Collaborating for the Common Good

Tell me and I’ll forget.
Show me, and I may not remember.
Involve me, and I’ll understand.
- Native American Saying

Community Action Program for Children
Data Gathering Project

Aldergrove Neighbourhood Services
The Lower Fraser Valley Aboriginal Society

May 2009
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My hope is that this document is seen as a living document and that it can be used as a model for Aboriginal Service Delivery in the Langley. The report is a resource that is meant to be adaptable for the planning of program and service delivery.

Fran Haughian, Consultant
Community Action Program for Children
Data Gathering Project
May 2009
Overview

Community based health initiatives which take into account the systemic inequality of Aboriginal peoples and its root causes are fundamental to addressing the sub-par state of Aboriginal child and youth wellness. Use of the term “wellness” may conjure a more holistic approach to health, one that incorporates body, mind, spirit and intellect. This is reflective of the Aboriginal approach to wellbeing, one that involves personal and cultural continuity.

"First Nations, Métis and Inuit Children and Youth: Time to Act"

Collaborating for the Common Good – Urban Aboriginal Framework for the Langleys

In order to promote well being and enhance the living conditions of both the individual child and the families of the Urban Aboriginal people, the development of a collaborative service delivery model that combines CAPC strategy with the values, traditions and beliefs that embrace traditional Aboriginal approaches is vital.

The combined Urban Aboriginal Model includes not only the provision of a range of programming that includes health promotion, prevention, support and outreach, but also emphasizes and considers physical, mental, spiritual, cultural, economic, educational, and environmental factors. By including those most directly affected by the issues in the decision-making process, relationships can be formed that are mutually supportive, beneficial, sensitive and respectful.
In keeping with the Community Action Program for Children (CAPC) values, the determinants of health should be intertwined with the Aboriginal framework when planning programs and services. And at the forefront are the influences of income; social status; education; power/control and social cohesion/support. It is also important to consider individual health-related behavior and resilience and gain a broader understanding of the nature of the social, political and economic environments.

Open minded programming is consistent with collaborative principles, strategies and activities that reflect common values; goals and ethics; theories and beliefs; evidence; vision and analysis of all of the agencies involved. The collective should identify and define the needs of the individual, the team, and the organizations and also constructively address areas of common ground. Central to the development of Urban Aboriginal programs is the incorporation of an analysis of relevant history and the examination of the marginalized role and position of the Aboriginal peoples in Canadian society.

When working in a collaborative environment, processes should be clearly identified that provide appropriate and adequate support for implementation. Strategies and activities at the collective level are maximally effective and flexible and should:

- promote participation
- enhance health
- empower
- build capacity
- strengthen relationships
- respect differences
Deciding to come together in collaboration emphasizes a team approach where tasks are done cooperatively in an atmosphere of trust and where there are clearly defined roles, responsibilities, policies, processes and procedures. The collaborating agencies will come to agreement about effective and reasonable expectations around leadership, management and accountability. Through agreements on a decision making structure that promotes power sharing through knowledge and skill sharing; they will ensure respect for all involved.

**Collaborative practice assists in:**

- assessment (of needs and capacities)
- visioning
- planning/revising
- evaluation/reflection
- relationship building
- skill sharing/capacity building
- coordination/cooperation
- decision making
- communication
- documentation
- resource management

The grounding principle is that of motivation for common good rather than for the individual or the agency. Individual and collective strengths in experience, skills and knowledge will be recognized and used. Emphasis will be placed on the effective and efficient use of available resources, including time.
Strategy – Bonding, Bridging, Linking, Mobilizing

The activities identified for this report fall into a holistic development of programs categorized as bonding, bridging, linking and mobilizing.

**Bonding activities** include outreach, recreation, parent drop-in, self-help and other informal support networks and activities. Bonding activities help people to *get by*.

**Bridging activities** address immediate family needs through concrete support of basic needs, they may bridge to agency services, neighbourhood organizations and related activities; bridge to education and employment or to advocacy that assists with a transitioning activity. Bridging activities help people to *get ahead*.

**Linking activities** occur at the level of the community organization/neighbourhood centers. It is place-based in that it is tied to a community space for the promotion of social belonging and principles of family wellness. Linking activities will include community leadership building, community engagement, problem identification, priority setting and solution finding. It is important for the community to address problems in a participatory way, striving for cultural inclusiveness and giving value and meaning to that community. Linking activities help people to *get influence*.

**Mobilizing activities** expand on social capital formation and take it a step further in considering activities such as larger scale community mobilization, service integration and coordination and civic entrepreneurship. Through collaborative efforts, communities can mobilize around areas of concern for policy and systems level social change and development. Mobilization activities help people to *get results*. 
Addressing the framework as a continuum of activities in a collaborative manner will ensure that the Urban Aboriginal child and family will be able to enhance social connectedness, literacy, resiliency skills, early childhood development and cultural cohesion in the Langleys.

The Urban Aboriginal Framework for the Langleys holistic development of programs is attached in Appendix E. It is a visual that summarizes the findings. In Appendix F the Logic Models map out the plans for bonding, bridging, linking and mobilizing.


**Langley Community Profile**

Langley, British Columbia is located in the Lower Mainland, bounded by Surrey and Abbotsford, the U.S. border and the Fraser River. As part of the Lower Mainland, the most densely populated area of the province, Langley embodies both the advantages and disadvantages of urbanization. Being just outside a major urban centre the Langley community enjoys relatively easy access to urban services and amenities, while maintaining its rural character. However urban issues, such as traffic congestion, accessible public transportation, availability of affordable housing, substance abuse, crime, poverty, and homelessness are only some of the growing challenges facing the community.

**History of the Area**

Aboriginal people have lived in the Langley area for thousands of years before European contact, living well and evolving a rich and complex culture. However this population and its culture, like that of Aboriginal peoples elsewhere, was decimated as European settlement changed the face of the land and the people. Aboriginal people in the area live on three different reserves - Kwantlen, Katzie and Matsqui - and off-reserve throughout the community.

European settlement in Langley started with the fur trade, but the lasting legacy of colonial times is farming. The rich farmlands in this area led to homesteading and the development of small communities around the various crossroads. This pattern is still evident today in the number of relatively small communities surrounded by farmland, much of which is part of the Agricultural Land Reserve (ALR).
The Township of Langley was incorporated in 1873. However, in 1955, the City of Langley, the most populous of the various communities at that time, separated from the Township. Consequently, the community of Langley today contains two distinct municipal bodies, each with its own Mayor and Council.

**What is CAPC?**

Funded by the Public Health Agency of Canada, the Community Action Program for Children (CAPC) provides the resources to community coalitions to deliver programs that promote the health and development of children from birth to age six, who are living in conditions of risk. CAPC recognizes that communities have the ability to identify and respond to needs and emphasizes partnerships and community capacity building.

