *activating* our ethics. It is our intent that this document will inspire courageous dialogue and collective action as we gather around our kitchen tables, strategize at community meetings, and lobby within provincial, federal and international arenas.

How to use this document¹ . . .

THINK about it . . .

While this framework is intended to initiate conversations about early childhood development within our Cree and Dene member nations, this document has also been written for a wider audience. We invite readers from a variety of backgrounds to join us on this reflective journey as we envision a future where all children will be nurtured within safe and supportive circles of care.

As you read through this document, consider how you might personally contribute to the health and well-being of First Nations children and their families.

TALK about it . . .

Please share and discuss this document with your friends, family members and colleagues.

MOBILIZE . . .

Think of the various groups and organizations that you currently interact with. Are you a sports coach, political leader, a business owner, athlete, student, or member of a parent group? Bring people together to brainstorm for concrete ways that you can collectively work to support the healthy development of First Nations children.

SHARE your stories . . .

Inspire other people by telling them about how you used social action to improve the lives of First Nations children. Talk to people in person, use social media, or invite journalists to cover your stories.

GIFT children and their families . . .

Use moments within each day to let children and families know they are respected, valued, and cherished.

¹ Adapted from *The Early Years* (Alberta Health and Wellness, 2011, p. 7).

Nihtâwihcikewin: Honouring the Imaginative Spirit

The Cree and Dene communities which govern Blue Quills First Nations College currently offer or access a number of early childhood and family support services. These resources include child care facilities, community kitchens, home visitation programs, nutritional counselling, parenting programs, and wellness centres. Federally-funded programs include Aboriginal Head Start, Brighter Futures, the Canada Pre-Natal Nutrition Program, and the Maternal Child Health Program. The Government of Alberta has also provided grants for a variety of family support initiatives. For example, the province's First Nations Development Fund (FNDF) has supported the operation of youth centres and the Safe Communities Innovation Fund (SCIF) has sponsored community projects that bring together Indigenous Knowledge Holders² and community learners. Through the efforts of the community members that have implemented these initiatives many children and families are currently receiving important resources and services. Despite the promising results of these programs, our member nations have joined First Nations across Canada in a call for comprehensive early childhood services that are community controlled, accessible, seamless, sustainable, and rooted within Indigenous knowledge systems (Assembly of First Nations, 2005; Royal Commission on Aboriginal Peoples, 1996; & UN General Assembly, 2007). In support of this vision, this document provides:

- 1) an historical context with references to relevant literature;
- 2) a set of principles to guide strategies for reaching shared goals;
- 3) a discussion of how to address potential challenges to securing our common vision; and
- 4) a select sample of suggested actions that might be undertaken by parents, community members, service providers, First Nations leadership, governments, researchers and members of the general Canadian population.

As we plan for the future health of our communities it is important to acknowledge and reflect upon the key events and influences which have impacted the nature of our collective journey.



“A moment in Indian time includes every other moment shared in the individual and collective memories of individuals, community, and culture.”

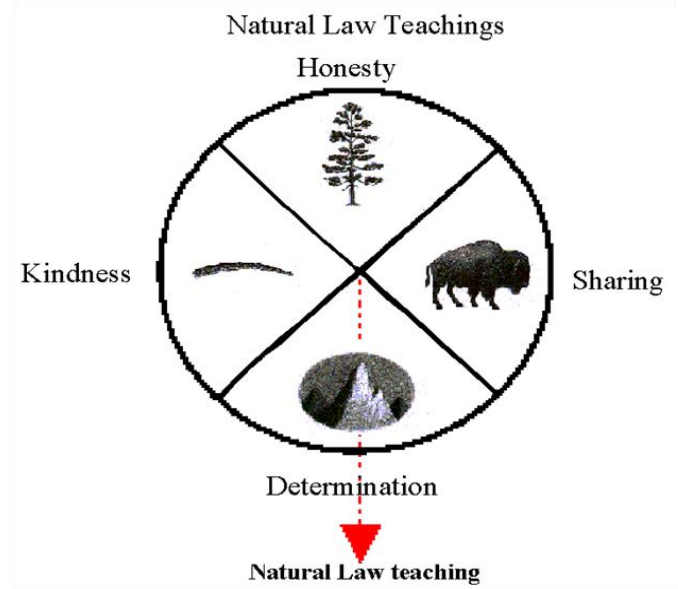
Robin Riddington (cited in Marker, 2000, p. 85)

² Within this document the terms Indigenous Knowledge Holders, Elders, and Wisdom Keepers will be used interchangeably to refer to those individuals who have been recognized by First Nations communities as people who possess the knowledge and responsibility to transmit and protect Indigenous ways of knowing.

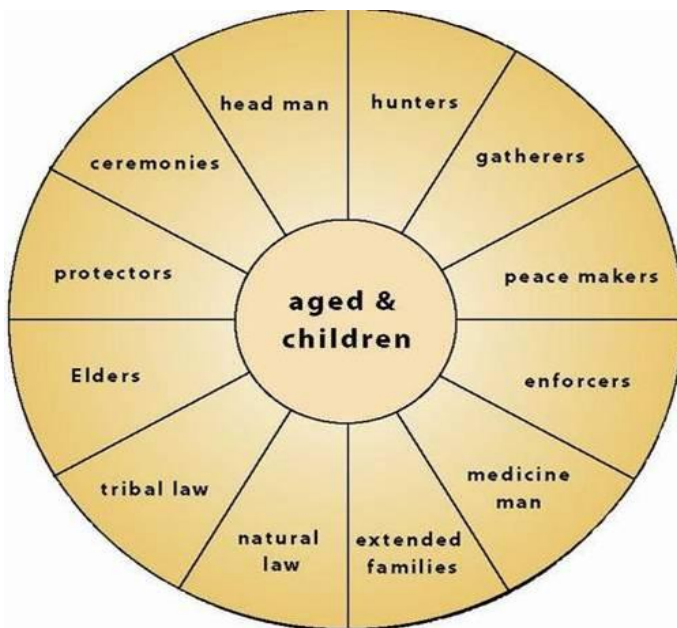
Raising Healthy Children: Lessons from our Ancestors

Contemporary Cree and Dene communities possess a legacy of complex societies that honoured the sacred connections between all forms of life. Through ceremony and oral knowledge transmission, people were taught to conduct their lives in accordance with natural laws. Each person was responsible for living the seven teachings of love, respect, courage, honesty, humility, wisdom and truth.

It was understood that the survival of the collective depended upon the willingness of each person to compassionately seek balance within all of their relationships. For example, governance structures and daily activities were ordered in ways that acknowledged the communal responsibility to attend to the safety and well-being of children and the aged.



Source: Teachings of Cree Elders



Source: Teachings of Cree Elders

“Our Indigenous worldview is clearly distinctive and ordered in a circular pattern of interrelated parts, the whole being greater than the sum of these parts.”

Dr. Leona Makokis, 2010, p. 4

Through our languages our ancestors gifted us with a rich knowledge base which teaches us how to support the holistic development of our children. Cree philosopher Willie Ermine (1995) draws our attention to the Cree term *mamatowisowin* which refers to our capacity to tap into the ‘life force’ that exists within and amongst all life forms. Cree scholar, Dr. Leona Makokis (2010) reminds us that “our life force encompasses everything: the child’s birth in the home; the raising and socialization of children; the teaching of relationships, ceremonies, traditions, and rites of passage; the world of work; and the total immersion in the rhythms of the seasons” (p.4).

According to Cree and Dene teachings the earliest stages of life are meant to be happy times of exploration as children begin to learn about their societal roles and responsibilities. Cree educator Alvin Manitopyes (2005) explains that the concept of *wahkohtowin* provides children with the means to respectfully navigate the intricacies of our kinship systems. In addition to referring to our human families, the principle of *wahkohtowin* informs children of their responsibilities and connections to plants, animals, land forms, the cosmos and all other participants in the circle of life.



“It is believed that every child comes to Earth with a higher purpose to fulfill and a gift to share. [It is our collective role] to help children discover and fulfill their life purpose.”

Leah Dorion, 2010, p. 53

Through the Cree term *pastahowin*, which indicates a contravention of natural laws, children are warned about the consequences of causing disharmony within some aspect of our world. Métis researcher Leah Dorion (2010) spoke to Elders who explained that “stories of Pastahowin teach young people all their actions have larger spiritual, mental, emotional and physical consequences” (p. 53).

The concepts of *mamatowisowin*, *wahkohtowin*, and *pastahowin* are just three examples of a multifaceted set of Indigenous teachings which illuminate the range of responsibilities related to nurturing and caring for our children. One of our most formidable tasks is to access these time-honoured teachings while we also grapple with the pervasive impacts of colonialism.

Confronting Historic Trauma

Today, First Nations children are being raised within families and communities that are contending with the consequences of historical and contemporary expressions of genocide and colonization. Paternalistic federal legislation, church and state operated residential schools and Eurocentric child welfare policies have resulted in the forced removal of generations of our children from our homes and our nations.

While early European and First Nations interactions were characterized by economic interdependence and nation to nation negotiations, the demands of European settlement resulted in a shift of state attitudes and policies. The British North America Act declared Indians to be wards of the government and the Indian Acts of 1876 and 1880 articulated sweeping legislative control over the economic, political, and social lives of First Nations people. Education was viewed as a key tool for the advancement of the assimilationist goals held in common by the church, the federal government and the general Canadian population.

Colonial Conceptions of Education

Spanning over 12 decades, more than 150,000 First Nations, Métis and Inuit children were placed in over 150 residential schools across Canada (Truth and Reconciliation Commission of Canada, 2012a). Acknowledging that some former students have reported positive memories of selected aspects of their time spent within particular schools, a substantial research base has confirmed that the residential school era constituted a comprehensive assault on Indigenous cultures. Within these institutions, children were forbidden to speak their languages, lived in overcrowded conditions, were provided with a sub-standard education, received limited and unhealthy food rations, and experienced emotional, physical, and sexual abuse. Together, these conditions produced “high mortality rates, poor health and low academic achievement” (Truth and Reconciliation Commission of Canada, 2012a, p. 85). In 1951, against the backdrop of the rising welfare state and critiques of the



“I still see the wandering black shadow slithering across the dormitory. . . . I still feel the sharp-toed boot, the grazing force of the billiard ball, the crack of the log on my back, the pangs of hunger and the fear of the night. While lying on my bed and praying, I seek to re-experience the manly, working smell of my father, the sad, kindly, soft face of my mother, and the warmth of the crackling fire in our family home. My life changed forever when I was seven years of age.”

Theodore Fontaine, 2010, p. 188

residential school system, the federal government amended the Indian Act to allow for the enrollment of First Nations children into public and private schools. First Nations communities and political leaders pointed out that the move toward integrated education was in many respects, merely a new incarnation of the Canadian assimilationist agenda.

Child Welfare Systems as Agents of Cultural Genocide



“When we removed children from their own homes and put them in foster homes about which we knew next to nothing, no matter how we cloaked our actions in welfare jargon, we were putting those kids at risk. The welfare department which employed me was the biggest contributor to child abuse in the province.”

Former social worker Bridget Moran cited in Fournier & Crey, 1997, p. 86

Coinciding with the federal government’s move toward integrated forms of schooling for First Nations children, the 1951 amendments to the Indian Act included the on-reserve application of provincial child welfare legislation. During this time period, many First Nations parents were former residential school students who had returned to communities that were in dire need of “housing, sanitation, safe drinking water, hospitals, clinics, and social programs” (Fournier & Crey, 1997, p. 84). The systems that were tasked with implementing child welfare policies assessed the safety of First Nations children according to Euro-Canadian standards and did not consider the larger structural conditions that were impacting the health of First Nations families.

By the late 1960s, “30 to 40% of all legal wards were aboriginal children, even though they formed 4 per cent of the national population” (Fournier and Crey, 1997, p. 83). A significant number of these children were placed in adoptive homes in the United States and other parts of the world. Like residential school students, many children who were placed in out-of-home care experienced physical, emotional, and sexual abuse. In 1985, in response to pressure from Indigenous communities and political organizations, the Province of Manitoba ordered a review of First Nations and Métis adoptions and placements. The resulting *Kimelman Report* concluded that “cultural genocide has been taking place in a systemic routine manner” (cited in Fournier & Crey, 1997, p. 88). Termed the *Sixties Scoop* by Patrick Johnston, author of the 1983 national report *Native Children and the Child Welfare System*, elements of this particular era³ continue to resurface within the lives of First Nations children and their families.

³ Often delineated as taking place from the late 1950s thru to the mid-1980s.

Understanding the Impacts of Colonialism

With the combined forces of repressive legislation, assimilationist forms of education, genocidal child welfare practices, and other colonial structures Indigenous children in Canada are currently among the most marginalized children in the world. One in four First Nations, Métis and Inuit children lives in poverty, compared to one in seven Canadian children (Campaign 2000, 2012). On-reserve infant mortality rates are three to seven times the national average (UNICEF, 2009a). The 2008 Auditor General's Report found that "there are more First Nations children in child welfare today than at any time in history with placement rates 6-8 times higher than for non-Aboriginal children" (Blackstock, 2011, p. 38). Research from the fields of social work, health and early childhood development have contributed to an enhanced understanding of the economic, historic, social, and political forces which have compromised the health of First Nations children and their families.



