



ALBERTA FIRST NATIONS
EARLY CHILDHOOD STRATEGY
2015-2020



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INTRODUCTION

An Elder from Beaver First Nation shared the following oral story with us...

“When I was a little girl my grandfather woke me up really early in the morning just before the sun came up, we sat by the fire, he told me... Do you see that sun, it comes up and it moves ahead, have you ever seen the sun stop and go back? That is how you need to live your life, get up and stay up, work hard and always move ahead... Don't go to sleep! I live my life like that.”

This oral story reminds us that we must not forget, we must not go to sleep, we must move forward to secure the future of First Nation children.

This Strategy is guided by beliefs identified by the Children and Youth Subcommittee and First Nations across Alberta:

Children are gifts from the Creator - Children are spiritual beings. First Nations view children as “gifts” of the Creator; therefore, they are to be valued and nurtured. It is a sacred responsibility to care and nurture children.

Children's health is holistic - Children experience the world holistically; seeing, feeling, and thinking in complex ways. Children's health encompasses mental, emotional, physical and spiritual wellbeing. None of these elements can be addressed in isolation and all must be in balance for a child to flourish.

Children are the centre of the community - Children reflect the wisdom of today and are the leaders of tomorrow. They are intelligent and curious contributors to society who bring joy and purpose to people's lives. Supporting children as the next generation of workers, leaders, and parents is as important as honouring them for the gifts they bring to the community today.

Communities raise children - Every family will need extra support, learning, or help at some point to survive and thrive. Supporting children also means supporting families and Nations to encourage children's wellbeing. The responsibility for this rests with communities, organizations, workplaces, bands, and governments.

In respect for the diversity of First Nations throughout Alberta, an Elder Advisory Committee¹ was formed to ensure traditional protocols were observed, respected and integrated throughout the ECD Strategy. A pipe ceremony was held October 6th, 2014 on the Tsuu T'ina Nation to culturally affirm the ECD Strategy and to ensure successful outcomes for the children of Alberta First Nations. Elder Representatives from Treaty 6, Treaty 7 and Treaty 8 attended.



“Do you see that sun, it comes up and it moves ahead, have you ever seen the sun stop and go back? That is how you need to live your life...”

¹The Elder Advisory Committee included Elder Charles Wood (Treaty 6), Elder Reggie Crowshoe (Treaty 7), and Elder Dustin Twin (Treaty 8).

BACKGROUND

Early Childhood Development

Traditional Milestones

First Nations children are spiritual beings. Their innocence makes them closer to the Creator and they are considered “gifts”, therefore, they are to be treasured. Upon conception, the Creator provides the child with a “spirit” and mothers are taught that parenting begins in the womb. Mothers are told to eat properly, exercise, don’t sleep long, stay away from alcohol and drugs, and not to look at startling images. Spouses are told to keep the mother stress free and to support them in bringing this gift into the world.

Traditionally, the developmental milestones for First Nation children begin in the womb to two years of age. At this stage, children must know and feel love, and are to be protected physically and spiritually. It is important that children are nurtured and immersed in culture and language, are taught “baby” language, and parents celebrate first developmental milestones such as “first food” or “name giving” through ceremony.

By three and four years old, they are taught right from wrong. It is the responsibility of the parents and the extended family to reinforce appropriate social behaviours while in ceremonies and other cultural activities. Children are doing things on their own and it is this independence that parents encourage with a watchful eye. Their motor skills are rapidly developing and they are able to sing, drum and dance. Children are given baby drums and parents introduce them to the pow-wow circle and “initiate” them to pow-wow. Parents encourage honesty and truth at this age.

By five and six years old, they are taught skills and knowledge that they will need as an adult. Children interact more with adults at this stage, they accompany adults to learn specific skills and participate in ceremonies where they are exposed to higher teachings and spirituality. They are taught to be responsible for their actions and to think of others. They learn to respect all living things and to be mindful of the land. It is vital children develop empathy so they are compassionate and will use their skills and knowledge as adults to care for the Nation.

Strong, healthy and capable children ensure the Nation’s survival so it is vital that children are the priority. The oral teachings of traditional milestones are still applicable today. There are similarities with contemporary developmental milestones, however, within First Nations cultures there is the distinct emphasis on early language acquisition, spirituality, and culture. The Elders state to “be kind” and to “do their best” which is similar to other societies.

