Little Drum Consulting

Creating Pathways for the Dreams of our Children ~ Aboriginal Early Childhood Development and Care

"Let us put our minds together and see what kind of life we can build for our children"
~Sitting Bull~

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About the Authors

Alison Gerlach, MSc, OT(C)

In her journey as a Non-Aboriginal, independent consultant, Alison draws on 20 years of supporting and learning from families and children with special needs as an occupational therapist. Over the past 10 years, Alison has been privileged to have partnered with several First Nations and Aboriginal communities and agencies in B.C. on early intervention, school therapy, program development, cultural safety and community development. These experiences led to her writing 'Steps in the Right Direction: Connecting & Collaborating in Early Intervention Therapy with Aboriginal Families & Communities in B.C.'. Alison's ongoing learning of Aboriginal worldviews informs and enriches her personal life, including the raising of her two sons, and her professional commitment to building trust, partnerships and social justice.

Monique Gray Smith, Psychiatric Nurse

Monique is a mixed heritage woman of Cree, Lakota, and Scottish descent, and at the time of writing this paper her twins were 4 years old. Her formal training is as a Psychiatric Nurse and her work experience has been in the areas of Aboriginal Education; with a focus on the Early Years; Stress and Trauma Recovery, and Staff Development. She is the owner of Little Drum Consulting and the author of the Aboriginal Infant Development Programs Policy & Procedure Manual and the Aboriginal Supported Child Development Handbook. Monique has had the privilege to work in and learn from numerous communities across Canada, as well as overseas. She has been sober and involved in her healing journey for over 17 years; and this year has embarked on a new aspect of her healing; learning her Cree language.

Joyce Schneider, MA

Joyce is a member of the *St'at'imx* Nation, granddaughter of *Kikya7,* and mother to 3 boys and one girl. She completed her master's degree in First Nations Studies at UNBC in April of 2007 with a GPA of 4.13. Since then she has instructed in an Aboriginal university preparation program and contributed to numerous Aboriginal early years curriculum research and development projects as a sub contractor for Little Drum Consulting. Joyce is currently working on a curriculum Indigenization framework for the province of BC and developing curriculum that is relevant and appropriate for Aboriginal adult learners. In her private consultation work Joyce strives to offer her skills where they will best contribute to the continuing growth and development of strong, vibrant and healthy Aboriginal communities, particularly in the area of education.

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EXECUTIVE SUMMARY

Purpose

The purpose of this preliminary discussion paper is to provide information and an initial direction to the Ministry of Children and Family Development (M.C.F.D.) for the development of an 'Aboriginal Early Years Strategic Framework'. The focus of this discussion paper is Aboriginal[1] children, their families and communities in British Columbia (B.C.) inclusive of on and off reserve populations. The scope is initiatives from preconception to 6 years of age, framed within the context of a community development approach.

There are a variety of terms being used within our province to describe working with Aboriginal children. For the purpose of this discussion paper we are using the inclusive term of 'Early Childhood Development and Care' (E.C.D.C.).

Methodology

A selection of interdisciplinary written literature and web-based information was reviewed from provincial, national and international sources. This included work by Aboriginal and non-Aboriginal scholars, a review of some Early Years initiatives in other countries with indigenous populations, and of prominent papers that are guiding the B.C. government in their 'new relationship' and commitment to Aboriginal children and peoples in this province.

The authors believe that E.C.D.C. is only one part of a child's learning and that any strategic planning must recognize the role of Elders, family, community, culture and language in teaching and learning. The allotted time of just over 3 weeks to research and write this paper, did not allow for the writers to honour traditional ways of knowledge gathering or community consultation. As such, they are very cognizant that the primary weakness of this paper is the absence of traditional ways of knowledge gathering and community engagement.

At a Glance

For ease of reading this paper has been divided into 5 sections which we invite you to read in their entirety as they provide in rich detail knowledge and wisdom which the authors hope will inform and guide the development of a strategic plan.

Section 1: Preparing for the Journey

In this introductory section you are invited to 'join the circle'. This will involve you discovering, or rediscovering, the importance of the Indian Residential School Apology on June 11, 2008. In *'Realizing the Dream: Why Now, Why the Importance?'* you will review a synopsis of some of the work and initiatives related to E.C.D.C. undertaken in B.C. over the last ten years, that has lead to the current opportunity for an 'Aboriginal Early Years Strategic Framework'.

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[1] For the purposes of this paper, the term Aboriginal refers collectively to the indigenous inhabitants of Canada, including First Nations, Métis, and Inuit peoples.

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Section 2: Pathways to Understanding the Dreams for our Children

Common themes (or pathways) create a cultural, linguistic, socioeconomic and historical landscape for you to better understand the 'dreams for our children'. This understanding is foundational for all involved in policy and decision-making for Aboriginal Early Years.

Section 3: Many Paths – Learning from Others

The development of a meaningful Aboriginal Early Years framework would not be complete without the inclusion of best practices that have been or are currently being implemented in other parts of the world. This section introduces you to a sampling of diverse models of service delivery from New Zealand, Australia, Cuba, Norway and Scotland. It concludes with common themes that are shared by the various models highlighted in this section.

Section 4: Pathways to Strengthening the Dreams of our Children

The pathways in this section will highlight for you common themes that emerged from the literature review. We suggest ways to ensure that we are all on the same path, going in the same direction towards:

❖ Aboriginal Voice
❖ Aboriginal Knowledge
❖ Aboriginal Languages
❖ Community
❖ Early Childhood Development Education
❖ Funding
❖ Models of Service Delivery
❖ Self Governance and Policy
❖ Outcomes
❖ Accountability

Section 5: Considerations for Entering the Circle Again

In coming to the end of reading this initial discussion paper, we invite you to 'enter the circle' and to reflect on how the themes from this initial discussion paper can inform and guide the development of an 'Initial Aboriginal Early Years Strategic Framework'.

Recurring themes that have emerged to guide this process highlight the importance of:

❖ Remembering that 'families and children' are at the centre of all circles; inclusive of an Aboriginal worldview of an extended family and community network of support.
❖ Planning and funding integrated and accessible services for all Aboriginal children and families; regardless of jurisdiction.
❖ Ensuring all policies, programs and services for Aboriginal children and families are rooted in diverse Aboriginal cultures, languages and worldviews.
❖ Raising and educating Aboriginal children in a holistic manner (emotionally, physically, spiritually, and mentally) that focuses on their innate strengths.
❖ Engaging communities and supporting self-determination in all elements of early years programs and services; planning, implementation, and accountability.

- ❖ Continuing to build capacity within Aboriginal children, families and communities, regardless of jurisdiction.
- ❖ Honouring the Prime Minister's Apology and the New Relationship by continuing to develop collaborative relationships and partnerships based on mutual trust, respect and equality.

Section 1:

PREPARING FOR THE JOURNEY

"Through our children, we call forth our futures. To continue to exist as Peoples and as Nations, the connection between Indigenous Peoples and our children must remain unbroken."
Calling Forth Our Future, UBCIC, 2002

We welcome you as we embark on this journey through the circle. The circle has many meanings for the Aboriginal people living in British Columbia and Indigenous peoples around the world. The circle symbolizes connectedness, there is no formal start and no formal ending. The Circle represents wholeness and unity.[2] All are welcome in the circle for it grows stronger as it grows larger. All are equal here and all have power, no one is more important than another. The power of the circle is found in the strengths and gifts that all bring to it. Everything is always growing, changing and expanding, as are our children and as is the field of Aboriginal Early Childhood Development and Care. There is balance and teachings in the circle, it can represent the 4 directions, the 4 seasons, the 4 aspects of a human being and the 4 stages of life. For the purpose of this paper, we are using the circle to provide the cultural foundation of the research completed and see it as an image of the current strengths and challenges, as well as a vision of what could be. The circle designed here represents only one of the many journeys that could be taken as we talk about Aboriginal Early Childhood Development and Care in the province of British Columbia.

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[2] "First Nations Pedagogy" from http://firstnationspedagogy.com/about.html Retrieved August 2008.

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ENTERING THE CIRCLE

On June 11th, 2008, she walked into the House of Commons, aided by a granddaughter at her side. She came to be witness to the formal Indian Residential School apology by Prime Minister Stephen Harper. Her name is Marguerite Wabano, better known as Granny Wabano, she is 104 years old and the oldest living survivor of Indian Residential Schools.   At four years of age, she was taken from her home community of Moosonee, to go to Residential School in Fort Albany. She is only one of an estimated 150,000 Aboriginal children who were removed, some by force, from their families, community, culture, language and land as part of the Federal Government's Indian Residential schooling system.

"It was the first time we were all together since all 10 of us got on that boat to go to school. And that was the Fall of 1957. Well, we weren't all really together in person, some of us were, but we were all on the phone together as we listened to the Prime Minister apologize to us about the schools we went to.   Over 50 years it has been since we were all together, can you imagine? And it took this guy in Ottawa to do that for us."

Quote from Residential School survivor from Northern British Columbia

This photograph elicits such intense emotions: National Chief Phil Fontaine hugging his daughter after the apology, his head resting on her shoulder and his eyes peacefully closed.   The image makes us honour and appreciate all the years of hard work, heartache, tenacity, and pure determination that ensured the First Peoples of this country received this apology. And not an apology offered on the front steps of parliament, but rather on the floor of the 'highest house' in this country: The House of Commons. On this day, history was made...now it is our turn to ensure the future is one where our children's dreams can be realized.

On June 11th, 2008 history was made in our country with Prime Minister, Stephen Harper, making a public apology for the government's role in Indian Residential Schools. "On behalf of the government of Canada and all Canadians, I stand before you, in this chamber so central to our life as a country, to apologize to aboriginal peoples for Canada's role in the Indian residential schools system. The burden of this experience has been on your shoulders for far too long," he said. "The burden is properly ours as a government, and as a country." The Prime Minister also said, "I stand before you today to offer an apology to former students of Indian residential schools. The treatment of children in Indian residential schools is a sad chapter in our history."

Perhaps there has been no more critical time in history, than now so soon after the apology, to truly take stock of the investments this province is making in our future as Aboriginal people; and specifically with our children and their families. To take time to truly look at the possibility of enhancing a system that serves Aboriginal children, families and communities. To impact positive changes that will facilitate *closing the gaps* that currently exist between Aboriginal and Non-Aboriginal British Columbians.

We have an opportunity to ensure that the history books our children and grandchildren read twenty years from now, tell a different story. A story that truly acknowledges the history of our people in this country, and a story that tells of a province that did what it could to make things right. A province that said, we will do what is best for the future generations. A province that ensures Aboriginal children and their families have resources and services available to them to foster the wellness of each individual in their family; and ultimately their family as a whole. Hopefully, that province is British Columbia.

