

# STRENGTHENING URBAN ABORIGINAL FAMILIES

*Exploring Promising Practices*


*Kim Scott, Kishk Anaquot Health Research*

NATIONAL COLLABORATING CENTRE  
FOR ABORIGINAL HEALTH



CENTRE DE COLLABORATION NATIONALE  
DE LA SANTÉ AUTOCHTONE





© 2013 National Collaborating Centre for Aboriginal Health (NCCAH). This publication was funded by the NCCAH and made possible through a financial contribution from the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

The NCCAH uses an external blind review process for documents that are research based, involve literature reviews or knowledge synthesis, or undertake an assessment of knowledge gaps. We would like to acknowledge our reviewers for their generous contributions of time and expertise to this manuscript.

This publication is available for download at: [www.nccah-ccnsa.ca](http://www.nccah-ccnsa.ca). All NCCAH materials are available free and can be reproduced in whole or in part with appropriate attribution and citation. All NCCAH materials are to be used solely for non-commercial purposes. To measure the impact of these materials, please inform us of their use.

La version française est également disponible au [www.nccah-ccnsa.ca](http://www.nccah-ccnsa.ca) sous le titre *Le renforcement des familles autochtones urbaines : Examen de pratiques prometteuses*.

**Citation:** Scott, K. (2013). *Strengthening Urban Aboriginal Families: Exploring Promising Practices*. Prince George, BC: National Collaborating Centre for Aboriginal Health.

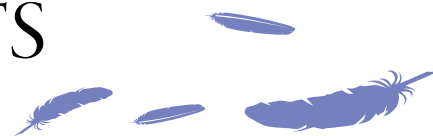
For further information or to obtain additional copies, please contact:

**National Collaborating Centre for Aboriginal Health**  
3333 University Way  
Prince George, BC, V2N 4Z9  
Tel: 250 960 5250 Fax: 250 960 5644  
Email: [nccah@unbc.ca](mailto:nccah@unbc.ca)  
[www.nccah-ccnsa.ca](http://www.nccah-ccnsa.ca)





# CONTENTS



Executive Summary . . . . .	4
1. Introduction . . . . .	8
1.1 Context and Rationale . . . . .	9
2. Methods . . . . .	10
2.1 Literature Review . . . . .	10
2.2 Case Study Recruitment and Selection . . . . .	11
2.3 Case Study Development . . . . .	12
3. Literature Review . . . . .	13
3.1 Promising Practices . . . . .	14
4. Case Studies . . . . .	17
4.1 Neah Kee Papa: Manitoba Métis Federation, Winnipeg, Manitoba . . . . .	18
4.2 Hiiye'yu Lelum (The House of Friendship) Society: Healthy Children Healthy Futures (HCHF) Program, Duncan, British Columbia . . . . .	21
4.3 Ottawa Inuit Children's Centre: Creating Working Partnerships That Really Work, Ottawa, Ontario . . . . .	26
4.4 Regina Early Learning Centre: Kids First Program, Regina, Saskatchewan . . . . .	29
4.5 Native Child and Family Services of Toronto: Wraparound Services for Families, Toronto, Ontario . . . . .	32
4.6 Ma Mawi Wi Chi Itata Centre: Working Together to Help One Another, Winnipeg, Manitoba . . . . .	36
5. Strengthening Urban Aboriginal Families . . . . .	40
5.1 Leadership and Commitment . . . . .	40
5.2 Community Engagement, Empowerment and Ownership . . . . .	41
5.3 Client and Strengths-Based Focus . . . . .	41
5.4 Reinforcing Culture . . . . .	43
5.5 Holistic Services . . . . .	43
5.6 Building Relationships and Welcoming Environments . . . . .	43
5.7 Strong Teams in Healthy Work Environments . . . . .	44
6. Concluding Remarks . . . . .	45
References . . . . .	46
Definitions and Acronyms . . . . .	49
Appendix A: Online Resources . . . . .	51



# EXECUTIVE SUMMARY



## Introduction

This report was commissioned to explore promising practices used to strengthen urban Aboriginal families in Canada and provide strategic direction for agencies everywhere to best serve family needs. The document begins by providing a brief context and rationale for the work. This is followed by a literature review to identify emerging promising practices that strengthen family bonds in urban based Aboriginal families, as well as to inform the development of case studies. It then describes the methods utilized to select several best practices case studies and identify key informants from these case studies. Six case studies are then profiled to identify what components of their practice are successfully contributing to strengthening urban Aboriginal families. The report concludes by highlighting core

themes which emerged from the practice wisdom or the knowledge generated from experiences working with urban Aboriginal families.

## Context and Rationale

This work represents a growing recognition that half of the Aboriginal population in Canada lives in cities (EnviroNics Institute, 2010), they are highly mobile (Graham & Peters, 2002), and they are among the poorest of the poor (Chao & Willms, 2002; Ontario Federation of Indian Friendship Centres, 2000, 2003; Standing Senate Committee on Aboriginal Peoples, 2003; Benoit, Carroll, & Chaudhry, 2001; Richards, 2001; Browne, McDonald, & Elliott, 2009; Williams, 1997). In some cities as many as 80-90% of Aboriginal women

with children live below the poverty line and they experience poverty at higher rates than other marginalized groups (Status of Women Canada, 2005; Blackstock & Trocmé, 2005). Such poverty and marginalization puts urban Aboriginal families at risk (Richards, 2001). The identification of what works best for strengthening urban Aboriginal families can inform policy makers and practitioners in ways that can work to improve the health and well-being of Aboriginal people generally.

## Literature Review

To identify what constitutes best practices in strengthening urban Aboriginal families, a literature review was conducted. The literature search was completed using search terms that included 'urban', 'Aboriginal' and 'family' defined as broadly and inclusively as possible to encompass those families suffering the most as a result of inequality issues, whether they self-identified as Inuit, Métis or First Nations, and regardless of their family structures or composition (i.e. nuclear, extended, by genetics or choice). Although a promising practice is highly dependent upon circumstances, target client characteristics, needs and desired outcomes, for our purposes it was considered as any strategy that produced desired results and felt comfortable and welcoming to beneficiaries. Many articles surfaced, but only Canadian articles with a solution orientation directed at enhancing relationships within the family and parenting skills were selected.

From the literature it was clear that programs that engaged the community and provided empowerment through decision making authority led to the development of self-efficacy, creativity, volunteerism, immediate feedback loops and thriving community initiative. Aboriginal cultural traditions, celebrations and values continue to be recognized as

'good medicine.' Multiparty relationships, collaboration and 'one stop' shops where complex needs can be addressed are central components of holistic service delivery. The building of relationships with parents and families requires flexible, non-judgmental environments where safety and trust can be established before more complex therapeutic interventions are appropriate. Maintaining supportive relationships within the service environment is also necessary to ensure that caregivers are adequately trained and appropriately supervised and supported to manage their roles and responsibilities in ways that protect their overall well-being.

## Case Study Recruitment and Selection

Following the identification of core features of promising practices that strengthen urban Aboriginal families, a recruitment strategy was initiated to develop case studies that could be profiled. This was initiated with a call letter to national Aboriginal organizations (or to their regional affiliates) requesting suggestions for possible case studies. When suggestions were made at the national level about possible regional or local participants, they were pursued by phone and the call letters were sent directly to the regional or local agencies that might fit with the promising practices criteria identified.

The British Columbia Aboriginal Child Care Society was also enrolled in sending out the call to their contacts both provincially and nationally. The websites of a number of organizations devoted to child and family care were also visited to acquire contact information so that they could be approached for suggestions of programs or initiatives, or to determine whether any of their own programs or initiatives could be considered promising. Suggestions were then evaluated based upon whether they met several criteria

used to determine a promising practice. Those criteria included the extent to which programs: meaningfully engage Aboriginal families in decision making roles; could offer culturally appropriate programming; overcome the jurisdictional barriers complicating service delivery for urban Aboriginal families; provide a centralized location for integrated services; produce desired outcomes; emerge from a creative process where policies and protocols *change* to better meet client needs; are status blind (i.e., accepting of all Aboriginal people regardless of how they identify); or are easily adaptable to different contexts or cities. The case studies were selected to ensure representation from Inuit, Métis and status blind organizations, taking into account regional and program variation as well as the efficacy of their programming to strengthen urban Aboriginal families.

## Case Study Development

Once invitations were accepted and ethics requirements were met, telephone and in-person interviews were conducted with key informants within the selected service agencies and participants provided key documents for review. The case studies presented here are summarized below.

### Neah Kee Papa: Manitoba Métis Federation, Winnipeg, Manitoba

The primary purpose of Neah Kee Papa is to increase the active involvement of fathers in their children's lives and in so doing, support healthy child development. Led by a Métis father and grandfather, the program is open to anyone, and focuses upon family of origin work (i.e., addressing issues that may have been created for the parent as a child in their original family structures) and the man's role in the parenting partnership. Increasing demand for and referrals to the program suggest it is widely received in Winnipeg and surrounding municipalities.



**Hiiye'yu Lelum (The House of Friendship) Society: Healthy Children, Healthy Futures Program, Duncan, British Columbia**

The parent peer facilitated program designed to improve the parenting knowledge and skills for challenged families with children under 6 years of age was first developed by the community and continues to evolve based upon community feedback and engagement. Grounded in culture and housed in the Friendship Centre, the program is both welcoming and informative. Flexible rules of participation, a solid local reputation as a helpful program, and the opportunity to learn vicariously from Aboriginal parents create service demand.

**Ottawa Inuit Children's Centre: Creating Working Partnerships That Really Work, Ottawa, Ontario**

In partnership with the local Children's Aid Society (CAS), the Ottawa Inuit Children's Centre was able to place Inuit culture at the heart of interventions that support families with an Inuit pod of culturally informed and competent team members at CAS and an Aboriginal

Liaison function. With a culturally competent team, community input in decision making and mutually respectful exchange between OICC and provincial partners, enduring changes were made to systems and policies that strengthen urban Inuit families.

**Regina Early Learning Centre (RELC): KidsFirst Program, Regina, Saskatchewan**

As a reputable family friendly early learning centre with a wide range of early development programs, RELC has participated in national research efforts and enjoyed rigorous, provincially funded evaluations that allow for a focus on program quality and improvement. With a majority of Aboriginal board and team members, the program receives Aboriginal families warmly with cultural insight and sensitivity, and interventions that are expertly matched to family readiness and need.

**Native Child and Family Services of Toronto: Wraparound Services for Families, Toronto, Ontario**

Over time, Native Child and Family Services of Toronto has grown to become the first off-reserve Children's Aid Society

in Canada and has expanded services so they are able to address complex needs through multiple layers and types of services that support families. With a physical environment that sends a message of cultural pride and strength, and the use of the Medicine Wheel in all programming, this program weaves and blends culture into service delivery in powerful ways.

**Ma Mawi Wi Chi Itata Centre: Working Together to Help One Another, Winnipeg, Manitoba**

By reinforcing natural family support networks, allowing for meaningful community engagement, and consistently being guided by values grounded in culture, Ma Mawi Wi Chi Itata has become a family gathering place in Winnipeg. Operating from a passionate belief in the resiliency of Aboriginal individuals and families, this program shifts the focus on creating opportunities rather than rescuing or fixing problems. Taking the courageous move to dismantle a large organization into several satellite locations has also greatly enhanced service access.





## Strengthening Urban Aboriginal Families

Implications for practice were generated from the lived experiences of those working with families and were highly congruent with the literature. Leadership and commitment are required to make bold changes that overcome the historical jurisdictional barriers to service for urban Aboriginal families. Community engagement, empowerment and ownership lead to long term solutions, maximize vicarious learning, and guarantee that services are relevant and effective. Focusing on clients and their strengths allows for early success to be achieved, readiness for change to be acknowledged, and the process of healing to be driven by parents. Culture as ‘good medicine’ was repeatedly reinforced

in each case study through the subtle gestures of cultural competence and sensitivity in approach, as well as the bolder statements of architectural and interior design that send a welcoming message and tacit approval for Aboriginal people to be who they are in the service environment. When needs are complex, a holistic approach with services that can comprehensively encompass multiple family needs is required. Ideally, families come for a single reason (the hook) and find a variety of reasons to stay (the hub) (Ball, 2005). Finally, the focus upon building relationships with families and creating welcoming environments was evident in every case. Relationship building included the care and support provided to care givers so that strong and stable teams could support the often long term needs of participating families.

## Concluding Remarks

Strong families *can* be created through proactive efforts that are germane and tailored to meet their needs holistically. A client and family strengths-based approach allows for a fundamental shift towards optimizing potential rather than averting crisis, and this work is part of a decided shift in the discourse about the inherent strengths that can be found in Aboriginal families and communities in Canada where the focus is on finding solutions and celebrating innovation. While the six case studies offer a basis for the development of family strengthening strategies elsewhere, they should not be considered the ‘best’ or the only way. The spirit and intent of this work was to share the practice wisdom grounded in day to day interactions with urban Aboriginal families in Canadian cities.





# 1. INTRODUCTION



This work explores promising practices that strengthen urban Aboriginal families in Canada. It was exploratory in nature, an *appreciative* inquiry, one that seeks to celebrate what's working and what's right. An appreciative inquiry looks to find what is miraculous about urban Aboriginal people and the institutions who service them instead of focusing upon what's wrong. The essential premise of an appreciative inquiry is to focus upon the brightest and the best solutions so that more of the same can be found (New Paradigm, nd). Rather than the historical, tired conversation focused on the problems Aboriginal people face, this document is a decided shift in the discourse toward innovation, strength, capacity and creativity. It focuses upon strategic and promising interventions that help families

cope day to day with the parental role and is based upon experiential information as self-reported by the agencies that provide those interventions. It showcases practice wisdom related to supports that may hold promise for building strong relationships within urban Aboriginal families and with their communities. In short, it celebrates and profiles actions that appear to be both desirable and effective for urban Aboriginal families. This document provides:

- a context and rationale for the development of this work;
- a detailed discussion of the methodologies used to select case studies, review the literature and analyze the qualitative information generated;
- a literature review that identifies and defines promising practices specifically for urban Aboriginal families in Canada;



- profiles of six case studies of exemplary practice, including a description of the program or organization, results obtained for families, promising approaches, and implications for service delivery; as well as,
- a synthesis of the emerging themes from the case studies as well as concluding remarks.

## 1.1 Context and Rationale

This work represents a growing recognition that half of the Aboriginal population in Canada lives in cities (Environics Institute, 2010), they are highly mobile (Graham & Peters, 2002), and they are among the poorest of the poor (Chao & Willms, 2002; Ontario Federation of Indian Friendship Centres, 2000, 2003; Standing Senate Committee on Aboriginal Peoples, 2003; Benoit, Carroll, & Chaudhry, 2001; Richards, 2001; Browne, McDonald, & Elliott, 2009; Williams, 1997). In some cities as many as 80-90% of Aboriginal women with children live below the poverty line and they experience poverty at higher rates than other marginalized groups (Status of Women Canada, 2005; Blackstock & Trocmé, 2005). Between 1980 and 2000, Canadian cities have seen a rise in populations with low incomes in low income neighbourhoods, including a corresponding rise in the concentration of Aboriginal people in these neighbourhoods (Hay, Varga-Toth, & Hines, 2006). Low income neighbourhoods are composed of 41.6% Aboriginal people and 46.6% lone parents (Hay, et al., 2006).

The socio-economic context in which children grow plays an important role in their life outcomes (Richards, 2001). Such poverty puts families at higher risk for experiencing a number of challenges including, but not limited

to, depression (National Association of Friendship Centres [NAFC], nd), fear, victimization (Culhane, 2003; Canadian Council on Learning, 2006), emotional or behavioural problems in childhood (Canadian Institute of Child Health [CICH], 1994), contact with child welfare services (Rutten, LaBoucane-Benson, & Munro, 2008), poor quality housing (Chau, Fitzpatrick, Hulchanski, Leslie, & Schatia, 2009), food insecurity and hunger (OFIFC, 2003), and participation in the sex trade (Save the Children Canada, 2005). In addition, Aboriginal children are more likely to be raised in female led lone parent families (Hanselmann, 2003; Stout, 2010; NAFC, nd). Lone heads of household, if they are women, take on a disproportionate share of the cost of raising children and would benefit greatly from more support (Hanselmann, 2001), as well as child care that would allow their participation in education and the labour market (Graham & Peters, 2002). If the reader is seeking more in-depth analysis of the demographics, migratory patterns, jurisdictional issues, problems and challenges facing urban Aboriginal peoples, many resources exist published by Carol LaPrairie, David Newhouse, Elizabeth Peters and the Ontario Federation of Indian Friendship Centres, to name a few.

There is a long history of jurisdictional wrangling about what level of government is responsible for Aboriginal people in the city that further complicates service access for families (Stokes, Peach, & Blake, 2004). Although the historical positions of provincial and federal governments are changing in this regard, and this is obvious through the federal government's Urban Aboriginal Strategy (Ibid.) and the case studies highlighted in this work, there is still much work to be done to ensure intergovernmental collaboration that will produce sustainable results

for urban Aboriginal people (Ibid.) Still, there is an increasing sensitivity of provincial governments to the reality of urban Aboriginal people as well as an increasing call for special and improved efforts that support Aboriginal families in cities (Graham & Peters, 2002; Alberta Children's Services, 2002; Hanselmann, 2001, 2003). Rather than focusing on the challenges urban Aboriginal people face, many have called for a redirected research effort that highlights promising practices (Hanselmann, 2003) and strategies that strengthen health and social support systems (Newhouse & Peters, 2003), as well as the reinforcement of cultural identities and resiliency in the city (Newhouse, 2003; Peters, 2004).