"According to the United Nations Human Development Index, which measures health through longevity, educational attainment and adult literacy, First Nations people in Canada rank 63rd in the world."

Loppie Reading and Wien, 2009, p. 5.

Addressing Historic Trauma

Within the social work literature base, Dr. Maria Yellow Horse Brave Heart (1998) has defined *historic trauma* as "the collective emotional and psychological injury both over the life span and across generations, resulting from a cataclysmic history of genocide" (287). Historical trauma response (HTR) refers to the coping mechanisms that people develop as part of their reaction to traumatic events. Examples of HTR include addictive and self-destructive behaviours, compromised ability to assess risk to personal safety, depression, family breakdown, high mortality rates, inconsistent or extreme expressions of emotions, self-identity issues, and suicidal thoughts and gestures (Aboriginal Healing Foundation, 2005; Brave Heart, 2004). *Intergenerational trauma* refers to the passing down of unresolved trauma from one generation to the next. Historic trauma theory provides communities with an intervention model which is comprised of four components: 1) confronting the historical trauma; 2) understanding the trauma; 3) releasing the accompanying pain and grief; and 4) transcending the trauma. First Nations communities have used this intervention model to begin repairing the harm caused by residential schools and Canadian approaches to child protection.

Calls for Restitution and Reparations

During the 1980s, former residential school students raised public awareness about the history of the residential school era. Many of these people testified at the hearings held by the Royal Commission on Aboriginal Peoples in 1996. As a result of these efforts, the federal government's response to the findings of the Royal Commission included the 1998 establishment of the Aboriginal Healing Foundation (AHF). This body was charged with managing the distribution of a one-time federal grant in support of community-based projects that addressed the legacy of residential schools. With the support of Indigenous political organizations, residential school survivors pressed for additional government action which resulted in the 2007 *Indian Residential Schools Settlement Agreement (IRSSA)*. In addition to providing individual compensation payments to former students, the agreement required the establishment of the Truth and Reconciliation Commission (TRC). The TRC's mandate is to: 1) inform Canadians about the legacy of Indian Residential Schools; and 2) facilitate a process of reconciliation⁴ between and amongst Indigenous peoples, churches, governments and Canadians. As part of its awareness campaign the TRC has made a commitment to host seven national events across Canada with the Alberta hearings scheduled for 2013. With the conclusion of the TRC's mandate period on the horizon, the 2010 closing of the AHF, the impending termination of federal health supports,⁵ and research which confirms that "the healing has just begun" residential school survivors⁶ continue to face significant challenges to securing long-term health and well-being (AHF, 2010; TRC, 2012b).



"Unresolved trauma from residential school abuse continues to impact individuals, families, communities and nations and will do so until it can be expressed, validated, and released in healthy creative ways."

Aboriginal Healing Foundation, 2005, p. 5

"Survivors said that (individual compensation) was not enough . . . in the sense that the residential school experience is not an individual phenomenon - it is a family and community experience that crosses generations."

*Aboriginal Healing Foundation
2010, p. 96*

⁴ Scholars from Australia, Canada, and the United States have argued that comprehensive forms of restitution and reparations are essential preconditions to achieving reconciliation between Indigenous peoples and members of settler societies (Alfred, 2009; Hollinsworth, 2009; Wazyatawin, 2009).

⁵ For example, the Indian Residential Schools Resolution Health Support Program, funded by First Nations & Inuit Health concludes on March 31, 2013. The program's 2012 report stated that actual spending was greater than planned due to "unforeseen levels of demand for health support services."

⁶ The term "residential school survivors" refers to people who attended residential schools as well as their descendants (AHF, 2005).

Supporting the Realization of Children's Dreams

It has been almost three decades since the late Richard Cardinal, a Métis foster child, drew national attention to the over-representation of Indigenous children in the Alberta child welfare system. In response to his suicide, Canadians joined Indigenous voices to call for reforms, some of which were included within the 1985 Alberta Child Welfare Act. Despite these measures, First Nations and Métis children in Alberta currently comprise 64% of children in care while making up only 9% of the child population in the province (Alberta Child Intervention Review Panel, 2010). These alarming statistics are reflective of the national child welfare landscape. Across Canada, First Nations have called for the development of community-based actions to transform existing child intervention systems. In 2005, participants of a national gathering of leaders in child welfare, developed a framework to guide collaborative efforts to “critically examine the values and practices of the child welfare profession and move forward on a new passage” (Blackstock, Cross, George, Brown, & Formsma, 2006, p. 6). Reflecting the central principles of historic trauma theory, this model envisions reconciliation as a process which requires Indigenous and non-Indigenous peoples to come together and engage in: 1) truth-telling; 2) acknowledging; 3) restoring; and 4) relating. These four phases of action have been conceptualized as the *Touchstones of Hope*.



“In many Indigenous cultures, stones are referred to as ‘grandfathers’, as they are the silent witnesses to the lives of generations of peoples who pass before them. They are symbolic of the strength and persistence of Indigenous cultures in North America.”

*C. Blackstock, T. Cross, J. George, I. Brown & J. Formsma,
2006, p. 6*

Source: [First Nations Child and Family Caring Society](#)
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Indigenous peoples and researchers have consistently used the touchstones of *truth-telling* and *acknowledging* to advocate for the health of First Nations children and their families. Yet, the federal government and many provincial governments have been reticent in taking substantive action in the implementation of the clear and recurring recommendations made by this extensive knowledge base. Numerous studies, audits, and reports have concluded that addressing poverty, poor housing, and substance misuse would serve as effective measures for reducing the out-of-home placement of

Indigenous children (Manitoba Indian Child Welfare Sub-Committee, 1980; Trocmé, et al. 2006, Sinha, et al. 2011). The failure of the federal government to provide equitable funding of on-reserve child intervention services has also been soundly criticized by First Nations, Canadians, and the international community (UN Committee on the Rights of the Child, 2003; Auditor General of Canada, 2008; Auditor General of Canada, 2011). In 2007, the First Nations Child and Family Caring Society of Canada and the Assembly of First Nations (AFN) filed a complaint to the Canadian Human Rights Commission alleging that the federal government racially discriminates against First Nations children through its inequitable funding formulas. Despite multiple federal efforts to avoid a hearing, the Canadian Human Rights Tribunal has set down 14 weeks of hearing dates beginning on February 25, 2013.



“There is a relationship between inequality, discrimination and the inability to realize your dreams”

Dr. Cindy Blackstock, 2012

*Best Start Annual Conference
Toronto, Ontario*

In Alberta, attempts to resolve persistent child welfare issues has resulted in amendments to provincial legislation and the delegation of specific forms of authority to First Nations. In reaction to advocacy efforts of band councils and other community leaders, a 2000 amendment to the Alberta Child, Youth and Family Enhancement Act included the requirement that all placement decisions involving First Nations children must include band member participation. Dating back to the early 1970s, tripartite agreements have been struck between First Nations, the federal government, and the Province. These agreements have delegated responsibility for the provision of specific on-reserve child intervention services to First Nations agencies. While acknowledging that many Delegated First Nation Agencies (DFNAs) have developed innovative family supports, the 2010 review of Alberta’s Child Intervention System revealed that First Nations stakeholders reported a number of factors within the current service delivery system that continue to marginalize First Nations children and families (Alberta Child Intervention Review Panel, 2010). As part of their response to the review team’s final report, the Government of Alberta established a position at the Assistant Deputy Minister level with the expressed intent of ensuring there is “an Aboriginal perspective on service delivery, design and implementation” (Government of Alberta, 2010, p. 10). Other commitments include clarifying “the roles, responsibilities, and accountabilities of First Nations, INAC and the Ministry” and providing supports to “increase the involvement of Aboriginal organizations and communities in determining off-reserve service delivery approaches” (Government of Alberta, 2010, pp. 10, 11).

Historic trauma theory and the *Touchstones of Hope* model of reconciliation challenge governments, Albertans, and First Nations to collaboratively develop strategies for securing a shared vision of a responsive and just child welfare system. The next review of the Alberta Child Intervention System will reflect the depth of our collective commitment to Indigenous children, families, and communities.

Colonialism as a Social Determinant of Health

From the fields of health and environmental studies we learn that the health of First Nations children is influenced by a broad range of social conditions and structures. These various forces have been identified as *social determinants of health*, which are organized into three categories:

- 1) *Proximal Determinants* -- factors that have a direct impact on personal health (i.e.: physical and social environments);
- 2) *Intermediate Determinants* - factors which cause or create proximal determinants (i.e.: education, community infrastructure); and
- 3) *Distal Determinants* - overarching systemic factors which construct both proximal and intermediate determinants. (i.e.: historic, political, social and economic contexts).
(Loppie Reading & Wien, 2009)

When considering the health of First Nations people, “colonialism, racism and social exclusion, as well as repression of self-determination, act as the distal determinants within which all other determinants are constructed” (Loppie Reading and Wien, 2009, p. 20). These structural forces have been described as Indigenous-specific determinants of health because “they result in a disproportionate experience with socioeconomic inequities that are rooted in a particular socio-historical context” (Greenwood and deLeeuw, 2012, p. 383). The National Collaborating Centre for Aboriginal Health (NCCA) has conceptualized this constellation of forces as a [Web of Being](#) which also includes protective forms of social determinants (Greenwood and deLeeuw, 2012).

National and international research efforts have confirmed that the use of Indigenous languages, participation in ceremony and engagement with cultural revitalization efforts leads to improved health as well as reducing the effects of some structural inequalities (World Health



“The seeds of adult health and health inequity are sown in early childhood.”

*M.G. Marmot cited in
Loppie Reading & Wien, 2009, p. 25*



“The land, as place, is an integral part of First Nations peoples’ identity and health . . . Utilizing the land helps to maintain balance that is necessary for health.”

*Kathleen Wilson, cited in McIvor,
Napoleon, & Dickie, 2009, p. 8*

Organization, 2012; McIvor, Napoleon, & Dickie, 2009). For example, a 2007 study found that suicide rates in First Nations communities which featured high levels of Indigenous language proficiency were “well below the provincial averages for both Aboriginal and non-Aboriginal youth” (Hallett, Chandler, & Lalonde, 2007, p. 396). The United Nations has recognized this link between the health of Indigenous children and the vitality of Indigenous languages and cultures (see Article 30 under the Convention on the Rights of the Child, 1989).



“A sense of cultural continuity builds resiliency and reduces negative health outcomes.”

Greenwood & de Leeuw 2012, p. 383

Since self-determination shapes all other determinants some researchers have identified it as the most important factor for securing health for Indigenous peoples (Loppie Reading and Wien, 2009). The World Health Organization supports this claim by reporting that access to traditional lands and community control over the delivery of child care, education, health, and other social services has “massive implications for the health and well-being” of First Nations children and their families (CSDH, 2008, p. 157). These rights are affirmed within the *United Nations Declaration on the Rights of Indigenous Peoples* which directs all states to take measures to ensure that Indigenous peoples are “actively involved in developing and determining . . . all economic and social programmes affecting them” (UN General Assembly, 2007, p.9).

As with the social work and child welfare literature, health research has informed us that improving the life experiences of First Nations children will require the disarming of structural inequality through “strategic alliances” and “broad collaborations” between and amongst First Nations, governments, and the various systems that influence the health of First Nations people. (CSDH, 2008; Czyzewski, 2011; Greenwood and de Leeuw, 2012).



“Improving Indigenous health is inextricably tied to eliminating colonial relations and increasing self-determination.”

Spence, 2011, p. 2

Voices from Early Brain Development Research

From the fields of genetics and neuroscience we learn that early life experiences have long-reaching effects, helping us to better understand many of the challenges that are currently facing First Nations children and their families. We also discover that Indigenous knowledge is reflected within the findings of recent early brain development research.⁷

Researchers have confirmed that it is the “interaction of genes and experience which determines the strength or weakness of the brain’s developing architecture” (Alberta Health and Wellness, 2011, p. 10). For example, when we interact with our children in a responsive manner they learn how to form secure attachments which will eventually positively impact their own parenting practices. Dr. Bruce Perry was one of the first researchers to raise public awareness about the links between early brain development and the quality of children’s relational environments. He drew attention to the long-term effects of trauma, neglect and other adverse childhood experiences (ACE), explaining that these events “interfere with normal patterns of neurodevelopment” (Perry, 2009, p. 241). In related research, the American-based [ACE Study](#) points to the many interconnected health and social risks that result from childhood trauma (Felitti, 2002).



“The quality of a child’s earliest environment and exposure to positive experiences at the right stages of development has a strong influence on the course of their life path.”

*Alberta Health and Wellness
2011, p. 3*



“Intrinsic memory encodes the emotional aspects of early experience, mostly in the frontal lobe of the brain. These emotional memories may last a lifetime. Without any recall of the events that originally encoded them, they serve as a template for how we perceive the world and how we react to later occurrences.”

Dr. Gabor Maté, 2006

⁷ Alberta Health Services has funded a research project entitled *Nitsikason* which explores links between Cree teachings and the neuroscience of early brain development. The goal of this project is to develop a parenting resource which utilizes Cree approaches to child-rearing. Blue Quills First Nations College is one of the research partners.