There are six guiding principles that form the foundation of all CAPC projects, they are:

1) children first  
2) strengthening and supporting families  
3) equity and accessibility,  
4) participant driven  
5) partnerships and collaboration  
6) community based and flexibility.

CAPC: collaborative practices support affordable community-based programs and services; ensure there are active partners in community planning and advocacy efforts; offer workshops and support volunteer leadership development; focus on prevention; and encourage early investment in children so they get a better start in life.
CAPC programming utilizes combinations of health education, health communication, accessing and addressing community change, policy development, advocacy, mediation, intersectoral collaboration and self-help modeling in its delivery of programs.

**Langley CAPC**
Aldergrove Neighbourhood Services has the contract for the delivery of the CAPC program in the Langley's. The Aboriginal component thus far has consisted of a partnership with the Child Development Center (CDC). Under this partnership the CDC provides support services and programming that includes a family night.

**Lower Fraser Valley Aboriginal Society**
The Lower Fraser Valley Aboriginal Society was incorporated on September 14th, 2000. We are a non profit society and are comprised of a dedicated group of individuals who recognize a need in our community for services that meet the needs of our Aboriginal families.

The purpose of the society is:

(a) To provide support, assistance and referrals to urban Aboriginals and their families.

(b) To provide programs in areas including but not limited to social, cultural, recreational, economic and community development in addition to cultural and historical restoration.

To provide similar or related services as recommended by the members of the executive

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*For Indigenous peoples, education is a lifelong learning process that requires both formal and informal opportunities for learning of all ages.*

M. Battiste (2005).
Urban Aboriginal Programs in the Langleys

**Aboriginal Head Start**

The mandate of Aboriginal Head Start is to:

- Foster the spiritual, emotional, intellectual and physical growth of the child.
- Foster a desire in the child for life long learning.
- Support parents and guardians as the prime teachers and caregivers of their children, making sure parents/caregivers play a key role in the planning, development, operation and evaluation of the program.
- Recognize and support extended families in teaching and caring for children.
- Make sure the local Aboriginal community is involved in the planning, development, operation and evaluation of the program.
- Make sure the initiative works with and is supported by the other community programs and services.
- Ensure the human and financial resources are used in the best way possible to produce positive outcomes and experiences for Aboriginal children, parents, families and communities.

There is an Aboriginal Head Start on Kwantlen First Nation reserve that is open to off reserve registration. There is no new funding available to communities to open new AHS projects. All of Health Canada's funding to AHS is currently committed to the operation of existing projects. Should new funding become available, a public announcement will be made. When new funding becomes available, the public announcement will be made available for download on the Health Canada website.
**Child Development Centre Programs**

The CDC Provides inclusive, family-centred support services for children with special needs, from birth to 12 years. The Infant Development Program offers home support visits to families with young children from birth to three years who have delays or suspected delays. The Developmental Preschool Program allows children ages three to five years to participate in activities that build skills in communication, socialization, and independence. The Supported Child Development Program supports children ages three to 12 in their neighbourhood child care settings. The Child and Youth Program provides recreational activities and summer day camps. Educational opportunities for parents, caregivers, and professionals include six- to eight-week workshop sessions, a resource library, and lectures on complementary therapies. It also provides social and networking opportunities for parents.

All CDC programs and support services are open to Urban First Nation and Métis families. A family night is hosted once per month that incorporates a meal, Elders Teachings and drumming.

**School District #35 Programs**

**The EAGLE program**

Enhancing Aboriginal Gains in Literacy Education

The EAGLE program is an afternoon Kindergarten literacy program for children of Aboriginal ancestry.

The EAGLE program is based on elements of the highly successful Rec N’ Reading and PALS programs and includes an Aboriginal literacy focus to build both confidence in early reading ability and cultural pride.
EAGLE students will be enrolled for regular Kindergarten program morning sessions in their catchment area school and attend the EAGLE program in the afternoon. The EAGLE program offers students free busing from their catchment-area school to the afternoon Kindergarten classes, and a return ride home. The EAGLE program is held at Fort Langley Elementary and at Nicomekl Elementary.

**The PALS Program**

Parents As Literacy Supporters

PALS is a program for parents and their 4 and 5 year old children. It is designed to improve the children's performance in reading and writing at school and to build the connection between home and school. Families go home with a "goodie bag" which will support the topic that was focused on that session. Sessions will run approximately every month at Fort Langley Elementary School.

**Aboriginal Family Gatherings in the Langley District**

Aboriginal Family Gatherings

Aboriginal Family Gatherings are held throughout the year from 6-9 p.m. There are games and raffle prizes. Dinner will be provided, but dessert donations will be accepted. Cultural Elders are invited and some entertainment is organized.

**National Aboriginal Day Gathering**

The School District, Lower Fraser Valley Aboriginal Society and the National Aboriginal Day Gathering. Hosted by the Friday Lower Fraser Valley Aboriginal Society at Aldergrove Lake Park.
**Wacey Métis Society**
The Wacey Métis Society works to bring the Langley-area Métis community together. They are a non-profit organization that acts to protect and preserve Métis history, promote and develop Métis culture plus educate Métis people and the general public about the history, culture and heritage. They host activities throughout the year for Métis families to gather and socialize.

**XYOLHEMEYLH Child and Family Services**

**Mandate:**
Our future lies within our culture, our families and our communities. Together we can strengthen our families and enhance the health of our communities.

It is understood among people from all cultures that children are precious; that they must be protected. They are the future of all Nations.

Xyolhemeylh is the Halq’ameylem word that describes the special relationship between someone who requires care, and someone who provides care. It describes a relationship based on caring, respect and love.

Xolhmi:lh was created in 1994 to replace the Ministry of Social Services in the Sto:lo Nation. We provide services to children and families that would assist them and their communities in providing a healthy environment for children.

In 1998, Xolhmi:lh Child & Family Services received full delegation, allowing Xolhmi:lh the same level of authority as the Ministry of Child and Family Development.

**Family Intervention** providing information, guidance and modelling to on and off reserve families at risk.

**Family Services** working with families and communities in providing family assessments and service plans that promote reduction of risks to their children and communities.
Guardianship working with children in continuing care to provide on-going protection and support while keeping them connected to their culture and community whenever possible.

Resources recruit, train and provide foster homes for children who temporarily require care away from their natural parent(s).

Shxway & Leq’a:mel Family Homes This resource works with the whole family system. Families at imminent risk of having the children taken into care may be considered for placement in one of these Family Homes.

Sexual Abuse Intervention Program counsellors provide sexual abuse education and prevention services to First Nations people, under the age of 19.

Traditional Counsellors use traditional teachings and communication techniques to maintain and promote Sto:lo Cultural values and beliefs within the agency and between the general Sto:lo communities.