REALIZING THE DREAM: WHY NOW, WHY THE IMPORTANCE?

"The journey to reconciliation is about bridging the barriers that have divided Aboriginal Canadians from everyone else in Canada.
Nowhere is that more important than in caring for our children."
The Honourable Steven L. Point, OBC Xwĕ lĩ qwĕl tĕl Lieutenant-Governor,
Speech from the Throne, Feb 12, 2008

This section has been designed to give you a brief synopsis of some of the work done in British Columbia over the last ten years. In 2001, the Political leadership in our province changed and as part of this change, eight provincial cabinet ministers set priorities and created a vision for Early Childhood Development (ECD).

The vision statement is, "A vision that emphasizes a cross-government strategy for children from pre-conception to six years of age." (British Columbia Early Childhood Development Acton Plan: A Work in Progress, 2002)

The 5 major priorities for ECD identified in the vision are:

1. Making strategic investments in capacity and resiliency of building and providing evidence-based funding.
2. Building capacity with Aboriginal communities to develop and implement early intervention strategies.
3. Quality child care programs and services to support a child's developmental health
4. Parental education initiatives which help parents to make the most of their children's development
5. Partnerships with the private sector to broaden community involvement and capacity for early childhood development initiatives.(British Columbia Early Childhood Development Acton Plan: A Work in Progress, 2002)

Also in 2001, the Organisation for Economic Co-operation and Development (OECD) visited British Columbia. The report of their visit stated, "Overall, there appears to be a lack of clarity about policy, strategies and implementation. We witnessed little co-ordination between the people responsible for the many different aspects of ECEC services, with education acting seemingly in isolation from other services. The team was informed of several services in place responding to parenting or family or dysfunction, but received the impression that the concept of an early childhood service as the basic family support system and preventive tool had not yet been envisaged. Response to crisis seemed to dominate over long-term planning, giving rise to concern about the conceptual framing and sustainability of services." (Friendly, 2003)

In 2002, the Ministry of Children and Family Development (MCFD) created an initiative for Aboriginal Early Childhood Development. The initiative focused on "developing innovative, culturally responsive community-based approaches to supporting the development of Aboriginal children prenatal to age 6 and their families." (Provincial Aboriginal ECD/ELCC Programs, 2003).

In 2003, the Multilateral Framework on Early Learning & Child Care (ELCC) was signed and the province began to receive funding under the agreement from the Federal Government, and specifically through the Canada Social Transfer.   The province of British Columbia officially signed their funding agreement in September 2005, with funding increments occurring yearly. Although there was no explicit funding for Aboriginal programming, in 2003 the province began to fund programs specifically designed for Aboriginal children and families. The transfer of funding from the ELCC agreement ended in March 2007. (Moving Forward on Early Learning and Child Care: Agreement in Principle between the Government of British Columbia and the Government of Canada, 2005)

The province is about to embark on a historic journey of creating an *Aboriginal Early Childhood Development Strategic Framework*; an important and integral component of government's initiatives to Closing the Gap and is part of the approach to improving the health. The province is also engaged in the following initiatives as this paper is being written:

- Feasibility Study looking into the expansion of Kindergarten to all day Kindergarten, and to Kindergarten for 3 & 4 year olds.
- Early Learning Framework document released by Ministry of Education
- An Early Years Framework and 5 year Strategic Plan is currently being developed.
- The expansion of Strong Start to 200 centres for Fall of 2008 and expanded to 400 centres by 2010.
- In January 2008, Premier Gordon Campbell announced that "this government embraces *Jordan's Principle*. This government will fully support Jordan's Principle and this government will work with you to put Jordan's Principle into effect across the province of British Columbia". (Premier Gordon Campbell, 2008)

Section 2

PATHWAYS TO UNDERSTANDING THE DREAMS FOR OUR CHILDREN

*"The health and wellbeing of Aboriginal children in their early years
is inseparable from factors that influence their families and communities"*
(Canada, 2000)

A review of national and international literature from diverse child care and development Aboriginal and Non-Aboriginal sources was undertaken, within the time constraints, for the development of this discussion paper. Common themes (or pathways) to understanding the dreams for our children in their early years are summarized as follows:

Aboriginal Peoples

In Canada in 2006, the number of people who identified as Aboriginal surpassed the one-million mark, reaching 1,172,790. This is almost 4% of the total population of Canada (Statistics Canada 2008 British Columbia). Over the past ten years, there has been a 45% increase in the

Aboriginal population, nearly six times faster than the 8% increase of the Non-Aboriginal population. High birth rates are one of the key factors for the growth of the Aboriginal population. It is important to note that 54% of Aboriginal people in Canada live in urban areas (including large cities or census metropolitan areas and smaller urban centres), this is up from 50% in 1996. (Statistics Canada 2008)

In British Columbia there are 196,070 Aboriginal peoples, equal to approximately 17% of the Aboriginal population in Canada. In British Columbia 62% of Aboriginal people live off-reserve. There are 16,195 Aboriginal children between birth and 4 years living in our province, or 8% of our Aboriginal population; this is compared to 5% of Non-Aboriginal children in the province. (Statistics Canada 2008)

For children between the ages of 5 to 9 years, there are 18,005 Aboriginal children, or almost 10 % of our population. This is compared to 6% of Non-Aboriginal children and their representation in the general population. (Statistics Canada 2008)

The majority of Aboriginal children aged 14 and under (58%) lived with both parents, while 29% lived with a lone mother and 6%, with a lone father. In addition, 3% of Aboriginal children lived with a grandparent (with no parent present) and 4% lived with another relative. Compared with their non-Aboriginal peers, Aboriginal children were much more likely to live with a lone parent of either sex, a grandparent (with no parent present) or with another relative. Aboriginal children are also twice as likely as non-Aboriginal children to live in multiple-family households (Statistics Canada 2008)

There is much diversity between and within Aboriginal children, families and communities. There is no common language, belief system, religion or social structure within First Nations, but great diversity that is influenced by age, geographical region and location Royal Commission on Aboriginal Peoples. (Report on the Royal Commission on Aboriginal Peoples: Volume 3: Gathering Strength. , 1996a) "Approximately one third of Aboriginal communities are remote, isolated or semi- isolated. For the most part they make up the bulk of the population residing in provincial north and in the more northern reaches of the country. Community location greatly impacts and hinders access to basic and specialized health services" (National Aboriginal Health Organization, 2001a).

Aboriginal Children, Families & Communities

An Aboriginal perspective of health is grounded in 'individual and community health & well-being.' (National Aboriginal Health Organization , 2008)

In many Aboriginal belief systems, children are seen as sacred gifts from the Creator. They are to be treated with the upmost of respect, care, nurturing and dignity. In our communities, our children are at the centre of all circles. They do not just grow up in families, nor are they the sole responsibility of the family, but rather of the community as a whole. Children's development and learning are directly linked to the health and wellness of their parents, families and communities.

Community is a place of connectedness, and ideally where one feels supported, nurtured and a sense of belonging. Strengthening and building capacity for communities to create supportive, resilient and healthy environments for children and their families is essential. A healthy community focuses on the social, cultural and physical places in which children live, learn and play.

Raising (as opposed to parenting which can be culturally biased towards a nuclear family unit) an Aboriginal child is perceived, by many Aboriginal families, as a shared responsibility within an interdependent family system; a circle of caring. Children are part of a collective group, closely connected to and supported by extended family and community members (Gerlach, 2008a). The British Columbia First Nations Summit in 2003 recognized that "Aboriginal fathers may well be the greatest untapped resource in the lives of Aboriginal children and youth" (Ball, 2004).

Within this social structure, Elders are traditionally highly regarded as teachers, philosophers, linguists, historians, healers, judges and counselors (Royal Commission, 1996 in Gerlach, 2008a). Grandparents are traditionally valued as teachers, passing on their knowledge and practices to the next generation (Gerlach, 2008a). For many families, 'together time' involves participating in activities that reflect a vital link to a community's identity and history – whether it be fishing, berry picking, hunting etc (Gerlach, 2008a).

For many Aboriginal peoples their perspective of 'child development' refers to a child's spiritual, emotional, intellectual and physical wellbeing with a special consideration of the Aboriginal context of his or her community and culture. (National Association of Friendship Centres, 2005) This includes everything from storytelling, smudging, learning, singing and practicing community protocols to being introduced to traditional foods and customs. Such practice and belief represents quality children's services and education in that it contributes to the building and/or maintaining of the child's emotional and spiritual wellbeing. This will assist in building strong children with the skills, resiliency and confidence to succeed in any education system.

In many Aboriginal cultures, wellbeing and spirituality are interconnected and reflect a close connectivity with the natural environment. For some there is a reluctance to suspicion of western medicine and a share spiritual beliefs and practices with non-Aboriginal health professionals. Traditional health practices may or may not be used in combination with Western medicine (Gerlach, 2008a). One of the factors affecting the emotional and spiritual health for Aboriginal children is their feeling of connection to traditional Aboriginal culture and language (Trumper, 2004).

The importance of cultural identity in human development has more recently been highlighted. According to the Human Development Report (United Nations Development Program, 2004), human development requires more than health, education, a decent standard of living and political freedom.

Cultural freedom is a human right and an important aspect of human development—and thus worthy of state action and attention (Wright, 2005). Traditional cultural events are important to 80.6% of First Nation adults. For the majority of First Nation adults, traditional spirituality (76.4%) and religion (70.3%) were deemed important in their daily lives (Assembly of First Nations/First Nations Information Governance Committee, 2007).

In 2002, it was estimated that 1 in 6 First Nations children under 12 years of age had at least one parent who had attended a Residential School. As a result, having never been nurtured by their own parents and grandparents, many of today's First Nations parents and grandparents did not learn parenting skills" (Ball, 2008). Colonization continues to impact every aspect of life for Aboriginal children, their families and communities. Recognizing and understanding this 'burden of history' (Report on the Royal Commission on Aboriginal Peoples: Volume 3: Gathering Strength. , 1996a) is essential for everyone involved in the planning, implementation and evaluation of any programming for Aboriginal children and their families.

It has been well established that in Canada, "the cultural nature of development, the pervasive influence of government policies (notably the Indian Act), and variations in access to supports and services result in very different life experiences and developmental outcomes for (Aboriginal) children compared to non-Aboriginal children" (Ball, 2008). As we know, when basic needs are not met, vulnerability is created and the healthy development of children is put at risk (Ministry of Children and Family Development, nd). Furthermore, "if primary needs of children are not met the likelihood of special services and supports being able to make up for their absence is extremely limited" (VIHA, 2008). Thus funding and initiatives focused primarily on 'school readiness' for Aboriginal children risks failing to recognize and act on the pervasive influence of poverty, oppression, racism and lack of self-governance.