From providing expectant mothers with a calm and nurturing environment to ensuring that infants are cared for in a warm and attentive manner, many of the core principles of Indigenous child-rearing practices are highlighted by recent early brain and biological development research.



“The kinds of things that science is now discovering about what we need to do to nurture kids is exactly the way that First Nations people used to parent their kids.”

Dr. Gabor Maté, 2009

Indigenous Knowledge Holders Tell Us	Early Brain Research Tells Us
<p><i>“The time of pregnancy is extremely important . . . expectant mothers are treated with the utmost respect and care. . . It is excellent therapy for a child in the womb and the mother to listen to traditional drumming and singing. When we are in the womb, the first thing we hear is the heartbeat of our mother, which is believed to be connected to the heartbeat of Mother Earth. The baby in the womb reacts to the sacred sound of the drum.”</i></p> <p><i>Manitopyes, 2011, p. 7</i></p>	<p>“During pregnancy, newly formed cells rapidly sculpt the brain’s circuitry in genetically planned stages. . . What a baby experiences while connections are forming between different regions of the brain could significantly alter the wiring of cells and overall brain development. [Prenatal advice for expectant moms]: Keep stress levels down and rest, sing, or play music to your baby.”</p> <p>Dawna Freeman, 2012, pp. 36, 37</p>
<p><i>“Kissing, hugging, and cuddling with children is viewed as an essential aspect of the healthy development of children. . . . Caregivers are encouraged to sing, dance & play games with children.”</i></p> <p><i>Dorian, 2010, p. 93</i></p>	<p>“Serve and return interactions, such as cooing, talking, singing and reading, are essential to emotional, social, cognitive and physical development.”</p> <p><i>Kamalesh Gangopadhyay, 2012, p. 69</i></p>
<p><i>“Negative forms of communication & behaviour have a huge impact on our entire being, whether we are aware of it or not.”</i></p> <p><i>Elders Elsie Sanderson & Florence Allen cited in Dorian, 2012, p. 73</i></p>	<p>“Toxic stress can be harmful, especially to children. [Chronic, unremitting, and unpredictable] stress can affect brain architecture sometimes leading to learning delays, problems with memory recall and mood, depression, addiction and anxiety disorders. In extreme cases, toxic stress may result in the development of a smaller brain.”</p> <p><i>Ward, 2012, pp. 18, 19</i></p>
<p><i>“If we take a willow that is older, we will find that it is harder to bend and that is why our Elders tell us to start teaching our children at an early age. If we wait too long, then it is going to be harder to teach them.”</i></p> <p><i>G. Jolly & A. Aby, 1995, p. 25</i></p>	<p>“Brain plasticity – the ability to change behaviour – decreases over time. The window of opportunity for development remains open for many years, but the costs of remediation grow with increasing age. . . . provide intervention early. Later remediation will produce less favourable results.”</p> <p><i>Judy Cameron, cited in Norlien Foundation, 2012, p.28</i></p>

Returning to the broader conversation of addressing the impacts of colonialism, the voice of brain research provides us with additional insights into how we might address historic trauma. Studies exploring the impact of early life experiences on future parenting have found that parents who felt securely attached as a child, experience “powerful activation in the brain’s reward centres” when they interact with their own baby. Linda Mayes found that the brain circuitry of a secure mother regulates the stress response in a way that compels the mother to attend to their child “in anticipation of the future reward of a happy baby” (Norlien Foundation, p. 36). However, for mothers who reported adverse childhood experiences (ACEs) and now engage in substance misuse, their neural circuitry is focused upon their own stress and how substance use will relieve that stress. Studies have also revealed that ACEs “occur in clusters” and that as the number of ACEs increase, “the risk for health problems increases significantly” (Norlien Foundation, 2012, p. 30). These findings have practical implications for the design of intervention programs for both parents and children. On a larger scale, these findings point to the development of promising practices that will strengthen our efforts to halt the intergenerational transmission of trauma.



“The most important, necessary, effective thing we can do now is to take this information to everyone. Some people will find transcendence in the information and be able to distance themselves from what happened to them and see their lives in perspective. They will begin to heal themselves and change their relationship to their children and that will change the intergenerational transmission [of trauma].”

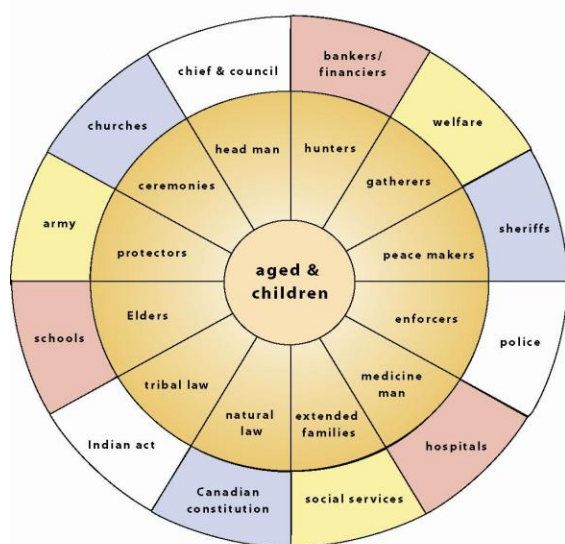
*Dr. Robert Anda
cited in Norlien 2012, p. 30*

Clearly both Indigenous teachings and early brain research findings urge us to act on the evidence that early childhood is the best time to protect children from the long-term effects of harmful forces within their environment. If provided with the appropriate supports during these formative years, First Nations children can “accumulate protective factors” and successfully navigate future adverse life events (World Health Organization, 2012, p. 6).

Disconnection from Indigenous Knowledge Systems⁸

Our brief overview of Indigenous cultures before and after the arrival of the newcomers reveals that First Nations possess a long history of sustainable lifestyles and a more recent history of forced disconnection from our languages, ceremonies, traditions, and ancestral lands. For many First Nations this more recent history has resulted in the erosion of traditional kinship systems and has interfered with the transmission of Indigenous child-rearing practices (Ing, 2001). Social structures that were previously unified may now be “geographically dispersed and perhaps not the supportive networks they once were” (National Collaborating Centre for Aboriginal Health, 2012, p. 12). Much of our transformed relational landscape can be attributed to foundational shifts within our social and political structures.

First Nations Governance Structures



Conflicting Governance Models:

	Traditional (Inner circles)	Contemporary (Outer circles)
Structure:	Circular	Hierarchical
Decision-Making	Consensus	Top-Down and/or Adversarial Debate
Resource Distribution:	Shared	Mandated
Overarching Goal:	Collective Well-Being	Personal Well-Being

In many First Nations communities, governance models that were originally centred around collective well-being have been converted into hierarchical systems that privilege individualism. Leona Makokis (2010) explains that while “traditional teachings emphasized our interconnectedness” we are now living in societies where “these lessons have been replaced by a mainstream culture that emphasizes consumption and individuality” (p. 7). Holistic forms of family and community supports have been displaced by legislation, public policy and formalized programs and services that are often disjointed and divorced from Indigenous worldviews.

Indigenous Knowledge Holders inform us that returning to our traditional forms of governance and otherwise restoring health to our communities will require accessing and utilizing the knowledge that is held within our languages. Indigenous scholars also emphasize that

⁸ Raven Sinclair (2004) correctly warns that the use of vague terminology to describe Indigenous-settler relations can have the effect of obscuring the pervasive impacts of colonization. In this document, the phrase “Disconnection from Indigenous Knowledge Systems” is used with the understanding that Canadian expressions of colonialism constitute a comprehensive assault on Indigenous societies.

language is “recognized as one of the most tangible symbols of culture and group identity and [serves] as the main vehicle for cultural transference” (McIvor, Napoleon, and Dickie, 2009). Leona Makokis (2010) refers to language as “our moral compass” pointing out that language “carries our knowledge of ceremony” thereby informing us of the “sacredness of our connections to the universe” (p. 6). When we use our languages and participate in ceremony we develop an enhanced sense of collective identity which contributes to the rebuilding of our unity as families, communities, and nations.



As we work collaboratively to reconnect with our traditional teachings we are challenged to critically assess many of the values espoused by contemporary society. For example, Taiaiake Alfred (2011) invites us to transform our criteria of success from individual achievement to a vision of communities where children have the opportunity to “live out their teachings, to believe in themselves and to see themselves and relate to others as an Indigenous person.” When we shift our focus away from material consumption and individualism, we have the freedom to seek connections to our ancestors and to fulfill our sacred responsibilities.

“Our language is a gift from the Creator that we carry for our children,

*Our language carries the knowledge of this land,
Our language carries our knowledge of who we are,*

Our language carries our future.”

Elder Statements: BQFNC 2012, p. 17



“[Indigenous ways of knowing] are as old as our ceremonies and our nations. They are with us and have always been with us. They are as near as our dreams and as close as our relationships.”

Lewis Cardinal, 2001, p. 182

Restoring the Balance: A Collective Responsibility

The ability to create effective supports for First Nations children is optimized by the development of respectful and collaborative relationships between First Nations and the people, systems, and governments that comprise Canadian society. A key initial step to the formation of these relationships is the need to engage in courageous conversations around our shared colonial history. Erica-Irene Daes (2000), the founder and Special Rapporteur of the United Nations Working Group on Indigenous Populations, explains that since colonization is a shared experience, “the oppressors as well as the oppressed need healing if the cycles of external aggression and self-destruction are to be discontinued” (p. 6). Paulette Regan (2005) describes her approach to non-Indigenous decolonization as “a process of struggle” that she terms “unsettling the settler within.”

As members of the dominant culture . . . if we are to transform our colonial relationship with Indigenous peoples, we have to be willing to be uncomfortable, to be disquieted at a deep and disturbing level - the kind of experiential learning that engages our whole being - head, heart, and spirit. . . . [this process will] move us from unconsciousness, racism, denial, and guilt about our history to critical inquiry, reflection, and social action, using history as a catalyst for change. It is time for Canadians as a society to shake ourselves from the complacency that comes with dominant culture power and privilege. To think about who we have been in order to imagine who we might become - at home and in the global community of the 21st century. (pp. 5,7,9)

In support of Paulette Regan’s call for the need to engage in “disquieting” conversations, Taiaiake Alfred (2005) challenges Canadians and Indigenous peoples to initiate “a rebellion of truth” which will bring us closer to “restoring the pre-colonial relationship of sharing and cooperation among diverse peoples” (p. 186). As we move forward on the path to securing renewed and peaceful relationships, we will also be transforming our social and political conditions thereby contributing to the well-being of our children, families, and communities.



“When [symbols of respect for the dignity and integrity of each nation have been gifted] to all who are touched by history - to all human beings - whether to wipe away the tears that interfere with their vision, to ease their breathing, to render their ears sensitive again, or to smooth the paths of meetings until the beauty of life illuminates the eyes of all and reason, soothed, ‘comes back to its seat,’ then shall we be able to listen to and understand [our collective history].”

George Sioui, 1992, p. 7

Honouring our Ancestors' Legacy

Despite contending with a range of social, economic, and political challenges, many Elders, parents, and community members within our nations continue to create loving and nurturing environments for our children. In addition, child care providers, educators, health professionals, social workers, and community volunteers interact with our children on a daily basis. Many of these people are committed to ensuring that our children are raised with the knowledge of our languages, ceremonies, and traditional teachings. When we trace the roots of these compassionate child-rearing practices, we are led directly to the hearts and spirits of our grandmothers and grandfathers.

Like Indigenous peoples throughout the world, First Nations in Canada possess a long-standing history of persistently advocating for Indigenous independence. Our ancestors “resisted assimilation in hundreds of creative and subtle ways and they found private corners away from white surveillance to affirm their history and identity” (Marker, 2000, p. 81). It was through this “imaginative spirit” that our nations were able to survive and transmit our ways of knowing (Smith, 1999).

As part of our resistance to colonial realities, we have formed inter-nation coalitions and political organizations that have consistently lobbied for resources and services that support the holistic health of our children. At various points along this journey, allies from settler societies have walked with us and supported our goals and visions.



“I am thinking like the rest of the Elders that have mentioned the Generations to come -- what is there for them. I also come to think, we must carry the torch of fire, of life, from the graves of our Ancestors to the very young, so that they could listen and learn of the way of our traditional life. We will meet many obstacles, but in truth and in honesty with one another -- these obstacles -- we will be able to get by them. ”

Elder Mel Paul

cited in Robinson & Quinney, 1985, p. 166

Elders often remind us that we possess a responsibility to conduct our lives in ways that honour the legacy of those relations who are no longer in this physical realm.

The traditional concept of ‘autonomous responsibility’ . . . means that you lead your own life consciously aware of how your actions affect the Nation. . . . It’s self-discipline. Like they say in our language, we’re Rotiskenhakete, ‘they’re carrying the bones.’ It means that we are carrying the legacy of our ancestors. That’s what autonomous responsibility is: carrying that burden. It comes out in everything that you do.

(Kanien’kehaka youth, Teyowisonte cited in Alfred, 2005, p. 275).