Elder’s Advisory Committee reviews cases, concerns and complaints regarding guardianship & child protection issues and provides cultural and community based advice to our Director of Child & Family Services.

Community Care Committees consist of volunteers who share their community-based input in regard to child protection cases in their community.

Cultural Camps each year offer the following culturally based camps: Youth Camp, Family Spirit Camp, Natural Changes Camp, Warrior Camp, and Children & Caregiver Cultural Camp.
Prevention & Awareness Groups provide preventative and remedial groups such as: S.T.O.P., Tool Time I & II, Parent Empowerment Program, Cultural Empowerment, Voice of the Drum, Women’s Wellness and Men’s Groups.

A Youth Conference and a Family Conference are sponsored each year.

Community Greeter Program Community Greeters will greet Aboriginal families who are new to the area, or who are unaware of Xyolhemeylh’s services in Abbotsford, Chilliwack and Langley.

Aunts & Uncles Youth Mentorship Program Knowledgeable, trained and screened mentors will meet with a person one on one, or in a group, 2 to 4 hours per week.

Fraser Health Aboriginal Strategy

Fraser Health is committed to supporting the vision and guiding principles of the Aboriginal Health Plan 2007-2010. The Plan focuses on engaging Aboriginal communities, building capacity and implementing many community initiatives.

The Vision

• Healthy Self, Healthy Families, Healthy Communities and Healthy Nation.

The Mission

Inuit, Métis and First Nations (regardless of Status) partner with Fraser Health Authority and other service agents to meet primary health care and wellness needs and together build on cultural strengths enhancing communities of care.

The Values

• Guided by traditional healing and spirituality.

• An inclusive partner when planning, implementing and delivering services.
• Build better relationships that support the capacity of the Aboriginal service providers
to deliver service.

The Guiding Principles
• Respect that Aboriginal culture, language and traditions are important to Aboriginal healing.
• Aboriginal well being and healing needs to be determined by Aboriginal people.
• Fraser Health is moving forward in full partnership with Aboriginal communities.

Strategic Priorities
• Improving Health Outcomes for Aboriginal People.
• Improving Access to Culturally-Appropriate Services.
• Strengthening Relationships and Community Capacity-Building.

Aboriginal Health Improvement Committees
Three Aboriginal Health Improvement Committees (AHIC) meet bi-monthly in
Aboriginal communities throughout our health region. Once a year, the AHICs meet to
discuss issues and celebrate achievements from the year.
These committees facilitate networking and communication amongst representatives
from Fraser Health, the Aboriginal communities, and service organizations, to increase
knowledge, social awareness and understanding of all Fraser Health programs and
services. The AHICs provide guidance and recommendations to the implementation and
evaluation of the Aboriginal Health Plan.
Aboriginal Mental Health Liaison Program

Fraser Health Region

This Program is administered by Sto.lo Nation Health Services funded by the Fraser Health Region and is available to help all First Nation, Metis, and Inuit people including communities from Tsawwassen to Boston Bar. The MHLP also is mandated to support Mental Health, Psychiatry, and other Community Service agencies in providing services to Aboriginal individuals, families, and communities.

Overall purpose of this program is to increase the accessibility and acceptability of Mental Health Services to Aboriginal individuals and families living in the Fraser Region.

This is accomplished by education, consultation, services brokerage, and clinical support. Education activities are directed at the Aboriginal community, Aboriginal service providers, staff of Community Mental Health Services and other main-stream service providers.

Consultation activities are directed at human service providers who come in professional contact with seriously mentally ill members of the Aboriginal community. This may include cultural case consultation, mental health consultation, or consultation concerning needs assessment or program development.

Services brokerage includes service referrals and coordination. The worker may become involved as necessary to ensure that community members are linked up with a comprehensive set of coordinated services to meet their mental health and related service needs. This may include assisting in coordinating a comprehensive service plan.
Direct clinical support is limited to working with existing clinical staff and case managers. The worker also supports the individuals and family members during psychiatric emergencies, hospital admissions, and discharge planning.

The following is a list of some services that the mental health liaison has been involved in direct consultation with:

- Adult Mental Health Centres
- Child and Youth Mental Health
- Emergency Mental Health Services
- Adolescent Crisis Response Program
- Early Psychosis Intervention Program
- School Districts
- Aboriginal Child and Family Services
- Aboriginal Healthcare Providers
- Forensic Services
- Community Services
- Drug and Alcohol Treatment Programs
Theory – Historical Context for Holistic Development of Programs

The Aboriginal population in Canada is young, increasingly urban, and growing at a rate nearly six times faster than the non-Aboriginal population. In 2006, the Aboriginal population surpassed the one million mark, reaching 1,172,790, which is 4% of the total population of Canada. Approximately 698,025 people identified themselves as First Nations (an increase of 29% from the 1996 census), 50,485 people identified as Inuit (up 26% from 1996), and another 389,785 identified as Métis (an increase of 91% from 1996). The Aboriginal population is increasingly urban, with approximately 54% residing in urban areas in 2006. Almost half of the Aboriginal population (48%) consists of children and youth under the age of 24.

The Aboriginal population in British Columbia is growing rapidly. From 1996 to 2001, it grew by 22%, compared to a 5% growth in the total population of British Columbia. The majority of Aboriginal people in British Columbia live off reserve (73%). The vast majority of the 44,265 Métis people in British Columbia live in urban settings; 35% live in census metropolitan areas and 41% in other urban areas. About 22% live in rural areas. There is a very small Inuit population in British Columbia (805 people), the majority of whom (76%) live in urban areas, 21% live in rural non-reserve areas and only 2% live on reserve.

The Indian Act (originally enacted in 1876) sought to regulate First Nations status, reserve lands, education, local government, taxation, and cultural, political, and socio-economic activities. The Indian Act was revised in 1951 and then amended in 1985 to address clauses banning potlatches, the pursuit of land claims, and the nullification of
status for First Nations women who married non-Indians. The Indian Act provides First Nations with legal protection of status, medical care, and education.