Funding initiatives focused primarily on 'school readiness' for Aboriginal children risks failing to recognize and act on the pervasive influence of poverty, oppression, racism, lack of self -determination and a lack of self- governance.

Evidence shows that in addition to their poorer health status, Aboriginal Peoples have less access to health care provision, services, information and professionals than do other Canadians, (National Aboriginal Health Organization, 2001a) and are subject to an array of legislation and other geographical, cultural and political boundaries and barriers when accessing (health) programs and/or services" (National Aboriginal Health Organization , 2008).

The poor quality of life and health indicators for Aboriginal children are driven by living in poverty "characterized by a lack of basic necessities – adequate housing, food security, clean water and access to services" (Ball, 2008). One in three First Nations adults reported that their household needed major repairs, and almost half of First Nations households (44%) reported mould and mildew present in their homes (Assembly of First Nations/First Nations Information Governance Committee, 2007). A report by UNICEF, singled out the plight of Aboriginal children as especially desperate, noting that in some communities they lack access to adequate housing and education, and even clean water (UNICEF, 2007).

From a socioeconomic perspective, studies have shown that up to 50% of the variance in early childhood outcomes is associated with pervasive poverty. A report by the National Council of Welfare "links the impoverishment of Aboriginal families to their tremendous programming needs, reliance on food banks, and cyclical poverty" (Ball, 2008).

When basic needs are not met, vulnerability is created and the healthy development of children is put at risk (Ministry of Children and Family Development, nd). Furthermore, "if primary needs of children are not met the likelihood of special services and supports being able to make up for their absence is extremely limited" (VIHA, 2008).

Aboriginal Languages, Knowledge, Wisdom & Traditions

Language is culture and culture is language, without one the other may not exist and most definitely cannot exist in its fullest sense. Language is often seen as the essence of culture. The ability to speak an ancestral language is one way of passing knowledge from one generation to the next. The Royal Commission on Aboriginal Peoples stated that the revitalization of traditional languages is a key component in the creation of healthy individuals and communities. Language is 'not only a means of communication, but a link which connects people with their past and grounds their social, emotional and spiritual vitality. The process itself of learning an Aboriginal language has been linked to increased self-esteem, community well-being and revitalization, as well as cultural continuity.'(Task Force on Aboriginal Languages and Cultures, 2005)

Sadly, statistics consistently show that despite language being identified as a determinant of community revitalization and cultural continuity, there has been substantial erosion in the use of Aboriginal languages in recent decades. In 1996, the number of Aboriginal peoples able to conduct a conversation in an Aboriginal language was 29% (Statistics Canada, 1996) and by 2008, this same measure was at 21% (Statistics Canada, 2008). The ability to speak an Aboriginal language appears to be more prevalent among the on-reserve population. For example, 39% of children aged 14 and under living on reserve spoke an Aboriginal language, up slightly from 36% in 2001(Statistics Canada, 2008).

One of the factors affecting the emotional and spiritual health for Aboriginal children is their feeling of connection to traditional Aboriginal culture and language (Trumper, 2004). The importance of cultural identity in human development has more recently been highlighted. According to the Human Development Report (United Nations Development Program, 2004), human development requires more than health, education, a decent standard of living and political freedom. Cultural freedom is a human right and an important aspect of human development, and thus worthy of state action and attention. (Wright, 2005) A sense of 'Aboriginal cultural identity' has survived despite a long and tragic history of forceful assimilation by Canadian governments and society (Royal Commission on Aboriginal Peoples, 1996b). Ignoring cultural identity has devastating effects on children's healthy development, as recently officially acknowledged by the Prime Minister of Canada in his apology to the survivors of residential schools.
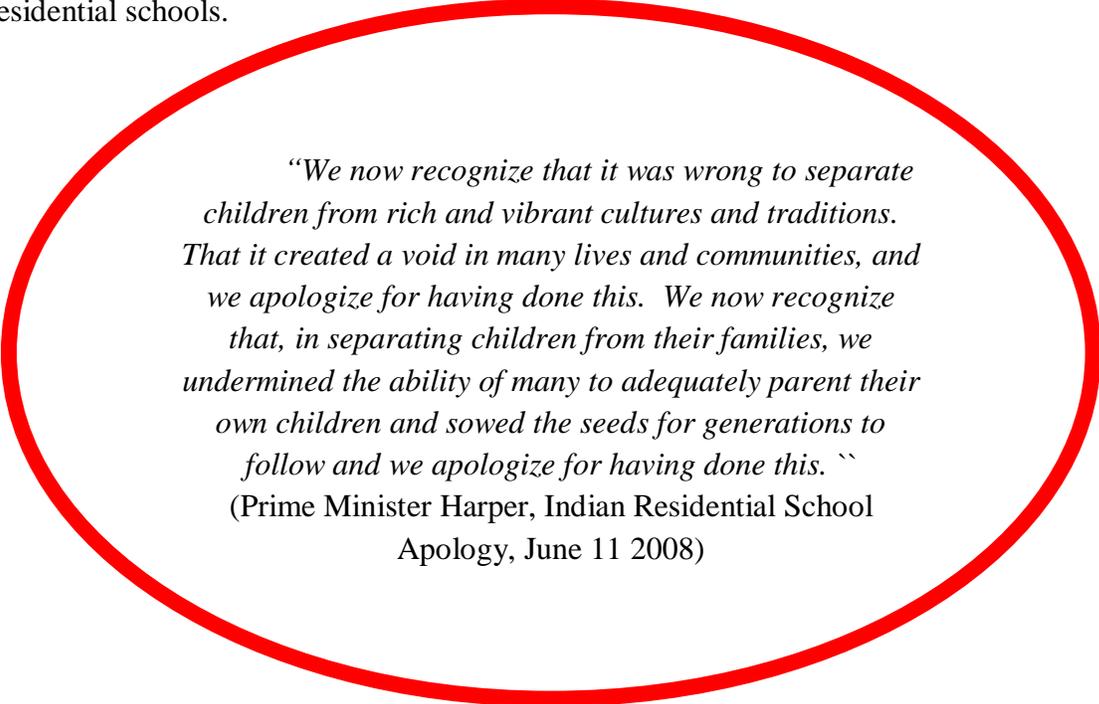
"We now recognize that it was wrong to separate children from rich and vibrant cultures and traditions. That it created a void in many lives and communities, and we apologize for having done this. We now recognize that, in separating children from their families, we undermined the ability of many to adequately parent their own children and sowed the seeds for generations to follow and we apologize for having done this. ``
(Prime Minister Harper, Indian Residential School Apology, June 11 2008)

Despite the recognition of cultural identity to healthy child development, Aboriginal languages and cultures are only just beginning to be reflected back to the children who attend many Aboriginal programs for children from birth to 6 years. Most models of child care and development have been developed from an American or Euro-colonial perspective, including those offered here in Canada (Greenwood, 2004; Ball & Pence, 2006). Critics of developmental psychology theories argue that "no empirical or logical bases exist to assume the validity of theories and research findings about child development across cultures, socio-political conditions, or geographic contexts. Thus we cannot presume the universal appropriateness of various strategies of promoting children's growth and development that have been effective in largely middle-class European and North American settings" (Ball, 2006).

In the Thematic Review of Early Childhood Education and Care Canadian Background Report (2003) it recognized that the urban migration of Aboriginal families has led to a demand for Aboriginal ECEC services in large urban areas, and highlighted the need for Non-Aboriginal services to respect children's Aboriginal culture in their programming. "Though this is a goal put forward by many policy-makers whom we met, the OECD team was surprised to find relatively little inclusion of Aboriginal symbols, values and practices in mainstream educational settings."
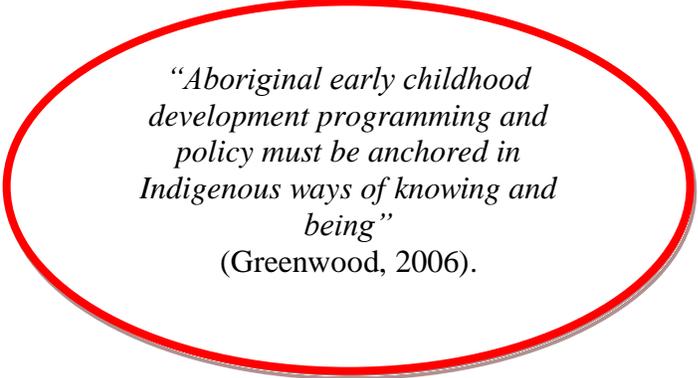
"Aboriginal early childhood development programming and policy must be anchored in Indigenous ways of knowing and being"
(Greenwood, 2006).

Early childhood programs must not only reflect the cultures and philosophies of the children and families who participate in the programs, but must also ensure their cultural safety. "Culturally unsafe practice is defined as 'any actions which diminish, demean or disempower the cultural identity, [integrity] and well being of an individual'" (Papps & Ramsden in Gerlach, 2007).

Early Childhood Development professionals and staff need to be vigilant in their resistance of any tendencies to privilege Non-Aboriginal philosophies of ECD practices, values and beliefs over the traditional philosophies of the community in which they work.

Getting the right mix between Aboriginal evidence of health and well-being and medical and scientific based-evidence is therefore, warranted. Program delivery models which reflect predominately western European concepts of health and illness have been identified as largely ineffective in responding to the needs of First Nation's people (Smye & Browne, 2002). Given that both need to be seen as valuable and relevant to the improvement of Aboriginal Peoples' health (National Aboriginal Health Organization, 2001a).

Aboriginal Self-Determination

Aboriginal and Non-Aboriginal interdisciplinary scholars have identified self-determination as a critical determinant for successful and effective Indigenous health programs and services.

Evidence suggests that self-determination and local governance in Aboriginal communities is related in important ways to improved health outcomes (National Aboriginal Health Organization, 2001b).

One study found that Aboriginal communities in B.C. that have more community control over schools, health, and other services have much lower youth suicide rates than other communities (Canadian Institute for Health Information, 2004).