We are also advised that when we are able to move beyond *discussing* concepts and begin to *embody* Indigenous knowledge, we are moving closer to that state of “coming to know our heart” (Bastien, 2004, p. 198). If we are to honour the lives of our ancestors we must *embody* or *live out* our responsibility to carry forward their legacy of collaboration, ingenuity, and perseverance. We invite Albertans and other Canadians to join us as we survey our current landscapes and devise strategies for dismantling obstacles that are impeding our ability to create and maintain healthy communities. If we are willing to think and act outside the boundaries of colonial thought and structures we have the collective capacity to build a sustainable future where all children acquire the skills, knowledge, and confidence to develop their personal gifts and fulfill their sacred responsibilities.



“Let us live the life the Creator meant us to live.”

*Late Elder Mike Steinhauer
Saddle Lake First Nation*

Note to the Reader

The Framework which is presented in the following portion of this document has been designed to inspire readers from a variety of backgrounds to consider how they might personally contribute to the well-being of First Nations children. References are made to a number of participants who are integral to the successful development and mobilization of strategic action plans. Readers are invited to locate themselves within one or several of the following participant groups:

- ❖ Elders
- ❖ Children and Youth
- ❖ Parents, Grandparents, Extended Family, and Community Members
- ❖ Service Providers
- ❖ First Nations Leadership
- ❖ Municipal, Provincial, and Federal Governments
- ❖ Researchers, Post-Secondary Institutions, and Social Justice Advocates
- ❖ Albertans, Canadians, and other Global Citizens

Some First Nations communities may choose to use the Framework to assist in the development of nation-specific action plans and other First Nations may wish to explore forming multi-nation coalitions.

The Framework has been designed to honour the autonomy of each First Nation, acknowledging that each community has its own history, language, and social structures. Jessica Ball (2010) reminds us that “First Nations in Canada are diverse, and any one vision, plan or model will not be applicable for all” (p. 47). Therefore, First Nations readers are invited to use the Framework as a springboard for initiating conversations with fellow community members about the holistic health of children and families. In addition to affirming the creative community supports that are already in place, we envision that these discussions will also result in the identification of additional strategies for supporting children and families.

A Framework for Supporting the Health of First Nations Children, Families and Communities

Our Vision



All members of our nations will strive to live in accordance with our natural laws. By fulfilling our sacred responsibilities we will create caring, connected, and safe communities where children are nurtured in a holistic manner.

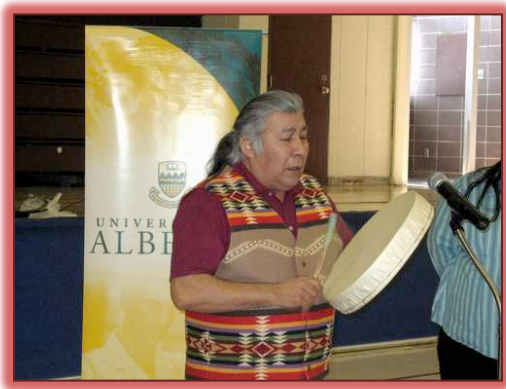
Our Mission



To develop and maintain a comprehensive and integrated system of family wellness and early childhood development services, programs and resources that reflect and are rooted within the Indigenous knowledge systems of our nations. These community supports will be locally controlled, accessible, seamless, sustainable, and delivered through the guidance of collaborative governance structures that are founded upon a commitment to collective well-being.

Guiding Principles

The development, implementation, and evaluation of First Nations early childhood and family support systems will be guided by the following principles which reflect core values and beliefs that are embedded within Indigenous ways of knowing:



“When a person has come to know their identity - who they are - their traditions and their values - once they understand those then they’re ready to take on their responsibilities in a good way.”

*Elder George Brereton, 2010
Saddle Lake First Nation*

- ❖ Nurturing and protecting the holistic health and well-being of children is a collective responsibility that is shared by all members of the global community;
- ❖ Indigenous Knowledge Holders, parents and communities possess the primary responsibility for directing the design, delivery, and administration of support programs and services for First Nations children and families;
- ❖ Planned, purposeful, and sustained utilization of Indigenous languages connects children and families to ceremony and traditional teachings, thereby contributing to the transmission of Indigenous knowledge and revitalization of the community’s Indigenous language;
- ❖ Inclusive approaches to decision-making create relational environments where people are encouraged to learn from each other and lift each other toward success, thereby creating a cohesive sense of community;
- ❖ A lifelong approach to education that includes the provision of land-based learning opportunities promotes holistic health and fosters the development of harmonious relationships with all forms of life; and
- ❖ Children and families are best supported by disciplines, programs, systems, and governments that are dedicated to the development of partnerships founded upon honesty, reciprocity, respect, trust and a commitment to social justice.



“The younger generation must re-connect with Mother Earth to fully draw on the strength and values of our ancestors and begin . . . a collective movement of cultural resurgence”

Alvin Manitopyes, 2005, p. 10

Action Plan Participants

Developing and implementing cohesive action plans will be facilitated by partnerships which feature the direct participation of the following people:

Elders - Our ability to secure our vision of “communities living in a sacred manner” is dependent upon our willingness to look to Indigenous Knowledge Holders to guide our collaborative work. It is through their knowledge of our languages, ceremonies, and customary child care practices that we will learn to restore balance to our communities.

Children and Youth - When we invite young people to join us in community development activities we are affirming their right to fulfill their responsibilities to the collective. Even very young children are capable of making important contributions to social justice projects (See [Seeds of Empathy](#), [Children Have Power](#) and [Letters to Canada](#)). By promoting the mobilization of children and youth, we are encouraging young people to “share ideas, think creatively about the future and inspire hope for others” ([FNCFCFS Child & Youth Engagement](#) website).⁹

Parents, Extended Family, and Community Members - The adults that form the primary circles of care around First Nations children possess knowledge that is essential to the development of responsive child and family services. When we respectfully engage parents, grandparents, extended family, and other community caregivers in the planning, delivery, and evaluation of services we are rebuilding the relational infrastructure of our communities.

Service Providers - Child care workers, developmental specialists, early childhood educators, health care personnel, language instructors, nutrition counsellors, social workers, and teachers are just some of the many people who provide direct care and support to children and families. With their first-hand knowledge of the human and material resource requirements of effective community programs, service providers bring a wealth of expertise to the planning and decision-making table.



“I am a leader today not just a leader of tomorrow.”

Jocelyn Formisma

*cited in Alderman, Balla
Blackstock, & Khana, 2006, p. 3*

⁹ See J. Alderman, S. Balla, C. Blackstock, & N. Khana, 2006 for a set of ethical guidelines that may be used by organizations and communities who wish to engage young people in community development and social justice initiatives.

First Nations Leadership – As we develop and mobilize our action plans, Chiefs, Band Councils, Tribal/Regional/Treaty Councils, and national Indigenous organizations will “have a major role to play as champions, advocates and role models” (FNECDC, 2011, p. 17). When First Nations leaders are actively involved in the development of community supports they are provided with direct access to current & detailed information about the needs of children and families. Armed with this knowledge, community leaders are better able to advocate for improved community services. Many First Nations leaders and political organizations have placed consistent pressure on provincial and federal governments to address service gaps and policy constraints that impact the health of First Nations children (AFN, 1989; Native Council of Canada, 1990; AFN, 1995; AFN, 2005b; AFN, 2012).



Action Plan Participants

Municipal, Provincial, and Federal Governments – A retrospective look at the Early Childhood Care and Development (ECCD) landscape finds governments largely positioned as funding and regulatory bodies that control the delivery of services through legislation and policy. Governments can support the mobilization of our collective action plans by reconceptualizing their relationships with First Nations. On March 15, 2013, Dave Hancock, Alberta’s Minister of Human Services, described policy shifts that will result in the provision of enhanced family supports and stated that the Province is committed to “breaking down barriers” and working with First Nations to “implement transformational change” (Alberta Ministry of Human Services, 2013, pp. 2,5). It is exactly this type of movement toward casting governments as collaborators, supporters, and social change agents that will bring us closer to providing children and families with the supports they require for optimal health.

Researchers and Post-Secondary Institutions - Community-based research that honours Indigenous ways of seeking knowledge can play a valuable role in the development of astute community-centred action plans. Front-line service providers typically have minimal opportunities (and resources) for reflective assessments of current practices or to learn about innovative projects that have been developed by other service providers. Over the last ten years increasing numbers of Indigenous and non-Indigenous scholars have provided practitioners, First Nations communities and First Nations leadership with essential information regarding the complex social, economic and political environments which impact the delivery of child and family supports. In addition to their contributions to the research community, several Indigenous institutes of higher learning and some public post-secondary institutions have provided programs of study that prepare students to work with Indigenous children, families, and communities. First Nations colleges within Treaty 6 and Treaty 7 territories provide ECE certificate and social work diploma programs that are founded upon Indigenous knowledge with the majority of the programs being delivered within First Nations communities. Researchers and post-secondary institutions are well-positioned to support the health of First Nations communities in a variety of tangible ways.

Social Justice Advocates: Centres of excellence, foundations, non-government organizations (NGOs), non-profit societies, think tanks, and international child and social advocacy organizations play an important role in holding systems and governments accountable for meeting their obligations to children and families. In addition to providing knowledge translation and dissemination services, many of these bodies also conduct or support research activities that are aimed at addressing social inequities. Their direct or indirect participation in the development of local community action plans can provide First Nations communities with valuable resources and supports.

Albertans, Canadians, and other Global Citizens - The journey toward healthier First Nations communities will be hastened and strengthened by the support of allies from newcomer societies. Canadians can embolden their governments to exercise the political will necessary to improve the life circumstances of Indigenous children. Collaboratively planning and engaging in actions that will “fundamentally alter the current power imbalances” will require “expansive thinking from all of us” (Waziyatawin, 2009, p.197).



“Let us put our minds together and see what life we can make for our children.”

Tatanka Iyotanka, 1876

Mobilizing our Collective Moral Courage

The human rights of First Nations children in Canada are protected through international treaty law¹⁰, the Canadian Charter of Rights and Freedoms, the Constitution Act of 1982, and more recently through the Canadian Human Rights Act.¹¹

Despite these national and international protective measures, Indigenous children in Canada continue to experience disproportionate levels of adverse life circumstances. Throughout this document we have learned that Indigenous organizations, researchers and numerous authors of government-commissioned reports have clearly and consistently articulated the actions we must take to improve the health and well-being of First Nations children. Within the following pages we consider how we might replace the inefficient re-stating and re-cycling of sound solutions with the mobilization of concrete action plans.



“The crisis is not behind us, it is with us. . .

Children only have one childhood.”

*Dr. Cindy Blackstock, February 2012
Best Start Annual Conference, Toronto, Ontario*

Addressing Structural Challenges

Building a strong foundation for our collaborative initiatives requires that we acknowledge the presence of intersecting social, economic, and political conditions that may undermine the successful implementation of our proposed action plans. Due to the entrenchment of many of these structural challenges, people and communities who must contend with these forces on a daily basis often experience frustration and a sense of hopelessness which may result in the abandonment of personal and community aspirations. While we must continue to advocate for the dismantling of these forces of social injustice, we must also direct our energy to devising creative strategies for maneuvering around these systemic forces. By doing so, we protect our communities from the debilitating powers of inertia and apathy, thereby moving us closer to our shared vision of healthy communities. The following table provides a sampling of challenges and corresponding remediation strategies that have been identified by First Nations, researchers, service providers, and social justice advocates.¹²

¹⁰ The UN Convention on the Rights of the Child and the UN Declaration on the Rights of Indigenous Peoples (UNDRIP) include specific references to Indigenous children within a number of provisions.

¹¹ This Act was amended in 2008 to include matters and decisions made under the Indian Act, which had previously been excluded.

¹² For thorough descriptions of these and other challenges see Assembly of First Nations, 2012; Auditor General of Canada, 2011; J. Ball, 2008; M.L. Greenwood & P. Shawana, 2003; A. Pence & H. Hix-Small, 2007; J. Reading, 2009; and UNICEF Canada, 2009b.