The literature is clear that there is an increasing concentration of urban Aboriginal people in cities who likely live in poverty with all associated risks. Taken together with calls for shifting the discourse from problem analysis to solution generation, there is a sound basis for exploring promising practices that strengthen urban Aboriginal families. What remains unclear is what solutions are needed? What are the emerging promising practices that strengthen and support Aboriginal families living in Canadian cities? This work was initiated as a heuristic effort to find potential, creativity and possible solutions to the challenges facing urban Aboriginal families.



## 2. METHODS



The methods included a literature review to identify and define best practices as well as inform the development of case studies; case study recruitment and selection; and finally case study development comprised of telephone or in-person interviews with program stakeholders and case specific document review. Finally, an inductive analysis of case study information was done to prepare emerging themes in promising practices that strengthen urban Aboriginal families. The detailed methodology associated with each of these phases is offered below.

### 2.1 Literature Review

The literature review was conducted to identify emerging promising practices that strengthen family bonds in urban based Aboriginal families as well as to inform the development of case studies. Searches were

carried out using all possible combinations of three groups of keywords with a focus on Canadian literature. The first group of terms was intended to capture what is known about Aboriginal families in cities and included the terms ‘urban’, ‘city’ and ‘metropolitan’. The second group of terms included ‘family’ and family related terms, as well as terms related to strong family functioning. The last group of terms included those intended to capture specific Aboriginal groups (i.e., Métis, Inuit and First Nations) (see Table 1).

The following databases and internet resources were used: “Web of Science”, “PsychInfo”, “Social Sciences Full Text” and “Google Scholar”; Canadian Centre on Substance Abuse: [www.ccsa.ca](http://www.ccsa.ca); First Nations and Inuit Health Branch (FNIHB), Health Canada: [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca); The Information Centre on Aboriginal Health: [www.naho.ca](http://www.naho.ca);





Nechi Training, Research and Health Promotion Institute: [www.nechi.com](http://www.nechi.com), and Ontario Federation of Indian Friendship Centres: [www.offc.org](http://www.offc.org). More than 500 articles surfaced in initial searches, however, most focused on the challenges facing urban Aboriginal families and were not considered relevant to the primary intent of this work to find solutions, promise, creativity and strength in interventions and support services that strengthen family relationships. Articles were first screened based on their title and the information contained in the abstract, and then assessed for relevancy based on whether they focused on strengthening urban Aboriginal families in Canada. This screening criterion alone (fostering strength rather than identifying problems) ruled out most of the literature base which is predominantly problem oriented. Rather than perpetuate the spiralling diagnosis of Aboriginal communities as unwell,

literature was selected if it proposed a solution to the litany of problems identified. In short, the search was focused on finding characteristics, policies, and practices that may be worthy of further exploration and replication because of their potential to solve problems as well as enhance relationships between urban Aboriginal family members.

## 2.2 Case Study Recruitment and Selection

Case study programs were identified by sending a letter to the health directors at the following national Aboriginal organizations: Congress of Aboriginal Peoples, National Association of Friendship Centres, National Aboriginal Health Organization, Inuit Tapiriit Kanatami, Pauktuutit Inuit Women of Canada, Native Women’s Association of

Canada, Métis National Council, and the Assembly of First Nations. These call letters identified approaches that might be considered promising and requested their suggestions of any other possible interventions within urban based service organizations (both Aboriginal and non-Aboriginal) where innovative strategies appear to be working well for urban Aboriginal families. If national organizations were not clear what efforts locally illustrated best practices, they referred us to their regional affiliates. When suggestions were made at the national level, they were pursued by phone and call letters were sent directly to the agencies that might offer any or all of the promising practices identified in the call letter. The British Columbia Aboriginal Child Care Society was also enrolled to send out the call to their contacts both provincially and nationally. In addition, a number of online resources and websites were explored to determine if any promising practices or case studies could be identified or secured (see Appendix A).

Cases were essentially self-selected based upon their willingness to participate in the case study process as well as their belief that the services they offered were both desired and effective for urban Aboriginal families based on one or more of any of the following practices:

Table 1: Search terms utilized in identification of relevant literature

Main Keywords	Sub-terms used
Urban	City, metropolitan (Canada specific only)
Family	Functioning, mental health, promising practice, best practice, psychological health, emotional well-being, well-being, quality of, restoration, strengthening, support, effective services, children, single parent, healing
Indigenous	Indigenous, Aboriginal, First Nations, Inuit, Métis

1. Involve families by meaningfully engaging them through representation on local boards or committees, or powerfully responding to their feedback or community initiative;
2. Cultivate a high degree of cultural competence or ability to functionally blend or work with traditional healing modalities;
3. Develop and maintain sustainable partnerships that manage to overcome the jurisdictional barriers complicating service delivery for urban Aboriginal families;
4. Provide a centralized location for integrated service delivery;
5. Produce desired outcomes;
6. Emerge from a creative process where policies and protocols change to better meet client needs;
7. Be status blind (i.e., accepting of all Aboriginal people regardless of how they identify);
8. Be easily adapted to different contexts or cities; and
9. Be easily integrated with other family support services that may have a primary focus outside of family functioning (e.g., employment, education or housing).

While these experiences guided the selection, all self-selected cases were encouraged to share their stories in a way that would allow for new promising approaches to surface. In addition, the case studies could occur at neighbourhood, community or regional levels. Efforts were made to ensure representation from all Aboriginal groups (i.e., First Nations, Métis, Inuit) and from geographically diverse regions in Canada in the selection of case studies. The selected case studies do not represent the only way or the best way to strengthen urban Aboriginal families. Rather, this constellation of cases should be viewed as a preliminary analysis of approaches and methods that have a decidedly positive and solution based orientation.

### 2.3 Case Study Development

For each case study selected, key informants were identified who were willing to be interviewed by telephone and provide any necessary documentation to assist in profiling the characteristics of promising practices including, but not limited to, any recent evaluation of the

service. In particular, we were looking for the kinds of results that could be obtained for families, as well as approaches that key informants believed contributed to those results. Interviews with key informants who were intimately familiar with the needs of urban Aboriginal families were considered important because so little record of their experiential evidence about effective programming exists. Interview questions were focused upon gaining information about activities, environments and approaches that appear effective, any evidence that would back claims of program strengths and what, if anything, might be useful for those considered most vulnerable.

This work was conducted in accordance with the protocols established and approved by the University of Northern British Columbia's Research Ethics Board. The cooperation of each program was formally agreed upon with an acceptance letter from the service director addressed directly to the National Collaborating Centre for Aboriginal Health at UNBC.







### 3. LITERATURE REVIEW



The literature review for this work focused on identifying promising strategies that strengthen relationships in urban Aboriginal families. Because determining a promising practice varies depending upon what approaches are taken with whom (Mann, 2008), it is important to be clear about what is meant when referring to ‘urban Aboriginal families.’ For the purposes of this report, the term ‘Aboriginal’ will refer to First Nations (status or non-status), Métis or Inuit people based upon self-identification. ‘Family’ will refer to any grouping of people who live together and call themselves a family, whether or not they are nuclear or extended, related by genetics, or families of choice. The term ‘urban’, on the other hand, is more complicated and refers to vulnerable populations having low incomes residing in low income neighbourhoods, regardless

of the size of this ‘urban’ centre (Hay, et al., 2006). The families that this work seeks to strengthen are those who are marginalized and struggling, whether they live in cities or are living off reserve and securing services from institutions created to serve urban Aboriginal people (namely, Friendship Centres). Because many Aboriginal people migrate from rural and isolated communities where they would have enjoyed the support of family and friends, when they move off reserve to smaller Canadian towns, they still experience the same types of vulnerabilities that their counterparts in large cities do. With clarity about for whom a service practice may be considered promising, it is important to offer greater detail about other criteria used to identify creative and effective approaches to strengthening urban Aboriginal families.

### 3.1 Promising Practices

Very basically, promising practices in their purest form are “creative and concrete ways to deal with social and economic problems so as to make a real difference in the lives of people in the community” (Hay, et al., 2006, p.vi). Whether or not a practice can be considered promising depends upon *why* the intervention exists; *what* is considered necessary for strong family functioning; *how* people change their attitudes and behaviours; *which* outcomes are most highly valued; and *who* is the client population (Mann, 2008). Promising practices consider all of these important factors and match what is known about what works for whom to their situation and clientele. A promising or best practice is dynamic and ever-changing. There is simply no one best way, nor one single definition, of what might constitute a promising practice. Decisions about what services are desirable and effective can be based on evidence, values, beliefs and practical experience (IDM Best Practices for Health Promotion, Public Health and Population Health, nd-b).

The term ‘promising practice’ should not be understood to restrict or limit solutions, innovation or design in any situation. Promising practices need not even seem to appear consistent with one

another because each circumstance may require a unique solution (IDM Best Practices for Health Promotion, Public Health & Population Health, nd-a). Similarly, what emerges in this work as promising practices should not be considered recommendations nor should they be considered the only approaches that hold promise. Instead, they are observations about what interventions may be desirable and effective for urban Aboriginal families. The features of service that show promise here represent the collected ‘practice wisdom’ of those interviewed for each case study.

Family functioning is a complicated notion flavoured by the times, culture and environment. Methodological challenges in determining what interventions hold promise are plentiful and ‘success’ is often based on association rather than direct causation (Mann, 2008). The question ‘how much [intervention] is enough?’ is almost never answered (Ibid.). Although some hard ‘evidence’ exists to suggest that the case studies selected represent promising practices, there is also the “practice wisdom” (Ibid.) of those on the front line servicing urban Aboriginal families.

Some of the general themes regarding promising practices with urban

Aboriginal families are becoming clear and fall under the following general categories: meaningful engagement, the incorporation of Aboriginal culture, holistic approaches, and the building of relationships.

#### 3.1.1 Engagement

Meaningful engagement is one theme which has emerged from the literature with respect to promising practices that will strengthen urban Aboriginal families. Meaningful engagement requires that all voices are heard and respected equally, and that those who bother to offer their opinions must believe that their voices will be heard and understood. Engagement occurs over many opportunities to bring people together to deliberate on the issue at hand. It involves engaging the Aboriginal community in planning and decision making related to Aboriginal children (Alberta Children’s Services, 2002), as well as engaging front line service delivery teams in policy-making and programming (Hanselmann, 2001). Collaboration with community partners and meaningful community engagement practices, when integrated into an organization’s work, provides great program relevance and efficacy (The Civic Engagement Project for Children and Families, 2003). The engagement and mobilization of the urban Aboriginal community have been



*“A family-enabling society must create the conditions in which the urban Aboriginal family, in its broadest sense, can access and mobilize services to improve the quality of life of its children in a holistic way.” (Longfield & Godfrey, 2003, p. 2)*



*“It is short-sighted to limit access to programs because they don’t offer ‘evidence-based’ cause-and-effect solutions for parenting concerns – it is universally intuitive that when adults feel supported they can better cope with stress and hence parent more effectively.” (Mann, 2008, p. 8)*

successful in initiating organizations that are effectively serving the needs of urban Aboriginal families, such as the Ma Mawi Wi Chi Itata Centre and Children of the Earth High School (Silver, Ghorayshi, Hay, & Klyne, 2006).

Successful engagement includes decision making authority (The Civic Engagement Project for Children and Families, 2003). Parents of young children who face multiple stressors are best engaged if the program creates a sense of ownership and reinforces self-efficacy (Mann, 2008). It is desirable to engage urban Aboriginal communities meaningfully as agents rather than as clients (Hanselmann, 2001; Nelson & Allison, 2000; National Collaborating Centre for Aboriginal Health [NCCA], 2011). This is best achieved with mutual goal setting and a focus on areas where families can experience early success in matters important to them (Mann, 2008). All learning and health promotion efforts are geared to address an immediate concern where that knowledge can be put to use right away (Ibid). In addition, ongoing parental feedback on whether the program is meeting their needs is also a valuable form of engagement.

### 3.1.2 Aboriginal Culture

The inclusion of Aboriginal culture in program development is a second theme related to promising practices. The reinforcement of Aboriginal cultural practice and identity is seen as being effective in health and healing strategies for Aboriginal people (Hunter, Logan, Gouley, & Barton, 2006; Archibald, 2006; Alberta Children’s Services, 2002;

Vancouver Native Health Society, 2008; Janovicek, 2003), and is considered important for positive child development (Beiser, Shik, & Curyk, 1999). Canada’s Aboriginal Head Start program is an explicit recognition of this value. Cultural sensitivity, confidence and competence must be reflected in practice (Hunter, et al., 2006) and in systems (Ambtman, Hudson, Hart, & MacKay-Chiddenton, 2010). This reinforcement of cultural identity is also valued by Aboriginal parents (Nelson & Allison, 2000; Rutten, et al., 2008; Irvine, 2009).

### 3.1.3 Holism

A third theme related to promising practices in strengthening urban Aboriginal families is that of holism. Holism is the recognition that people, their bodies, minds, spirits, kinship networks, communities, and nature are all interconnected (Aboriginal Healing Foundation, 2005). Holistic efforts address a wide variety of inter-related needs such as housing, food, legal aid, counseling, help with a disability or specifically diagnosed special need of the child. Interventions should include culture, and be directed at both the community and family (Blackstock & Trocmé, 2005; McNeil, 2008). Holism includes a social determinants approach, recognizes the complexity of issues present for urban families (Hay, et al., 2006), and requires intercommunity and interagency networking and learning (NAFC, nd, Hanselmann, 2001; Longfield & Godfrey, 2003). Key elements of a holistic approach to servicing urban families that have been recognized as good practice include the building of relationships between families

and their communities (Hunter, et al., 2006), multipurpose ‘one stop’ shops for human services (Hay, et al., 2006; Lavoie, Forget, Rowe, & Dahl, 2008), and collaborative partnerships to address complex needs (Hay, et al., 2006). In short, good practice involves providing a full continuum of solutions to address the needs of Aboriginal children and youth in cities (Longfield & Godfrey, 2003).

Because interagency and intergovernmental contributions are central to adopting a holistic approach, strategies to reduce jurisdictional entanglements such as more multipartite agreements and communication between various levels of government are considered promising (Hanselmann, 2001). Increased collaboration on jurisdictional and resourcing issues related to children’s programming, as well as concrete, meaningful outcomes for urban Aboriginal families, are recommended indicators for interventions and initiatives designed to serve urban Aboriginal populations (Longfield & Godfrey, 2003).

*“I believe it’s true that No one cares how much you know until they know how much you care.” (Mann, 2008, p. 45)*

### 3.1.4 Relationships

The fourth theme of promising practices in strengthening urban Aboriginal families involves the development of relationships at multiple levels. This involves relationships between prospective client and service providers, as well as the nature of relationships between service team members and within the helping organization. Before the therapeutic process can be effective, a respectful, safe relationship between the service provider and client must be established (Herman, 1995). Trusting and effective

relationships with clients are built over time with service providers who are an ongoing, stable presence of support (Stout, 2010; Irvine, 2009; Hanselmann, 2001). Relationships cultivated over time allow interventions to unfold naturally (Janovicek, 2003).

Positive client/service provider relationships are supported with services that are inclusive (i.e., status blind) and through strategies that reflect a client or family focus (Stout, 2010; Janovick, 2003). Focusing on the client and family may require taking into account different learning styles, communicating more visually and having fun, especially for families that have few recreational opportunities (Mann, 2008). Aboriginal role models and practitioners who are skilled and current in their practice knowledge are easy to identify with and are best able to simplify the relationship building process. Learner centered principles (Mann, 2008), nurturing new knowledge, and recognizing and adapting to a 'readiness' for change can support intervention strategies because they focus on client needs and aptitudes (Sherman & Carothers, 2005).

Creating helping relationships also requires cultural sensitivity (Hanselmann,

2001). Client, family and community focused programming requires great flexibility so that design ideas can emerge from the grassroots up and administrative agreements should allow for discretionary funding that can respond to such community based initiatives (Hanselmann, 2001). Building relationship requires that service organizations meet people 'where they are' and that includes locating services within street-level, "storefront" types of settings (Ibid.). Urban Aboriginal parents are also more likely to bond with and easily relate to service providers when they too are Aboriginal (Ibid.).

Beyond relationships with clients, organizations should have healthy relationships with their teams so as to create a positive or promising practice environment (Mann, 2008). This involves supporting them with ongoing training, mentoring, support and supervision (Ibid.). Caring for the caregiver means setting boundaries to care for their own needs and ensuring the team stability so necessary for establishing personal, enduring and trusting relationships with struggling families (Ibid.).

### 3.1.5 Summary

In short, there is no singular definition of a promising practice because it is highly

dependent upon who needs what and under what circumstances. Thematically speaking however, a few things are clear. Promising practices include, but may not be limited to:

1. meaningful engagement where decision making authority of Aboriginal parents and community is recognized;
2. respect for Aboriginal culture;
3. holistic approaches that recognize that Aboriginal people live and grow in families and communities with needs that span the full spectrum of spiritual, mental, physical and emotional realms; and,
4. relationship building activities with prospective clients as well as healthy functioning teams within the service organization.