Within the context of ECD, "the participation and involvement of parents and community is essential to building a successful learning continuum and healthy resilient communities." (Battiste, 2005). Aboriginal family members of children enrolled in any ECDC programming must be "…deeply involved in all aspects, from the design of the programs, the development of the curriculum, the on-going and day-to-day management of programs and services, planning for social events, identifying weaknesses in the programs, addressing special needs of individual children and families and even teaching children, caring for them and transporting them to and from the Centre." (National Association of Friendship Centres, 2005)

Returning to traditional ways, cultural pride and revitalization and self-determination have been recognized as fundamental Indigenous determinants of community health and wellness. (Stout & Kipling 1999; Trumper, 2004; (National Aboriginal Health Organization , 2008)
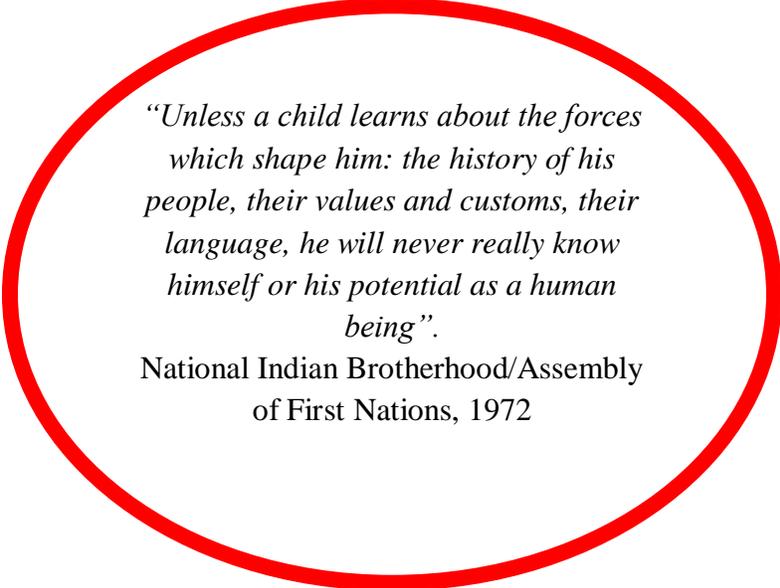
"Unless a child learns about the forces which shape him: the history of his people, their values and customs, their language, he will never really know himself or his potential as a human being".
National Indian Brotherhood/Assembly of First Nations, 1972

Targeted Programs for Infants and Children

There is significant evidence documenting the increased risks for Aboriginal infants. In 2001 The Assembly of First Nations reported that 14 out of 1,000 First Nations babies will die within the first year of life compared to 7 out of 1,000 babies in Canada overall (Assembly of First Nations, 2001). There is also some evidence to suggest that Aboriginal infants are at greater risk of sudden infant death syndrome (SIDS) than their non-Aboriginal counterparts. Risk factors for SIDS include poor economic and health conditions; lack of breastfeeding; and exposure to high levels of cigarette smoke (Stout, & Kipling, 1999).

The death rate due to injuries, poisoning, and violence for First Nations pre-school children is 5 times the comparable national rate (Assembly of First Nations, 2001). These risks and statistics, and models of service delivery to reduce such risks, need to be understood within the complex nexus of sociopolitical and historical factors that influence Aboriginal children's early environments and experiences.

Structured childcare in Aboriginal communities and for Aboriginal children is a new and developing concept. Childcare patterns for Aboriginal children do not follow the same pattern as for Non-Aboriginal children in Canada. A significantly greater percentage of Aboriginal children are cared for in their home by relatives compared to Non-Aboriginal children in Canada, and when parents make childcare arrangements for their children, the children are most often cared for by the extended family. Some children travel outside their home for childcare, but a substantial portion does not leave their own homes. Of the children in childcare settings, over half are cared for by relatives in home settings (Assembly of First Nations, 2007)

BC Aboriginal Child Care Society has created a variety of documents and resources that assist communities to strengthen their programming for Aboriginal children and families. Aboriginal scholar, Margo Greenwood (2005), has identified 6 constructs of integrated childcare programs:

1. First Nations childcare programs are an integral function of self-government and self-sufficiency.
2. The need for sustained and adequate resources is inclusive of capital development and administrative support.
3. First Nations cultures and values will define childcare curricula and evaluation, and accountability criteria.
4. Three levels of government—First Nations, provincial and federal—will collaboratively develop policies reporting practices and data management systems where appropriate.
5. Flexibility is needed to honour and preserve diversity between First Nations communities and a broad range of community needs and processes.
6. Integration of services must enhance, not diminish, existing programs and be truly effective in creating effective infrastructures and processes for communication, administration and evaluation.

The ongoing crisis in child welfare practice involving Aboriginal children has been well documented and publically acknowledge in B.C. The crisis is most dire for First Nations children living on reserve. Lack of federal funding and trained Aboriginal child protection workers on reserve are challenges faced by communities who have governance over their own child welfare agency (Ball, 2008). Initiatives and funds are needed to address the high percentage of Aboriginal children in care, and should be directed towards keeping children with their extended families and communities (Blackstock, 2006)

Sadly, many Aboriginal children go into care primarily to access medical services that were otherwise unavailable if they stayed with their family and community. This is particularly prevalent in northern communities where children are transported to urban settings in the south (Wright, 2005). No child should have to be placed in care (surrender guardianship or under Voluntary Placement Agreement) in order to receive disability services (Wright, 2005).

Aboriginal children have traditionally been viewed as gifts from the Creator and accepted openly by their communities. The western practice of using diagnostic or developmental labels to describe a child with special needs is a relatively new concept in Aboriginal communities. It must be done cautiously, with a full appreciation of the social and cultural context in which that child lives. Furthermore, care must be exercised so that no child is ever reduced to being understood within the confines of stereotypes that frequently accompany diagnostic labels (Wright, 2005).

Research highlights the lack of support services that are available for Aboriginal children with disabilities and their families, including children with learning and/or behavioural disabilities. The services that are lacking include: (a) respite, (b) financial assistance for families caring for children with disabilities, (c) parent/foster parent training and support groups, (d) community-based therapeutic services (e.g., speech therapy, occupational therapy, physiotherapy, psychological services, child development counsellors), (e) early diagnosis and intervention services, and (f) services for youth with disabilities when they reach adulthood (Wright, 2005).

There have not been any definitive research studies to calculate the total effects of Fetal Alcohol Spectrum Disorder (FASD) upon Aboriginal children. Research in B.C. suggests the rate in some First Nations communities is 1:5 children (Assembly of First Nations, 2006). The effectiveness of B.C.'s *'Strategic Plan on FASD'* (2003) for reducing the percentage of Aboriginal children with FASD has yet to be determined.

Section 3

MANY PATHS: LEARNING FROM OTHERS

The development of a pertinent Aboriginal Early Years framework requires the consideration of models of service delivery that have been or are currently being implemented in other parts of the world. What follows herein is a sampling of the gifts shared in a number of published models from New Zealand, Australia, Cuba, Norway and Scotland.

In keeping with Aboriginal ways of doing things it is recommended that the Aboriginal Early Years framework be developed through a process of sharing the best practices of these various models with Elders, families, community members, program designers, deliverers, and funders – all invested parties to consider and best inform the framework building process to ensure the creation of a model suitable for the Aboriginal children and families of British Columbia.
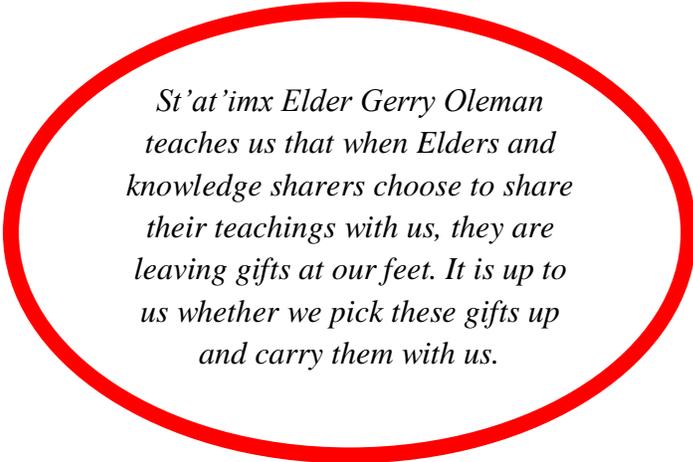
St'at'imx Elder Gerry Oleman teaches us that when Elders and knowledge sharers choose to share their teachings with us, they are leaving gifts at our feet. It is up to us whether we pick these gifts up and carry them with us.

NEW ZEALAND

New Zealand has taken a variety of paths to get to where they are today in regards to their programming, planning and implementation for children and their families. We have outlined only brief summaries of their incredible work and leadership.

New Zealand began by developing a consultation paper that was written in 2000 and published by the Ministry of Education. The paper was based on a fifteen month, nation-wide consultation process followed by the establishment of a working group that prepared a report on early childhood education goals spanning the next ten years. The working group was made up of thirty-one representatives from across the early childhood sector that met with *Mäori*, in rural and urban areas, and held several meetings with *Pasifika* peoples. Over 1300 submissions contributed to the working group's final report, which now forms the backbone of New Zealand's plan and the future direction of early childhood education.

The paper begins with "A Vision for Children" by citing a passage from the United Nations Convention on the Rights of the Child[3] that states, "…the child should grow up in a family environment, in an atmosphere of happiness, love and understanding… and grow up in the spirit of … peace, unity, tolerance, freedom, equality and solidarity."

This model's working group added that it is also the right of the child to "… be able to explore and learn about [his/her] dual heritages, and about people, places and things" in their own territory with adults who respect and cherish them. (Early Childhood Education Strategic Plan Working Group, 2000)

The *Te Whàriki*, (a woven mat), is the ECEC curriculum for *all* children in New Zealand and was jointly worked out with Maori groups, and draws heavily on Maori concepts of belonging and contribution.   The curriculum is envisaged as a Whaariki, a woven mat for all to stand on. The curriculum is made up of the Principals, Strands and Goals and these are able to be woven into the curriculum based on the interests and aspirations of the child or children attending the early childhood service. *"The curriculum is rooted in the strong belief that learning begins in the home and those experiences provide a rich foundation that can form the basis of future successful learning*." Separate language immersion programs exist for Maori children, but many Maori parents send their children to mainstream kindergartens in the knowledge that mainstream kindergartens follow a national curriculum in which Maori language and values are recognised and respected. (Ministry of Education, 2008)

This *Pathways to the Future: Nga Huarahi Arataki* framework is a ten year strategic plan. The purpose of the strategic plan is to set the direction for action and to consider it to be a living document that is flexible in its ability to recognize when a need for change arises and to implement it. It is important to note that it has been acknowledged that the strategies outlined in the plan cannot all happen at once. Some need to be implemented before work on others can start. The seven steps of the plan are not linked to specific years. Rather, they indicate how actions need to be sequenced. (Ministry of Education, 2008)

At the core of *Pathways to the Future: Nga Huarahi Arataki* are three clearly defined and simple goals:
- increase participation in quality ECE services
- improve quality of ECE services
- promote collaborative relationships.

These three goals required, and continue to require, major changes in New Zealand's ECE sector with some of the biggest shifts around; funding and regulatory systems, better supporting community-based ECE services, better cooperation and collaboration between ECE services, parent support/development, health and social services to empower parents and extended family to participate in the child's early learning, and greater involvement by government in ECE.