ADDRESSING STRUCTURAL CHALLENGES

EXISTING OR POTENTIAL CHALLENGE	STRATEGIES FOR ADDRESSING CHALLENGE
<p>Lack of Acknowledgement and/or Understanding of the Intergenerational Impacts of Colonialism</p> <p>Many individuals have not yet acknowledged the personal, family and community impacts of colonization. For example, some residential school survivors developed coping mechanisms that manifested as repression or denial of their personal pain. Since this history continues to reside within families, clans, and organizations, it is important for all First Nations children to learn about this aspect of their personal and ancestral history.</p> <p>At the broader societal level, if we fail to acknowledge the reach and persistence of colonial realities, there is a danger of constructing an “illusionary freedom” that emanates from public discourse and historic “amnesia [that suggests] colonialism is a <i>finished project</i>” (Czyzewski, 2011, p. 2).</p>	<p>First Nations and Public Education Institutions in collaboration with Ministries of Education – Ensure K-12 and post-secondary programs include required curriculum that explores colonial realities with appropriate degrees of depth. (For example, students enrolled in programs such as education, health care, and social work will require advanced levels of knowledge and skills with respect to addressing issues that impact the well-being of Indigenous peoples).</p> <p>First Nations, Service Providers, and Governments – Provide professional development opportunities for all sectors and disciplines that work with First Nations children and families regarding colonial realities and Indigenous-specific social determinants of health;</p> <p>First Nations, Service Providers and Canadian Communities – Launch public awareness campaigns utilizing expertise of local First Nations communities. Relevant Resources: Where are the Children? travelling exhibit and Online version of Where are the Children?; See Appendix A for additional Knowledge Dissemination strategies; and</p> <p>First Nations, Canadian Communities, and Governments – Identify, plan, and implement restitution and reparation initiatives to address past harms. Relevant Resources: Truth and Reconciliation Commission of Canada; Touchstones of Hope; Sioux Lookout Anti-Racism Committee.</p>
<p style="text-align: center;">Social Conditions</p> <p>Poverty:</p> <ul style="list-style-type: none"> 60% of Aboriginal children under the age of six live in poverty, compared with 25% of non-Aboriginal children (UNICEF, 2009); <p>Overcrowded and Substandard Housing:</p> <ul style="list-style-type: none"> “The proportion of dwellings in need of major repair in First Nation and Inuit communities remains significantly higher than those in the general population” (Campaign 2000, 2012, p. 14); “The presence of mold and mildew in First Nation housing has increased from 44% to 50.9% since 2002/03, resulting in high rates of asthma and upper respiratory conditions in children living on reserve” (Campaign 2000, 2012, p. 14). <p>Impacts on Child Welfare Intervention:</p> <p>While poverty, poor housing, and caregiver substance misuse are key risk factors for out-of-home placement of children these issues are rarely addressed by child welfare prevention and intervention programs (Boivin & Hertzman, 2012).</p>	<p>First Nations in Collaboration with Governments:</p> <ol style="list-style-type: none"> Implement a coordinated poverty eradication strategy, beginning with “immediate increases to funding for First Nations child welfare services, education and community health services” (Campaign 2000, 2012, p. 3). Invest in the early years – Child advocates correctly observe that “the Western-driven image of the [global] child is not valued for who she or he “is” but what he or she can “become” as part of a broader, global, economic agenda” (Pence & Hix-Small, 2007, p. 84). Keeping this critique in mind, governments concerned with labour force issues can be reminded that “investing in the early years may be the best way to reduce health inequalities across the life course” and “economic returns on investment in the early years, through enhanced school success, reduced criminality and improved well-being are, potentially greater than any other investment in health, education, or human development that a wealthy society can make” (Boivin & Hertzman, 2012, p. 126); Support language and cultural revitalization efforts - “Cultural adherence and [a strong sense of] identity seems to buffer the relations between socioeconomic factors and adverse outcomes” (Boivin & Hertzman, 2012, p. 41). Recent additions research also affirms that Indigenous ways of knowing serve as positive determinants of health and well-being (Tempier, Dell, Papequash, Duncan, & Tempier, 2011); and Provide enhanced supports for those children that are facing complex challenges - Research demonstrates that these children “may be the most responsive to interventions designed to enrich early environments” (Boivin & Hertzman, 2012, p. 41). <p>Canadians – Utilize a variety of platforms to remind governments that “poverty is a political choice” and that “social inclusion and well-being are equally possible” (National Council of Welfare, 2007, p. 109).</p>

EXISTING OR POTENTIAL CHALLENGE	STRATEGIES FOR ADDRESSING CHALLENGE
<p>Inequitable Funding Structures and Jurisdictional Disputes and Gaps</p> <p>Ongoing federal efforts to reduce the federal government’s responsibility to fund actual costs for education, early childhood care and development (ECCD), health and social services required by First Nations children results in the denial of Indigenous children’s human rights. In addition, disputes between federal and provincial/territorial governments regarding the payment of these essential services contributes to children, parents and communities “enduring psychological and cultural stress” to access necessary education, family, and health supports (UNICEF, 2009, p. 18).</p>	<p>First Nations - Identify resource requirements to meet the early childhood development and family support needs of First Nations.</p> <p>Federal Government – Fulfill fiduciary responsibility to provide “funding matched to population growth, needs and real cost drivers” (AFN, 2005b, p. 7)</p> <p>Governments and other Funding Bodies:</p> <ol style="list-style-type: none"> 1) Replace proposal-driven funding models with needs-based formulas; and 2) Provide sustainable funding vs. funding short-term special/pilot projects; <p>Provincial and Federal Governments – Implement Jordan’s Principle, for all programs, initiatives and services that address the health determinants of Indigenous peoples in all age groups (Keon & Pépin, 2009). Jordan’s Principle requires the government of first contact to fund the necessary service. This government may then refer the matter to intergovernmental authorities to pursue repayment of the expense. To date, the federal government and many provincial governments have declined to implement the principle.</p> <p>First Nations Leadership - Endorse and issue a public declaration of support for Jordan’s Principle. See Assembly of Manitoba Chiefs Resolution;</p> <p>First Nations and Canadians – See 7 Free Ways to Make a Difference, host Caring Across Borders Exhibit.</p>
<p>Fragmented and Uncoordinated Delivery Systems with Onerous Reporting Requirements</p> <p>Existing programs for First Nations children and families are delivered through multiple government windows resulting in a piecemeal approach to service delivery.</p> <p>Four different federal departments are responsible for early childhood programs for First Nations children. In total, “over 30 federal departments and agencies deliver some 360 federal programs and services to Aboriginal peoples” (Keon & Pépin, 2009, p. 40)</p>	<p>Governments - Implement key recommendation from the 2002 Romanow Commission to “break down the silos that currently exist between health policy and other social policy areas” by supporting and funding structures and mechanisms that will facilitate the implementation of comprehensive, holistic, and integrated programs and services (p. 221). These structures and mechanisms must be developed “with the full participation and endorsement of First Nations[and] guided by priorities and guidelines established by First Nations communities” (AFN, 2005a, p. 14).</p> <p>First Nations Communities – Continue or initiate efforts to coordinate and integrate child and family support services within your own community. See J. Ball, 2010 and FNECDC, 2011 for inspiring examples of community projects and multi-nation collaborations.</p>
<p>Imposition of Foreign Governance Models</p> <p>As described on p. 17 of this document, leadership and organizational structures have been imposed on First Nations communities through federal legislation (as well as the requirements of many funding bodies). In some communities, colonial forces have eroded community confidence in traditional Indigenous governance models, leading to tensions between the two governing styles.</p>	<p>First Nations, Service Providers, and Governments – Utilize:</p> <ol style="list-style-type: none"> 1) Indigenous Governance Models, thereby relaying a commitment to reciprocity, fair process, open lines of communication and clarity of roles and responsibilities. Some people may require assistance in learning how to participate effectively within a collaborative governance structure. See Wichitowin: Circle of Shared Responsibility & Stewardship for an example of a municipal organization which operates within an Indigenous governance framework; 2) Restorative Practice which is founded on the belief that people are happier, more cooperative, and productive, when those in positions of authority do things <i>with</i> them rather than <i>to</i> them or <i>for</i> them. See International Institute for Restorative Practices (IIRP); and 3) Circle Process: “It is through the use of circles that people redevelop relationships, feel empowered, and find consensus on issues. Within this approach we can hold ourselves accountable and restore our people to our cultural practice and respectful relationships” (Makokis, 2010, p. 9).

Promising Research and Policy Shifts

Recent developments within the research community coupled with specific modifications in government policy indicate subtle yet encouraging movement toward the creation of environments that are aligned with our Framework vision and mission statements. Therefore, it appears that our development of strategic actions may be occurring against a backdrop of increasingly supportive social and political climates.



Due to the efforts of First Nations communities, social justice advocates, and researchers we are in the midst of an era that features a heightened awareness of the issues that impact early childhood care and development in First Nations settings. For many years, throughout the world, Indigenous children were absent from early childhood research studies. As recent as 2007, we learned that “while 90% of the world’s children live in the Majority World, over 90% of the published child

development literature comes from the Minority World” (Pence and Hix-Small, 2007, p. 84). Some researchers who have worked with Indigenous communities describe their long-standing “discomfort with ideas such as ‘best practice’ . . . and the idea of ‘quality’ as an ‘objective reality’ that exists outside of context” (Pence and Hix-Small, 2007, p. 89). More recently, the term *evidence-based practice* has been critiqued not because it suggests that practice should be informed by ‘evidence’ but because some people who use the term have excluded certain forms of knowledge and lived experience from their definition of ‘evidence’ (Niles, Byers, & Krueger, 2007; Pence & Hix-Small, 2007). Given this historical oversight it is heartening to witness that the research community now includes Indigenous and non-Indigenous voices that are highlighting the natural connections between Indigenous ways of knowing and holistic approaches to nurturing the health and well-being of children and families.¹³

“It is argued that ‘other ways’ of seeing, understanding and doing offer the greatest hope and inspiration for an international ECCD that is supportive of diversity, context, equity and relevance”

A. Pence and H. Hix-Small, 2007, p. 85

In addition to the contributions from the research community, there is a cautious optimism that certain portions of the Canadian political landscape may be responding to long-standing calls for the development of integrated and comprehensive supports for children and families. For example, the Province of Alberta has issued a number of policy framework documents that promote cross-sectoral

¹³ See pp. 50-69 of this document for a sampling of related literature, video and web-site resources.

and cross-ministry collaborations.¹⁴ As a result, increasing numbers of service providers are utilizing integrated case management as a tool for coordinating a variety of child and family supports within a consolidated model of service. While it appears that some provincial systems are taking important steps toward multi-disciplinary partnerships, federal discussions of “coordination, collaboration, and integration” have failed to yield a cohesive national strategy for meeting the needs of First Nations children.¹⁵ Despite the disjointed federal approach to the provision of early childhood services, several First Nations communities have developed innovative methods for delivering education, health, and social programs in a unified manner.

Sample Strategic Actions

Meeting the goals articulated within the Framework vision and mission statements will require the collaborative identification of a broad range of strategic actions. The following tables provide a select sample of mechanisms and procedures that have been recommended by First Nations, service-providers, researchers, and advocacy bodies. As we review these ideas, it is useful to consider Jessica Ball’s warning about the deceptive notion of “best practices.”

Among those working with young children and their families, there is a grassroots movement away from a universalist approach to what children and families need toward . . . [an] approach that encompasses parents’ values, goals, and strengths. The illusion that there are best practices that can be dropped into any setting is gradually giving way to a search for promising practices applicable in particular settings. (Ball, 2008, p. 19)

Therefore, we invite readers to use the following collection of strategies as inspiration for the creation of community-specific programs, services, and resources.



“We must celebrate our achievements . . . We need to learn how to hold up each other’s daily victories as examples of what can be done, and encourage our children, our families, and our communities to do the same.”

Cynthia C. Wesley-Esquimaux, 2009, p. 30

¹⁴ See Alberta Children and Youth Initiative Partners, n.d.; Alberta Health and Wellness, 2008; and Alberta Human Services, 2012.

¹⁵ See AFN 2005a and M. Greenwood, 2005 for a summary and analysis of the challenges related to developing and implementing a “single window” approach to the delivery of First Nations early childhood services.

FRAMEWORK GOAL: TO DEVELOP EARLY CHILDHOOD DEVELOPMENT AND FAMILY SUPPORT PROGRAMS, SERVICES AND RESOURCES THAT ARE COMMUNITY CONTROLLED		
STRATEGIC OBJECTIVE	STRATEGIC ACTIONS	RELATED REFERENCES
Community members are actively engaged in the planning, delivery, evaluation, and modification of programs, services, and resources	<p>Using Indigenous governance structures, provide community members with:</p> <ul style="list-style-type: none"> ❖ A wide range of engagement points allowing people to contribute according to their interests, availability and areas of expertise; ❖ Opportunities to contribute to the identification of program goals and objectives; ❖ Information they require for decision-making; and ❖ Opportunities to contribute to the development of assessment criteria and measurement tools for program evaluation 	<p>YTC-CUP EDI Project</p>
The majority of programs and services are locally delivered by community members	<p>Develop recruitment and retention plans that feature:</p> <ul style="list-style-type: none"> ❖ Community-based education programs that are founded upon Indigenous knowledge systems and include management and administration streams; ❖ Regular opportunities for service-providers to engage in reflection, planning, and evaluation activities; ❖ Opportunities for service-providers to identify goals and priorities for professional development activities; ❖ Advocacy for improvements to wages and benefits for the early childhood sector; and ❖ Informal and formal recognition of the important roles that service providers play within the community 	<p>BC Aboriginal Child Care Society. (2012). <i>Training & Retention in the First Nations ECE Sector: A Report from the Frontlines</i>. Vancouver, BC: BC Aboriginal Child Care Society</p>
Program-related research activity is community approved, directed, and centred around community engagement	<ul style="list-style-type: none"> ❖ Develop ethical guidelines to guide research or adapt research ethics policies that have been developed by other Indigenous peoples; ❖ Ensure that community retains ownership of community data from research conducted by external sources; and ❖ Collaborate with post-secondary institutions to develop local research expertise 	<p>HELP's Approach to Working with First Nations</p>



“We will raise a generation of . . . children and youth who do not have to recover from their childhoods. It starts now, with all our strength, courage, wisdom and commitment.”