A healthy future for children is rooted in Aboriginal ways of knowing and being, from which Aboriginal people cannot be separated when planning a program. Attention should be paid to other social determinants of health, such as overcrowded and inadequate housing conditions, living in poverty and loss of language and culture. These act as barriers to providing a healthy environment conducive to learning. The impact of colonization of the First Nations people needs to be understood.
“Before contact with Europeans, Canada’s indigenous people enjoyed relatively good health and knew cures for many illnesses. Traditional wisdom and knowledge of the land as a resource for the community was essential for their health and well-being. Since contact with—and colonization by—the Europeans, First Nations communities have experienced serious physical, emotional and spiritual ill health. This is evident in physical health problems such as diabetes, cardiovascular diseases and cancer, and mental health challenges such as violence, abuse, depression, suicide and dependence on addictive substances. Colonization robbed First Nations of most of their land and resources. First Nations people relied on the land for making a living in self-sufficient ways. Their food supplies came from the rivers, forests and meadows, and materials for clothing and shelter came from the trees and animals. They lived in collectives of families that shared responsibilities for hunting, ensuring shelter needs were met, preparing and preserving food, and raising children and taking care of the elderly. However, with access to their traditional lands seriously restricted, dependence on government and mainstream programs and services increased. Families were relocated to a much smaller land base ‘on the reserve.’ At the same time, children were being removed from families and placed in the Indian residential schools. This had devastating effects on the people. They could no longer be self-sufficient, proud and purposeful. They were not able to provide adequately for their families and many experienced starvation. The sense of purposelessness was magnified, because the children were taken. Loss of the land base meant loss of the foundation for their traditional social,
economic and cultural ways of life.

Colonization robbed First Nations of their cultural inheritance. The death of thousands of people through introduced diseases meant that their vast knowledge could not be passed on to the survivors. The right of parents to pass on what they knew of their culture to their children was blocked by oppressive residential schools. After two and three generations of the residential schools, traditional language and culture was displaced by a poorly taught foreign language and alternative lifestyle.

Colonization created stigmatization of First Nations. Colonizers viewed and treated Canada’s indigenous peoples as lesser human beings. The poverty, mental health challenges and other struggles faced by First Nations stem from colonial policies and practices. These include: the reserve system, laws banning spiritual practices, the residential school system and, more recently, the ‘60’s Scoop’ of aboriginal children by child welfare authorities. Discrimination continues to this day; it is still enshrined in policies and practices of Canadian social structures.

Colonization has caused an epidemic of child apprehensions. Children are apprehended today mainly because of deprivation and poverty, not because of sexual abuse and violence. Many caregivers did not learn how to care for and raise healthy children; in fact, most were not themselves parented because they were removed from family and community and put in residential school. They know institutional, custodial care, but not the healthy nurturing of traditional family life.”
Collaborating for the Common Good Summary

Children are the future of community investment in early childhood development programs. Optimally the program will incorporate traditional culture and language and utilize traditional healing practices.

In a First Nations-specific approach, it is vital to address the impact that historical factors have played and continue to play on the physical, mental, emotional and spiritual health and well-being of First Nations children and youth in Canada. Programs for Aboriginal children off-reserve (status and non-status Indians) and Métis need to be strengthened. Holistic, community based health initiatives which take into account the systemic inequality of Aboriginal peoples and its root causes are fundamental to addressing wellness that integrates body, mind, spirit and emotion.

Chief Matthew Coon Come (National Chief, Assembly of First Nations), February 12, 2003
Programs must be made accessible, be culturally appropriate and adequately funded and prioritize prevention. Aboriginal agencies should be seen as leaders and partners in collaborative partnerships

Create environments, experiences, interactions, and relationships for children birth to age 6 that are family-centered and have cultural experiences to promote their development and learning rather than just focusing on educational activities. Pay attention to the child's whole experience in the program.

The Report of the Royal Commission on Aboriginal Peoples (RCAP, Vol. 4, p.52) reports that the central issue facing urban Aboriginal peoples is one of cultural identity. It argues for measures to enhance the cultural identity of Aboriginal peoples living in urban centres as well as measures to improve the quality of life for urban Aboriginal peoples: employment and educational services, health care, business development, and some form of self-government.

The Commission advocates for the development of a network of Aboriginal service institutions to meet the needs of a growing urban Aboriginal population that is forecast to grow to 405,000 people by 2016, twice its 1996 size. The Commission (RCAP, 1996: Vol. 4, p.556) reports:” Many aboriginal agencies already exist. In some cases, they are competing for Aboriginal clients (and for funding based on the number of clients they attract) with non-Aboriginal agencies. Potential users are unaware of their services.”
Throughout the consultation, the biggest comment was the desire to be with other Aboriginals in social gatherings, learning situations and celebrations. It was a consistent theme that they would attend any activities as long as cultural teachings were the backbone of the program or activity.

Aboriginal organizations should take the leading role in meeting the needs of the Urban Aboriginal. They should continue to build on and seek out federal, provincial, municipal, local Band and Aboriginal and non-aboriginal organizations to partner with. There are efforts being made in the Langleys by different agencies/groups in an attempt to respond to the needs of the Urban Aboriginal, but they are not being done methodically. More networking and planning among the different agencies would strengthen and build a more comprehensive strategy. Communication within the community should be constant and consistent.

Collaborative practices emphasize the development of capacity. The goal of any comprehensive, coordinated community response is to identify all the partners that respond to the issues; who recognize their particular role in the response effort as well as the ways that their role is associated with those of others who are also involved. The footprint developed in the Langleys has done just that. Groups are sharing information, best practices and resources. The next steps are to strengthen this network through communication, meeting regularly and forming a more formal alliance of Aboriginal agencies, i.e. participating on the Aboriginal Health Improvement Committees (AHIC)
The Kwantlen, Katzie and Matsqui First Nations have been very generous in sharing their culture and resources. Stronger links to the local Bands should continue to be explored.

Aldergrove Neighbourhood Services and the Lower Fraser Valley Aboriginal Society are on the true path to creating a collaborative framework for Urban Aboriginals in the Langley. Through this consultation they have shown respect to those they wish to serve. They have allowed the consultation to be creative and have approached the community in a culturally appropriate manner which has enabled the participants in the consultation to communicate authentically.
APPENDIX A: Methodology

Activities completed

  o Surveys
  
  o One on one interviews
  
  o Group consultations
  
  o Interacting with parents and children at gatherings
  
  o Aboriginal, CAPC 0-6 and historical review
  
  o Researching programs and services
**Lower Fraser Valley Aboriginal Society CAPC**

**Data Gathering Project Survey**

47 Surveys Returned

How many children do you have under the age of six?

77 children were identified in the survey sampling

Tell us about the programs and services you access in the community that support the health and development of children from birth to age six

Child development, Strong Start, IDP, Speech, physio, parks and rec programs family nights, school support workers, drumming, family spirit camp Sto:lo, Soccer, library, and drop in preschool, dance and music, options, public health, hospital, some groups in Surrey.