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[3] The UN Convention on the Rights of the Child has been endorsed by British Columbia (Strong, Safe and Supported, p. 9)

To ensure the successful implementation of the *Pathways to the Future: Nga Huarahi Arataki,* the strategic plan is supported by four, more broadly focused strategies:

- review of the regulations and rules
- review of the funding system
- conducting research
- involvement of the sector in ongoing policy development and implementation.

Under this strategy close links have been established between ECE and schools and teachers from both meet regularly to discuss curriculum linkages, children's learning/special education needs and how to best support the child's transition from ECE to school. (Ministry of Education, 2008)

New Zealand's Ministry of Education link with other social agencies such as Health, Justice, and Child, Youth and Family Services, is fostering an environment where ECE services are developing as centers of comprehensive parental support and education. (Early Childhood Education Strategic Plan Working Group, 2000).
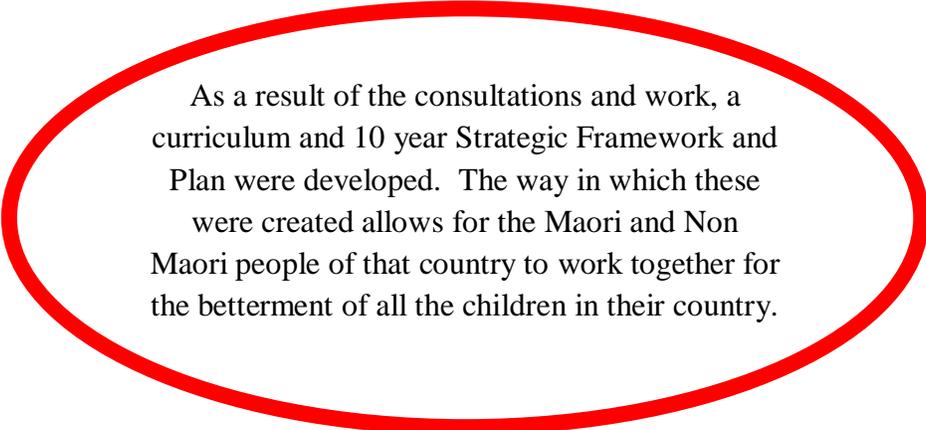
As a result of the consultations and work, a curriculum and 10 year Strategic Framework and Plan were developed. The way in which these were created allows for the Maori and Non Maori people of that country to work together for the betterment of all the children in their country.

Learning Stories is a unique approach to assessment within early childhood education that has been developed as part of *Te Whariki*. Learning stories provide anecdotal, narrative and graphic representations of where the child is in the process of learning. It is a highly individualized approach that is very different from other forms of assessments that utilize checklists, developmental benchmarks and standardized testing. The Learning Story framework for assessment describes the contribution that early childhood experience makes to life-long learning. This approach documents the processes of children acquiring robust dispositions to learn - to be fully engaged and interested, to persevere in difficult and uncertain times, to express their ideas, and to take on responsibility in joint and group endeavours.
"The project identifies these as five key learning dispositions, combined together to form Learning Stories, and describes the process whereby children construct their own learning environments in order to strengthen and confirm their dispositions" (Podmore, 1999).

Children leave early childhood settings for further education with some well-established learning stories: packages of inclination, knowledge, and learner skills, or "dispositions to learn" (Podmore, 1999).

This approach documents the processes of children acquiring robust dispositions to:

- learn,
- be fully engaged
- be interested
- to persevere in difficult and uncertain times
- to express their ideas
- and to take on responsibility in joint and group endeavours.

Learning from New Zealand:

The work done in New Zealand speaks to many of the concerns expressed in British Columbia around Aboriginal early years education, development and care. Like the New Zealand government, British Columbia is looking to increase the quality and availability of early education opportunities for all British Columbian children, to become the best-educated and most literate jurisdiction on the continent. There is potential benefit in this province proceeding similarly as New Zealand did. One of the greatest lessons we can take from New Zealand framework development, was that it was a process. Time was allotted for that process to unfold based on community consultation. Similar shifts need to be anticipated and encouraged within the Aboriginal Early Childhood Development Framework that is proposed to be developed for British Columbia.

CUBA

In Cuba, the importance of educating young children is considered the shared responsibility of all; parents, relatives, teachers, and the larger community. These interconnections among people from a child's birth through higher education seem to pave the way for the enthusiasm Cubans feel about education, and is mirrored in their pride of having the world's highest literacy rate."(Miller, 2002)

"When educational supplies, materials, and facilities are extremely limited, a great effort must be made to train and educate a country's invaluable human resources, such as teachers and parents, so they learn how to best teach the children."
(Miller, 2002)

The main points drawn from the Cuban model of service delivery include:

- There are high expectations for parent involvement in the child's education, not only within but outside program hours. If children are absent, families are visited to find out why and assisted if needed.
- There are approximately 1,000 free, all-day, center-based childcare programs in Cuba, providing care for 184,000 children.
- There are three types of child care centers in Cuba: 17 percent of the nation's preschoolers attend programs from 7 a.m. to 4 p.m. for five days a week while their parents work, children with special needs may attend a center for children with disabilities, and children with social problems may stay at a boarding school.
- All centers follow the guidelines established in *Education Preescolar*, a pamphlet produced by the Cuban government and UNICEF.
- In an attempt to address a serious shortage of spaces, a national maternity leave policy was introduced in 1992 allowing new mothers to take a paid maternity leave 3 months prior to and 3 months after the birth of a child with an additional 6 months of unpaid leave available. Mothers on maternity leave are guaranteed the right to return to their jobs. (Miller, 2002)
- Childcare teachers and primary school teachers receive the same level of education at the pedagogical university and receive equal pay. The training process takes five years. (Miller, 2002)
- Cuban Early childhood education is rooted in community participation and is approached

inter-sectorally; hence, it is structured in such a way that societal groups and organizations involved in family orientation and in community mobilization are represented. Family doctors, nurses, teachers and volunteers who are brought together by the agency's staff the *Educate Your Child* program.

- Teaching assistants take basic courses lasting two years or less and earn their certification through a work-study system. Teaching assistants may choose to study for a preschool education degree.

At this time, the following programming is available to Cuban children and their families: (UNESCO International Bureau of Education, 2006).

- Children's Circles are for the children of working mothers and are organized by age in groups of up to 30 children, except at the preschool grade which enrols up to 20 children
- the preschool grade is open to all children, whether their mothers work or not, and is not compulsory
- the *Educate Your Child* program is open to all children who do not attend preschool and their families.

The Educate Your Child program in which trained teachers visit families at their homes and show parents how to play games and suggest helpful ways to talk with their children. The teachers also discuss child development issues with the parents. As part of this program, teachers meet with small groups of parents to provide cultural and environmental training. The program is staffed by family doctors, nurses, teachers and volunteers who are brought together by the agencies and organizations involved in the program and includes the families themselves. (Miller, 2002) The program was extended to the entire country in 1992 and is based on ten years of research. Family orientation is provided in two ways: individually, basically for families with children aged zero to two, and in small groups of families with their children, who receive guidance twice weekly. (UNESCO, 2006)

ECE in Cuba is aimed at optimizing each child's integrated development and preparing them in the best way possible for school learning. The preschool education program is structured in development areas and is governed by the children's natural pace and the duration of educational activities varies according to the children's ages and characteristics. The program includes:

- Socio-moral development
- Motor development
- World knowledge
- Mother tongue
- Artistic expression
- Music and Play

It is the State's responsibility to create the conditions for early childhood education, as enshrined in the Constitution, the Family Code and the Child and Youth Code. The Ministry of Education is responsible for supervision, through the Preschool Education Bureau and the national technical group of the *Educate Your Child* Program. In the 2003/04 school year 98.3% of the children entered the primary school system with previous preschool experience (UNESCO, 2006).

Learning from Cuba:

As British Columbia seeks to be the best-educated and most literate jurisdiction on the continent, and considering the fact that only 3.5% of Aboriginal children are accommodated in the urban Aboriginal Head Start program prior to kindergarten entry (McIvor, 2006) it would be remiss to not review and learn from the campaign of a country that can boast a rate of 98.3% participation in a preschool program before attending kindergarten.

Their development areas reflect some of what has been outlined in the British Columbia Early Learning Framework, specifically the importance of learning through play. The Cuban model also reflects and supports the importance of social moral development, which we see as one of the strengths as Seeds of Empathy currently operating in its second year as a pilot Pre-School program.

AUSTRALIA

As this Discussion Paper is being written, Australia is in the process of creating change in how services/programs are provided to the Aboriginal people and to children and families. In 2004, Australia created, *A Head Start for Australia: An Early Years Framework*. They also have a variety of unique models of service delivery for children and their families. We are sharing with you information from the Framework, Triple P model, Western Australia's Plan to Improve Early Childhood Education and Care Outcomes, and *Indigenous Australian Early Development Index* (I-AEDI) (Crown in right of the State of New South Wales and the State of Queensland, 2004).

A Head Start for Australia: An Early Years Framework

The creators of this framework believe that to achieve the goal of "Giving Australian children a head start in life" the following must be addressed:

1. Supporting the wellbeing of women of child-bearing age.
2. Promoting child wellbeing.
3. Supporting the choices of families in their parental and working roles.
4. Enriching, safe and supportive environments for children.
5. Improving economic security for families and reducing child poverty.
6. Achieving success in learning and social development.
7. Protecting the safety of children.
8. Promoting connections across generations, families, cultures and communities.
9. Increasing children's participation: policy action, awareness raising and advocacy.

"This is no small task, but we hope that by developing and discussing this framework we can assist the process of moving forward to benefit children, families and our whole society. It will be refined by advances in knowledge and data collection systems and on the basis of further consultation with children and their care providers and with service providers and decision-makers at all levels of government." (Crown in right of the State of New South Wales and the State of Queensland, 2004)

The framework is considered a living document and it has been identified that the successful and sustainable implementation of the framework will require the cooperation of all levels of government, the private sector, the not-for-profit sector, industrial organizations, professions and communities (Crown in right of the State of New South Wales and the State of Queensland, 2004).