C. Blackstock, D. Bruyere, and E. Moreau, 2005, p. 1

FRAMEWORK GOAL: TO DEVELOP EARLY CHILDHOOD DEVELOPMENT AND FAMILY SUPPORT PROGRAMS, SERVICES, AND RESOURCES THAT ARE ACCESSIBLE		
STRATEGIC OBJECTIVE	STRATEGIC ACTIONS	RELATED REFERENCES
Community members are aware of the benefits of early childhood development programs and services	<ul style="list-style-type: none"> ❖ Identify what parents and other caregivers already know about early childhood development through informal surveys or broader community research projects; and ❖ Utilize a wide range of knowledge mobilization strategies to: <ul style="list-style-type: none"> - respond to identified information needs of community - inform community members about how specific programs and services can provide family supports while also facilitating optimal child development 	<p>Alberta Benchmark Survey</p> <p>See Appendix A on p. 73</p> <p>NAHO ECD Fact Sheet</p>
Families are provided with the supports they require to participate in child and family support programs	<p>Develop welcoming and inclusive approaches to service delivery by:</p> <ul style="list-style-type: none"> ❖ Conveying appreciation for parent and caregiver knowledge of their children’s capabilities, strengths, and needs; ❖ Assisting families in accessing services from other agencies and systems (i.e. services for children with disabilities); and ❖ Hosting activities that allow parents and caregivers to socialize with each other thereby building potential supportive networks (barbeques, sports nights, fund-raising events, etc.) <p>Address challenges that impede the ability of some families to participate in programs and services. Ideas include:</p> <ul style="list-style-type: none"> ❖ Collaborating with governments and other community agencies to address housing, employment and education needs; ❖ Development of community kitchens; ❖ Providing transportation to special program events; and ❖ Facilitating father involvement by creating father-friendly environments, producing and promoting positive images of Indigenous fathers, and recruiting men to work within child and family programs 	<p>Ball, J. (2008). Promoting equity and dignity for Aboriginal children in Canada. <i>IRPP Choices</i>, 14(7).</p> <p>National Collaborating Centre for Aboriginal Health. (2011). . . . <i>with Dad: Strengthening the circle of care</i>. Prince George, BC: National Collaborating Centre for Aboriginal Health</p>
Programs and services are offered in a variety of formats and locations to meet the diverse needs of children and families	<p>In addition to offering centre-based programs, reach out to families by developing:</p> <ul style="list-style-type: none"> ❖ Mobile toy libraries ❖ Home visitation programs ❖ Mobile teams of specialists (speech, occupational and physical therapy, etc.); ❖ On-line speech and language therapy; and ❖ Recreation programs that support the participation of all children, including those with disabilities 	<p>Ball, J. (2005). Early childhood care and development programs as hook and hub for inter-sectoral service delivery in First Nations communities. <i>Journal of Aboriginal Health</i>, March 2005, 36-50.</p> <p>Right to Play</p>



“We need to understand that the most sacred calling of all is the commitment to family.”

Albert Pooley, President of the Native American Fatherhood & Families Association, cited in NCAAH, 2011, p. 11

FRAMEWORK GOAL: TO DEVELOP EARLY CHILDHOOD DEVELOPMENT & FAMILY SUPPORT PROGRAMS, SERVICES, & RESOURCES THAT ARE ROOTED WITHIN INDIGENOUS KNOWLEDGE SYSTEMS		
STRATEGIC OBJECTIVE	STRATEGIC ACTIONS	RELATED REFERENCES
Children and families are provided with a wide range of opportunities to acquire and maintain proficiency in the local Indigenous language(s)	<p>Promote Indigenous language acquisition by:</p> <ul style="list-style-type: none"> ❖ Continuing to advocate for the creation of protective legislation and comprehensive funding supports for the revitalization and protection of the First Languages of Canada; ❖ Providing ongoing language training for all service providers; ❖ Collaborating with K-12 and post-secondary institutions to provide language education opportunities over the lifespan; ❖ Using local languages within aspects of all programs and services, including parent and family supports; ❖ Offering immersion programming; and ❖ Fostering the development of community-wide language revitalization efforts 	<p>AFN, 2012, pp. 23-29.</p> <p>First Peoples' Cultural Foundation</p> <p>FirstVoices Kids</p>
Families are provided with the supports they require to reconnect with traditional child-rearing practices	<ul style="list-style-type: none"> ❖ Design community-generated research projects that will identify and describe customary child care practices; ❖ Develop parenting support programs that feature the active involvement of Elders as well as the use of multi-media resources to provide information about traditional child rearing practices; ❖ Provide regular opportunities for Elders to interact with children and families thereby building intergenerational relationships, creating important family supports, and fostering the transmission of Indigenous knowledge; ❖ Collaborate with health professionals to assist communities in reclaiming traditional childbirth practices, thereby providing new parents with social supports as well as building their Indigenous knowledge base; ❖ Advocate for the provision of early supports for young parents and families; and ❖ Collaborate with K-12 school systems to ensure young people engage with Indigenous Knowledge Holders to learn about the skills and knowledge they will require to create healthy families. 	<p>Best Start Resource Centre. (2010). <i>A Child Becomes Strong: Journeying Through Each Stage of the Life Cycle</i>. Toronto, ON: Best Start Resource Centre.</p> <p>CCL Parent and Child Activity Calendar</p> <p>NCCAHA Caregiver-Infant Attachment for Aboriginal Families</p> <p>National Collaborating Centre for Aboriginal Health. (2012). <i>The Sacred Space of Womanhood: Mothering across the Generations</i>. Prince George, BC: NCCH</p>

FRAMEWORK GOAL: TO DEVELOP EARLY CHILDHOOD DEVELOPMENT & FAMILY SUPPORT PROGRAMS, SERVICES, & RESOURCES THAT ARE ROOTED WITHIN INDIGENOUS KNOWLEDGE SYSTEMS (continued . . .)		
STRATEGIC OBJECTIVE	STRATEGIC ACTIONS	RELATED REFERENCES
Programs, buildings, and grounds are designed to reflect the traditions and culture of the local community.	<p>Facilitate the active involvement of Elders by:</p> <ul style="list-style-type: none"> ❖ Ensuring that Elders contribute to the planning and development of programs and services; ❖ Inviting Elders to participate in the provision of professional development for service providers; ❖ Organizing field trips to the homes of Elders and other community members who possess specific expertise, allowing children to observe and participate in traditional activities such as tanning hides or drying meat; ❖ Inviting Elders to help children make traditional toys; and ❖ Creating landscape designs that feature seating areas to accommodate and facilitate interaction between children and Elders <p>Offer activities that result in the development of community resources:</p> <ul style="list-style-type: none"> ❖ Host “Make-and-Take” workshops that provide parents and service-providers with culturally-specific learning resources; ❖ Collaborate with K-12 educators to create community storybooks written and illustrated by children of all ages; ❖ Produce CDs of children singing in the local language; ❖ Work with community members to create “how-to” videos on fishing, berry-picking, making a drum, etc. ❖ Include children in the process of planting and caring for a community garden; and ❖ Regularly host events that feature children and community members participating in traditional dance, storytelling, and performing and visual arts 	<p>BC Aboriginal Child Care Society. (2003). <i>Handbook of Best Practices in Aboriginal Early Childhood Programs</i>. Vancouver, BC: BC Aboriginal Child Care Society.</p> <p>Best Start Resource Centre. (2011). <i>Founded in culture: Strategies to promote early learning among First Nations children in Ontario</i>. Toronto, ON: Best Start Resource Centre.</p> <p>National Collaborating Centre for Aboriginal Health. (2009). <i>Messages from the heart: A showcase on Aboriginal child rearing</i>. Prince George, BC: National Collaborating Centre for Aboriginal Health.</p>



“Our grandmothers tell us that the answers lie within our own cultures, ways of knowing and being, and in our languages. When I listen to them talk about pregnancy, childbirth, and mothering, I hear revolutionary teachings with the potential to bring about radical changes in our families, communities, and nations”

Leanne Simpson, cited in NCCAH, 2012, p. 11

FRAMEWORK GOAL: TO DEVELOP EARLY CHILDHOOD DEVELOPMENT AND FAMILY SUPPORT PROGRAM RESOURCES, AND SERVICES THAT ARE SEAMLESS		
STRATEGIC OBJECTIVE	STRATEGIC ACTIONS	RELATED REFERENCES
Children and parents are provided with supports that result in an uninterrupted continuum of services	<p>Establish multi-disciplinary partnerships that feature the facilitation of smooth transitions between:</p> <ul style="list-style-type: none"> ❖ Maternal support programs and early childhood programs; ❖ Early childhood programs and K-12 education systems; ❖ Secondary education systems and adult education/post-secondary systems; and ❖ Education systems and workplace settings 	AFN. (2005). <i>First Nations Early Learning and Child Care Action Plan</i> . Ottawa, ON: AFN.
Programs and services are designed to attend to the health and well-being of all children and families within the community	<p>The diverse needs of children and families are met by:</p> <ul style="list-style-type: none"> ❖ Programs and services that are supplied with the appropriate material and human resources; ❖ The provision of necessary health supports such as speech, occupational, and physical therapy; ❖ The development of modified learning/support environments; and ❖ The development and application of individualized program/support plans 	BC First Nations Early Childhood Development Council. (2009). <i>BC First Nations Early Childhood Development Framework</i> . Vancouver, BC: First Nations Early Childhood Development Council
Programs and services are delivered in an integrated manner	<p>Facilitate the coordinated delivery of services by:</p> <ul style="list-style-type: none"> ❖ Collaborating with post-secondary institutions to ensure that prospective service-providers learn about Indigenous views regarding the holistic nature of child and human development; ❖ Developing mechanisms for the formation of multi-disciplinary partnerships; ❖ Housing child and family support programs within multi-purpose high-use community buildings; and ❖ Completing regular community-directed program evaluations with a view to identifying additional strategies for achieving greater coherence and integration between and amongst disciplines and sectors 	Ball, J. (2005). Early childhood care and development programs as hook and hub for inter-sectoral service delivery in First Nations communities. <i>Journal of Aboriginal Health</i> , March 2005, 36-50.



“[To honour the concept of lifelong learning we must ensure that] learners have the opportunity to achieve their personal aspirations through access to education at all stages of learning . . . [from] infancy through to senior years, and in a variety of settings – school, home, community, workplace, and on the land.”

Chiefs Assembly on Education, AFN, October 2012

FRAMEWORK GOAL: TO DEVELOP EARLY CHILDHOOD DEVELOPMENT AND FAMILY SUPPORT PROGRAMS RESOURCES, AND SERVICES THAT ARE SUSTAINABLE		
STRATEGIC OBJECTIVE	STRATEGIC ACTIONS	RELATED REFERENCES
Comprehensive and persistent advocacy efforts call for federal commitments to provide adequate and stable funding levels to meet the holistic needs of First Nations children and families	Develop the breadth and depth of social action projects by: <ul style="list-style-type: none"> ❖ Mobilizing Indigenous and non-Indigenous youth; ❖ Developing partnerships with other First Nations communities; ❖ Raising awareness of current inequitable funding formulas; ❖ Joining related campaigns mounted by social advocacy bodies; and ❖ Engaging with non-Indigenous communities to address the challenges related to creating and maintaining necessary supports for children and families 	Touchstones of Hope; Sioux Lookout Anti-Racism Committee.
Action Plan Participants consider a wide range of options for enhancing the sustainability of programs and services	Engage with other First Nations communities for the purpose of: <ul style="list-style-type: none"> ❖ Sharing information about current programs and services; and ❖ Exploring the potential benefits of forming partnerships that may result in the maximization of limited resources and the establishment of mutually-supportive collaborative initiatives 	BC FNECD Council
Community-directed research projects contribute to the ongoing evaluation and modification of existing programs and services	Develop research projects that promote program sustainability by: <ul style="list-style-type: none"> ❖ Identifying, documenting and assessing existing factors that contribute to or inhibit the effectiveness of current child and family supports; ❖ Describing how other communities are addressing challenges to sustainability; ❖ Promoting knowledge exchange between disciplines and sectors; and ❖ Exploring how Indigenous knowledge systems are contributing to the health and well-being of children, families, and communities 	Ball, J. & LeMare, L. (2011). Lessons from community-university partnerships with First Nations. In H. Goelman, J. Pivik, & M. Guhn (Eds.), <i>New approaches to early child development: Rules, rituals and realities</i> (pp. 69-94). New York: Palgrave Macmillan.



“We must reach back in order to move forward.”

Elder Isabelle Impey, cited in Dorion, 2010, p. 126

Next Steps

This document has been designed to inspire readers to engage in conversations concerning the health of Indigenous children and their families. The advancement of these discussions will require champions from within First Nations communities to:

- 1) Develop inclusive mechanisms for initiating broader conversations around the information and ideas presented in this document; and
- 2) Lead the development of strategic action plans that will feature the support and contributions of First Nations, service providers, governments, educators, researchers, social justice advocates, and members of the general Canadian population.

“Moral courage” has been used to describe the transformational power we are able to harness when we choose to express our values and ethics through our behaviour (Blackstock, 2011). Honouring the Framework Guiding Principles will require the persistent mobilization of our collective moral courage. With each activation of our guiding principles we will be advancing our journey to a sustainable future that is defined by communities living in a sacred manner.



“Most people do not *choose* to be complicit in genocide.