While this literature search informed the selection of case studies, it did not in any way, restrict either the selection of case studies or the appreciative inquiry conducted with key informants. In other words, in keeping with the spirit of appreciative inquiry, opportunity was provided for key informants to share their ideas about what appears to work well, whether or not it fell into the aforementioned categories.







## 4. CASE STUDIES



The following case studies, to some degree, illustrate the promising practices identified in the literature. However, there are also new ideas and approaches here that have emerged from practice wisdom. The information generated for these case studies was drawn from interviews with program coordinators, centre directors, or clinical supervisors working in organizations with a mandate to serve urban Aboriginal families, as well as documents they suggested for review. The case studies include both individual programs that have been identified as best practices, as well as organizations that have adopted best practices at multiple levels. Each case study begins by providing an overview of the program/organization being profiled. This includes a brief history of the program/organization and a description of its goals or mandate, target audience, and program content (in the case of organizations, this will include a

summary of the programs offered). Case studies also include an overview of any benefits achieved for families, promising approaches and general implications for possible practice based upon the wisdom shared by program coordinators, clinical supervisors and centre directors. In some cases, this information was derived from formal evaluation processes undertaken by the program/organization, while in other cases this information was based on anecdotal evidence. In short, the work is exploratory in nature and captures experiential evidence from those who work with and witness change in urban Aboriginal families. While the evidence does not meet strict scientific criteria, it shares the lived experience of front-line service providers and several themes have emerged across regions, cultural groupings, family needs and interventions that point to areas for more scientific scrutiny.



## 4.1 Neah Kee Papa: Manitoba Métis Federation, Winnipeg, Manitoba

### 4.1.1 Program Description

Neah Kee Papa means “I am your father” in Michif-Cree and is the title used for a program supporting father involvement sponsored by the Manitoba Métis Federation. Although it is designed with First Nations or Métis men in mind, the intent of the program is to make men better in their roles as fathers by enhancing their practical skills to function on a day to day basis within their families. Operating through the Manitoba Métis Federation (MMF) for all fathers whether they are Métis, First Nations or from other ethnic backgrounds, the key goals of Neah Kee Papa are:

1. to increase the active involvement of fathers in their children’s lives and
2. to support the healthy development of children.

The program, facilitated by a Métis man, contributes to these goals by identifying

supportive community resources (e.g., counseling, peer resource groups, guest speakers) to both bolster programming and empower fathers to assert their parental rights and provide positive emotional support to their children. It facilitates the development of parenting and life skills, healthy relationships, and life choices while cultivating responsible decision making and an improved understanding of how to nurture children toward complete well-being.

Neah Kee Papa was researched and developed at the MMF in response to the growing number of single fathers and a concern that few programs and services exist to serve men in need. The program is funded through Healthy Child Manitoba and the Manitoba Métis Federation and was originally modeled after two programs operating out of the United States: “It’s my child too” (Purdue University) and “Young Men as Fathers” (Youth and Adult Correctional Authority for California). In addition, father involvement has been proven to have a number of benefits for child development (Mann, 2008; NCCA, 2011). Promoting father

involvement has gained some momentum recently with special events (NCCA, 2011) and program initiatives such as the Father Involvement Initiative (see [www.cfii.ca](http://www.cfii.ca)) and My Daddy Matters because...(see [www.mydad.ca](http://www.mydad.ca)).

Core program content includes family of origin<sup>1</sup> issues, effective communication and anger management, the father’s role, proactive parenting, health and sexuality, life skills, families and the law, as well as family fun. Group discussions within the program center upon family values as an expression of culture.

Neah Kee Papa runs full time and is free to participants, many of whom experience challenges that affect their ability to parent effectively. For example, they may lack a driver’s license or occupational skills, have a history of incarceration, have low educational attainment, or have been victims of sexual abuse with all associated risks.

### 4.1.2 Results for Families

At the time of this case study, no mechanism for undertaking a formal

<sup>1</sup> Family of origin refers to the family where childhood is spent, the family that you were born into and can include your parents, grandparents, aunts, uncles, siblings and any other primary caregivers that would have been a part of your childhood.





evaluation of the program or tracking family well-being after program participation had been initiated. However, some measure of the program's impact is reflected in the steadily growing number of agencies referring to and coordinating services with Neah Kee Papa and the changing nature of the relationship with supporting agencies. An increasing number of local agencies are now actively making referrals and having weekly communications and informal collaborative working protocols with Neah Kee Papa (e.g., child welfare, probation services and other family programs).

The key informant shared that men who have participated in Neah Kee Papa are telling others that their stories matter and there is a place where they can feel heard and understood. This is reflected in increased participation which in 2011 increased from 94 in the first half to 223 in the second half (Neah Kee Papa Program, 2011). Increased service demand is coming from Portage la Prairie, Selkirk, Powerview, Thompson, Brandon, Shilo, Dauphin and The Pas, Manitoba (Ibid.). Stony Mountain and Rockwood Correctional Centers have also requested that the program be run at their facilities,

and Rockwood is in the process of having Neah Kee Papa accredited to help inmates with their custody arrangements or reintegrating back into their communities.

From the key informant's perspective, every personal victory is remarkable. Improvements in listening and communication skills make for better relationships; recognizing the difference between thoughts and emotions helps in choosing appropriate actions; and facing the source of the problem rather than skirting around it or complaining to others creates conditions for solutions to be found. Sometimes a simple romantic date supports the parenting partnership and parents' ability to address issues that challenge them. At Neah Kee Papa, men are encouraged to do fifty percent of the parenting work and in meeting these parental responsibilities, their relationship with their spouses improves. Some fathers maintain a connection to Neah Kee Papa and phone in for counseling and support during stressful times long after their participation in the program.

Most men have been able to address barriers to effective parenting by resolving past trauma, releasing anger as well as recognizing and coping with emotional

triggers in much healthier ways according to the key informant. Although some take advantage of the supports available through Neah Kee Papa and its partners, many more men genuinely want to be better fathers. The key informant observed that some fathers reunited with their families, reduced or eliminated their involvement with child welfare agencies, and showed change in communication skill and style. In some families, couples who could not sit next to or talk to each other leave with the ability to problem solve and parent in partnership.

A number of policy barriers were identified by the Neah Kee Papa informant. For example, the informant noted the lack of resources available to address challenges in a way that keeps families together, while interventions and strategies that separate families appear to have few funding limitations. The informant believes that child welfare funding policy should be geared to be in alignment with publicly stated objectives of strengthening families through programs like Neah Kee Papa instead of singularly supporting child placement and permanent wardship. Greater funding support could be utilized to develop a "train the trainer" program so that the approach and philosophy of

improving father involvement could be refined and expanded. Other funding policies can be a barrier to participation if, for example, clients cannot meet their reintegration or probation mandates because programming is not available (e.g., rural and smaller communities) or the client has to pay out of pocket for the service. Probation services do not routinely fund programming for their clients, relying instead on outside agencies or programs which may or may not charge the clients. As a result, many agencies like the John Howard Society will not work with clients who have outstanding charges. Neah Kee Papa makes no distinction based on probationary status, outstanding charges, or other criteria set by other agencies because they believe that these issues set up barriers to participation and fail to capture moments when men are most receptive, ready to generate solutions or to learn.

#### 4.1.3 Promising Approaches

Neah Kee Papa has a number of features that contribute to its desirability including flexibility, acceptance, role modeling, community partnerships, and program adaptability to a variety of contexts and communities. Flexibility is reflected in program content, target audience, location, time, progression through the program, and expectations for participants. The program avoids using fixed schedules or rigid ideas about how 'things should be', based on the notion that artificial or unrealistic expectations can create barriers to participation. In fact, participants do not even have to be fathers; any male can participate and the joint program is open to women or couples. Neah Kee Papa 'meets people where they are' with complete acceptance and total flexibility. Fathers do not have to follow the normal weekly format; they participate as a matter of choice. It is perfectly acceptable to attend one or two sessions, learn a few skills, and return six months later to complete other

sessions. Sessions are offered during the day or in the evening. If fathers choose to enroll in all ten sessions, they can obtain a certificate of completion. There is no judgment, pressure or expectation.

The Neah Kee Papa informant was clear that in a climate of non-judgment and flexibility, it is easier to treat participants equally. Participants are supported to resolve past experiences and trained to effectively handle emotional triggers. As fathers and partners, men are encouraged to discuss their regrets, failures, likes, dislikes and successes as part of their exploration of self and in relationship with others. Some leave when emotions become intense during these personally challenging conversations, but almost all (95%) come back when they are ready. The informant claims that such acceptance leads to trust, which then leads to referrals and other supports as needed, such as housing, training and community reintegration.

Acceptance appears to be facilitated by coordinators and facilitators who are most like the client group and have similar lived experiences. Neah Kee Papa is run by a Métis man whose ancestry dates back to 1788 in the Red River Valley, a father of three and a grandfather of three. Many of the people that work at the MMF are of Métis or Aboriginal heritage. They operate on the assumption that effective family support cannot be provided by family support workers who are young, female, university graduates from wealthy families without their own children because their ability to relate to low income, high risk families challenged by food insecurity and poverty headed by a single Dad is very limited. The key informant noted that sometimes in this unlikely combination of service providers and clients, family information shared in trust is used against clients in court to apprehend the children. The key informant believes that rather than using this information as evidence

in high risk situations to support child apprehensions, it would be better to address family challenges with appropriate supports. Other family support services typically tend to be female dominated and the Neah Kee Papa informant is convinced that if women have not resolved their own issues with separation or divorce, they are not well positioned to deal with single Dads.

Neah Kee Papa enjoys a variety of community partners and supports, including Healthy Child Manitoba, BUILD (Building Urban Industries for Local Development Inc.), FACT (Families and Community Together) Coalition, TIE (Together in Elmwood) Coalition, John Howard Society, Correction Services of Canada, Tupper Street Family Resource Centre, Manitoba Probation Services, and Public Health Manitoba. Most of the support offered by Neah Kee Papa's partners is in the form of making referrals to the program; however some of their support extends beyond referrals. For example, Healthy Child Manitoba supports public speaking engagements that create a higher profile for Neah Kee Papa; BUILD promotes Neah Kee Papa to other agencies; and FACT and TIE have provided resources so that Neah Kee Papa can run in lower income neighbourhoods.

The program is being implemented in a number of communities and appears to be adaptable to a variety of community settings (Winnipeg and Portage La Prairie), service organizations (MMF and BUILD), and unique target groups. It also seems to be effective across a broad spectrum of clientele including low income and middle class clients, high school drop outs and those with master's degrees.

#### 4.1.4 Implications for Intervention and Research

The popular appeal of Neah Kee Papa is clear in the increasing demand for the service in several neighbouring communities. The most obvious





implications for intervention and research emerging from the Neah Kee Papa approach are highlighted below:

1. Men want and need programming that feels right to them as fathers, facilitated by other fathers, or at least, other men. The processing of complex emotions and unraveling years of unhealthy coping may require a gender specific environment.
2. Addressing the root problems of poor coping or parenting skills appears to be supported by a combination of learning opportunities and work to resolve past trauma related to the men's original families.
3. Complete acceptance and flexibility allows for participation as a matter of choice and creates an established relationship of trust.
4. Family services must understand and be able to support families through their challenges (e.g., poverty, food insecurity and historical trauma) rather than use those challenges against them.

5. Vicarious learning may best be supported by role models who are most like Aboriginal service beneficiaries.
6. Open programming available to families where both men and their partners can participate in parallel programs appears to improve the parent partnership.
7. The message that men are 50% of a parenting partnership is worth reinforcing.

The role of fathers in urban Aboriginal families is worth examining and reinforcing both within other service organizations as well as within research. A gender specific approach to healing, at least in the early phases of a therapeutic relationship, requires further scrutiny. In particular, it would be worth identifying the unique needs and service preferences of Aboriginal fathers as men and examining how gender specific services reinforce and support the father's role. What other strategies are needed to encourage and stabilize a father's

legitimate half of the parent partnership, and how can the framework of Aboriginal culture be amplified to instill and profile a man's fatherly role early in life and throughout adulthood?

## 4.2 Hiiye'yu Lelum (The House of Friendship) Society: Healthy Children Healthy Futures (HCHF) Program, Duncan, British Columbia

### 4.2.1 Program Description

The Healthy Children Healthy Futures (HCHF) program is a peer facilitated, modular based, parent education and discussion program hosted by the Hiiye'yu Lelum (The House of Friendship) Society in Duncan, British Columbia. According to the key informant interviewed, it is a recognized promising practice for parents of children 0 to 6 years old in the Cowichan and Port Alberni valleys. Supported through funding from

the Public Health Agency of Canada, Community Action Program for Children (CAPC), the peer parent education and discussion group has two primary objectives:

1. to improve parents' skills and knowledge in ways that create positive changes in how they care for their children and themselves; and
2. to provide opportunities for social connection with other parents and community resources to deal with family needs.

The peer parent education program is a community initiated, designed and directed effort born out of community concern for child safety, parent strengths, as well as the high teen pregnancy and child apprehension rates in the catchment areas of the Duncan and Port Alberni Friendship Centres. During the program design phase, a local advisory committee composed of Elders, parents and Friendship Centre staff (some volunteer and some recruited) looking to support parents with children 0-6 years of age came together to create the first program curriculum. The local

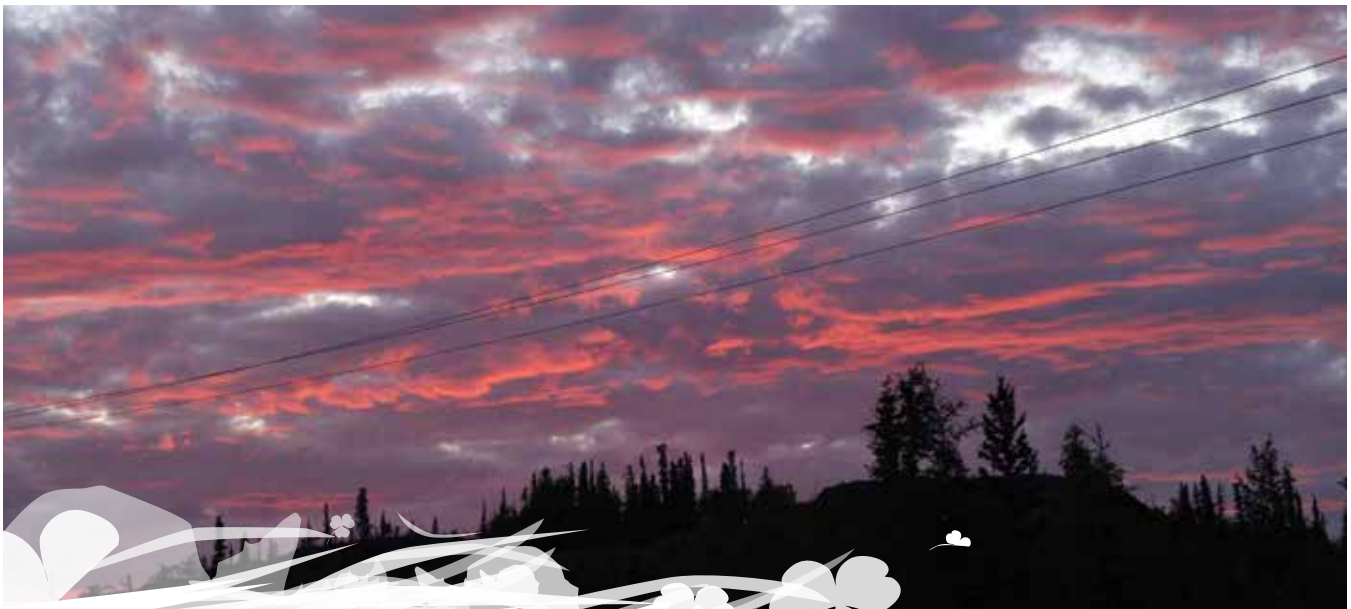
advisory committee still exists and is active in guiding the HCHF program. The curriculum is continually evolving and is now undergoing its third revision under the guidance of parent peer program coordinators and facilitators, an Aboriginal contractor, and local management of the Friendship Centres in Duncan and Port Alberni. While core content of the parent education curriculum has been developed on Vancouver Island, facilitators in other communities can adapt the curriculum to suit their local needs and available resources.

To be eligible for HCHF, participants must be experiencing social or geographic isolation, have low incomes or educational attainment, or face other risk situations and be the parent or caregiver of a child or children 0-6 years old. Some families are specifically referred, some self-refer, and some come from need or interest. There are also court-ordered families participating. Participants are mostly female single parents, although there are some male single parents, care givers and couples. Some families are considered high risk and/or have complicated family

structures (e.g., brothers and sisters who have multiple parents). Addictions and violence are significant risks but because the program accepts all who want to participate, there is no intake assessment or any other way to formally confirm risk factors. Sometimes risk can be as simple as being isolated and single with many children. The peer parent education program has enjoyed continuous funding from a variety of federal partners (e.g., Health Canada, and now the Public Health Agency of Canada through CAPC). Their longevity has given them both credibility and history.

#### 4.2.2 Results for Families

Results for families can be assessed through both formal program evaluation processes and from anecdotal information. The key informant interview together with historical program reports show that parents have gained knowledge about caring for their children, and enhanced self-esteem and personal skills that have empowered them to create changes in other areas of their lives. These fundamental gains appear to have also set in motion a host of other benefits for parents and their children.