To achieve these outcomes, the following broad underpinning strategies were identified:

- A skilled and safe workforce.
- Evidence-based policy and program development and implementation.
- Redesigning systems and services to support coordinated action.
- A sustained and sustainable communication strategy to focus
- Community and government attention and action. (Crown in right of the State of New South Wales and the State of Queensland, 2004)

Triple P Model:

The Triple P model is a multi-level, parenting and family support strategy whose mission is to prevent developmental, behavioural, and emotional problems in children by enhancing the knowledge, skills and confidence of parents. It utilizes health promotion strategies, prevention interventions, and therapeutic treatments and is based on a model of varying levels of intervention ranging from informational type intervening (level 1) to intensive therapy and medical treatments (level 5). The Triple P is having tremendous success in changing parents' competencies and skills at the population level, which in turn is producing positive outcomes for children." (McCaig, nd)

This model also emphasizes a prevention/early interventions approach to child development. It relies on collaborations, particularly with the health sector and various service delivery methods are integrated into the model to suit the diverse needs of the children and families who access them. The model emphasizes:

- a prevention/early interventions approach to child development,
- collaborations, particularly with the health sector,
- various service delivery methods to suit the diverse needs of the children and families
- who access them,
- a multi-level, parenting and family support strategy whose mission is to prevent developmental, behavioural, and emotional problems in children by enhancing the knowledge, skills and confidence of parents.
- a governmental commitment to attention and support that is in addition to existing core services in the area of child and maternal health, early education, childcare and family support (Council of Australian Governments National Reform Agenda, 2007)

Western Australia's Plan to Improve Early Childhood Education and Care Outcomes

Western Australia offers an interesting example for enhancing AECDC as they are developing a new *Department of Communities* designed to deliver community based services, including childcare. "One of this department's first priorities will be the development of an evidence-based and community-focused early years strategy for Western Australia, developed in partnership with communities, the non-government sector and other departments." (Council of Australian Governments National Reform Agenda, 2007). They are also in the process of establishing a cross *Government State Early Childhood Advisory Group* made up of representatives from the Departments of: Premier and Cabinet, Health, Education and Training, Community Development.

Indigenous Australian Early Development Index (I-AEDI)

An Aboriginal research network in Western Australia has developed an *Indigenous Australian Early Development Index* (I-AEDI). This is a culturally appropriate summary measure of Aboriginal children's early child development status. The specific content of the different areas of early child development assessed by the instrument will also be inclusive of Aboriginal perspectives of children's development and culturally valued ways of learning. The I-AEDI presents a valuable opportunity to pioneer an instrument to measure the relationship between school readiness and key developmental outcomes for Aboriginal children. This measure will focus on children's readiness for school learning at a community level. It will be the first time such an instrument has been created and reliably tested anywhere in the world. This marks a significant innovation in the area of school readiness testing (Kulunga Research Network, nd).

Aboriginal Primary Care Action Plan

Western Australia has also developed the '*Aboriginal Primary Care Action Plan* which is based on a 'Lifecourse approach'. It brings together the science of health and the strength and wisdom of Aboriginal culture. The plan groups actions and strategies around the four key periods in life that have impact on the health of Aboriginal peoples. These are important periods that hold great significance culturally, socially and personally for Aboriginal people in Australia (Department of Health, Western Australia, 2007).

1. Early years
2. Adolescence and transition from school years
3. Family years
4. Granny years.

Learning from Australia:

In many ways, the variety of Aboriginal tribes and the geographical layout of Australia most naturally reflects the Aboriginal peoples and our geography here in British Columbia. They are faced with similar challenges as we are in this province; a variety of languages and dialects, isolated and remote communities, threatened languages and culture, recent apologies from Prime Ministers for the treatment of Aboriginal children and families, to name only a few examples of similarities. There may be value in a more thorough exploration of Australian models and frameworks.

NORWAY

In Norway, the *Barnehager Act (Norwegian Early Childhood Centre)* was created in 1995 and acknowledges the original people of Norway, the Sami people living in the North. The Act states that centres 'for Sami children in Sami districts shall be based on Sami language and culture*'.* They have taken the importance for culture and understanding an even deeper level by ensuring the national curriculum has a chapter on Sami Language and Culture which recognises that the 'Sami language and culture are a part of our shared heritage which Norway and the Nordic countries have a special responsibility for defending'. As one aspect of their curriculum, it states that Sami parents should be able to choose 'whether to seek a place for their children in a Sami or a Norwegian day care institution' (OECD, 2001).

A Sami *barnehager* (early childhood centre) is defined as: one where the children in the institution have a Sami background...The institution's aim is to strengthen the children's identity as Sami by promoting the use of the Sami language and by imparting Sami culture... [The early childhood centre] is headed by Sami teaching staff (OECD, 2001).

What may be most interesting to note about this model of service delivery is the fact that the Sami people constitute 1.7% of Norway's population (OECD, 2001) and their language, culture, and right to be Sami have been acknowledged and valued in the context of Early Childhood at the National Curriculum level.

Learning from Norway:

This model outlines the importance of all children learning about the 1st peoples of British Columbia and Canada. In British Columbia Aboriginal children constitute 8% of the birth to 4 population, to date, no Aboriginal specific curriculum for the Early Years has been legislated for this province or Canada.

"Will mainstream schools and children learn to understand and appreciate the children of the original inhabitants of the country?" (OECD, 2006).

SCOTLAND

This model focuses on "creating communities that provide a supportive environment for children and families and building parenting and family capacity pre and post birth" (Taylor, 2008). Although not tailored specifically for an Aboriginal population, this model offers considerations appropriate for the development of an AECDC model for British Columbia.

Hailesland Child and Family Centre, City of Edinburgh

The Hailesland Child and Family Centre is situated in the South West of the City of Edinburgh that has a population of 25,000. The centre opened in 1989 has the capacity to serve up to fifty children and supports approximately eighty children and their families. (Taylor, 2008)

This early years centre develops positive, working partnerships with families and a wide range of professionals. The centre has developed creative ways to address the needs of children and families in a holistic and integrated way and services are tailored to meet the individual needs of the child and families, particularly those hard-to-reach families that for one reason or another become isolated. Parental involvement and engagement has led to an improvement in assessment and early interventions improving outcomes for children. Staff development and training is integral to this process. (Taylor, 2008)

The work of the centre is highly prized by parents and caregivers and positively impacts their parenting, relationships and sense of self-esteem.

A variety of outreach programming is delivered through the centre and includes:

- baby massage
- Dad's group
- You Make a Difference early intervention program for children with language delay
- Well on the inside- building self-esteem
- Getting through the Day and several more..

The impacts and outcomes effected for children and their families by this facility are many and include:

- Increased parenting confidence
- Decrease in family breakdown and children going into care
- Parents are aware of and recognize children's developmental needs--- children develop social and emotional resilience and increased learning successes
- The flexible and open access nature of the Hailesland Child and Family Centre results in families feeling included and builds relationships in the local community. This is carried over into family access to a range of integrated services and agencies that collaborate with the centre
- Parents are involved in child protection core groups and care planning (Taylor, 2008)

LEARNING FROM ALL MODELS

Paths to successful service delivery as noted in the highlighted models include:

- Family centered environments
- Community designed & driven
- Flexible program design & delivery
- Child & family input in program development/evaluation/assessment
- Grounded in cultures/dreams of community
- Emphasis on Integrated Service delivery
- Innovative approach to assessment
- Economic security for families –decreasing child poverty
- Long-term plans with government commitment & support at policy-making level (ECE input in policies)
- Plans influence reviews of regulations & funding systems
- Establish departments at government level to oversee ECE & other community service programs
- Evidence-based approach to model development
- Living, flexible frameworks
- Pay equity for Early Childhood Educators

Section 4

PATHWAYS TO STRENGTHENING THE DREAMS FOR OUR CHILDREN

'Pathways to Strengthening the Dreams for our Children' highlights recurring foundational components of success for an Aboriginal ECDC strategic plan that have emerged during the process of researching and writing this initial discussion paper. We suggest ways to ensure we are all on the same path, going in the same direction. It requires that no one be left behind, as we connect with and build working relationships, based on mutual respect, recognition and reconciliation (Transformative Change Accord) with the many organizations and agencies that are joining us on this important journey.

This visual outlines key areas for the pathways to be strengthened.

©Creating Pathways for the Dreams of Our Children: Aboriginal Early Childhood Development and Care: Gerlach, Gray Smith, Schneider, 2008.

An Aboriginal Voice

The most critical pathway in strengthening the dreams for our children is for this discourse to be inclusive of an extensive and inclusive dialogue with those who will be most closely influenced by government policies and actions – Aboriginal families and communities. It is with great hope and anticipation that we hear this commitment in provincial and federal government speeches and published documents. An Aboriginal ECDC Framework and Strategic Plan cannot truly be reflective of the Aboriginal population of this province without the meaningful involvement of Elders, educators, leaders, parents and community.

Talking Circles
A 'Talking Circle' is a process to connect deliberate dialogue to social, political and policy change. A provincial 'Talking Circle' program on Aboriginal ECDC reaches out for input and feedback from Aboriginal youth, families, Elders, community members and Aboriginal ECDC professionals. Small groups of 10-15 participants from remote, rural and urban settings are invited to engage in this dialogue and voice their knowledge and ideas for strengthening the dreams of their children.

Aboriginal peoples come with much knowledge and experience, particularly in regards to their children, families and communities. This knowledge and experience needs to be prevalent and relied upon within the work that is to be done. Failure to do so, risks a continuation of the status quo – whereby decision-making and strategic planning is controlled by the few, and Aboriginal families and communities are expected to "fit into" a mainstream model that inevitably does not work for them.

Strengthening through Aboriginal Knowledge

As difficult as it may be, governments, institutions, and individuals now must start to let go and allow the process of empowerment to begin as we, the Aboriginal peoples, take back control and rediscover our natural ability to teach our children, using the best of our heritage skills and applying them to today's challenges (College of New Caledonia, 2002).

It is well recognized that child development knowledge and theories that guide ECDC practices are culturally biased towards American or Euro-colonial perspectives (Greenwood, 2004; Ball & Pence, 2006). Yet program delivery models which reflect such concepts have been identified as largely ineffective to improving the health and quality of life for Aboriginal peoples in Canada (Smye, & Browne, 2002).

There is no doubt that Aboriginal ECDC needs to be anchored in Indigenous cultures, knowledge, values and practices (Greenwood, 2006). These components have been recognized as being key to successful programs for Aboriginal peoples (Warry, 2007) and as fundamental Indigenous determinants of health and wellness.

Education, practices, policies, reporting mechanisms all need to reflect the equal value of indigenous knowledge with Western ways of knowing and doing. This paradigm shift also has the potential to shift power and   promote greater self-determination.

Aboriginal Ways of Knowing & Being in ECDC
The following are examples of an Indigenous and more holistic perspective towards raising healthy children.

- Focus on wellness and strengths-based models
- Interconnect health with education, social services, housing etc
- Integrate wellness and spirituality
- Engage the whole family and community not just 'mother and baby'
- Design programs and centres that bring together members of the community across the lifespan – infants, youths, adults and Elders
- Promote intergenerational learning between children, youths and Elders
- Integrate traditional activities and ways of celebrating

It is important to note, that there is not one pan-Aboriginal worldview in British Columbia or Canada, but great diversity within and between Nations.