Most people do not *choose* to be active participants in a colonial process.

Most people do not *choose* to be the beneficiaries of either.

Yet, the reality is such that if you are not *actively* and *clearly* conducting yourself in a manner that opposes these realities, then you end up being a part of the process whether intended or not.”

Ward Churchill

*Concordia University, April 15, 2009
On Colonialism as Genocide*

Activating Your Personal Moral Courage

Please take a few moments to consider your own particular set of societal roles (examples include parent, grandparent, extended family member, childcare provider, educator, foster parent, health provider, member of Chief and Council, advocate, social worker, a member of a provincial or federal Ministry, family friend, Albertan, Canadian, International citizen). Use the chart below to help you complete the following sentence.

Here are some actions that I am currently engaged in – or will commit to – as part of my shared responsibility to support the health of First Nations children and families:

Example:

Framework Goal	Role 1: Uncle	Role 2: Educator
Early childhood and family support systems will be:		
Rooted within Indigenous Knowledge Systems	<i>This year my drumming group sang at my niece’s kindergarten graduation ceremony.</i>	<i>I will contact the local day care and offer to develop a Reading Buddies program – my Grade 7 students will read with the children at the daycare once a month.</i>
Community controlled	<i>I am currently a member of the Community Advisory Council at my nephew’s pre-school.</i>	<i>I will ensure that my students learn how to write persuasive blogs and Letters to the Editor so that they might express their views regarding community issues within local newspapers or social media sites.</i>

Framework Goal	Role 1: _____	Role 2: _____
Early childhood and family support systems will be:		
Rooted within Indigenous Knowledge Systems		
Community controlled		
Accessible		
Seamless and Sustainable		



*“We move mountains by first moving ourselves. . . .
The choice is ours. We make the difference. It is we who decide to live, or not live, our visions.”*

Dr. Gregory Cajete, 1994, p. 68



“We must move forward with new visions . . . for the survival of our children, our grandchildren and the seven generations yet to be born.”

Dr. Leona Makokis, 2010

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A Sampling of Recommended Resources

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Video Links¹⁶

[The Adverse Childhood Experiences \(ACE\) Study](#)

This 2012 video summarizes the key findings of the ACE Research Project, a collaborative initiative led by Dr. Robert F. Anda of the Centers for Disease Control and Prevention in Atlanta and Vincent J. Felitti of Kaiser Permanente in San Diego, CA. Preliminary results point to the many interconnected health, social, and economic risks that result from childhood trauma.

[Attachment and Brain Development](#)

At the 2012 KMT Child Development & Community Conference, Dr. Gabor Maté discusses the important links between the nature of early life experiences and brain architecture.

[Blind Spot: What Happened to Aboriginal Fathers?](#)

This CBC special report relates the issue of absent fathers to the legacy of residential school. It also describes how people and organizations in the city of Regina are developing strategies for supporting Indigenous fathers.

[Brain Development and Addiction](#)

Dr. Gabor Maté identifies life experiences that often lead to dangerous behaviours and addictions. He describes how the forces of trauma, neglect, and violence during early childhood inhibits critical brain development. At 41:08, he explains that “just the kind of things that science is now discovering about what we need to do to nurture kids is the way that First Nations people used to parent their kids.”

[Brain Hero](#)

This animated video, co-developed by Harvard and the University of Southern California, demonstrates how early childhood experiences shape later outcomes for both the child and the community.

¹⁶ In order to access the hyperlinks to the following resources, please download an electronic copy of this document from the Blue Quills First Nations College website: www.bluequills.ca

[Culture is Good Medicine: A profile of the Unama'ki Maternal Child Health Program in Eskasoni, Cape Breton](#)

This documentary provides an overview of services provided by a Mi'kmaw maternal and child health program.

[Cavalcade Productions, Inc.](#)

This video production company develops training resources for people who provide support to children, adults, and families who have experienced trauma. Series titles include *Trauma and Dissociation in Children*, *Vicarious Traumatization*, and *Children with Disrupted Attachment*.

[Early Brain and Biological Development Symposium \(2011\)](#)

As part of their knowledge-mobilization strategy, the Alberta Family Wellness Initiative organized an event which brought together participants and presenters from a variety of disciplines to explore the connections between stress, early brain development, and addiction-based response systems. This 40-minute video features highlights of the key themes explored during this symposium.

[How Do You Think Someone Should Treat their Girlfriend?](#)

This video is one of the resources provided under the Kids tab of the Kizhaay Anishinaabe Niin/I am a Kind Man website.

[Jidwa:doh: Let's Become Again](#)

This excerpt is from a DVD directed by Dawn Martin-Hill on behalf of the Indigenous Elders and Youth Council (IEYC). In 2004, wisdom keepers from all over the world gathered at Six Nations of the Grand River Territory to discuss the role of Indigenous knowledge in the restoration of health to families, communities, and nations.

[Kids, Culture and Chaos: The Need for Conscious Parenting](#)

A 2011 interview with Dr. Gabor Maté regarding attachment and conscious parenting.

[Maternal Child Health](#)

With Indigenous youth as the target audience, this video previews a comic book which provides young parents with strategies for supporting healthy child development.

[Messages from the Heart: Caring for our Children](#)

This documentary features the highlights of a national gathering which highlighted a range of parenting and family support programs in First Nations, Inuit and Métis communities.

[Poverty and Brain Development](#)

The Director of Infant Mental Health Promotion at the Toronto Hospital for Sick Children explains how poverty impacts brain development and provides strategies for mitigating the stressors that often accompany poverty.

[Raising a Child: Raising a Community](#)

A young Métis mother describes the important role that community members have played in ensuring that her children are raised with a strong Métis identity.

[Reclaiming Wholeness: Moving from Visions to Actions](#)

People from a variety of sectors across Canada discuss how they might work together to support the health and well-being of First Nations, Métis, and Inuit peoples.

[Science in Seconds: Children's Mental Health](#)

This University of Alberta video explains how children raised in nurturing environments are able to develop brain architecture which leads to the utilization of balanced and resilient strategies for addressing stressful life events.

[Science in Seconds: Early Brain Development](#)

This University of Alberta video provides an overview of the impact that childhood attachments can have on a person's long-term ability to manage stress and conflict.

[With Dad: Strengthening the Circle of Care](#)

This documentary explores how First Nations, Métis and Inuit fathers might be supported as they assume their responsibilities for contributing to the well-being of their children, families, communities, and nations.

[Internet Resources](#)

[Aboriginal Healing Foundation](#)

This national not-for-profit corporation was established in March 1998 to manage the distribution of a one-time \$350 million grant from the Government of Canada in support of community-based healing projects that addressed the legacy of physical and sexual abuse at residential schools. This healing fund was a component of *Gathering Strength: Canada's Aboriginal Action Plan* (the federal government's response to the 1996 Royal Commission on Aboriginal Peoples). While the foundation's mandate period has expired, the website provides access to a number of publications, an online bulletin board and links to relevant news articles.

[Adverse Childhood Experiences \(ACE\) Study](#)

Updates are provided regarding the ongoing ACE Study, which is a collaborative research project led by Dr. Robert F. Anda of the Centers for Disease Control and Prevention in Atlanta and Vincent J. Felitti of Kaiser Permanente in San Diego, CA. Preliminary results point to the many interconnected health, social, and economic risks that result from childhood trauma. The website includes a link to the ACE Score Calculator.

[Alberta Centre for Child, Family, and Community Research](#)

Established in 2003, this not-for-profit charitable organization is primarily funded by the Government of Alberta's Ministry of Children and Youth Services. The Centre was developed to support and disseminate research on policy issues related to enhancing the health and well-being of children, families, and communities. The website features a [First Nations, Métis, and Inuit Gateway](#).

[Alberta Family Wellness Initiative \(AFWI\)](#)

In 2007, the Alberta-based Norlien Foundation created the AFWI as a multi-disciplinary strategy for transforming early brain and addiction research into policy and practice. The site provides print and multi-media resources for families, early childhood and health care professionals, researchers, and policy-makers.

[Alberta Health Services \(AHS\)](#)

This website includes early childhood development resources for parents, including a link to *Apple Magazine*, an AHS publication.

[Alberta Human Services - Family Violence: Aboriginal Families](#)

This Government of Alberta website provides phone numbers, information sheets, posters, and links to websites which are dedicated to family violence prevention and intervention services.

[American Humane Association](#)

Established in 1877, this organization works to 1) support the well-being of children and animals and; 2) enhance understanding of human-animal relationships. The Association's initiatives include Family Group Decision-Making (FGDM), child abuse and neglect prevention programs, and strategies for social policy advocacy.

[Apple Magazine](#)

This print and online resource is a health and wellness magazine developed by Alberta Health Services. The Fall 2012 issue is dedicated to sharing key findings of early brain development research.

[Attachment and Trauma Network](#)

Formed in Maryland in 1995, this organization has developed into an international network that provides resources, support and advocacy for the challenges faced by traumatized children and their families. The website provides online support groups, webinars, a bi-monthly newsletter and event notices for upcoming workshops and conferences.

[Best Start](#)

Ontario's Maternal Newborn and Early Childhood Development Resource Centre provides service providers with workshops, conferences, resources, and consultation services. The Centre has collaborated with Indigenous communities and organizations to create a number of resources that are designed specifically for use with Indigenous children and families.

[Child Adolescent and Family Mental Health \(CASA\)](#)

This Edmonton-based organization provides mental health services to infants, children, youth, and families in central and northern Alberta. In addition to providing information about the CASA intake process, the website provides links to print and multi-media resources. CASA is currently collaborating with Blue Quills First Nations College and Alberta Health Services to create a resource manual for Indigenous parents which draws links between Cree teachings and early brain development research.

[Child Care Canada: Child Care Resource and Research Unit](#)

Located in Toronto, this research institute provides public education, resources, and consultation on early childhood education and child care. A search of their online resources using the search term "Aboriginal" resulted in 279 entries.

[Child Care Canada: Child Care Resource and Research Unit. Quality by Design Project](#)

Funded by Social Development Canada, the Quality by Design Project identified a number of elements that are associated with "high quality early learning and child care programs." The website provides an overview of these elements as well as links to related literature.

[Child Trauma Academy](#)

This Texas not-for-profit organization has its roots in the Center for the Study of Childhood Trauma which was founded in 1990 by Dr. Bruce Perry. During that time, Dr. Perry and some of his colleagues were among the first to uncover the important connections between trauma and early brain development. This site offers resources for parents and those who work within the fields of health care and early childhood development.

[Community-University Partnership \(CUP\) for the Study of Children, Youth and Families](#)

CUP is a partnership which features collaboration among the University of Alberta and agencies and organizations across the province. The mandate of the partnership is to improve the health and well-being of children and families. The keynote speaker for CUP's 2012 conference was Dr. Cindy Blackstock, the Director of the First Nations and Family Caring Society of Canada. Dr. Blackstock's presentation was entitled: *Children's Voices have Power: Children Standing in Solidarity with First Nations Children*.

[eMentalHealth.ca](#)

Founded in 2005, this non-profit organization is an initiative of the Ontario Centre for Excellence for Child and Youth Mental Health. The site provides a directory of services, mental health screening tools, resources, and a mental health events calendar. The "Specific Groups and Populations" tab features a link to services for First Nations, Métis and Inuit people.

[Early Childhood Development Intercultural Partnerships](#)

In 2002, Dr. Jessica Ball, from the University of Victoria launched a multi-disciplinary program of research which explores various aspects of Indigenous child and family development. Projects include father involvement, the role of early childhood programs in community social cohesion, and factors affecting sustainability of Indigenous Early Childhood Programs. The site includes an order form for a resource kit for supporting Indigenous fathers which includes a DVD, guide booklets, information sheets, and a poster.

[Early Childhood Learning Knowledge Center: Canadian Council on Learning](#)

In 2009, the funding period concluded for the five knowledge centers sponsored by the Canadian Council on Learning (CCL). This site provides links to resources and research reports produced through the Early Childhood Knowledge Centre. In collaboration with the First Nations of Quebec and Labrador Health and Social Sciences Commission (FNQLHSSC) the knowledge center developed parent and child activity calendars for use in Indigenous communities.

[Early Child Development \(ECD\) Mapping Initiative](#)

Joining the ECD mapping efforts of several other Canadian provinces, this Alberta-wide research project will study the factors that influence child development and use these results to support children, families, and communities.

[Early Child Development Mapping Project \(ECMap\)](#)

From 2009-2014 this project will conduct research throughout Alberta which will contribute to the province's larger ECD Mapping Initiative. One component of this project has been the identification of community assets which support healthy early childhood development.

[Ending Violence Association of BC \(EVA BC\)](#)

This non-profit organization provides services to over 200 funded anti-violence programs throughout British Columbia. The website includes links to publications, listserves, education tools, and to specific initiatives such as the [Indigenous Communities Safety Project](#).

[First Nation Children's First Portal](#)

This website provides links to resources for advocates, children, community members, parents/caregivers, and youth. Resources are also organized according to Physical, Mental, Spiritual, and Social supports. The site provides users with opportunities to participate in on-line discussions.