What program and services would you like to see offered in the community that would to support the health and development of children from birth to age six

Cultural activities, off reserve head start, aboriginal arts and language, more outings in our community, Friendship center, early literacy programs, math programs social events, native programs during school breaks ie spring break, Mom and kid get together, monthly family gatherings family support and networking, cultural support Friendship Center, midwive services, home visits, music, dance and singing

Which of the following programs would you like to see enhanced or developed in the community to support the health and development of children from birth to age six

<table>
<thead>
<tr>
<th>Program/Program Information</th>
<th>Number</th>
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<tbody>
<tr>
<td>Child Development Information</td>
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<td>Father Involvement</td>
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<td>Outreach Activities</td>
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<td>Literacy Programs</td>
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<td>Child Development Information</td>
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<td>Early Learning/School Readiness</td>
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<tr>
<td>Head Start Preschool</td>
<td>13</td>
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<tr>
<td>Community Kitchen/Cooking Group</td>
<td>14</td>
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<tr>
<td>Family Violence Prevention/Support</td>
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<td>Healthy Living Activities</td>
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<td>Home Visits and Support</td>
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<tr>
<td>Parenting Programs</td>
<td>5</td>
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<tr>
<td>Drop-in Activities</td>
<td>19</td>
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<tr>
<td>Culturally-based parenting programs</td>
<td>16</td>
</tr>
<tr>
<td>Toy lending library</td>
<td>7</td>
</tr>
</tbody>
</table>
9 Parenting resource library

13 Clothing exchange

Other_____TOYS_____fun get together__________________________

Optional

I would like to be contacted about upcoming events and programs sponsored by the Lower Fraser Valley Aboriginal Society

I would like to share some ideas that I have about how the community could better support the health and development of children from birth to age six

Name

Contact # and or email

If you have any questions or other comments please contact Fran Haughian at 604-812-8613
1. What does Urban Aboriginal community mean to you?
   - Aboriginal people off reserve, those not living on reserve, Métis people, Inuit People, a gathering place, Isolated

2. What does benefit mean to you?
   - Somebody gained something, find out something new, something good and knowledge

3. What is the benefit of an Urban Aboriginal community mean to you?
   - Friends support, sense of belonging, food fun, a community, connection, identity

4. What does belonging mean to you?
   - Being accepted, hope connection, sense of pride,

5. What does belonging to an Urban Aboriginal community mean to you?
   - Belonging, connections, inclusion, hope

6. What does identity in an Urban Aboriginal community mean to you?
   - Cultural Pride, strength, success, traditional values, learning other traditions-diversity

7. What does experience mean to you?
   - Wisdom, Knowledge, education, opportunity, history, elders sharing and teachings

8. When do you most experience community?
   - Gathering with others, when your with people who can understand your customs and traditions, when you feel your included and you belong, feasts and family, traditional ceremonies, fishing, children, elders working to support one another
9. What does experiencing in an Urban Aboriginal community mean to you?

- Participation, learning, lack of services, sharing, creating, working, solving, isolation, stories, comfort, pain, being far from your family, lonely, lack of opportunities, lack of services, inability to participate in your culture, not being accepted, lack of support, networking

10. What does building mean to you?

- Challenges, building, creating networks, helping, space, experiences, new programs, coming together, building community, support

11. What does community building mean to you?

- Reaching out, strength, identity, leadership- developing skills, membership, volunteering, networking, support, gatherings, food-chocolate, capacity, goal setting, education, empowering, fellowship, common goals, culture

12. What builds an Urban Aboriginal community for you?

- Language, commitment, hope, traditional dance, time, respect, honoring peoples gifts, money, common goals, hard work, heart, environment, elders, location, volunteers, food individuals, wider community.

13. What does break down mean to you?

- Fall apart, stress, no hope, breakdown into steps- increments stages, lack of communication, lack of money, lack of understanding
14. What does community breakdown mean to you?

- Dysfunction, lonely, isolation, pain

15. What causes the Urban Aboriginal community to break down for you?

- Not enough support, lack of culture, lack of sense of belonging, isolation, feeling not welcome, silence, lack of childcare, lack of communication, not valued, no housing, poverty, lack of gathering place, intimidation, racism

16. What does fear mean to you?

- Risk, unknown, losing family, losing name, hate, losing income, not being in control, abuse, illness, isolated

17. What does community of fear mean to you?

- Crime, drugs, killings, unhealthy, ignorance, stereotyping, lost, despair, no hope

18. What do when you experience fear in the Urban Aboriginal community?

- Cry, breakdown, fight back, drink, runaway, stay home, don’t live your life

<table>
<thead>
<tr>
<th>Thoughts &amp; Themes Parking lot</th>
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<tbody>
<tr>
<td>Isolation</td>
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<td>Despair</td>
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<td>Dysfunction</td>
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<td>Why we should not be judging</td>
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<td>Negativity</td>
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<td>Not enough resources</td>
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<td>Never give up</td>
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<td>Be creative</td>
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<td>Be stubborn</td>
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<td>Honor what needs to happen</td>
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<tr>
<td>Breakdown the barriers</td>
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<tr>
<td>Bring them (ANS and other non aboriginal agencies who want to do aboriginal programming and services) to us (LFVAS) for a better understanding of programming</td>
</tr>
</tbody>
</table>

19. What does feeling mean to you?

- Being alive, caring, open, trusting
20. What does community feeling mean to you?

- Sense of belonging, being comfortable, inclusion, not being judged, participating, fun, food

21. When do you most feel a sense of community?

- When you are with like people, being respected, being understood, be yourself, accepted, fun

22. Use words to describe the an Urban Aboriginal community in the Langleys

- Investable, culture, building, food, isolated, goodwill but disjointed, disconnected, hidden, transient, education programs, low income, safe place

23. What are some important values to a strong an Urban Aboriginal community?

- Tradition, respect, teachings form elders, love, learning from other cultures, child is at the center of the family- support the whole family, dedicated to their community

24. How do these values live out in the Urban Aboriginal community?

- Support for families, network, education, honoring similarities and differences, ceremonies, finding strength, visible culture and art in the community, having a presence in the community

25. What would increase the sense of the Urban Aboriginal community?

- A place to gather, communication, increase presence, increase membership, trust, build on existing relationships and connections, willing to listen, long-term commitments, building relationships with other services and agencies, continuum of services baby to Elder, community champions
26. What can you do personally to increase the Urban Aboriginal community connectedness?

- Getting out to community events, be visible, engage youth, as the community what they would like, inclusion

27. How could CAPC and LFVAS support increasing a sense of the Urban Aboriginal community?

- Respect each other, gathering, work together to meet the needs, build on relationships with the agency and staff, communicate- build on strengths, build trust, ANS to work on understanding cultural protocols, culture and traditions, find common goals

28. What programs and services do you envision for the 0-6 population and their families?

- Prenatal and pregnancy support, healthy lifestyle, aboriginal facilitators, nobodies perfect, parent and grandparent engagement, head start, language, weaving, culture sharing, train the trainer, run circles, traditional kitchens, storytelling- bringing back the oral traditions, teaching about traditional roles, sharing gifts, be creative in getting money,

29. What programs and services do you not want to see developed for 0-6 population and their families?

- No miss manners, no inflexible programming, all services and programs must have a cultural base to them, no stagnant programs, inspectors

---

Thoughts & Themes Parking lot

Collaborative
Shared funding
Participant lead

Community advisory and LFVAS board meet or expand group
Non aboriginal agencies need to have an open mind
Listen to what the eagles parents are saying about that program – they love it- it has all the qualities of a cultural appropriate program as well as meeting early learning goals
Programming need to be approved by the LFVAS board and monitored
**Hay’ch’ca Consultation**

The group was asked to go around the room to the different themes that came out in the other consultations and to put their ideas for programs and services with each theme. Note that none are in any order of preference.