Strengthening Aboriginal Languages

The criticalness of ensuring all programs serving Aboriginal children be inclusive of an Aboriginal language is immeasurable.

Increased funding is urgently needed for language preservation and revitalization within the short window of time available for knowledge transfer from Elders, who are ageing and will very soon be no longer with us. Already eight of B.C.'s 40 First Nations languages are extinct—

there are no remaining fluent speakers. The other 32 languages are endangered and time is running out." (http://www.fphlcc.ca/about-us)

British Columbia has 40 of the 60 distinct Aboriginal languages found in all of Canada's other provinces and territories combined. There are thousands of endangered cultural practices and traditional art forms unique to British Columbia and found nowhere else in the world. Our languages are the vessels that carry the intimate details of these practices and traditional art forms.   (http://www.fphlcc.ca/about-us)

Funding for Language Revitalization Programs
The First Peoples' Heritage Language and Culture Council reports that although B.C. is home to 60% of Canada's Aboriginal languages only 10% of national funding was disbursed here. (http://www.fphlcc.ca/about-us)

Any and all initiatives, action plans, frameworks involving Aboriginal peoples, services and programming must include a budget and strategy to contribute to the survival of Aboriginal languages. If governments truly want to close the gaps for Aboriginal peoples, to acknowledge and celebrate the diverse cultures of Aboriginal peoples, they must, at every turn, back what they are saying by working to return one of the most precious gifts that past policies and practices have all but taken away—Aboriginals peoples' ability to speak in their own languages.

Strengthening Community

"Aboriginal youth and Elders need to become engaged in community planning for early years initiatives." (Blackstock, 2006).

Recurring pathways of strength highlighted in the Ministry of Children & Family Development's 'Strong, Safe & Supported' document are the beliefs that Aboriginal communities must be supported to develop models of service intervention that meet the needs of their own communities and families, and that "Aboriginal delivery of services will result in improved outcomes for vulnerable Aboriginal children and youth".

The involvement of community in the raising up of the child is a traditional responsibility that needs to be situated prominently within all ECDC programs and service delivery models both on and off reserve. However, this approach can <u>only</u> succeed when adequate and stable funding and supports are in place, which also respect local cultural protocols.

Aboriginal leaders in childcare, health, welfare and education, and Aboriginal family members and caregivers need to have a stronger and more consistent voice in the design, implementation and evaluation of ECDC for their communities (Gerlach, 2008). In fact, quality programming depends upon its connections with community in that they often fill the gaps that exist around culture and language resources so important to the engagement of Aboriginal children and their families.

Community development means more than locating health care professionals and services in the community – it places the community's strengths, interests and needs before institutional priorities and policies – it therefore has the potential to co-create flexible and culturally safe programs. This also demands a paradigm shift from an illness-based model to one that is population based and stresses prevention (Jock, & Lemchuk-Fevel, 2002).

Community-based and driven childcare programs also have the potential to promote capacity-building and economic development (Stout, & Kipling, 1999).

Capacity Building
"Capacity building places the emphasis on existing strengths and abilities, rather than being overwhelmed by problems or feelings of powerlessness. An indication that capacity is developing within a community is that people are active, interested and participating in what is going on. They may also be questioning, challenging and debating — but they will be debating what should be done, not complaining that nothing will ever change" (Frank, 1999).

In transferring to a more community development model of service delivery, Aboriginal community members are fully engaged in identification of strengths and needs in the development of service action plans unique to their community. Including Aboriginal youth, families and communities in the planning, development and delivery of these services not only facilitates increased engagement but significantly strengthens a community's awareness of existing programs and choices available to their children and families.

Strengthening ECD Education

How can education transform our society?

A potential pathway to strengthen all children in B.C., regardless of their heritage, is to develop ECD curricula and learning environments that are more inclusive of diverse worldviews, cultures and ways of knowing and doing.

The 'Transformative Change Accord' spoke of the need for an increased awareness of and appreciation for Aboriginal culture and capacity in the 'raising up of our children'. Non-Aboriginal professionals supporting programs and services for Aboriginal children need to be knowledgeable, respectful and sensitive to Aboriginal cultures, worldviews and history in Canada and in the communities in which they are involved (Stout, & Kipling, 1999). "Aboriginal learning must be integrally linked to elders and community and opportunities realized to build upon these connections and their language, knowledge and culture." (Battiste, 2005). Fully understanding the ongoing impact of the residential school system on contemporary family and community life is also key to this understanding (Gerlach, 2008a).

An increased awareness of, and appreciation for, Aboriginal cultures, worldviews and history in ECD education has the potential to facilitate an increase in recruiting and retaining Aboriginal learners and an increase in children and families actively engaging with, valuing and benefiting from the services and programs put in place to serve them.

Stable educational programs and staffing represent one of the foundational components of success. Research shows a strong correlation between ECD education and staff supports with the quality of ECD services and programs (Bowman et al, 2000), and staff retention (CQCQ Study Team, 1995). Improved education and working environments are necessary for those who work with Aboriginal children and families (Friendly, 2006) with ECD professionals being recognized and valued so that working in this field will be seen as a career and not simply a job (National Association of Friendship Centres, 2005).

Accessing ECD Education in Remote & Rural Areas

Geographical distance is a barrier for many Aboriginal people who may be reluctant or unable to leave their homes and communities to travel and/or live in an urban centre in order to access an ECD education.

The College of New Caledonia, Northern Lights College, Northwest Community College and Yukon college have collaborated to develop a new distance ECD education program for Northern students - the Aboriginal Early Childhood Education program (AECE). This new program is offered online and while the focus is on teaching young children in Aboriginal settings, students will also be prepared to work in mainstream programs (College of New Caledonia, 2002).

Strengthening Funding

How can funding and initiatives more effectively meet the needs of Aboriginal children in B.C?

It is anticipated that there is much knowledge and wisdom within Aboriginal youth, Elders and other community members to help answer this question. The following information represents 'what we have found so far' in writing this paper.

"Focusing resources on early childhood learning" is one of the agreed upon strategies in the Transformative Accord agreement and is strongly advocated for herein. However, funding and initiatives are also necessary to meet the basic needs of all children in B.C., including Aboriginal children on and off reserve in remote, rural and urban communities. Basic necessities are adequate housing, access to nutritious food, clean water and access to a range of ECDC services and opportunities.

"Only through a comprehensive plan supported by real investments can First Nations finally and forever break free from the prison of poverty."

The Native Fiscal Imbalance, National Chief, Phil Fontaine. The Vancouver Sun, 2006.

Infrastructure Funding - In regional dialogues on ECDC coordinated by the Assembly of First Nations (2005) a common theme was the dire need for capital and infrastructure in First Nations communities. "The lack of infrastructure to house child care programs in First Nations communities is a significant challenge that has been largely neglected. Many First Nations operate their child care centres out of inadequate, old and, at times, unsafe facilities due to a lack of funding. Other First Nations do not have a building to accommodate a child care program, making them ineligible to provide this much needed service" (Assembly of First Nations, 2005).

Stable Funding - Many community-driven programs rely on tenuous funding for limited time periods which makes building and sustaining capacity challenging (Assembly of First Nations, 2001; Jock & Lemchuck 2002; Ball, 2008). Stable funding promotes recruitment and retention of qualified ECCD professionals (Gerlach, 2008b).

Equitable Funding - "Policies and program investment strategies to improve the quality of life of young Aboriginal children need to take into account geographic and social circumstances, cultural factors, distance from diagnostic and specialist services, and the different kinds of challenges and assets of diverse Aboriginal communities" (Ball, 2008).

Funding to Strengthen Young Parents - "Investment in programs to prepare Aboriginal youth for parenthood is imperative, given that many Aboriginal men and women begin having children early and have more children than non-Aboriginal Canadians". However, such programs need to be culturally-based and further research in this area is required (Ball, 2008).

Funding for Child Care - High quality, centred-based child care is a critical investment – providing a safe, nurturing and stimulating environment for children and supporting parents to work and further their education (Ball, 2008). For children living off reserve, specifically in urban centres, the "National Association of Friendship Centres, the Congress of Aboriginal Peoples and the Métis National Council have called for policies to expand access to high-quality, culture-based ECDC and   early intervention programs" (Ball, 2008).

"… the OECD team proposes for consideration a more equitable 40:40:20 sharing of children's services. In this division of funding, federal and provincial governments would provide at least 40% each, with a maximum overall contribution from parents of 20%...We encourage efforts to bring overall Canadian access and expenditure up to the OECD levels. Apart from Quebec, participation rates for children 3-6 years do not reach a quarter of those of the main European countries…" (Friendly, 2004).

Funding for Early Identification & Intervention - Aboriginal children with special needs children and their families are severely under-resourced (Assembly of First Nations, 2005), with access to diagnostic services, pediatricians, infant development consultants and early intervention therapists being particularly poor for children living on reserves in remote, isolated and northern communities (Ball, 2008). Most First Nations children living on reserves do not have equitable access to early intervention therapy (speech language pathology, occupational therapy, physiotherapy) since these are currently not paid for or reimbursed by the federal government (Ball, 2008). Funding and initiatives are required for: (a) respite, (b) financial assistance for families caring for children with disabilities, (c) parent/foster parent training and support groups, (d) community-based therapeutic services (e.g., speech therapy, occupational therapy, physiotherapy, psychological services, child development counselors), (e) early diagnosis and intervention services (Wright, 2005).

Jurisdictional Resolution

"We cannot allow questions of jurisdiction to interfere with services to any child in need, whether or not those children live on reserve"
(Strong, Safe and Supported, 2008).

Complex funding jurisdictions and jurisdictional tensions and divisions between federal, provincial, and band governments are a fundamental problem affecting service planning and provision for Aboriginal children (and youth), particularly those with disabilities and complex medical needs. Adequate levels of funding, availability and access to culturally appropriate support services, and equity in service provision on- and off-reserve needs to be addressed (Wright, 2005).

Strengthening Models of Service Delivery

"Everyone who delivers supports and services on behalf of government is accountable to the children, youth, families and communities of B.C."
(Strong, Safe and Supported, 2008).

The need for greater ECDC service integration and co-ordination has been well established. The possible application of international models, as outlined in 'Many Paths: Learning from Others'*,* and theoretical 'best practices' have yet to be explored within the diverse contexts of the Aboriginal peoples of B.C... An integrated ECDC model or framework, building on the best practices of what we know so far, needs input from Aboriginal youth, Elders, families, community members, program designers, deliverers, and funders. Only in this way can we ensure the creation of successful models or '*many different paths*' for Aboriginal children and families of B.C.