Results for families have been gleaned from four program reporting periods undertaken between 2005-2009. These reports highlight positive feedback from parents on the new skills they have acquired. The following outcomes were identified (and averaged) from these evaluation reports:

- 85% of participants report gaining at least two new parenting skills;
- 88% reported more confidence as parents;
- 87% reported making friends with other parents in the program;
- 81% felt more supported;
- 80% made positive changes in the way they care for children;
- 75% felt there was increased access to community resources;
- 71% felt more connected to community;
- 70% said they acquired more knowledge of community resources; and
- 75% believed they gained healthier coping skills (CAPC, 2006, 2007, 2008, 2009).

Some parents shared what participation meant for them with the following comments:

*“Calm myself down and remember what age our children are before disciplining them.”*

*“I get down on the child’s level and speak with and listen to them.”*

*“Make more positive eye contact with my children.”*

*“I have slowed down on my drinking and smoking.”*

*“Helped me to speak up to my partner.”*

*“Branching out to other cultural/family gatherings.” (CAPC, 2009, pages 10-11)*

According to program reports, although the program exceeds expected outcomes in most parenting areas, results can be affected by family circumstances such as mandated participation, whether or not children are in care, housing issues, and the extent of supervision during visitation schedules. Some families may also have issues that take more time to resolve or are more complex than the program scope, and others report already knowing about community resources

before the workshops (CAPC, 2006, 2007, 2008, 2009).

The program coordinator suggests there has been some long term success with keeping children at home versus apprehension and foster care, and that there has been growing parental confidence and empowerment. For example, in cases of long standing participation, some women feel empowered enough to resist identifying fathers on birth certificates of subsequent children if that feels right for them. This represents an act of independence that the program coordinator believes would not have been possible in earlier phases of participation. Most breakthroughs happen at an individual level when participants see value in the strategies and knowledge shared. They report being better able to recognize how to keep children safe from accidental injury and from those who might harm them intentionally. For some, participation has led to family reunification, reduced risk and greater stability. Others report requiring less monitoring and intervention by social workers. Those participants who have their children apprehended at birth are likely the highest risk participants, and

the program coordinator revealed that the program has had some success at keeping together or restoring these families.

Another way to assess the success of the program is through participation rates said the program coordinator. When sessions are running, they always meet participation quotas and are sometimes overcrowded. The peer parent education program is not continuously available. When sessions are not running, waiting lists are developed. Such service demand suggests that parents appreciate the program and are satisfied with the results they obtain. When parents feel accepted and see clear benefits to participation, they are willing to remain involved as their children progress from 0-6 years and with subsequent children.

Some participants gain enough confidence to see parenting education as a potential career path. The program coordinator has observed that parents may start as silent participants who quickly find their voice, begin to recognize their strengths, and build their skills and confidence to come back as program facilitators. Some leave the facilitation team, go back to

school, get diplomas, or attend post-secondary institutions for such programs as early childhood education. Others may participate in and lead other parenting programs and services in the community. Facilitators also put immeasurable “heart” into the program because they can relate to the program participants. In short, many parents acquire a sense of possibility about their own futures. Of course much depends upon their readiness for change, but for the most part the peer parent education program is dealing with parents who need, want and are ready for change.

Some of the other surprising benefits reported during the key informant interview included improved nutrition for families and a working environment that contributes to staff continuity. This work environment is appreciated and acknowledged by funders who believe the program has credibility as a result. Through successful partnerships, the program is also able to bring in guest speakers such as Jane Middleton Moss and Dr. Brokenleg to do staff workshops. The program coordinator also stated that reinforcement of cultural identity is an important part of spin off outcome with

many Euro-Canadians also interested in learning and sharing Aboriginal teachings.

#### 4.2.3 Promising Approaches

The climate of warm acceptance at the Friendship Centre helps to enroll and retain families at risk, especially young teenage women who have established a relationship with the Friendship Centre through youth or pre-natal programs and who will continue with other supportive programs. Friendship Centres generally offer a wide range of services that provide support for the social and health needs of individuals and families, as well as information and education on human rights and culture. It is a place where education, recreation and gender equality for all ages can be found. By providing a hub of services at the Friendship Centre, families can connect to a variety of other supports to address more complex needs and find a venue for cultural expression. When programs are based within the Friendship Centre, there is already a climate of trust around it. While someone may not necessarily trust program deliverers, they *do* trust the Friendship Centre.





The peer parent education program has developed a number of strategies for reducing barriers to participation, such as providing transportation (rides), as well as child care and a light meal at program sessions. Program team members also complete program application forms, if required, so that literacy is not a barrier. Program content is always flexible and delivered in creative, active ways (e.g., through cooking classes, question and answer discussion groups with guest speakers, and other activities). This relaxed environment where participation is voluntary and content is relevant, feels welcoming to families who are marginalized and may resist a more rigid approach. Parents can choose to participate in as many or as few sessions as fits their needs, schedules or abilities. If needed or wanted, a participant can simply come as a silent observer.

The program enjoys strong support from a variety of partners (e.g., Friendship Centre boards and executive directors; Aboriginal Success by 6, Cowichan Family Life, Cowichan Tribes, Nuu-chah-nulth Tribal Council, Alberni Women's Resource Society, Intercultural Society, School District 79 Adult Learning Centre, and Growing Together Young Parents Program). The key funding partner is the Community Action Program for Children (CAPC) through the Public Health Agency of Canada (PHAC). The CAPC Society in British Columbia supports all CAPC coalitions and with PHAC support, program facilitators and coordinators gather and participate in training opportunities. Local Elders are also a critical part of the support network.

Relationships are built upon trust cultivated through small, incremental steps, complete non-judgmental acceptance, as well as fluid and flexible strengths-based approaches to support. The program coordinator highlighted that complete acceptance is reflected in the practice of 'beginning where people

are, starting with what they know' and tailoring support based upon need. Once trust is established, parents enroll because they are/may be at risk of losing their children or want a better life for their children. Others hear through word of mouth of the program's value or they come looking for learning and respite. Parents in the peer education program may have an already established relationship with the Friendship Centre through the breakfast program, available showers or laundry facilities, or other family support services (e.g., support with household chores, advocacy and liaison between Aboriginal families and the Ministry of Children and Families). Successful engagement is also encouraged by extraordinary efforts to eliminate or reduce barriers to participation. In the program coordinator's opinion, five year funding commitments would contribute to team stability as many of the program's best facilitators need to secure more stable employment. Overall, the program is very happy with the long-term relationship with the funding team at the Public Health Agency of Canada.

#### 4.2.4 Implications for Intervention and Research

Several implications for intervention and research are clear from this case study. These include the following:

1. **Complete acceptance is central to parent enrolment.** There is clearly no value to making people feel ashamed for their life circumstances or choices. The peer parent education facilitators are clearly able to be with and support all families regardless of their situation, attendance rate, or commitment to the program.
2. **Engaging former participants as facilitators** in the program gives it flavour and heart that could not be achieved any other way. Parents who are learning from those who are like themselves take away skills and knowledge both directly and vicariously.

3. **Being housed in a welcoming and trusted environment**, like the Friendship Centre, gives the program the advantages of profile and integration with other family support services, particularly if the Friendship Centre is a hub for such services for Aboriginal families.
4. **Engaging the local community in decision making** about the curriculum and other program delivery options (e.g., where the sessions will take place) makes the program germane to the concerns of parents and community members.
5. **Establishing partnerships** with a number of supportive agencies and institutions allows the program to create results beyond what it could do on its own.

The power of vicarious learning is clear in this case study, suggesting that future research and strategic intervention take into consideration how it can be more universally applied. In other words, where the use of vicarious learning is strained or currently non-existent, what support mechanisms should be put in place to accelerate its use? While it seems like common sense, the role and power of a welcoming environment and how to create it should also be documented and explored further. Beyond ease of service access, what characteristics about the environment appear to be most influential or inviting and for whom? What training content is necessary to ensure team members are truly accepting and non-judgmental, and in what format is it best delivered to reach the widest audience? Other areas of exploration in practice and theory might be guided by the following questions. Beyond creating program relevance, what other contributions do Aboriginal community engagement and decision making authority play in creating welcoming therapeutic environments and strong families? Where Aboriginal community engagement and decision making authority is lacking, what tools

can facilitate advancing engagement and authority?

### 4.3 Ottawa Inuit Children's Centre: Creating Working Partnerships That Really Work, Ottawa, Ontario

#### 4.3.1 Program Description

The Ottawa Inuit Children's Centre (OICC or the Centre) offers a variety of children's programs, including Aboriginal Head Start, daycare, full-day kindergarten, and after-school activities, as well as cultural, language, literacy, and support programs for families. The Centre was created in 2005 by parents of children attending the Aboriginal Head Start program that was sponsored at that time by the Inuit community centre, Tungasuvvingat Inuit. This early grounding in Head Start set the stage for designing all subsequent children's programs using the same holistic components and central objectives, namely:

- early childhood education to support school readiness;
- promotion of healthy nutrition;
- encouragement of parent involvement in the program and child development;
- celebration of Aboriginal language and culture;
- health promotion generally; and,
- reinforcement of social support networks for families with young children.

Located in two buildings on a busy urban street, the atmosphere inside is more akin to the Arctic than Canada's capital city. Inuit culture is at the heart of the OICC, and this is reflected in the Inuktitut posters on the walls, Inuit toys and games in the daycare, and the relaxed atmosphere in the lounge where an Elder might be sewing or meeting with one of the staff. Many children who attend OICC have never lived in the north, and yet they are immersed in Inuit culture, language, traditions, and community. A



staff of approximately 25 includes teachers, childcare and youth workers, cooks, family support workers, cultural teachers, literacy workers, program coordinators, and administrators. Many have a long history of working with local Inuit organizations.

#### 4.3.2 Results for Families

Families who participate at OICC have reportedly fewer child apprehensions, less disruption to children who have been apprehended and their families, and greater consideration for Inuit culture in interventions. There have also been improved relationships between child welfare authorities and urban Inuit families through improved dispute resolution mechanisms and greater trust.

At any point in time, there may be children attending daily programs who have been removed from their family by the Children's Aid Society (CAS) of Ottawa and placed in a temporary foster home. In these cases, it is likely that the children have been placed within the Inuit community, their apprehension did not disrupt their attendance at the Centre, and supervised parental visits are taking place at OICC. Their parents

will be receiving support from OICC as well as CAS, and an alternative dispute resolution process called Circle of Care will bring together family members and other important people in the child's life to make recommendations on the best course of action for the child and the whole family.

The situation just described is in stark contrast to what families were experiencing before the Children's Aid Society and the Ottawa Inuit Children's Centre entered into a working partnership to improve services for Inuit children and families. Prior to this, there was a strong feeling in the community that CAS was unfairly targeting Inuit families. From the OICC's perspective, there were far too many apprehensions, too many children were placed in non-Inuit foster homes, and a disproportionate number of Inuit children became wards of the Crown. Lynda Brown, a former family support worker who now coordinates OICC's "Parents as Authors" and Elders' programs, recalls that in addition to dealing with real problems in families, such as addictions, CAS's cultural insensitivity created a cascade of additional difficulties that



*“Parents are still devastated at the loss of their children but there is support in strengthening families. This is huge. It goes back to CAS recognizing the impacts of intergenerational trauma. This helps all of us figure out what are the best kinds of supports for families.” (Brown, 2011)*

made the job of supporting families truly difficult. For example, parents were considered negligent if there was not enough food in the house, yet as Ms. Brown explained, “Inuit have no tradition of stockpiling food,<sup>2</sup> and while the children were clearly not going hungry, there may have been no extra food in the cupboards.” In other cases, mothers were told that carrying babies the traditional way in an amauti could damage the child’s back. Attempts to educate CAS about Inuit culture and traditions were lost in a system where the workers assigned to Inuit families kept changing.

The situation was ripe for change. Once the Children’s Aid Society acknowledged concerns about the high number of apprehensions and Crown wardships among Inuit children, the door was open to working with OICC and the Inuit community toward a solution. In 2007, a community consultation took place in which CAS heard parents speak about how the practices and cultural values of child protection workers had impacted their families. After the consultation, a pilot project created a team of CAS workers called an ‘Inuit Pod’ that was assigned to families who self-identified as Inuit. The OICC provided cultural sensitivity training to members of the Inuit Pod and support to families involved with CAS. The model worked so well that consultations were initiated with service providers and clients in other

Aboriginal organizations across the city. CAS created a First Nations Pod and an Aboriginal Liaison Group was established to provide strategic direction around Aboriginal child and family issues. Eight Ottawa-based Aboriginal organizations sit on the Liaison Group with CAS: Odawa Friendship Centre, Minwaashin Lodge, Tungasuvvingat Inuit, Wabano Centre for Aboriginal Health, Makonsag Aboriginal Head Start, Ottawa Inuit Children’s Centre, Mamisarvik Healing Centre and Transition House, and Tewegan Transition Home. In 2010, an Aboriginal Liaison worker was seconded to work with CAS as the first point of contact between CAS and Aboriginal organizations and families.

Another significant development is the Circle of Care initiative, an alternative dispute resolution process that involves family, friends, Elders, and support workers in developing a care plan grounded in culture and with the best interest of the child and the family in mind. In two Ottawa cases, the Circle of Care actually took place in the north because that’s where the majority of the family lived. A coordinator is assigned to each case along with lawyers for the child, the family and CAS, and the proposed care plan is presented to a judge.

Anecdotally, Ottawa Inuit Children’s Centre staff members have observed a number of changes for families since the

Children’s Aid Society created the Inuit Pod and began working in partnership with the Inuit community. These include:

- Fewer Inuit children are being apprehended and there are fewer Crown wardships;
- At the same time, the number of CAS open cases remains stable, an indication that families in difficulty are receiving supportive interventions;
- More culturally appropriate interventions are being offered to families;
- Inuit children removed from their birth family are placed within the kinship network and within the community;
- Parents of children in care continue to receive support from OICC;
- CAS now supports Inuit open adoption where the child maintains relationships with the birth family (Brown, 2011).

There is noticeably less hostility toward CAS in the Ottawa Inuit community. Following a consultation with Aboriginal organizations in 2009, CAS reported, “it was clear from this most recent consultation that relations between us have vastly improved, as have opportunities for better outcomes for children and families” (Engelking, 2009, p. 17). In 2010, the Aboriginal Liaison Group developed a work plan with clearly defined outcomes, including one related to community capacity to support children, youth, and families involved with child welfare (Gomez, 2010). CAS subsequently contracted the First Nations Child and Family Caring Society of Canada to conduct an independent qualitative evaluation scheduled for completion late in 2011. The evaluation is intended to review the relationship between CAS and Inuit, Métis and First Nations service providers, assess if the expectations of partnering organizations have been met, and identify impacts on the community (Bennett & King, nd).

<sup>2</sup> The context for this comment referred to food kept on hand, not to food stored in caches when Inuit lived a nomadic lifestyle and before the creation of communities.

#### 4.3.3 Promising Approaches

The creation of a designated team within a mainstream urban child welfare agency who were educated about Inuit culture, values, and childrearing practices appeared to be improving interactions between the agency and Inuit families. This team has also developed cooperative relationships with service providers in Inuit organizations that were believed to contribute to family benefits. Family strengths, including language and culture, and the network of family and community ties are supported and enhanced rather than diminished or ignored.

Partnership development was key to improving supports for Inuit families, and the process began with a joint acknowledgement of the problem:

*“It goes back to the fact that everyone knew our child apprehension numbers*

*“Overall there has been a deep-rooted philosophical change in the way CAS works with Inuit families. It is not dependent on just one person, CAS has put resources into making the changes” (Brown, 2011)*

*were way out of whack with mainstream society, everyone who worked at OICC and Children’s Aid knew something had to change. A combination of all the right people knew there was a problem and wanted to do something different” (Brown, 2011).*

Practices that fostered the fruitful partnership are outlined below:

- **Leadership:** The executive directors of CAS and OICC recognized the need for change and committed their organizations to act.
- **Commitment:** CAS put resources behind the commitment to do things differently, including creating an Inuit Pod, seconding an Aboriginal Liaison Worker, and supporting the Aboriginal Liaison Group process.
- **The right people:** The Aboriginal Liaison Group included the right mix

of people, personalities, perspectives, and organizations; with 10-15 people attending each meeting, the group was small enough to make decisions and large enough to include a diverse range of ideas and perspectives. Often, two people attended from each organization, solidifying agency commitment to the process.

- **Building trust:** Initially meetings were held at CAS and then evolved to rotating among the agencies. People met over food and the discussions began with sharing good news stories about children and families. Contact between meetings included updates from the Aboriginal liaison worker. This process allowed trust to develop slowly, yet consistently.
- **Building relationships:** For OICC, it was not only the relationship with the Children’s Aid Society that improved but also with the other Aboriginal service organizations in the city.
- **Adaptability:** The Aboriginal Liaison Group model has been adapted for use in other processes.

Looking to the future, the partnership process has been so positive that the idea of establishing a mandated child welfare





agency similar to Native Child and Family Services of Toronto is no longer outside the realm of possibility in Ottawa.