**0-6 Programs**

- Aboriginal Strong Start Program
- LEAP Program
- Connect the teachings of all nations
- Roots of Empathy Seeds of Empathy
- Literacy
- Reading Program that includes the Elders
- Music Program
- Parent child mother goose and traditional roles of parents
- Involve the parents
- Story telling
- Crafts
- Outdoor arts
- Meeting other 0-6 and sharing
- Traditional language programs
- Playing games
- Moe the Mouse
- Playgroup program (FRP)
- Aboriginal preschool/ Headstart program
- Garden
- Plants and medicine walks

**Cultural Teachings**

- Traditional roles of parenting
- Share our life lessons
- Lots of humor
- Fish camp
- Honoring caregivers
- Spirit plates
- Thank the Elders
- First Salmon Ceremony
- Learning Cree songs, stories, Sundance’s and the teachings, sweats at a sweat lodge in the community
- Dance
- Language
- Beading
- Making drums
- Storytelling
• Making Coast Salish vests
• Making Métis leggings
• Making moccasins
• Making regalia
• Smudging ceremony
• Elders teaching to our young people
• Sweats
• Songs drumming
• Regalia from own nation for Pow Wow
• Learn protocol about drums

Increasing Communication

• All stories are important
• Lots of cultural singing and drumming
• Art activities
• Quarterly networking sessions of agencies
• Plays theater
• Fun fair
• Aboriginal content in all publications
• Local newspaper ads for events
• Phone lists
• Email contact lists
• A place to connect and share information and support
• Attend community events to share our programs and information
• Listen to our future
• Business cards for LFVAS board
• Create a brochure
• Greeting program (aboriginal Welcome Wagon make it larger)
• Say things more than once - Say it four times
• Ask for volunteers to share news to communities - Elder, Youth, Parents community members
• More sharing circles
• Fun stuff
• Warm informal place to chat
• Website
• Aboriginal wide newsletter/website, email mail list
• Moccasin telegraph newsletter
• Listen to our future
• Contact other community agencies - RCMP., community health, Township and city
Gathering Place

- Family resource center
- A hub
- Community kitchen
- A welcoming place teach traditional games
- Artwork from other nations
- Garden space for native plants and herbs
- Friendship center that is free standing not in a church or school so we would not have to put things away after use full of art resources etc, and be able to have potlucks, open 6 days per week
- Land for sweats, tee pees,
- Basketball, floor hockey, playtime baseball
- Connection
- Friendship center for children’s gathering teen gathering
- Theater stories, poetry, life history
- Welcoming
- Central location easy to access for everyone
- Family mentoring programs
- Partnerships with universities to offer courses, upgrading
- Cultural teachings, indigenous knowledge
- Partner with social service agencies
- History archeology, elders with student’s community learning together
- Artwork
- Outreach
Family Nights

- Playing games like Slahal so our kids can learn
- Carnival night
- Identity name and heritage
- Bannock and tea nights make it ourselves
- Food fun
- Slahal
- Awards night
- Fun nights bowing and movie nights
- Drumming and singing
- Intergenerational
- Ceremonies - honoring ceremony
- Somewhere we can have pot luck at a park
- Talent night young and old
- Spelling bee
- Kids performing and talking for themselves
- Crafts
- Dances
- Story telling
- Line dancing, jigging Pow Wow, hip hop, just dance, step dancing, dancing with stars competition
- Winter tobogganing, sledding and skating
- Karaoke
- Singing with Cheryl
Summer programs

- Family sports days
- Nature and medicine walks
- Hiking
- Mosquito free place
- Carnival night and fun fair
- Berry picking
- Cedar gathering in fall
- Sustainability
- Soccer games
- Language camp
- Canning Slahla Competition
- Free swimming lessons
- Stargazing
- Fun nights
- Multiage programs
- Cultural teachings- button blankets, Salish weaving, cedar weaving, dream catchers, drum making carving, Inuit teachings and soap stone carving
- Free or low cost
- Campfire nights with stories
- Camps
- Traditional camps
- Family outings camping
- Canoe outings
APPENDIX B:

Compilation of expanded program descriptions

Examples of CAPC Programs

Keys to Success when collaborating to plan CAPC programming

- strong, visionary project coordinators who support inclusive strategic planning, and clear organizational roles and communication processes
- stable, effective committees, healthy partnerships and committed volunteers
- strong and stable sponsors, as well as sustained core funding
- commitment to CAPC/CPNP guiding principles, and to participatory evaluation and participant involvement in programs
- flexibility to respond to community needs and the ability to leverage other financial and community contributions

Nobody's Perfect is a free, educational program for parents of children from birth to age five. It meets the needs of young, single, low-income, socially or geographically isolated parents or parents with limited formal education. (It is not intended for families in crisis or those with serious problems.)

Nobody's Perfect gives parents access to accurate, up-to-date information on their children's health, safety, development and behaviours through an eight to ten week course. It encourages them to have confidence in their ability to be good parents. This program uses easy-to-read materials, group support and adult education techniques to help parents recognize and build on their strengths and existing coping skills. Nobody's Perfect is most effective as a group program, although it can also be delivered in a one-to-one format.

Nobody's Perfect results in positive changes in parenting skills, including:

- Increasing parents' knowledge and understanding of their children's health, safety and behaviour
- Effecting positive change in the behaviours of parents in relation to their children's health, safety, and behaviour
- Improving participants’ confidence and self-image as parents
- Improving participants' coping skills as parents. 

Nobody's Perfect
Nobody's Perfect is delivered to groups of parents by trained facilitators, who are both service providers such as Public Health Nurses, and parent facilitators, who have completed the Nobody’s Perfect program.

**Parents Helping Parents**

Parents Helping Parents program has been patterned after similar successful programs in Britain, Hawaii and Canada (Toronto and Scarborough). The goal of the program is to encourage socially isolated families with young children of various cultural and language backgrounds to recognize their own potential for self help, to strengthen their inherent parenting skills and to enhance their ability to control and influence their own and their own children's lives. This goal is achieved through a peer support/educator model of care. Trained individuals of like cultures and language visit in the home to promote the healthy growth and development of the children, to enhance child care skills and to empower families to be able to access community resources.