An Aboriginal ECDC Network
Develop a cross-sectoral online network of Aboriginal ECDC programs, services, and resources to promote information and program utilization?
Regional gatherings hosted by ECDC professionals in BC, identified the need for families and communities to have easier access to information about existing programs and services provided by multiple government or non-profit agencies in their area (Gerlach, 2008b). Families and communities need easier and equitable access to this information.

Integrated Model of Service Delivery – There does appear to be a consensus, however, on the need for a more co-ordinated and integrated model of ECDC service delivery. A comprehensive and co-ordinated network of ECDC and social services and programs, incorporating traditional Aboriginal knowledge and practices, is vital for Aboriginal children and their families (whether on or off reserve). Such a network would support children and families in family planning, pregnancy, birth and child rearing. A comprehensive, coordinated, and integrated network of service delivery is critical for Aboriginal children with disabilities and their families (whether on or off reserve). The current care system for children with disabilities is fragmented and inequitable, with provincial and national differences in funding and service provision. At a community level, greater collaboration and coordination between service providers is seen as necessary to maximize the services that can be provided (Wright, 2005).

The value and engagement of First Nations on issues influencing children with special needs has been found to have a positive impact on increasing access to much needed services
(Wright, 2005).

In transforming to a more community development model of service delivery, Aboriginal community members are fully engaged in identification of strengths and needs in the development of service action plans unique to their community. Including Aboriginal youth, families and communities in the planning, development and delivery of these services not only facilitates increased engagement but significantly strengthens a community's awareness of existing programs and choices available to their children and families. *The value and engagement of First Nations on issues influencing children with special needs has been found to have a positive impact on increasing access to much needed services* (Wright, 2005). The hook approach is a child-centred model of service delivery for early child care and development services and programs. The hub model centres on families and communities. "Services are specifically designed to meet community needs for developmental, social, cultural and primary health programs, as well as to support children at risk and those with special needs. By setting up their child care centre as the hub of a larger system of community programs and meeting spaces, some First Nations communities have created a service delivery model that is multidimensional, accessible and culturally appropriate" (Ball & Pence, 2006).

Flexibility in Service Delivery – In order to be effective Aboriginal ECDC models of service delivery need to adapt to the great diversity in First Nations across B.C. These communities, in remote, rural and urban settings, are the experts on how ECDC programs and services need to be provided for their children and families. Flexibility in program funding, design and delivery increases their success by preserving diverse cultures, traditions and a broad range of community priorities, strengths and processes.

Extended Family Participation – Aboriginal ECDC education, practices and communication between families and ECDC professionals needs to be based on the concept of 'family' as an extended family network. In this context child care and development decision-making and planning may involve members beyond a child's immediate family.

Furthermore, to increase the success of ECDC programs (as found in Australia), mechanisms need to be in place so that families can actively participate in informing policies which have the potential to impact their children and communities.

Building Partnerships – Relationship building, based on equality, respect and trust between Aboriginal communities and non-Aboriginal ECDC stakeholders is ongoing and will continue to take time. Non-Aboriginal professionals supporting programs and services for Aboriginal children need to be knowledgeable, respectful and sensitive to Aboriginal cultures, worldviews and history in Canada and in the communities in which they are involved (Stout & Kipling, 1999). Funding and initiatives to support this process need to be put in place. Employers and managers of ECDC contracts and professionals also need to be part of this process to fully understand how ECDC programs and services can be provided so that they are more effective and culturally safe. The development of clear protocols between agencies is also critical. This should be done in the *developmental stage* of the program rather than after it has been operational as it provides clear direction and responsibilities for everyone involved. This protocol must also include conflict resolution mechanisms.

Strengthening Self-Governance & Policy

"Any development of ECD policy and corresponding implementation that impacts current program delivery will require appropriate, substantive discussion that fulfills First Nation standards with regard to representation, inclusion of community members, and opportunity for all First Nations to participate."
(Assembly of First Nations, 2005)

A further foundational component of success in Aboriginal ECDC strategic planning is the creation of governance and funding models that are supported by Aboriginal leaders and communities. This is aligned with the continuing devolution of decision-making and service delivery planning through mechanisms such as Aboriginal Authorities and delegated agencies. Adequate resources and supports are keys to the success of this approach.

Government agencies, mainstream education systems, Aboriginal organizations and communities must all act on a long term commitment to strengthening policies, including those related to self-governance in planning for Aboriginal ECDC. One time only, two, five, ten or fifteen-year plans do not hold the potential to reverse the negative impacts of generations of assimilation, neglect and/or abuse upon entire groups of people.

ECDC planning in Aboriginal communities will also require "a policy, legislative and regulatory regime that adequately reflects the linguistic and cultural foundations of programs, and community priorities and realities, with respect to staffing, facilities, programming etc." (Assembly of First Nations, 2005)

Unfortunately, almost no empirical research has been published to date to guide establishing priorities, creating policies or making investments in improving the quality of life and developmental outcome of Aboriginal infants and preschoolers. … There is an urgent need to fill the information gaps" (Ball, 2008).

How funding and governance policies for a provincial Aboriginal ECDC strategic plan interact with those of Health Canada and national Aboriginal stakeholders also requires extensive work. Funding and policy jurisdictions need to be dismantled so that the B.C. government can transform the words of the 'Transformative Change Accord' into action and social change. In accordance with *Jordan's Principle* government accountability will only be evident when the system changes from within to the extent that no child, Aboriginal or non-Aboriginal is faced with inadequate education, care and developmental services.

As summarised in *'Many Paths: Learning from Others'* we are able to draw on the expertise and experience in other countries with significant indigenous populations. In Australia, improvements in health outcomes for Aboriginal peoples have been linked to the development of new partnerships among governments, local communities, health services and organizations.

Strengthening Outcomes

As we know, the current poor quality of life and health indicators for Aboriginal children are driven in large part by living in poverty and lacking basic needs. Any ECDC initiatives, such as indicators for school readiness, need to be understood and developed within the context of these determinants of health for Aboriginal families and communities.

The cultural and socioeconomic bias, and questionable validity, of existing child development assessments not only limits their ability to measure key indicators in child development, but also risks perpetuating socio-cultural stereotyping of Aboriginal children. Research initiatives need to be undertaken to develop a more inclusive, valid, culturally safe and meaningful measure of Aboriginal children's early childhood development. Involving Elders, ensuring the family have a voice and shifting from a deficit to a strengths-based lens have been integrated into indigenous child development measures in Australia.
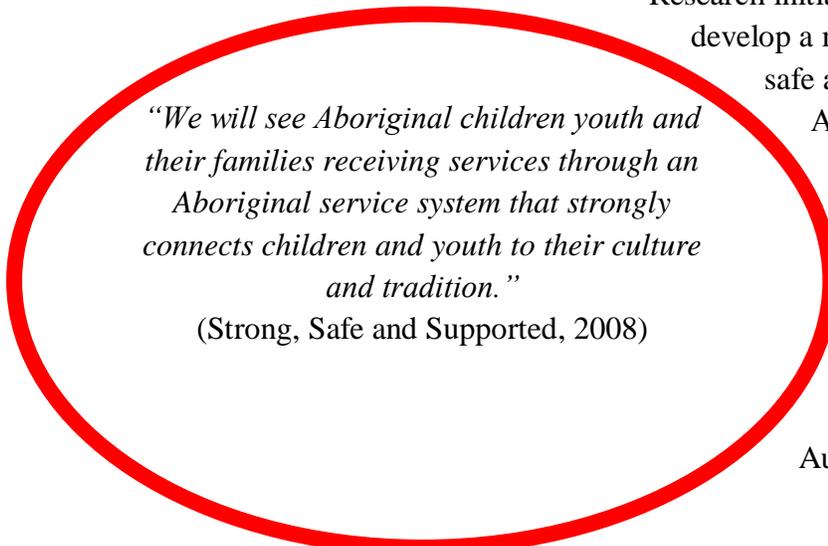
"We will see Aboriginal children youth and their families receiving services through an Aboriginal service system that strongly connects children and youth to their culture and tradition."
(Strong, Safe and Supported, 2008)

A greater discourse on how information gained from any assessment process is used is also necessary. The application of labels to children must be done cautiously, with a full appreciation of the context in which the child lives. Furthermore, care must be exercised so that no child is ever reduced to being understood within the confines of stereotypes that frequently accompany diagnostic labels (Wright, 2005), and risk further increasing the social distance between family and health professional.

Accountability

From a First Nations perspective, the principle of accountability includes
a degree of responsibility to ancestors and generations yet to come.
(First Nations Health Forum, 2007)

In order to monitor the success of Aboriginal ECDC programs and models of service delivery, we need information on its strengths and weaknesses at the various levels from the province, our communities, and our programs. True accountability on the governments' part will be manifest in their ability to move beyond the concepts of supporting social and economic well being for Aboriginal peoples to actually implementing the transformative changes referred to within the Accord document.

Section 5

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CONSIDERATIONS FOR ENTERING THE CIRCLE AGAIN

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"This is what we have to do. We have to be sure that every Aboriginal child has that light burning brightly in their eyes every day, every week, every year of their life. We have to be sure that those children have the kinds of dreams they need, have the support they need, love they need from all of us – from all of us in the community – to be sure they can reach their full potential."(Premier Gordon Campbell, 2008)

As we continue along this path together we identify ways in which we can each contribute and draw on the gifts we have to offer. It is in hearing and supporting each other that our circle is strengthened. This path is a circle, with no end. We the writers acknowledge that the work herein is only the beginning of dialogue, and only one path in this province's exploration of ways to support Aboriginal children and families.

The health and well being, the dreams of our Aboriginal children and families are a journey of the heart--- it has no beginning and no end. It is a well traveled circle that grows stronger as more people join in this important work. As you the reader, and we the writers, prepare to leave this journey in the circle, we invite you to consider the following common themes that could guide the development of an Aboriginal Strategic Framework.

The importance of:

- Remembering that 'families and children' are at the centre of all circles; inclusive of an Aboriginal worldview of an extended family and community network of support.
- Planning and funding integrated and accessible services for all Aboriginal children and families; regardless of jurisdiction.
- Ensuring all policies, programs and services for Aboriginal children and families are rooted in diverse Aboriginal cultures, languages and worldviews.
- Raising and educating Aboriginal children in a holistic manner (emotionally, physically, spiritually, and mentally), that focuses on their innate strengths.
- Engaging communities and supporting self-determination in all elements of early years programs and services; planning, implementation, and accountability.
- Continuing to build capacity within Aboriginal children, families and communities, regardless of jurisdiction.
- Honouring the Prime Minister's Apology and the New Relationship Trust by continuing to develop collaborative relationships and partnerships based on mutual trust, respect and equality.

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