#### 4.3.4 Implications for Intervention and Research

Several implications for intervention and research are clear from this case study. These include:

1. **Placing Inuit culture at the heart** of interventions that support urban Inuit families is a key element of promising programs.
2. **Establishing a dedicated, culturally competent team** of workers within a mainstream agency, such as the Inuit Pod, transforms the way the agency works with Inuit children, families, and the community.
3. **Bringing family and community back into the decision making** process through the Circle of Care Alternative Dispute Resolution process has the potential to create better outcomes for children and families.
4. **Interagency partnerships** flourish when built on visionary leadership; a shared commitment to changing the way mainstream agencies support Inuit children and families; respect for Inuit culture, values, and childrearing practices; and resources to back up the partnership process.
5. While visionary individuals can initiate change, sustainable transformations include **changes in structures, processes, policies, and values.**

This case study illustrates that Aboriginal cultural knowledge and competency allows for more accurate risk assessments and supportive interventions by Canadian child protection agencies. Further exploration of promising practices by the research community and service providers working in therapeutic environments might consider the following questions. While cultural competence can be cultivated within service agencies, what is preventing the incorporation of such cross-cultural competency training for

service deliverers within academic and training institutions? What structural changes within Canadian child protection agencies are best suited to the adoption of greater cultural competence? How can these structural changes be systematically accelerated inter-provincially? Which processes, policies or characteristics lend themselves to greater decision making participation of urban Aboriginal families within Canadian child protection agencies? How can a mentorship network between those agencies that excel at cultural competency and meaningful Aboriginal family engagement in decision making be created for those still struggling?

### 4.4 Regina Early Learning Centre: Kids First Program, Regina, Saskatchewan

#### 4.4.1 Centre Description

The Regina Early Learning Centre (RELC or the Centre) is a child and family development Centre that has offered programming to support the healthy development of children from low income families since September, 1977. From its inception, the Centre has embodied a strengths-based, culturally sensitive approach to programming. While the Centre is not an Aboriginal agency in the formal sense, the majority of the families served are Aboriginal and the majority of staff and board members are Aboriginal. The core values that guide program design and implementation are:

- All children have the right to grow and learn in a supportive environment sensitive to their needs.
- A parent is a child's first teacher.
- A child's view of the world is special and needs to be celebrated, supported and developed.
- There is no such thing as a "high-risk child"; only high risk circumstances that we, as a community, must work to change.
- The community has a responsibility to support the healthy development of

children and families.

- Learning occurs within the context of supportive relationships.
- Respect characterizes the relationships between staff, children and families.
- Using a strength-based model empowers all participants (RELC, 2008; Wesauate, 2011).

RELC offers a range of programs for low income families with children from prenatal through to five years of age. These include:

- **The Preschool Program** is a child-centered, developmentally appropriate, and culturally sensitive program, with a low staff to child ratio that uses a structured play approach to foster holistic development and build the foundation for language and learning skills. The preschool has an open door policy and families are involved whenever possible.
- **The KidsFirst Program** assists vulnerable families to become the best parents they can be through home visits, support, education and building on family strengths. This program is part of a federally-funded, provincially-run program that supports vulnerable families with young children (aged 0-6).
- **The Parents as Teachers (PAT)** program works to strengthen and support the parent-child bond. Affiliated with the PAT National Centre, that incorporates the most recent neuroscience research, the program uses sharing and home visits to teach parents about early learning and development.
- **Family Outreach** works to support and strengthen families through parenting and family literacy programs, a women's support group, and family violence prevention.

Each year RELC works with over 200 vulnerable families.

#### 4.4.2 Results for Families

The Regina Early Learning Centre's internal outcome monitoring indicates



that positive outcomes are seen in all program areas. The key informant noted, for example:

- Three to five year old children show growth in all developmental domains as a result of attending the preschool program.
- Parents in home visiting programs report greater knowledge of their child's development and greater confidence in their ability to parent.
- KidsFirst families indicate that they find their relationship with their home visitor very helpful. The majority indicate that they had achieved goals they set for themselves. According to the KidsFirst team member interviewed, almost all parents state they would recommend KidsFirst to others and offered the following comments in their feedback:

*"It's been five years and I still only have positive things to say about KidsFirst";*  
*"She [program facilitator] makes me feel very confident about myself as a mother";*  
*"Caring, professional, sweet and consistent"*  
 are all adjectives used to describe KidsFirst staff members and; home visitors *"make me feel supported, even when I am abandoned by my family."*

- Families who attend group programs indicate they have increased knowledge and that they are applying the information they have learned in their day to day lives (Wesaquate, 2011).

When opportunities arise, the RELC participates in larger and more formal evaluations in partnership with universities. For example, RELC participated in Thinking, Learning, Communicating - Tender Loving Care - The Learning Centres (or more commonly TLC<sup>3</sup>), a national demonstration and research project conducted between the years 1997 to 2002. As part of RELC's participation in TLC<sup>3</sup>, they were able to participate in an internal as well as cross site evaluation. The overall conclusion of RELC's participation in TLC<sup>3</sup>, was that:

...program components directly and indirectly contributed to many benefits for children, parents and the community... by using an approach solidly based on continuous improvement, alignment of practice with values..., and good relationships at all levels, [the Centre] has produced excellent results... (Tender Loving Care - The Learning Centres, nd, p. 7).

The Centre received positive recognition in the *Early Childhood Education and Care Policy: Canada Country Note*, which was prepared by an international review team of early childhood education experts appointed by the Organization for Economic Cooperation and Development (OECD). In this document it was noted that:

The review team were impressed by the quality of the preschool program... One of the basic principles in the preschool is to work in partnership with parents. Staff approach the parents with mutuality and respect, and together, they seek to support the children in their well-being, development and learning. One aspect of respect is to look for the strengths within the cultural groups using or working in the centre. The preschool curriculum reflects traditional cultural activities and perspectives, for instance in the stress on artwork and respect for the environment (OECD Directorate for Education, 2003, p. 50).

The KidsFirst program, one of the most important programs of RELC, is offered throughout the province by many different agencies and has been formally evaluated



at the provincial level (Saskatchewan Population Health and Evaluation Research Unit, 2011b). Within the first six months, participating families showed reduced risk with respect to social supports, food security, parental expectations of the child, parent motivation, family identity and interactions, living conditions, as well as housing suitability and stability. Those in the highest risk categories progressed less, showing decreased risk in terms of only the availability of social support and food security. Eighty-four percent of children had at least one developmental screen (usually the Ages and Stages Questionnaire, or ASQ) within the first year of life. According to the ASQ, most of the children appeared to be developing normally. However, there was no relationship found between families' length of enrolment in KidsFirst and their ASQ scores. Some reports indicated mothers cut back on smoking, quit drinking or addressed addictions issues (Ibid.).

The KidsFirst team member interviewed for this work reported that desired outcomes were most easily achieved when learning opportunities were combined with weekly home visits. Almost half of participating parents were involved in group programs that appeared to be effective at helping families achieve lasting and healthy change. In a literature review of home visiting programs, it is clear that outcomes can be modest and that practitioners need to be realistic in their expectations (Saskatchewan Population Health and Evaluation Research Unit, 2011a). According to the evaluation of home visiting programs, those who look for continuous improvements are best able to produce positive outcomes. The factors that contribute to success in home visiting include professional partnerships, close supervision, comprehensive training, limited and well-defined goals, and a clear curriculum (Ibid.). Still, the literature concurs with the RELC team that home visiting works best when combined with other supports (Ibid.).

#### 4.4.3 Promising Approaches

The RELC's underlying vision and values guide all program areas. Perhaps one of the program's greatest strengths, that parents, children, outside professionals and funders would all agree, is that the RELC has been effective in putting these values into action.

Developing respectful relationships with families and always operating from a strengths-based perspective are key components of all programs offered by the Centre. In home visiting programs like KidsFirst, visitors take time to build strong relationships. The program is particularly creative and flexible during first visits with a new family in order to establish a strong relationship. In the preschool program, the enrollment process is gradual in order to allow children and parents to become comfortable with the program. Enrollment begins with preschool staff visiting each child in his/her home, followed by the child and family having an individual visit in the Centre with the preschool staff. Finally, children attend the first week of preschool on alternate days with a smaller group of children. Both children and parents feel more comfortable and secure as a result.

Proceeding slowly with realistic goals, a strengths-based focus, and an unwavering belief that all families can move toward positive outcomes is a recognized promising practice within all RELC programs. Emphasizing the quality of the process as well as the outcomes engages families in ways that feel mutually respectful and allow for their meaningful contributions. With a child-centered focus and the reduction or elimination of barriers to participation, KidsFirst emphasizes positive influences, having fun, sharing, storytelling and laughter to help put people at ease and build a group bond.

The Centre enjoys a strong reputation within the community as evidenced by

the number of families who approach the Centre for support. The preschool program in particular has an extensive waitlist, and many participating families recommend the Centre to their friends and relatives. Voluntary parental involvement is also a key component that occurs in many ways throughout the Centre. Most significantly, the Centre is governed by a parent controlled Board of Directors.

Finally, the Centre has developed fruitful, cooperative relationships with other professionals and non-profit agencies, as well as the wider community. Key partners include the KidsFirst Mental Health and Addiction team (offering training, consultation and reference materials to home visitors, as well as therapeutic services and consultation to parents), the Regina Qu'Appelle Health Region, and a wide range of other non-profit agencies.

Long-term and sometimes intensive services appear to work well, particularly continuous home visiting combined with group programming and collaboration with multidisciplinary partners. According to the program coordinators, funders recognize and accommodate unusual expenses in emergency situations when families have complex or high needs (e.g., paying for hotel accommodations when needed). Some parents remain involved for five years and this long-term connection allows the Centre to track change. In addition to screening and assessment tools for children, KidsFirst uses the Readiness for Change model with parents, and over time home visits may decrease depending upon movement toward healthier family functioning. KidsFirst has recently expanded their team to better serve more families but ideally, they could develop specialized teams to support families with complex needs and do outreach with families who leave the program.

#### 4.4.4 Implications for Intervention and Research

The most obvious implications for intervention and research emerging from the Regina Early Learning Centre and KidsFirst can be summarized as follows:

1. When a variety of programs are housed within **reputable, strong, family friendly and welcoming institutions**, the climate helps to give individual programs credibility, supports it with complementary services, and provides an inviting home.
2. Engaging with families at a **pace that feels natural, comfortable and desirable**, allows for a **trust relationship** between service providers and beneficiaries to develop.
3. Collaboration with university-based, provincial and international **partners can serve to strengthen community based systems and services.**
4. Placing parents where they have the **power to make decisions** for themselves and their communities changes them in ways that program interventions could never do.
5. **Supportive programming is best matched to family situations and readiness**, and enrolls them when they are most receptive.
6. **Focusing on program quality and performance** at both the management and team level is central to achieving outcomes for families.

Part of a client focused strategy appears to require awareness of a readiness for change within the client, and this case study suggests there may be merit to exploring a more universal use of readiness for change assessments. The obvious first step would be to determine the degree to which readiness for change is a culturally bound notion or does it have immediate applicability for agencies serving urban Aboriginal families? If so, under what conditions are current 'readiness for change' assessment strategies useful? What

implications does readiness for change have upon relationship building strategies early in a helping relationship? The Centre illustrates the benefits available when local and international research partners are involved and it appears to make good sense for others. What community or networking opportunities need to be pursued to advance the fruitful partnerships between universities and other research networks to support monitoring and evaluation of services that support Aboriginal families in the city? And last, what elements of organizational culture appear most important for the creation of an Aboriginal decision making authority to exist and flourish within provincially and federally administered family services? How can these features be replicated or cultivated elsewhere?

### 4.5 Native Child and Family Services of Toronto: Wraparound Services for Families, Toronto, Ontario

#### 4.5.1 Program Description

In 2004, Native Child and Family Services of Toronto (NCFST or the Centre) became Canada's first off-reserve Native children's aid society. The agency first opened in 1989 as a prevention and support service for Aboriginal children and families. Founding values continue to guide its operations. Individual programs are delivered as part of a holistic overall service, a collection of supports that wrap around each child, parent, and family. The services are extensive – everything from prenatal nutrition, daycare, and child development, to family violence prevention, mental health and addictions services, and a community kitchen. All programs are culture-based and rooted in Aboriginal values. The cultural elements are drawn from nations with traditional territories surrounding Toronto, such as Anishanaabe and Haudenosaunee, as

well as those from further afield, and they represent the diversity of backgrounds found among Aboriginal people living there. Respected Elders were involved as teachers and guides from the beginning, cultural teachings are embedded in the agency's philosophy, and the Medicine Wheel is used in program design. An understanding of how colonization altered traditional gender roles and family dynamics is embedded in programs that also include traditional teachings on these roles.

Programs are developed to respond to community needs. For example, Mooka'am Prevention and Healing Services was developed in 1990 to address the tremendous need for healing linked to abuses suffered by children in residential school and child protection systems. It began as a sexual abuse treatment program and has evolved over the years to incorporate family violence prevention, children's mental health, family work, and men's and women's healing. The program was developed under the guidance of Elders and it includes both traditional and mainstream interventions such as group work, healing circles, individual counseling, dyad work,<sup>3</sup> ceremonies, and Elders' teachings. In a similar way, youth transition homes were developed in response to the growing number of young people living on the streets.

Many of the families served by the agency have complex, multi-layered needs, and this requires equally complex interventions. Relationship building is an essential part of the process because of deep-rooted trust issues based on personal histories that can include residential schools and foster care. Trust is built, in part, by providing services specifically tailored to client needs, focusing on strengths rather than deficits, and not sending people off to other agencies when their needs change. Case managers ensure that if one approach isn't

<sup>3</sup> Dyad work refers to counseling that focuses on the relationship between two people, such as a parent and child or a couple.





working, something else is put into place. An emphasis on working with strengths and gifts means that all of an individual's capacities are recognized as transferable, including skills learned through painful life experiences, such as living on the streets.

There is a good philosophical fit between the Native Child and Family Services' tradition of designing holistic programs based on the Medicine Wheel and a newer approach known as 'wraparound' that has been adopted by leading edge agencies in Canada, the United States, and Britain as a way of working with families with complex needs. A literature review of the wraparound process prepared by a coalition of groups working with the University of Alberta concluded:

Wraparound is a field with enormous possibility and application. The philosophy of valuing every individual and ensuring equal access to social, economic and educational opportunities results in a treatment process featuring individualized,

ecological and strength-based care (Prakash, Bisanz, Chalmers, Daniels, Gokiart, McNeil, et al., 2010, p. 48).

Wraparound has been incorporated into the NCFST's overall approach. For example, young mothers in the transition home participate in life skills, education and counseling programs, while their children attend the Head Start or daycare centre and a host of arts and cultural activities. Wraparound services are designed to address the family's physical, emotional, spiritual, psychological, and social needs as described in Medicine Wheel teachings.

#### 4.5.2 Results for Families

Since 2010, the agency's main office has been located in a four-story renovated building at 30 College Street in the heart of downtown Toronto. Above the entrance, a red sign in the shape of a hand drum portrays a smiling child nestled between two adults with the Toronto skyline in the background; below, large black letters proclaim the building as

the home of Native Child and Family Services of Toronto. Like the weaving together of traditional and contemporary approaches in program delivery, the building itself creates a safe cultural space that combines modern architecture with traditional elements such as a longhouse on the ground floor, and a sweat lodge and traditional food and medicine gardens on the roof. Clinical Director Charlene Avalos has seen the agency grow from four staff working out of a basement to almost two hundred people working in a bright, award-winning environment.<sup>4</sup> She said, "This building is a testament to our success: we have moved from the basement to the clouds" (Avalos, 2011).

NCFST keeps records on children and families involved in child protection and meets contractual obligations to evaluate funded programs. Also, the agency is strengthening its internal evaluation capacity in response to the increased number of programs it now delivers and is modifying discharge planning to keep track of former clients. However, assessing

<sup>4</sup> 30 College Street and Levett Goodwin Architects have won a number of design awards for the renovation, including one for the interior longhouse.

the overall impact on families of the collection of broad-based supports that together meet the emotional, physical, psychological, social, and spiritual needs of families is more challenging. Similar difficulties have been acknowledged in evaluating wraparound services, in part because they are so comprehensive:

...wraparound addresses more than one specific type of concern (e.g., physical disabilities, addiction, aggression, school attendance problems) in broad populations (e.g., populations including immigrants, those with behavioural problems, those living in poverty) seeking a myriad of target outcomes (e.g., improved grade point average, better speaking skills, cultural adjustment) (Prakash, et al., 2010, p. 38).

NCFST is a part of Toronto's Aboriginal community, creating a natural feedback loop where clients and former clients stay connected to each other and the agency. Some former clients return as volunteers, board members, or employees. Others continue to participate in cultural celebrations after completing their programs. The 2010-2011 Report to the Annual General Meeting notes that

prevention services "are rich with stories of success and triumph over very difficult circumstances" (Native Child and Family Services of Toronto, 2011, p. 3).

The agency's emphasis on building strong cultural connections promotes pride and a positive sense of identity among participants. Participating in cultural events at the Centre can also reduce the stigma of being involved with a child protection agency. In the last year, more than one hundred people participated in weekly cultural celebrations (Native Child and Family Services of Toronto, 2011). The key informant interviewed has observed that community building through cultural activities and celebrations appears to have numerous benefits, including:

- enhancing a positive Aboriginal identity;
- reducing isolation;
- reducing the stigma of being involved with a child protection agency;
- supporting the spiritual aspect of healing; and
- building friendships and informal support networks among participants, and building connections between workers and clients.