The resource parents have participated in an intensive skills development program. They have enhanced knowledge of issues such as family nutrition, infant/toddler growth and development, communication, postnatal care, safety and parenting. They are skilled in home visiting and are able to work effectively with families of children from 0-6 years of age to help identify needs, provide support and education and deal with problems that may arise.

Although resource parents work independently in the community, they are paired with a Public Health Nurse who acts as a consultant, resource person and back up in difficult situations. Resource parents collaborate with many community agencies and other professionals.

Children learn, play and have fun with other children in a supportive environment. Parents and caregivers form friendships, share resources and develop skills. Families learn about and connect with resources in their communities. Communities are strengthened when neighbours work together.

**Busy Babies**

A weekly, year-round parenting support and education program that also links parents to other resources. Supervised by an Early Childhood Educator while parents share in informal discussions, resources and lunch.

**Mom-to-Mom**

A group that provides support specifically for young parents and their children includes parenting skills, nutrition, communication and life skills.
ESL School Readiness Program
This is a structured program designed to prepare New Canadian children, 2 1/2 years - 6 years, for entering Kindergarten while parents attend English as a Second Language classes on weekday mornings.

Outreach Workers Program
Outreach Workers link families to community supports and help them meet their basic needs

Sewing Circle
Women who meet for sewing activities, parenting discussion and social purposes while their children (0 - 6) play, socialize and participate in age-appropriate activities.

Stork's Secrets
A peer-support group for mothers, this program allows moms the opportunity to talk about their experiences and challenges and changes during the Post Partum period. They discuss coping strategies, learn about the importance of self care and discover more about community programs.

Fathering Now
A program for fathers with children up to age six, Fathering Now includes topics such as the fathering role, co-parenting, discipline, the importance of play and child development, and provides activities for dads and their kids.

Families and Schools Together (F&ST)
A prevention-based program involving the whole family within the school setting, F&ST provides fun-filled activities that support parents, and strengthens the bonds between families, schools and the community.

Aboriginal Literacy Summer Camps
A curriculum is developed that includes literacy games and activities, community specific content (e.g. elders), and an overarching theme that emphasizes the fun of reading and writing. Literacy is embedded into fun camp activities (e.g. scavenger hunts and games like tag). Camp counselors are hired and receive an extensive orientation and literacy training. Aboriginal specific content is developed through community involvement and engagement.

The Ayamicikewen Program
Based on the Building Blocks program. Using books, stories, crafts and objects found in the home, a trained facilitator visits individual families to model behaviours and activities that encourage the development of their early and emergent literacy skills (reading, talking, listening, singing, speaking and playing with preschool children.

Storysacks
Parents and a trained family literacy coordinator meet once a week for 8 weeks and together construct a storysack which, when complete, will be filled with a storybook, a
related non-fiction book, props, characters, activities and games for parents and children to use together. They use Aboriginal-themed books and bring in Elders to share their knowledge.

Families Reading Together
Provides a positive, supportive environment for parents to enhance their literacy and parenting skills while fostering oral language and early literacy skills development in their children from birth to 4 years of age.

Mother Goose - a pre-literacy skills enhancement program for children and their primary caregivers.

Best Babies - a support and education group for parents of infants.
**Aboriginal Head Start**

**Mission and Mandate**

First Nations people, Métis and Inuit recognize children as their nations’ most valuable resource. Thus, Aboriginal Head Start will provide comprehensive experiences for First Nations, Métis and Inuit children up to 6 years of age and their families, with primary emphasis on preschoolers, 3-5 years of age. The program will be based on caring, creativity and pride following from the knowledge of their traditional community beliefs, within a holistic and safe environment.

The primary goal of this initiative is to demonstrate that locally controlled and designed early intervention strategies can provide Aboriginal preschool children in urban and northern settings with a positive sense of themselves, a desire for learning and opportunities to develop fully and successfully as young people.

**AHS Beliefs and Values about Children**

While First Nations people, Métis and Inuit have distinct cultures and languages, they also share common beliefs, values and histories. It is with this in mind that the Statement of Beliefs and Values about Children was written. We believe...

- That children are a gift from the Creator.
- That our children have a right to live proudly as Aboriginal people in the lands of their ancestors.
- That children have a right to learn their respective Aboriginal language(s) and histories, and adults have a responsibility to pass on the instructions that the Creator gave in the beginning of time as are reflected in our languages, cultural beliefs and cultural practices.
- That each child is part of what makes a community whole.
- That it is essential for children to develop meaningful relationships with Elders, the carriers of knowledge and history.
- That children, under the guidance of Elders, will learn to love learning throughout their life.
- That adults are community role models who are to teach children how to live a good life.
- That children deserve opportunities to gain knowledge and experience of how to live a good life.
- That children acquire knowledge by watching, listening and doing, and adults are responsible for encouraging and guiding them in all those activities.
- That children, through being loved, valued and encouraged, will gain the courage, the strength and the wisdom to use the power of a good mind and spirit in all that they do.
- That children have a right to enjoy the opportunities that education offers.
- That children have a right to live in healthy, self-determining communities that are free of violence.

**AHS Program Components**

The focus of each AHS project is on Aboriginal preschool children and their families and includes programming in each of the following six program component areas.

- Culture and Language
- Education and School Readiness
- Health Promotion
- Nutrition
- Social Support
- Parental and Family Involvement
1) Culture and Language

The purpose of the Culture and Language Component is to provide children with a positive sense of themselves as Aboriginal children and to build on the children's knowledge of their Aboriginal languages and experience of culture in their communities. More specifically, projects will enhance the process of cultural and language revival and retention, with the ultimate goal that, where possible, children will aspire to learn their respective languages and participate in their communities' cultures after AHS.

2) Education and School Readiness

The purpose of the Education Component is to support and encourage each Aboriginal child to enjoy life-long learning. More specifically, the projects will encourage each child to take initiative in learning and provide each child with enjoyable opportunities to learn. This will be done in a manner which is appropriate to both the age and stage of development of the child. The ultimate goal is to engage children in the possibility of learning so that they carry forth the enthusiasm, self-esteem and initiative to learn in the future.

3) Health Promotion

The purpose of the Health Promotion Component is to empower parents, guardians, caregivers and those involved with AHS to increase control over and improve their health. More specifically, the projects will encourage practices for self care, working together to address health concerns, and the creation of formal and informal social support networks. The ultimate goal is for those involved with AHS to take actions that contribute to holistic health.

4) Nutrition

The purpose of the Nutrition Component is to ensure that children are provided with food which will help meet their nutritional needs, and to educate staff and parents about the relationship of nutrition to children's ability to learn, physical development and mental development. Mealtimes provide opportunities for sharing, teaching and socializing. The ultimate goal is to empower children and parents to develop or enhance nutritional eating habits that will be maintained following the children's AHS experience.