[First Nations Child and Family Caring Society of Canada \(FNCFCS\)](#)

First conceptualized in 1998 at a national meeting of First Nations child and family service agencies, the vision of this not-for-profit organization is "a generation of First Nations children who have the same opportunities to succeed, celebrate their culture and be proud of who they are as other children in Canada." In 2007, the FNCFCS and the Assembly of First Nations filed a complaint to the Canadian Human Rights Commission alleging that the federal government, as represented by the Minister of Indian and Northern Affairs [INAC], racially discriminates against First Nations children by providing less child welfare benefit on reserves. The Canadian Human Rights Tribunal has set down 14 weeks of hearing dates beginning on February 25, 2013 to hear this case. Other FNCFCS initiatives include Touchstones of Hope, CAB Photo Exhibit, FN Child Welfare Funding, Indigenous Childs Rights, and Ethical Youth Engagement. FNCFCS actively participates in knowledge dissemination with the website providing access to a searchable database of over 2500 publications.

[First Nations Early Childhood Development Council](#)

Created in 2007, this Council's mandate was to develop an Early Childhood Development agenda and action plan for First Nations communities in British Columbia. In 2011 the Council published the second edition of the *BC First Nations Early Childhood Development Framework* document. The Council has also developed a Memorandum of Understanding which acknowledges "Early Childhood Development is critical to the success of First Nations children in all aspects of their lives and serves as the foundation for life-long learning." This MOU has been signed by over 60 representatives from First Nations communities, governments and organizations across British Columbia.

[First Peoples' Cultural Foundation](#)

This foundation supports the revitalization of Indigenous arts, languages and cultures unique to British Columbia. Through their [FirstVoices](#) website the foundation has also provided opportunities for other First Nations to record words, phrases, stories and songs in their languages. The website also includes a link to a variety of [language apps](#) for phones and tablets.

[Gabor Maté, MD](#)

Dr. Gabor Maté is well known for his expertise in the fields of addictions, mental health, and family dynamics. His approach is holistic and speaks to the spiritual dimensions of healing and wellness. This site provides links to Dr. Maté's research as well as his blog and audiovideo recordings of his presentations.

[Hand in Hand Parenting](#)

Based in Palo, Alto, California, this organization offers their services internationally with a focus on helping parents to nurture connections with their children. The website offers online support groups, blogs, tip sheets, and a description of online and face to face training programs.

[Healthy Newborn Network \(HNN\)](#)

Established to address critical knowledge gaps in newborn health, the HNN is a global online community of parents, researchers, practitioners, and advocates. The site provides a monthly e-newsletter as well as links to publications and multimedia resources.

[Historical Trauma](#)

In the 1980s Dr. Maria Yellow Horse Brave Heart (Oglala/Hunkpapa Lakota) conceptualized the term "historical trauma" to refer to "the collective emotional and psychological injury both over the life span and across generations, resulting from a cataclysmic history of genocide." This site offers an overview of the phases of unresolved grief and a four-phase intervention model. A comprehensive reference list of related literature is offered as well as links to other organizations devoted to addressing historical trauma.

[Human Early Learning Partnership \(HELP\)](#)

Based at the University of British Columbia, this collaborative research network explores how early environments and experiences may contribute to social inequalities in children's development, thereby impacting future quality of life. HELP has developed an Aboriginal Steering Committee to guide their work with First Nations communities.

[International Institute for Restorative Practices \(IIRP\)](#)

This graduate school located in Pennsylvania is part of an emerging global movement which is devoted to the utilization of restorative practices. In addition to offering degree programs, IIRP also engages in research and dissemination of emerging knowledge about restorative practices.

[It Starts with You. It Stays with Him](#)

This online social-media based campaign is designed to inspire men to promote healthy, equal relationships with the boys in their lives. Website resources offer suggestions for teaching young men “how to achieve consent, set boundaries, use respectful communication in all their relationships and value women and girls.”

[Kanawayhitowin: Taking Care of Each Other’s Spirit](#)

A community action campaign to prevent violence against women in First Nations communities. This initiative is based upon the belief that all community members have a role to play in preventing family violence. The website includes a discussion of the impact of family violence on children’s well-being.

[Kizhaay Asinshnaabe Niin/ I am a Kind Man](#)

Created by First Nations men in Ontario, this campaign provides opportunities for communities to engage men and youth in understanding their roles and responsibilities for ending violence against young girls and women. Using the Seven Grandfather Teachings the initiative acknowledges the challenges youth and men face and encourages them to reconnect to their traditional roles within families and communities. The website includes links to Youth and Kids components of the campaign.

[Kizhaay Asinshnaabe Niin/ I am a Kind Man Kids’ Website](#)

This website is part of the larger I am a Kind Man campaign and is designed to help children understand when they are being abused and when they are abusing others. The site offers tips for working through anger and guides children to live according to the Seven Grandfather Teachings.

[Legacy of Hope Foundation](#)

The Board of Directors of the Aboriginal Healing Foundation recognized that ongoing healing from residential schools would be needed well after the conclusion of their eleven-year mandate period. Established in 2000, the Legacy of Hope Foundation (LHF) is a charitable organization that strives to 1) raise awareness and understanding of the intergenerational impacts which are part of the legacy of residential schools and; 2) support the ongoing healing process of Residential School Survivors.

[Little Drum Consulting](#)

Based in Victoria, British Columbia, this organization provides a wide range of consulting services with a focus on fostering resiliency in Indigenous children, families and communities. Monique Gray Smith, a Little Drum team member, has recently written a workbook which features four “Blankets of Resiliency” that are used to support the well-being of Indigenous children.

[NGO Group for the Convention on the Rights of the Child](#)

This network, composed of 79 national and international NGOs is a global voice for child rights. The central focus of the Group’s work is to “facilitate the promotion, implementation and monitoring of the Convention on the Rights of the Child.” The site includes links to webcasts, publications, and other resources dedicated to child right issues.

[National Aboriginal Circle Against Family Violence](#)

Established in 2002, this organization emerged from a series of meetings between family violence service providers. This national body disseminates research, advocates for the development of training programs, and offers support to service providers.

[National Aboriginal Healing Organization](#)

Established in March 2000, funding for this Indigenous health promotion organization was terminated in June 2012. The organization produced fact sheets, reports, and videos addressing health issues faced by First Nations, Inuit, and Métis people. The website will remain available until December 22, 2017. [NAHO’s YouTube Channel](#) and [SlideShare](#) accounts will also remain available. In addition to visiting the NAHO website, please see Appendix A for samples of NAHO publications.

[National Collaborating Centre for Aboriginal Health](#)

Established in 2005, the mandate of this centre is to 1) support First Nations, Inuit and Métis peoples in securing their public health goals and 2) reduce the health inequities that currently exist for Indigenous peoples in Canada. The website provides links to a vast array of publications and multi-media resources.

[Native Counselling Services of Alberta \(NCSA\)](#)

Established in 1970, this agency offered assistance to Indigenous people who were involved with the legal system. Since then the organization has developed a number of new programs that address family and community wellness issues. Programs include leadership training for youth, human rights advocacy, and Family Group Conferencing.

[Native American Fatherhood and Families Association](#)

This organization was founded in 2002 by Albert Pooley (Hopi/Navajo), a marriage and family counselor who developed an interest in supporting men to assume their roles as fathers and members of their nations. The organization's current mission is "to strengthen families by responsibly involving fathers in the lives of their children, families and communities and partnering with mothers to provide happy and safe families."

[Native Women's Association of Canada \(NWAC\)](#)

Established in 1974, NWAC "works to advance the well-being of Aboriginal women and girls, as well as their families and communities through activism, policy analysis and advocacy. " Recent projects include the development of a [Violence Prevention Toolkit](#) by the NWAC Youth Council which has gained national acclaim.

[Norlien Foundation](#)

This private Alberta-based foundation was created in 1997 with a mandate to work within the areas of childhood development, addiction, and mental health. In collaboration with a variety of national and international organizations, the Foundation has initiated a number of projects related to 1) knowledge translation and mobilization; 2) professional development and training, 3) applied research; 4) evaluation; and 5) networking.

[Raising Children from 0 to 6 years.](#)

This Government of Alberta website provides resources for families and early childhood professionals. Resource categories include Raising Children, Behaviour and Parenting and Working with Parents and Children.

[Raising the children: A Training Program for Aboriginal Parents](#)

Formed in the 1990s, this program was developed by community members from the Sioux Lookout area who saw a need for services that would contribute to child and family wellness. A manual with accompanying audiovisual resources was developed to guide the delivery of training programs for parents. This website offers online discussion groups where parents, teachers, and program facilitators can discuss issues related to supporting positive early childhood outcomes.

[Seeds of Empathy](#)

Launched in British Columbia in 2005, this organization delivers early childhood programs and provides professional development to early childhood educators. In 2008, the Assembly of First Nations passed a resolution to support both Seeds of Empathy and Roots of Empathy (a program for school-age children) stating that both programs are "compatible with traditional First Nations

teachings and worldviews.” The organization’s mission is “to build caring, peaceful and civil societies through the development of empathy in children and adults.”

[Signs of Safety](#)

First developed in Australia during the 1990s, this safety-organized approach to child protection has also been adopted in North America and Europe. The site includes links to print and multi-media resources.

[Sioux Lookout Anti-Racism Committee](#)

Established in 1988, this organization works to “promote cooperation and understanding between the Native and non-Native population of Sioux Lookout, Ontario. The Anti-Racism Advocacy sub-committee monitors incidents of racism and intervenes if necessary while the Youth Advisory Committee promotes healthy race relations between young people.” In 2011, this organization’s Healing and Reconciliation Coalition held a two-day gathering which resulted in the development of a handbook entitled *Starting to Talk: A Guide for Communities on Healing and Reconciliation from the Legacy of Indian Residential Schools*.

[Sub-group on Indigenous Children and Young People \(ISG\)](#)

The formation of this sub group in 2005 marks the first time that an international focal point has been dedicated to addressing the rights violations experienced by Indigenous children, young people and their families. The mission of the ISG is to work “towards the recognition of, respect for, and implementation of the human rights of Indigenous children and young people, taking into account the specific role of their families and communities.”

[Tools for Aboriginal Communities: Canadian Council on Learning](#)

This site provides a series of calendars which provide parents with suggested activities that promote healthy child development. Each calendar is illustrated by a First Nations artist and targets a specific age group.

[Truth and Reconciliation Commission \(TRC\) of Canada](#)

Established in 2009, the TRC was formed as part of the Indian Residential Schools Agreement, with a five-year mandate to “inform all Canadians about what happened in Indian Residential Schools.” The site includes a link to the TRC’s 2012 Interim Report which provides 20 recommendations related to five key areas of focus: operation of the Commission, education, support for survivors, reconciliation, and commemoration.

[TVO Parents](#)

This Toronto-based organization provides a multifaceted range of resources for parents and early childhood practitioners. The site offers blogs, podcasts, videos, documents, and weekly tip sheets related to supporting healthy child development. Topics include: 1) parenting and your child's brain; 2) gender and learning; 3) developmental milestones; and 4) building empathy in young children.

[Wicihitowin: Circle of Shared Responsibility & Stewardship](#)

As the Steering Committee for Edmonton's Urban Aboriginal Strategy, this organization includes "urban Aboriginal people, agencies, and Governments, working together to address the needs identified by Edmonton's urban Aboriginal people." As identified within the framework document, the Wicihitowin Circle is modeled after traditional Indigenous governance structures.

[Zero to Three](#)

Located in Washington, DC, this national organization "informs, trains, and supports professionals, policymakers, and parents in their efforts to improve the lives of infants and toddlers." The site offers links to publications and interactive web-based resources.

Appendix A: Knowledge Dissemination Tips and Resources

Following is a list of ideas for sharing information about supporting healthy early childhood development:

1) Blogs, List-Serves, Virtual Seminars and Websites

- Example of an Interactive Website - [Zero to Three](#) – includes a “baby brain map” which provides tips for enriching child development during specific periods of brain growth.
- Example of a One-Stop Website- [Alberta Centre for Child, Family, and Community Research](#) with a [First Nations, Métis, and Inuit Gateway](#)

2) Development of apps for phones and tablets

- Example - The [First Peoples’ Cultural Foundation](#) has created a series of [language apps](#)

3) Display Boards and Tickers in community halls, grocery stores, restrooms, and sports arenas

4) Fact sheets, newsletters, and pamphlets to be distributed by daycares and kindergarten programs and available in common public/community gathering locations such as booths at community gatherings, community halls, medical clinics, and sports arenas

- Examples of On-line Fact Sheets and Booklets:

[NCCAH Caregiver-Infant Attachment for Aboriginal Families](#)

[NCCAH Healthy Choices in Pregnancy](#)

[NAHO Early Child Development and First Nations, Métis and Inuit Children](#)

[Nutritional Habits of Métis Infants and Young Children in Canada](#)

5) Graphic Novels:

- [Graphic Novels by Healthy Aboriginal Network](#)
- [It Takes a Village: Maternal Health and Child Development](#)

6) Mailouts and inserts in local newspapers

7) Radio and TV segments

8) Travelling Exhibits

Examples:

- NAHO’s Métis Centre travelled across Canada to discuss maternal-child well-being.
- See First Nations Child and Caring Society of Canada - [Caring Across Borders Exhibit](#)



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