The wide variety, accessibility, and number of programs offered each week gives families a place to connect with other families, building a sense of community. Friendships develop between participants in the Women's Empowerment Circle, for example, or families attending cultural nights, or mothers picking their children up at the daycare centre. Community building is important in an urban environment where some families are no longer connected to their home reserve or community: it fills a gap in the prevention-treatment continuum. Avalos (2011) notes: "[t]here is empowerment, belonging and hope in being a part of a community. It helps in dealing with all of the stigma associated with the legacy of residential schools and colonization."

Early years programs such as the daycare and Head Start are viewed as initiatives that will ultimately improve conditions for the next generation of families, while youth programs, including 7,200 visits to the drop-in, "represent a chance to prepare our most at risk for the trials and tribulations of adulthood" (Native Child and Family Services of Toronto, 2011, p. 3). The transition home for women between the ages of 16 and 24 and their





children includes wraparound services that help mothers become healthy, and children stay connected to culture and family. Without this kind of support, some of the children might have been apprehended.

The NCFST's holistic approach to child welfare is supported through the findings of "Women of the Shining Light," a research project led by a team consisting of child welfare workers, substance abuse counselors, and academics. The methodology included a traditional approach to research where women with previous experiences with child welfare and addiction services were invited to participate in circles led by Elders. Participants were recruited from nine social service agencies, including the NCFST. Based on the experiences of women who had been through the system, many of the study's recommendations support the holistic approach to child welfare found at NCFST: for example, respect the complexity of the healing process, more collaboration between child welfare and addictions services, and "ground the entire process in recognition that we are healing families and communities" (Baskin & McPherson, 2011, p. 3).

#### 4.5.3 Promising Approaches

The NCFST combines Aboriginal traditional healing interventions with other therapeutic approaches to create a comprehensive holistic strategy for addressing the complex needs of urban Aboriginal families. The term 'wraparound' is a good description of the way their services nurture, support, and strengthen families while the Medicine Wheel creates a way of visualizing the interrelatedness of programs, services, and human needs. As noted by Avalos, 2011, "[p]rogram development is based on this, and community development, treatment, assessment, and the understanding of the individual as interconnected."

Clients and employees are all viewed as individuals with gifts and strengths. A strengths-based orientation can support the crossover that sometimes occurs when clients move through the healing process and gain skills and education to join the agency's staff. It leads to a more empowering view of what individuals and families are capable of accomplishing than approaches that focus on problems and deficits. It also allows for the ebb and flow of the healing process by recognizing that people are complex and resilient. The agency's ongoing emphasis on prevention and reducing risk fits well with the strengths-based orientation.

Programs have been developed to respond to the needs of Aboriginal people living in Toronto. In practice this means that when a need becomes evident, the search begins for the funding to develop an appropriate program. For example, the first response to homelessness among Aboriginal youth was to set these youth up in apartments, but problems with addictions and poor life skills made it difficult for many of the young people to live independently. NCFST's four transition homes with their web of wraparound services is the current response. As new needs emerge, it is expected that other programs and services will be developed.

The physical environment of 30 College Street creates a cultural space in the Centre of Toronto that stands as a positive symbol of Aboriginal strength and pride. The setting suggests that this is a place where Aboriginal people belong, where they will be welcomed and treated with dignity and respect. At the program level, traditional interventions are combined with compatible mainstream approaches and methods. A good example is the way programs designed in accordance with Medicine Wheel teachings fit with the wraparound process where individual and family needs determine the supports provided. Both approaches recognize that human needs are complex and interrelated.

Ongoing challenges identified by the NCFST include the increasing complexity of family needs as more parents and children are struggling with developmental issues related to FASD, and the rigidity of funding programs that prefer single issue interventions over holistic approaches.

#### 4.5.4 Implications for Intervention and Research

Implications for intervention and research emerging from the Native Child and Family Services of Toronto case study are summarized below:

1. **Designing a physical environment** that sends a message of cultural pride and strength is as important for a child welfare agency as for an arts or cultural centre.
2. **Using the Medicine Wheel in program planning** provides a concrete way to visualize the interrelated components of a holistic set of programs and services while supporting an understanding of individuals and families as interconnected.
3. When **complementary traditional and contemporary** approaches are used together, such as Medicine Wheel teachings and wraparound services, families gain access to holistic, culturally appropriate services that support their healing journey.
4. **Recognizing and working with the skills, capacities, gifts, and strengths of clients and employees** send a positive message of a community of people journeying together.

Several areas of further exploration emerge from this case study. Firstly, the NCFST exists in one of the largest, most economically viable urban centres in Canada and it is unclear to what extent this environment has contributed to their success and profile. It is an agency that has enjoyed stable leadership as well as unwavering principled positions. Their relatively rapid expansion and recognition by the Ontario government as a child

welfare agency is the result of a unique combination of internal factors explored here, but also of political, geographic and contextual factors that should be explored in more detail. Many questions remain about how to support wraparound service structures in less resource rich institutions and smaller urban centres that may be economically depressed. What are the specific advantages and disadvantages of being a provincially mandated child welfare agency? While few would argue with a strengths-based approach, how can others adopt and maximize this orientation? What tools, if any, are available to support practitioners serving urban Aboriginal families to assess their strengths and resilience? Which of them is most culturally appropriate? What are the key characteristics of those which appear most responsive to culturally-based interventions and blended interventions? And, under what circumstances do cultural interventions excel over others?

#### 4.6 Ma Mawi Wi Chi Itata Centre: Working Together to Help One Another, Winnipeg, Manitoba

##### 4.6.1 Program Description

Established in 1984, the Ma Mawi Wi Chi Itata (Ma Mawi or the Centre or the centres) Centre's mission is "to help build the capacity of the Aboriginal community to maintain healthy, happy children, families and neighbourhoods" (Ma Mawi Wi Chi Itata Centre, 2000, p. 10). In 1998, the Centre changed its approach from individual case management to an assets-based community development model that combines meeting the needs of families with creating opportunities for those who are doing well to use and enhance their skills. The overall goal is to reduce the need for crisis intervention by building family and community resources. In practice, this has led to the development of a large volunteer base at the program delivery and

leadership levels. In 2005, the Canadian Community Economic Development (CED) Network selected Ma Mawi as an effective practice site based on the organization's comprehensive and participatory approach to building healthy communities, an effort that included the energy and commitment of more than 500 volunteers (Canadian CED Network, 2005).

Ma Mawi is a large, multi-faceted agency that employs approximately 200 people throughout the year. Their holistic, strengths-based approach to supporting families is rooted in a unique blend of Aboriginal values, community development, and service delivery objectives. Broad-based family supports are delivered from three neighbourhood community care centres. This type of support means "that services are provided to address the multiple needs of families rather than simply the need for which services were requested" (Powell, Batsche, Ferro, Fox, & Dunlap, 1997, p. 8). The model engages the community in identifying needs and, more significantly, in working to address them. Not only is community engagement a central

component of the strategic planning process, community consultations leading up to the 2000 plan resulted in closing Ma Mawi's downtown Winnipeg office and moving into three neighbourhoods where many Aboriginal families live. The community care centres located in these three neighbourhoods offer programs determined by the community and many are delivered peer-to-peer. They include informal, fun activities such as jigging and 'silly Fridays,' as well as child development, youth services, and parenting programs.

Ma Mawi is an organization where values determine the approach. For example, a code of honour developed by youth has become a touchstone that guides how workers, volunteers, and members interact with one another and the community. The code of honour includes telling the truth, seeking peace, keeping one's word, treating each other with respect, and standing up for what is right. Youth programs are an important part of the overall prevention and support service and include camps, cultural development, pow wow clubs, mentorship, and sports. Ma Mawi's Executive Director says, "Often, the community delivers the





program; they're the experts and we help with the technical aspects, for example we do lots of co-facilitating" (Roussin, 2011). Once the community approves a strategic plan, it is viewed as a formal contract and Ma Mawi is accountable for its implementation. Strategic plans were developed in 2000 and 2006, and the 2012 process is underway.

#### 4.6.2 Results for Families

At Ma Mawi, assessing the success of its broad collection of programs and services is an organic process tied to community consultations and the development of its strategic plan. With respect to evaluating the impact of community-based services, the process is part of the outcome (MacKinnon & Stephens, 2008; Canadian CED Network, 2005). A study by the Canadian Centre for Policy Alternatives on the impact of participation in community-based organizations in Winnipeg's inner city identified a number of indicators of success, including the development of social capital through volunteering and community engagement. Participants in cultural programs reported improvements in their sense of self, their parenting, and their hope for the future (MacKinnon & Stephens, 2008). Parents involved in community-based organizations, including Ma Mawi, reported the following benefits:

- support and resources to become better parents;
- family programs that provide opportunities to spend fun time together and promote positive interactions between parents and children;
- growth and healing among parents to enhance quality of life for children;
- participating in cultural activities and ceremonies to provide an alternative to alcohol and drugs with respect to coping with stress;
- parents who participate in cultural activities pass the tradition on to their children, thus helping to shape

their identities as Aboriginal people (MacKinnon & Stephens, 2008).

Recognizing that poverty can be a barrier to volunteering, Ma Mawi offers a small honorarium to cover basic costs such as transportation and childcare. Indicators of success include the high rates of volunteerism as well as program uptake. Despite not advertising, most Ma Mawi programs are oversubscribed. The involvement of neighbourhood volunteers in program delivery contributes to the relevance of activities, models healthy participation, and increases participation rates. The staff, board, and volunteers are primarily Aboriginal people and many have been through the programs themselves, strengthening the modeling effect. Participants see themselves in the people leading the organization and delivering the services.

Success for individuals and families is defined in terms of improvements: specifically, improvements that have been observed in the lives of individuals and families. There is a great deal of anecdotal evidence to support this success: "We see smiling moms and we know the value of our programs. We see the strength, the resilience, and the inspiring stories. Our hearts break when we hear some of the stories they tell us, but then they keep walking, they move mountains for their kids" (Roussin, 2011).

The cumulative impacts of poverty and inner city living add to the normal stressors experienced by families. Moreover, urban families are often

socially isolated from the natural support networks found in smaller communities. One way Ma Mawi helps struggling families is by creating opportunities to build or rebuild their natural support network. This approach is based on the family group conferencing model developed by the Maori in New Zealand. Ma Mawi counselors work with families to identify their potential supports and then facilitate the process of bringing the larger family group together. As noted by Roussin (2011), "[O]ur workers try not to be the lifeline and instead to build natural long-term support." Without a strong commitment to building these types of supports, Ma Mawi counselors would be spending a lot more of their time on crisis intervention.

In terms of impact, in some cases a family group conference is held before a crisis occurs that could lead to an intervention by children's aid. In another case, it was a change in thinking that led to an unanticipated positive outcome. A sports program for youth had an initial goal of strengthening community connections with neighbourhood-based teams playing each other. At one point, however, the teams were mixed up with girls and guys from different neighbourhoods playing together on the same team. The result was a growth in cross-neighbourhood friendships and the loosening of neighbourhood loyalties, the traditional turf of gangs. The idea came from the youth running the program – a clear advantage of providing young people with the authority and flexibility to innovate.

*"People come to the centres and we offer opportunities for them to be a part of it. We create physical space – it's an art and a science – we create the living room of the North End, and it's warm and inviting, comfortable, a place where people feel they belong." (Roussin, 2011).*

#### 4.6.3 Promising Approaches

Ma Mawi was profiled in a University of Manitoba newsletter as a case study of community engagement and effective community development. The study identified five lessons learned from Ma Mawi:

- One size does not fit all and, therefore, flexibility is needed to meet community needs;
- Meaningful participation is a powerful tool for capacity building;
- A commitment to continuous learning within an organization takes time and energy;
- Lived experience brings wisdom and organizations gain much from listening to the stories of community members; and
- Ma Mawi's restructuring and move to neighbourhood-based centres shows that even large bureaucracies can change (Jordan, 2005, p. 6).

'Ma Mawi Wi Chi Itata' means "[w]e all work together to help one another" and this accurately describes the agency's approach as well as its fundamental strength. True to its mission, Ma Mawi is helping to build the capacity of the Aboriginal community to care for its children, families, and neighbourhoods. The strong volunteer base and the practice of staff and volunteers working together in program delivery support the agency's goals. Programs are values-based; this includes cultural values as well as acknowledging and enhancing the strengths of individuals, families, and communities, and "drawing from the collective wisdom, talents, skills and experiences of our children and families in building healthy neighbourhood networks and communities" (Ma Mawi Wi Chi Itata Centre, 2008, p. 6). The large number of community members who participate in the organization reinforces the idea that Aboriginal people

are competent and resilient. Families contribute to, as well as receive, services. The board, which includes some people who have successfully completed Ma Mawi programs, provides active leadership.

Combining economic development and social service goals makes sense for an agency working with Aboriginal people in the inner city where many families are living below the poverty line. Volunteer development and the nurturing of leadership are capacity-building initiatives that provide valuable work experience while building confidence, supportive relationships, and self-esteem.

Ma Mawi has created a safe, welcoming space within the neighbourhoods surrounding the community care centres: the "living room of the North End," claims Roussin (2011). People visiting a centre to access a particular service might return to have lunch or use a washing machine, computer, or telephone. Over time, many people move from accessing services on a drop-in basis, to participating in programs, to volunteering. This movement is reinforced by the fact that much of the hiring is from the volunteer base.

Flexibility is a hallmark of Ma Mawi's approach. While program funding is often designated for particular target groups and activities, Ma Mawi works in innovative ways to deliver more inclusive programs. For example, summer youth camps target children and youth between the ages of 8 and 17, and yet they are also open to the younger siblings that participants may otherwise stay home to babysit and to interested parents. The rationale is that building natural support networks is the best long-term solution, and therefore budgets are often stretched to include the whole family. For some families, this is the only opportunity they may have to vacation together outside of the city.

At Ma Mawi, social problems like gangs are perceived from a different perspective than from outside of the community, and this can lead to strategies that create opportunities rather than lead to punishment. The families of gang members are interested in changing behaviour, not sending their children to jail. Roussin (2011) comments, "If you ask the community, they want opportunities and help for their kids. The education and justice systems are failing our families, gobbling up our families, and dictating how we live."

Working in partnership with agencies that have similar values contributes to Ma Mawi's ability to serve families. A network of nine sister organizations known as CLOUT (Community Led Organizations United Together<sup>5</sup>) meets regularly to examine community needs and service gaps and plan a response. CLOUT was recognized as a best practice by the Canadian Centre for Policy Alternatives, which honoured the truly grassroots approach to capacity building based on listening to the stories of community members. This process is used to identify service gaps, and:

the solution is almost always found with input from the community. To be sure, this is an informal approach to managing organizations, but it is also how CLOUT members ensure the community participates in its own growth (Canadian Centre for Policy Alternatives, Manitoba Office, 2010, pp. 4-5).

#### 4.6.4 Implications for Intervention and Research

Implications for intervention and research emerging from the Ma Mawi Wi Chi Itata case study can be summarized as follows:

1. **Creating a welcoming physical environment** with access to resources

<sup>5</sup> The following organizations make up CLOUT: Ma Mawi, Andrews Street Family Centre, Community Education Development Association, Ndinawe, Rossbrook House, Native Women's Transition Centre, North End Women's Centre, Wabhung Abinoonjiag and Wolseley Family Place.





- that really help people living on low incomes (e.g. lunch, washing machines, telephones, and computers) helps to ease community members into participating in programs and activities.
2. A **passionate belief** in the resiliency of community members and their capacity to learn, grow, and contribute leads to an approach that focuses on creating opportunities rather than rescuing clients or fixing problems.
  3. Supporting the development and maintenance of **natural family support networks** increases the resources and support available to families over the long term.
  4. **Meaningful membership and community engagement** creates a strong organization capable of responding to family and community needs and priorities.
  5. **The movement of former clients into volunteer, employment, and leadership roles** creates opportunities for community members to develop valuable skills and, for new participants, models a process of positive personal growth and development.

6. A **values-based organization** with a commitment to addressing family and community needs is necessarily flexible, innovative, and in a state of continuous learning.
7. **Creating networks and partnerships** with organizations with similar philosophies and mandates increases family and community access to programs and helps fill service gaps.

This case study suggests that support for families comes in a variety of ways that may sometimes seem mundane but serve the important function of creating a climate of comfort as well as a relationship based upon trust and non-judgmental acceptance. Through the creation of welcoming environments, at least in part, Ma Mawi appears to have given birth to a community movement in Winnipeg evidenced by the sheer volume of volunteer effort that they enjoy. With satellite centres located where Aboriginal families live and grow, they have changed the service access model in a fundamental way. Still, it remains unclear to what extent other contextual

factors (i.e., about Winnipeg itself) may have played a role. Does the concentration of Aboriginal people in Canadian urban centres play a fundamental role in the emergence, desirability and efficacy of services for families? If so, how? What creative municipal or provincial policies supported the development and evolution of Ma Mawi? Aside from the prospect of capacity building and employment at Ma Mawi, what other factors are significant contributors to the swell of volunteerism? More specifically, to what degree is vicarious learning contributing to the creation of welcoming environments and service demand? What role model characteristics appear to be most desirable and for whom? And last, how can the experiences of community members be integrated with program approaches in ways that allow services to be adapted to unique sets of needs (e.g., for the homeless, for those with a history of prostitution, for those enduring the legacy of residential school)? Are there any universal elements of storytelling or the Aboriginal experience that appear useful for everyone?