5) Social Support

The purpose of the Social Support Component is to ensure that the families are made aware of resources and community services available to impact their quality of life. The project will assist the families to access resources and community services. This may mean that the project will work in cooperation with the service providers. The ultimate goal of this component is to empower parents to access assistance and services which will support them to be active participants in their children's lives and AHS.

6) Parental and Family Involvement

The purpose of the Parental and Family Involvement Component is to support the parents' and family's role as children's primary teachers. The parents and family will be acknowledged as contributors to the program through involvement with a parent body or participation in and/or contribution to classroom
activities. This component provides the opportunity to empower parents to bring forth gifts and further develop as role models for children and in their communities. The ultimate goal is for parents and caregivers to complete the program being more confident, and assertive and having a deeper understanding of their children than when they began the program.

Source: Aboriginal Head Start: Principles and Guidelines

Aboriginal Head Start (AHS) in Urban and Northern Communities is a Health Canada-funded early childhood development program for First Nations, Inuit and Métis children and their families. The primary goal of the initiative is to demonstrate that locally controlled and designed early intervention strategies can provide Aboriginal children with a positive sense of themselves, a desire for learning, and opportunities to develop fully as successful young people. There are 126 AHS sites in urban and northern communities across Canada.

AHS projects typically provide half-day preschool experiences that prepare young Aboriginal children for their school years by meeting their spiritual, emotional, intellectual and physical needs. All projects provide programming in six core areas: education and school readiness; Aboriginal culture and language; parental involvement, health promotion; nutrition; and social support.

Projects are locally designed and controlled, and administered by non-profit Aboriginal organizations. AHS directly involves parents and the community in the management and operation of projects. Parents are supported in their role as the child's first and most influential teacher, and the wisdom of elders is valued.

**National Principles and Guidelines**

The mandate of Aboriginal Head Start is to:

- Foster the spiritual, emotional, intellectual and physical growth of the child.
- Foster a desire in the child for life long learning.
- Support parents and guardians as the prime teachers and caregivers of their children, making sure parents/caregivers play a key role in the planning, development, operation and evaluation of the program.
- Recognize and support extended families in teaching and caring for children.
- Make sure the local Aboriginal community is involved in the planning, development, operation and evaluation of the program.
- Make sure the initiative works with and is supported by the other community programs and services.
- Ensure the human and financial resources are used in the best way possible to produce positive outcomes and experiences for Aboriginal children, parents, families and communities.
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Appendix D Statistics

**Off-reserve Aboriginal population**

- Nearly one in six Aboriginal people in Canada live in British Columbia. In 2001, of all of the provinces and territories, British Columbia had the second largest Aboriginal population at 170,025 people.

- While British Columbia had the second largest Aboriginal population, the Aboriginal population made up only 4.4% of the total provincial population.

- The Aboriginal population in British Columbia is growing rapidly. From 1996 to 2001, it grew by 22%, compared to a 5% growth in the total population of British Columbia.

- The majority of Aboriginal people in British Columbia live off reserve (73%).

- Among the 118,290 North American Indian people, 63% live off reserve and 37% live on reserve. About 51% of North American Indian people in British Columbia live in urban areas, with only 11% living in rural non-reserve communities.

- The vast majority of the 44,265 Métis people in British Columbia live in urban settings; 35% live in census metropolitan areas and 41% in other urban areas. About 22% live in rural areas.

- There is a very small Inuit population in British Columbia (805 people), the majority of whom (76%) live in urban areas, 21% live in rural non-reserve areas and only 2% live on reserve.

**Chart 1. Age distribution, Aboriginal identity groups, British Columbia, Off reserve, 2001 Census**

The majority of the off-reserve Aboriginal population were North American Indian (60%), over one-third (35%) were Métis and less than 1% were Inuit. The remaining 4% either identified with more than one Aboriginal group, or did not identify with an Aboriginal group but reported having registered Indian status and/or band membership.
In 2001, one-third (35%) of the off-reserve Aboriginal population in British Columbia were living in large urban centres with populations of at least 100,000 people. These large urban centres are referred to as census metropolitan areas (CMAs).

Vancouver was the CMA with the largest Aboriginal population at 36,855, although Aboriginal people represented only 1.9% of the total population living there. Between 1981 and 2001 the Aboriginal population in Vancouver grew by 140%.

**Education**

**Improving educational profile**

The educational profile of the off-reserve Aboriginal population is improving. The proportion of Aboriginal people aged 25 and over with post-secondary qualifications increased from 35% in 1996 to 41% in 2001.

When it comes to post-secondary schooling, many Aboriginal people pursue college and trades certification. Among those 25 years and over, 31% of the North American Indian population, 35% of the Métis population and 26% of the Inuit population, had college or trades certificates and diplomas.

**Residential school attendance**

**About 15% of people aged 55 and over attended residential school**

In 2001, 63% of Aboriginal adults living in British Columbia reported that at least one of their family members had attended a federal residential school or industrial school.

About 5,850 Aboriginal people aged 15 and over living off reserve attended a residential school. This represented 6% of the Aboriginal population with some formal education. People aged 55 years and over were the most likely to have attended. About 15% of people in this age group stated that they had attended a residential school.
In British Columbia, around 8% of the North American Indian population aged 15 and over with some formal education, attended a residential school. About 21% of North American Indians aged 55 years and over had attended a residential school.

**Rate of employment for Métis higher than non-Aboriginal population**

In 2005, the Aboriginal population had lower rates of employment than the non-Aboriginal population (55% compared to 61%). The Métis and North American Indian populations had different experiences in the labour market. The rate of employment for the Métis population was more similar to that of the non-Aboriginal population than that of the North American Indian population. In 2005 the rate of employment for the Métis population in British Columbia was slightly higher than the rate of employment for the non-Aboriginal population (63% compared to 61%).

**Highly mobile population**

The off-reserve Aboriginal population is highly mobile – from 1996 to 2001, over half (62%) of Aboriginal people had moved at least once. The 2001 APS showed most people moved to the community where they currently live because of family reasons.

**Health**

**Majority report very good or excellent health**

In 2001, the majority of the off-reserve Aboriginal population aged 15 or older – 56% – reported excellent or very good health. About 17% reported fair or poor health – the tendency to do so increased with age, and the remaining 26% described their health as good.

A slightly smaller proportion of North American Indian people reported excellent or very good health (55%) than the Métis population (58%). However, a higher percentage of Métis reported fair or poor health (20%) than the North American Indian population (16%).

Appendix E: Urban Aboriginal Framework for the Langleys
Appendix F: Bonding, Bridging, Linking and Mobilizing Logic Models