## 5. STRENGTHENING URBAN ABORIGINAL FAMILIES



It was very difficult to settle upon a singular framework for the discussion of promising practices in part because of the interconnectedness of family success and promise. For example, should leadership stand alone as a category of practice or is it part of holism or Aboriginal culture? Do most practices fall under holism or client and family focused strategies? Is a strengths-based approach to care an element of leadership, accepting and non-judgmental environments or building relationships? Is building relationships with clients and service partners really just a subcategory of culture? Is complete acceptance a client focused strategy, a sign of a strong team, part of creating a welcoming environment, or all three? In short, each emerging framework has arguable merit depending upon the nature of qualitative data that emerges from the case studies. Ultimately, the selected

categories represent the most convergent themes from the series of case studies. They have been selected so that the details offered by key informants could emerge clearly and are as follows:

- Leadership and commitment;
- Community engagement, empowerment and ownership;
- Client and strengths-based focus;
- Reinforcing aboriginal cultures;
- Holistic services;
- Building relationship and welcoming environments; and,
- Strong teams in healthy work environments.

### 5.1 Leadership and Commitment

In every case, leadership and commitment played a pivotal role in creating conditions for families to gain strength.



The willingness to embrace change as well as grow and commit resources in unprecedented ways characterized all case studies. In particular, this was most evident in new or better relationships with provincial, national, international, academic, municipal and other local partnerships (e.g., Inuit Pods with the Children's Aid Society, participation as a TLC<sup>3</sup> site). In some situations, it meant creating something entirely new (e.g., a focus on men and Dads), and in other cases it meant allowing creativity and flexibility to flourish with completely open rules of engagement. In short, the discomfort of moving away from the status quo may be a necessary phase for great change to emerge and this requires both leadership and commitment to endure. Leadership and commitment requires bold moves to ensure that transformational conversations shared between visionaries are structurally formalized in team composition, processes, values, policies and even dismantling large, centralized services into satellite centres where urban Aboriginal families live and grow. At last, a

commitment to continuous improvement through monitoring and evaluation was also a hallmark of strong leadership.

## 5.2 Community Engagement, Empowerment and Ownership

Engaging community in the design, development and decision making processes in these case studies allowed for parent controlled, parent facilitated interventions to unfold. It placed parents as agents of intervention, credible, compassionate peer educators who were easy to identify with and enormously effective at enrolling others. Parents who started as clients became volunteers, then employees, and finally leaders within the organizations where their families found strength. This relatively seamless evolution of individuals from beneficiary to provider guaranteed that services either remained or evolved to specifically address urban Aboriginal family needs in ways that appeared both effective and desirable. It

expanded the dialogue between families and the agencies that serve them, and provided a platform for urban Aboriginal parents to enjoy mutually respectful and meaningful contributions and gain confidence to make important decisions not just for themselves and their families, but also for their community. The role of vicarious learning in supportive environments appears powerful and worthy of further exploration.

## 5.3 Client and Strengths-Based Focus

A client focused approach required “meeting people where they are and starting with what they know.” In practical terms this meant addressing immediate needs such as food security, barriers to participation, and housing; resolving past trauma; dissipating emotional triggers; addressing family of origin work; engaging in recreational activities; and offering laundry services. Other immediate needs might include parenting education and





skills development or a combination of other learning opportunities to build relationship skills. Client focused approaches allowed for authentic and realistic healing journeys to emerge where clients resolved issues at their own pace in small, incremental and potentially sporadic steps. Client readiness for change was acknowledged and used to tailor intervention. Open, inclusive, flexible and voluntary participation policies gave often marginalized clients rare freedom to choose. As well, a client focused approach would include a gender specific or parallel process when needed or desirable so that the unique needs of both parents could be addressed.

Caregivers shared a passionate belief in the resiliency of urban Aboriginal families. Support teams were directed to recognize and start with individual and family strengths. No matter what the circumstances, individuals can and do change and there is a high premium on creating opportunities for learning either directly or vicariously, building support networks within the community and family, as well as taking full advantage of obvious personal and familial assets. With a strengths-based focus, the skills generated by life experiences, including homelessness, were considered transferrable to creating a healthy life. The possibility of change was consistently reinforced by Aboriginal parent and peer facilitators who were former clients and who acted as role models to incoming families. These role models were living proof that families can work through their challenges with appropriate supports, and that personal strengths can emerge and change is possible.

At last, focusing on strengths goes beyond looking at potential within individuals and families to include an asset-based community development model where meeting urban Aboriginal family needs were combined with creating



opportunities for optimizing potential and maximizing resilience. This meant tapping into the vast resource of volunteers as well as allowing community initiative to flourish into programs and services.

## 5.4 Reinforcing Culture

Reflecting Aboriginal values, promoting culturally relevant teachings, and combining traditional healing with western approaches allowed the agencies in these case studies to meet the multi-layered needs of urban Aboriginal families. Cultural knowledge and exchange were facilitated by alternative dispute resolution processes where Elders and other cultural insiders directed care grounded in tradition, where whole family solutions were generated, kinship systems were reinforced, and relationships with birth families were maintained. Cultural knowledge and exchange were also facilitated by the involvement of Aboriginal people in advisory councils or 'circles of care,' that worked to eliminate cultural misunderstandings that often lead to child apprehension in otherwise functioning family units. Designated teams or pods of culturally competent service providers within mainstream child welfare agencies have enormous potential to transform the ways in which they interact with Aboriginal families. Alternatively, having majority Aboriginal representation on boards and within service teams also guarantees that culture is reflected in practice. In these case studies, culture-specific values were drawn from oral traditions, respected Elders, and the Medicine Wheel, and formed a base for service delivery in these effective family support agencies. This value-based approach acknowledges the unique strengths of Aboriginal culture, collective wisdom, and traditional family dynamics to strengthen contemporary urban-based families.

## 5.5 Holistic Services

The often complex needs of urban Aboriginal families require a holistic approach, interagency cooperation, and the pooling of resources. The wraparound and "hook and hub" (Ball, 2005) models of care recognize the need for a variety of services to sustain, create or support family strengths in a 'one stop' shop or to partner with others who can provide more holistic care. Wraparound services are highly consistent with traditional teachings that wellbeing emerges from a balance in physical, mental (emotional, psychological, intellectual), spiritual and social realms. Often this requires that agencies are able to focus upon whatever immediate need is present (e.g., early childhood development, parenting skills, laundry services, housing, addiction, recreation, child care, access to a shower, phone or computer) and 'wrapping' other services around families to address the fuller range of challenges present. For example, in the case studies, when services were 'wrapped around' parents, they were supported through their family challenges rather than having those challenges used against them. Wraparound approaches respect the complexity of healing from the legacy illness burden of colonialism.

Partnerships are particularly valuable in this regard because the commitment to productive collaboration helps create healthy, interdependent, city wide support for urban Aboriginal families. In the case studies, we found that partners helped with adult education curriculums, peer education programs, training for program teams, long term and sometimes intensive services, as well as systems of monitoring and evaluation. A holistic approach respects the complexity of healing and embraces the blending of traditional and contemporary therapeutic interventions.

## 5.6 Building Relationships and Welcoming Environments

Urban Aboriginal families face unique challenges where solutions may not always be simple or readily apparent. Therefore environments and programs must be open, accepting, relaxed, welcoming, warm, flexible and easily portable if they are to be supportive. These case studies emphasized the quality of the process as well as the outcome, and brought play, fun and ease to the interactions between caregivers and client through storytelling, laughter, cooking and sharing food. Building group bonds this way means that families come and stay because they find community and safety there. Finding community is especially important in an urban environment where many are no longer connected to their reserve or home community and establishing safety is an essential first step in resolving past trauma (Herman, 1992).

Welcoming environments are free of artificial and unrealistic expectations and promote a culture of trust, mutuality and respect. They provide both explicit and implicit approval for Aboriginal people to be who they are with culturally reinforcing décor, ceremonies, celebrations, culturally grounded decision makers and advisory councils, language speakers and community members in care giving roles. The agencies in these case studies cultivated positive attitudes of equality and collaboration with Aboriginal families and other services providers. They offered a wide range of services either directly or indirectly, and relationships between agencies and with community developed naturally and organically. Sometimes learning opportunities for life, parenting and relationship skills development function as gentler, safer starting points for more therapeutic interventions in the longer term. When programs facilitate the development of parenting and life



skills, and teach parents about healthy relationships and communication patterns, learning spills into stronger family functioning. Flexible and supportive learning environments allow for individuals to take what they need when they are most receptive and develop supportive relationships with role models who share their lived experiences.

Family group conferencing models of care also functioned to strengthen relationships between family members. We observed in the case studies that when the extended or whole family was enrolled in finding a solution, more natural long term support was created and crises averted. Building relationships also included establishing partnerships with non-profit, municipal, provincial, national, academic and international allies. Cooperative relationships started with the 'right' people jointly acknowledging problems associated with historical approaches and formed the basis for solution oriented learning and growth to emerge.

## 5.7 Strong Teams in Healthy Work Environments

Strong teams require stable funding sources, training opportunities, care for the caregiver and solid leadership. Healthy work environments provide supportive, professional supervision and cultivate positive and respectful work environments. Healthy work environments lead to workforce stability, enduring relationships with participating families, and smooth operations based in strong knowledge and skills developed over the long term.





## 6. CONCLUDING REMARKS



The experiential evidence presented here suggests that there are several promising and potential solutions to the challenges facing Aboriginal families in Canadian cities. They have not stood the test of scientific scrutiny but clearly there are trends across regions, cultural contexts, organizational types, and service strategies that call for further exploration. According to those with the practice wisdom of servicing some of Canada's most vulnerable citizens, strong families *can* be created through proactive efforts that are germane and tailored to meet their needs holistically. A client and family strengths-based approach allows for a fundamental shift towards optimizing potential rather than averting crisis, and this work is part of a decided shift in the discourse about the inherent strengths that can be found in Aboriginal families and communities in Canada where the focus is on finding solutions and celebrating innovation.

The practice wisdom of those strengthening urban Aboriginal families is highly congruent with the literature.

Action and intervention grounded in Aboriginal culture, acceptance and empowerment appear to be most effective. For some, especially those with complex needs, the relationship is long term, one that 'wraps around' families in ways that support them through their challenges. Building relationship with others in the city and province creates space for leaders to imagine, design and implement strategies that are seamless. External allies who are responsive to community initiative are consistently more effective at strengthening urban Aboriginal families.

Many of the same issues that affect Aboriginal families everywhere can be found in the city too; however, cities can amplify those challenges because of the social isolation found there. With little institutional guard for Aboriginal culture in the city, the service agencies profiled here feel like home, where families find familiarity and comfort. The tacit and explicit approval for Aboriginal parents to be who they are is warm invitation to build trust. Service providers recognized that to make a contribution, they must be

comfortable and able to begin wherever families are on their healing journeys.

Governance structures meaningfully engaged Aboriginal families in the development and use of initiatives and designs that are making a difference. Where strong community identity, pride and agency work together to enhance family functioning, support systems both formal and informal, were created. Locally accessible, high functioning and 'owned' (based in/controlled and supported) by community, these service agencies emerged as leaders.

While the six case studies offer a basis for the development of family strengthening strategies elsewhere, they should not be considered the 'best' or the only way. Rather, these strategies hold promise and should be viewed as methods or approaches that can be adapted to suit whatever local circumstances exist. The spirit and intent of this work was to share the practice wisdom grounded in day to day interactions with urban Aboriginal families in Canadian cities.



## REFERENCES



Aboriginal Healing Foundation (AHF) (2005). *Reclaiming Connections: Understanding Residential School Trauma Among Aboriginal People—A Resource Manual*. Ottawa, ON: Author.

Alberta Children's Services (2002). *Strengthening families, children and youth: Report and recommendations from the Child Welfare Act Review, 2002*. Edmonton, AB: author. Retrieved February 15, 2012 from [http://www.child.gov.ab.ca/home/documents/ministry/childwelfinal\\_colour1.pdf](http://www.child.gov.ab.ca/home/documents/ministry/childwelfinal_colour1.pdf)

Ambtman, R., Hudson, S., Harty, R., & MacKay-Chiddenton, D. (2010). Promoting system-wide cultural competence for serving Aboriginal families and children in a mid-sized Canadian city. *Journal of Ethnic and Cultural Diversity in Social Work*, 19(3), 235-251.

Archibald, L. (2006). *Final report of the Aboriginal Healing Foundation, Volume II: Promising healing practices in Aboriginal communities*. Ottawa, ON: Aboriginal Healing Foundation.

Avalos, C. (personal interview, October, 21, 2011). Native Child and Family Services of Toronto.

Ball, J. (2005). Early childhood care and development programs as hook and hub for inter-sectoral service delivery in First Nations communities. *Journal of Aboriginal Health*, March, 36-50.

Baskin, C. & McPherson, B. (2011). *Women of the shining light: Exploring relationships between Aboriginal mothers, child welfare workers and substance abuse treatment counsellors*. Toronto, ON: Presentation held at the National Research Conference on Urban Aboriginal Peoples, February. Beiser, M., Shik, A., & Curyk, M. (1999). *New Canadian children and youth study: Literature review*. Ottawa, ON: Health Canada.

Bennett, M. & King, J. (nd). *Evaluation framework for the Children's Aid Society of Ottawa*. Ottawa, ON: Children's Aid Society.

Benoit, C., Carroll, D., & Chaudhry, M. (2001). In search of a healing place: Aboriginal women in Vancouver's Downtown Eastside. *American Indian Culture & Research Journal*, 25(2): 1-36.

Blackstock, C. & Trocmé, N. (2005). Community-based child welfare for Aboriginal children: Supporting resilience through structural change. *Social Policy Journal of New Zealand*, 24: 12-33.

- Brown, L. (personal interview, September 12, 2011). Ottawa Inuit Children's Centre.
- Browne, A., McDonald, H., & Elliott, D. (2009). Urban First Nations health research discussion paper. Ottawa, ON: First Nations Centre, National Aboriginal Health Organization.
- Canadian CED Network (2005). Pan-Canadian Community Development Learning Network profile of effective practice: Ma Mawi Wi Chi Itata Centre. Victoria, BC: Author. Retrieved February 16, 2012 from <http://mamawi.com/files/cedprofileofeffectivepractice.pdf>
- Canadian Centre for Policy Alternatives, Manitoba Office (2010). State of the inner city report, 2010: We're in it for the long haul. Winnipeg, MB: Author. Retrieved February 16, 2012 from <http://www.policyalternatives.ca/sites/default/files/uploads/publications/Manitoba%20Office/2011/12/2010%20SIC%20long%20haul-web.pdf>
- Canadian Council on Learning (2006). The social consequences of economic inequality for Canadian children: A review of the Canadian Literature. Ottawa, ON: Author. Retrieved February 15, 2012 from [http://www.edu.gov.on.ca/eng/research/social\\_consequences2.pdf](http://www.edu.gov.on.ca/eng/research/social_consequences2.pdf)
- Canadian Institute of Child Health [CICH] (1994). The health of Canada's children: A CICH profile (2nd Edition). Ottawa, ON: Author.
- Chau, S. Fitzpatrick A., J. Hulchanski, J.D., Bruce L., & Schatla D. (2009). Chapter 1.3: One in five... Housing as a factor in the admission of children to care. In *Finding home: Policy options for addressing homelessness in Canada*, J.D. Hulchanski, P. Campsie, S.B.Y. Chau, S.W. Hwang, & E. Paradis (Eds.), pp. 1-9. Toronto, ON: Cities Centre, University of Toronto. Retrieved March 4, 2012 from [www.homelesshub.ca/FindingHome](http://www.homelesshub.ca/FindingHome)
- Chao, R. & Willms, J.D. (2002). The effects of parenting practices on child outcomes. In *Vulnerable children: Findings from Canada's National Longitudinal Survey of Children and Youth*, J.D. Willms (Ed.), pp. 149-165. Edmonton, AB: University of Alberta Press.
- Community Action Program for Children [CAPC] (2009). Project evaluation annual report – British Columbia Region. Ottawa, ON: Public Health Agency of Canada.
- Community Action Program for Children [CAPC] (2008). Project evaluation annual report. Ottawa, ON: Public Health Agency of Canada.
- Community Action Program for Children [CAPC] (2007) British Columbia Region. Project evaluation annual report. Ottawa, ON: Public Health Agency of Canada.
- Community Action Program for Children [CAPC] (2006). Project evaluation annual report – British Columbia Region. Ottawa, ON: Public Health Agency of Canada.
- Culhane, D. (2003). Their spirits live within us: Aboriginal women in Downtown Eastside Vancouver emerging into visibility. *American Indian Quarterly*, 27(3/4): 593-606.
- Engelking, T. (2009). Reconciliation in child welfare: Relations between non-Aboriginal child welfare agencies and the First Nations, Inuit and Métis. *Ontario Association of Children's Aid Society Journal*, 54(4): 15-22.
- Environics Institute (2010). Urban Aboriginal Peoples Study: Background and summary of main findings. Toronto, ON: Author. Retrieved February 17, 2012 from <http://www.cbc.ca/news/pdf/uaps-report-april5.pdf>
- Gomez, Y. (2010). Action plan: March 2010 – March 2011: Inuit, Métis and First Nation – CASO Partnership. Ottawa, ON: Children's Aid Society of Ottawa.
- Graham, K. & Peters, E. (2002). Aboriginal communities and urban sustainability. Ottawa, ON: Canadian Policy Research Networks.
- Hanselmann, C. (2003). Shared responsibility: Final report and recommendations of the Urban Aboriginal initiative. Calgary, AB: Canada West Foundation.
- Hanselmann, C. (2001). Urban Aboriginal people in Western Canada: Realities and policies. Calgary, AB: Canada West Foundation.
- Hay, D., Varga-Toth, J., & Hines, E. (2006). Frontline health care in Canada: Innovations to delivering services to vulnerable populations. Ottawa, ON: Canadian Policy Research Networks, Inc.
- Herman, J. (1992). Trauma and recovery: The aftermath of violence: From domestic abuse to political terror. New York: Basic Books.
- Hunter, L., Logan, J., Goulet, J.-G., & Barton, S. (2006). Aboriginal healing: Regaining balance and culture. *Journal of Transcultural Nursing*, 17(1): 13-22.
- IDM Best Practices (nd - a). Best practices around the world. Welcome to IDM Best Practices for health promotion, public health and population health. Retrieved February 3, 2012 from <http://www.idmbestpractices.ca/idm.php?content=resources-world>
- IDM Best Practices (nd - b). Overview of IDM Best Practice. Welcome to IDM Best Practices for health promotion, public health and population health. Retrieved February 3, 2012 from <http://www.idmbestpractices.ca/idm.php?content=basic-overview>.
- Indian and Northern Affairs Canada (INAC). (2002). Words first – An evolving terminology relating to Aboriginal peoples in Canada. Ottawa, ON: Author. Retrieved 13 December 2011 from [http://www.collectionscanada.gc.ca/webarchives/20071115071229/http://www.ainc-inac.gc.ca/pr/pub/wf/pdf\\_e.html](http://www.collectionscanada.gc.ca/webarchives/20071115071229/http://www.ainc-inac.gc.ca/pr/pub/wf/pdf_e.html)
- International Work Group for Indigenous Affairs (2012). Retrieved March 7, 2012 from <http://www.iwgia.org/human-rights/self-determination>
- Irvine, K. (2009). Supporting Aboriginal parents: Teachings for the future. Prince George, BC: National Collaborating Centre for Aboriginal Health.
- Janovicek, N. (2003). "Assisting our own": Urban migration, self-governance, and Native women's organizing in Thunder Bay, Ontario, 1972-1989. *The American Indian Quarterly*, 27(3/4): 548-565.
- Jordan, A. (2005). Community engagement as effective community development: The case of Ma Mawi Wi Chi Itata's community based and community driven practice. Case in point – Taking the pulse in practice, Spring. Retrieved February 15, 2012 from [http://umanitoba.ca/architecture/cp/Media/CIP2005/2005CiP\\_Amy%20Jordan.pdf](http://umanitoba.ca/architecture/cp/Media/CIP2005/2005CiP_Amy%20Jordan.pdf)
- Lavoie, J., Forget, E., Rowe, G., & Dahl, M. (2008). The Leaving for the City Project (Medical Relocation Project, Phase 2). Winnipeg, MB: Manitoba First Nations Centre for Aboriginal Health Research.
- Longfield, J. & Godfrey, J. (2003). Building a brighter future for urban Aboriginal children: Report of the Standing Committee on Human Resources Development and the Status of Persons with Disabilities. Ottawa, ON: Standing Committee of Human Resources Development and the Status of Persons with Disabilities, House of Commons, Parliament of Canada. Retrieved February 15, 2012 from <http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=1032303&Language=E&Mode=1&Parl=37&Ses=2>
- Ma Mawi Wi Chi Itata Centre (2008). Community care programs and services, 2008. Winnipeg, MB: Author. Retrieved February 15, 2012 from <http://mamawi.com/reference.html>
- Ma Mawi Wi Chi Itata Centre (2000). Our journey together: Taking back the community. Winnipeg, MB: Author. Retrieved on March 4, 2012 from [mamawi.com/files/ourjourney.pdf](http://mamawi.com/files/ourjourney.pdf)



- MacKinnon, S. & Stephens, S. (2008). Is participation having an impact? Measuring progress in Winnipeg's inner city through the voices of community-based program participants. Winnipeg, MB: Canadian Centre for Policy Alternatives, Manitoba Office.
- Mann, B. (2008). What works for whom: Promising practices in parenting education. Ottawa, ON: Canadian Association of Family Resource Programs.
- McNeil, K. (2008). Bringing the message home: Enabling urban Aboriginal families for wholistic health. Kingston, ON: Master, Kinesiology and Health Sciences thesis, Queen's University.
- National Association of Friendship Centres [NAFC] (nd). Urban Aboriginal women: Social determinants of health and well-being. Ottawa, ON: Author. Retrieved February 15, 2012 from <http://www.laa.gov.nl.ca/laa/news/pdf/NAFC-UrbanAboriginalWomen.pdf>
- National Collaborating Centre for Aboriginal Health [NCCAH] (2011). ...With dad: Strengthening the circle of care. Prince George, BC: Author.
- Native Child and Family Services of Toronto (2011). Toronto: 2010-2011 Annual General Meeting. Toronto, ON: Author.
- Neah Kee Papa Program (2011). Health Child Manitoba Office 2010-2011 Program progress report. Winnipeg, MB: Manitoba Métis Federation.
- Nelson, A. & Allison, H. (2000). Values of urban Aboriginal parents: Food before thought. *Australian Occupational Therapy Journal*, 47: 28-40.
- Newhouse, D. (2003). The invisible infrastructure: Urban Aboriginal institutions and organizations. In *Not strangers in these parts: Urban Aboriginal peoples*, D. Newhouse & E. Peters (Eds.), pp. 243-253. Ottawa, ON: Policy Research Initiative.
- Newhouse, D. & Peters, E. (2003). *Not strangers in these parts: Urban Aboriginal peoples*. Ottawa, ON: Policy Research Initiative.
- New Paradigm (nd). Appreciative Inquiry. Accessed June 23, 2012 <http://www.new-paradigm.co.uk/Appreciative.htm>
- OECD Directorate for Education (2003). Early childhood education and care policy – Canada Country note. Paris, FR: Author. Retrieved February 15, 2012 from <http://www.oecd.org/dataoecd/42/34/33850725.pdf>
- Ontario Federation of Indian Friendship Centres [OFIFC] (2003). Child hunger and food insecurity among urban Aboriginal families. Toronto, ON: Author.
- Ontario Federation of Indian Friendship Centres [OFIFC] (2000). Urban Aboriginal child poverty: A status report on Aboriginal children and their families in Ontario. Toronto, ON: Author.
- Peters, E. (2004). Three myths about Aboriginals in cities. Ottawa, ON: Canadian Federation for the Humanities and Social Sciences. Retrieved February 15, 2012 from <http://www.fedcan.ca/images/File/PDF/BOH/breakfast-peters0304.pdf>
- Powell, D., Batsche, C., Ferro, J., Fox, L., & Dunlap, G. (1997). A strength-based approach in support of multi-risk families: Principles and issues. *Topics in Early Childhood Special Education*, 17(Spring): 1-26.
- Prakash, M., Bisanz, J., Chalmers, G., Daniels, J., Gokiert, R.J., McNeil, D.C., Michailides, M., et al. (2010). Integrated supports for children, youth and families: A literature review of the wraparound process. Edmonton, AB: Alberta Education; Community-University Partnership for the Study of Children, Youth, and Families, University of Alberta; Edmonton Public School Board; and Extension Learning Solutions, University of Alberta. Retrieved February 15, 2012 from <http://www.cup.ualberta.ca/wp-content/uploads/2011/07/A-Literature-Review-of-the-Wraparound-Process.pdf>
- Regina Early Learning Centre (2008). Our philosophy and history. Regina, SK: Author. Retrieved March 20, 2012 from <http://www.earlylearning.ca/philosophy.htm>
- Richards, J. (2001). Neighbors matter: Poor neighborhoods and urban Aboriginal policy. Toronto, ON: C.D. Howe Institute.
- Roussin, D. (telephone interview, September 30, 2011). Ma Mawi Wi Chi Itata Centre.
- Rutten, L., LaBoucane-Benson, P., & Munro, B. (2008). "A story I never heard before": Aboriginal young women, homelessness and restoring connections. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 6(3): 31-54.
- Saskatchewan Population Health and Evaluation Research Unit (2011a). How effective is home visiting? Findings from a focused literature review of home visiting interventions similar to KidsFirst. Regina, SK: Author, University of Saskatchewan. Retrieved February 15, 2012 from [http://www.kidsfirstregina.com/rsu\\_docs/3--kidsfirst-eval---literature-review-fact-sheet-march-2011.pdf](http://www.kidsfirstregina.com/rsu_docs/3--kidsfirst-eval---literature-review-fact-sheet-march-2011.pdf)
- Saskatchewan Population Health and Evaluation Research Unit (2011b). Early childhood intervention in the community ... makes sense but does it work? Regina, SK: Author, University of Saskatchewan. Retrieved February 15, 2012 from [http://www.kidsfirstregina.com/rsu\\_docs/1---kidsfirst-eval---overall-fact-sheet-march-2011.pdf](http://www.kidsfirstregina.com/rsu_docs/1---kidsfirst-eval---overall-fact-sheet-march-2011.pdf)
- Save the Children Canada (2005). National Aboriginal Consultation Project 2005. Toronto, ON: Author. Retrieved October 12, 2011 <http://dsp-psd.pwgsc.gc.ca/Collection/RH34-12-2000E.pdf>
- Sherman, M. & Carothers, R.A. (2005). Applying the readiness for change model to implementation of family intervention for serious mental illness. *Canadian Mental Health Journal*, 41(2): 115-126.
- Silver, J., Ghorayshi, P., Hay, J., & Klyne, D. (2006). In a voice of their own: Urban Aboriginal community development. Ottawa, ON: Canadian Centre for Policy Alternatives.
- Standing Senate Committee on Aboriginal Peoples (2003). Urban Aboriginal youth: An action plan for change – final report. Ottawa, ON: Author.
- Status of Women Canada (2005). Beijing+10 Fact sheet: Women and poverty. Ottawa, ON. Retrieved March 4, 2012 from [publications.gc.ca/collections/Collection/SW21-78-11-2005E.pdf](http://publications.gc.ca/collections/Collection/SW21-78-11-2005E.pdf)
- Stokes, J., Peach, I., & Blake, R. (2004). Rethinking the jurisdictional divide: The marginalization of urban Aboriginal communities and federal policy responses. Regina, SK: The Saskatchewan Institute of Public Policy, Public Policy Paper No. 2804.
- Stout, R. (2010). KISKĀYITAMAWIN MIYO-MAMITONECIKAN: Urban Aboriginal women and mental health. Winnipeg, MB: Prairie Women's Health Centre of Excellence.
- Tender Loving Care – The Learning Centres (nd). Regina Early Learning Centre – Executive Summary. Regina, SK: The Author. Retrieved March 20, 2012 from <http://www.tlc3.ca/Downloads/ReginaReportSummary.pdf>
- The Civic Engagement Project for Children and Families (2003). Promising practices: Innovative strategies for engaging our communities. Bencia, CA: Harder & Company Community Research.
- Vancouver Native Health Society (2008). Success in the city: Examining Aboriginal youth moving from rural to urban communities. Vancouver, BC: Author.
- Wesaquate, L. (telephone interview, September 28, 2011). Regina Early Learning Centre.
- Williams, A. (1997). Canadian urban Aboriginals: A focus on Aboriginal women in Toronto. *The Canadian Journal of Native Studies*, 17(1): 75-101.



# DEFINITIONS AND ACRONYMS



**Aboriginal** – For the purposes of this work, the term Aboriginal will include First Nations (status and non-status), Métis and Inuit

**Amauti** – Inuit child carrier that allows for hands free carrying of an infant or toddler

**ASQ** – Ages and Stages Questionnaire

**BUILD** – Building Urban Industries for Local Development Inc.

**CAPC** – Community Action Program for Children

**CAS** – Children’s Aid Society

**CED** – Community Economic Development

**CLOUT** – Community Led Organizations United Together

**FACT** – Families and Community Together

**Family** – Refers to any grouping of people who live together and call themselves a family, whether or not they are nuclear or extended, related by genetics or families of the heart

**Family of origin** – Refers to the family that you were born into, where you spent your childhood including your mother, father, aunts, uncles, grandparents or any other primary caregivers as well as your siblings

**FC** – Friendship Centre

**FN** – First Nation

HCHF – Healthy Children  
Healthy Futures

Hiiye’yu Lelum – The House of  
Friendship, Duncan, British Columbia

**Inuit Pod** – A group of professionals  
working together at the Ottawa Children’s  
Aid Society who are trained to provide  
culturally competent services to Inuit  
families living in Ottawa.

**Ma Mawi Wi Chi Itata Centre** –  
Working Together to Help One Another,  
Winnipeg, Manitoba houses a variety  
of services for urban based Aboriginal  
families in Winnipeg.

MMF – Manitoba Métis Federation

NCFST – Native Child and Family  
Services of Toronto

**Neah Kee Papa** – “I am your father” in  
(Michif-Cree) – a father involvement  
program operating through the Manitoba  
Metis Federation in Manitoba.

OECD – Organization for Economic  
Cooperation and Development

OICC – Ottawa Inuit Children’s Centre

**PAT** – Parents as Teachers is both a  
program and national organization  
that offers information support and  
encouragement so that parents optimize  
their children’s potential in the early years  
of life.

PHAC – Public Health Agency of Canada

**Practice wisdom** – the knowledge  
generated from experiences working  
with and strengthening urban  
Aboriginal families.

**Promising or best practice** – although the  
term ‘best’ practice implies that there is  
only one good way, it has been included  
here and used interchangeably with  
promising practices because it is a term  
that is commonly recognized and applied  
to any practice because it appears desirable  
and effective.

RELC – Regina Early Learning Centre

**Self-determination** – “Self-determination  
is the right for all peoples to determine  
their own economic, social and cultural  
development. It is important to note that  
for indigenous peoples the term self-  
determination does *not* mean separating  
from the country or state.” (International  
Work Group for Indigenous Affairs, 2012)

**Status blind** – Without regard for  
Aboriginal identity, inclusive of whether  
Aboriginal people are First Nations, Inuit,  
Métis or non-status Indians.

**TIE** – Together in Elmwood is a parent  
child coalition that meets regularly to  
support programs and services that  
emphasize parents and children being  
active and learning together for families  
with young children in the Elmwood area  
of Winnipeg.

**Urban** – This term should be considered  
beyond its strict geographical definition to  
include those Aboriginal families who are  
either served by organizations designed for  
urban Aboriginal peoples (i.e., Friendship  
Centres) or are vulnerable because they  
live in poverty.



# APPENDIX A: ONLINE RESOURCES



Aboriginal Child and Family Development  
[www.mcf.gov.bc.ca/about\\_us/aboriginal](http://www.mcf.gov.bc.ca/about_us/aboriginal)

Aboriginal Head Start for Urban  
and Northern Initiative  
[www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/ahsuni-papairun](http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/ahsuni-papairun)

Aboriginal Head Start On Reserve  
[www.hc-sc.gc.ca/fniah-spnia/famil/develop/ahsor-papa\\_intro-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/famil/develop/ahsor-papa_intro-eng.php)

Aboriginal Infant Development  
Programs of BC  
[www.aidp.bc.ca](http://www.aidp.bc.ca)

Aboriginal Supported Child  
Development Programs  
[www.ascdp.bc.ca](http://www.ascdp.bc.ca)

BC Aboriginal Child Care Society  
[www.acc-society.bc.ca/bd\\_pro](http://www.acc-society.bc.ca/bd_pro)

Canadian Child Care Federation  
[www.cccf-fcsge.ca](http://www.cccf-fcsge.ca)

Caring for First Nations Children Society  
[www.cfncs.com](http://www.cfncs.com)

Federal Strategy on Early Childhood  
Development for First Nations and  
Other Aboriginal Children  
[www.faecy-adfje.gc.ca/tbl\\_prcdn-eng.jsp?CTG=1&DPRT=11&PRGD=78&AFY=2002-2003](http://www.faecy-adfje.gc.ca/tbl_prcdn-eng.jsp?CTG=1&DPRT=11&PRGD=78&AFY=2002-2003)

First Nations Education  
Steering Committee  
[www.fnesc.bc.ca](http://www.fnesc.bc.ca)

First Nations Special Education  
Resource Line  
[www.fnsa.ca/resource-line.htm](http://www.fnsa.ca/resource-line.htm)

Infant Development Program of BC  
[www.idpofbc.ca](http://www.idpofbc.ca)

Many Hands, One Dream  
[www.manyhandsonedream.ca](http://www.manyhandsonedream.ca)

National Alliance for Children and Youth  
[www.nacy.ca/child-care-aboriginal](http://www.nacy.ca/child-care-aboriginal)

Stats Can: Child Care for First Nations  
living off reserve, Inuit and Metis  
[www.statcan.gc.ca/pub/11-008-x/2010002/article/11344-eng.htm](http://www.statcan.gc.ca/pub/11-008-x/2010002/article/11344-eng.htm)

Vancouver Native Health Society  
[www.vnhs.net](http://www.vnhs.net)