Impacts on Later Life

Studies show that many adult health problems, such as diabetes, heart disease, substance abuse, and mental illness, can be prevented during childhood.ⁱ Strong, healthy children are more likely to grow up to be strong, healthy adults who are innovative,

dedicated, and thoughtful citizens who can provide for the next generation. Early childhood, between 0-6 years old, offers an opportunity to foster the health and well-being of individual children as well as secure the future of society as a whole.

The World Health Organization (WHO) asserts that early childhood is the most important developmental life stage. WHO also recognizes that financial investment in early childhood programs provides the greatest return on investment when compared to investing in programs targeting other life stages.ⁱⁱ In addition, investment in early childhood prevents future spending on justice, healthcare, and social services. In 2009, the Canadian Policy Research Networks estimated that over \$6 billion in government spending would be saved on family and child services, healthcare, crime prevention and incarceration, and other social services if Aboriginal Peoples of Canada enjoyed the same social and economic conditions as other Canadians.ⁱⁱⁱ

First Nations Context in Alberta

Demographics

First Nations communities have a much younger population than the rest of Alberta. The majority of the 73,684 First Nations individuals living on-reserve and crown land in Alberta are under the age of 30.^{iv} As these young adults begin having children, an opportunity to support the best possible development of First Nations children is presented. The health of future generations may be improved by investing in early childhood development and honouring the history of strength, skills, and talents of First Nations communities. Some key statistics² that describe the situation for early childhood development among Alberta First Nations include:

In **2014** there were

5,915

children aged **0-4 years** living on reserve and crown land.

The infant **mortality rate for First Nations children in Alberta is more than twice** the rate for the general Alberta population.^v First Nations children and youth in Alberta are **more likely to die as a result of injuries and poisoning** than the general Canadian population.

First Nations women in Alberta are **three times as likely to be young mothers (15-24 years old)** than their non-Aboriginal counterparts. Young families often need **extra support to provide care** for their children.

Annually, there is an average of **1,800 First Nations children in care in Alberta**. Aboriginal children (First Nations, Inuit, and Metis) **represent only 8% of the children in Alberta, but 58% of the children in care**.

² All statistics under “Demographics” from Health Canada, 2009 unless otherwise noted.

Factors Affecting Early Childhood Development

Factors such as education, housing, employment, culture and language, and access to health and support services impact healthy child development. These factors shape the environment and family structure in which a child grows up. The developing brain is physically shaped and moulded by experiences and environments during the first years of life. Nurturing and stimulating environments help children reach their full potential, while neglectful and un-stimulating environments prevent children from developing physically, socially, and emotionally.^{vi} The statistics³ below help to create a picture of the environment in which children grow up in Alberta:

First Nations individuals in Alberta are **two to three times more likely to have not completed high school** than their Albertan or Canadian counterparts. This affects parents' ability to earn a living.

Almost **one in three First Nations individuals living on reserve in Alberta are living in crowded housing**. This includes families with young children who do not have room to grow and play.

The First Nations **unemployment rate is significantly higher than the non-Aboriginal population**. Families struggling with unemployment may not be able to provide secure housing, food, or extracurricular activities for children.

It is clear that the history of colonization of First Nations communities has had negative effects on First Nations peoples' health across multiple generations. These effects cannot be ignored when addressing children's development. Acknowledging historic trauma avoids blaming caregivers and re-victimizing families. It is an important step towards stopping the cycle of pain and shame that disrupts First Nations parenting.

Despite the adverse circumstances they are often born into, First Nations children also have unique positive experiences that enhance their development. Rich linguistic and cultural communities are important in supporting healthy childhood development.

Despite First Nations languages in Canada being endangered, **51% of First Nations children communicate in their indigenous language.**^{vii}

A large number of First Nations children **live with at least one grandparent** and have access to adults who are able to **help them understand their culture.**^{viii}

Elders have stated that children must have hope; without hope, there is no hope for the rest of us. It is important that children thrive despite the challenges. This is the teaching that many First Nations continue to communicate in their efforts to do the best they can for their children.⁴

Services for First Nations Children and Families

Services for children aged 0-6 and their families on reserve are provided through the Federal Government (First Nations and Inuit Health Branch, Aboriginal Affairs and National Development Canada, and Service Canada), the Government of Alberta (Alberta Health, Alberta Health Services, Alberta Human Services, and Alberta Education), and First Nation communities. While services for young children and their families are helpful for early childhood development, community and family environments are also necessary to support children's health.

³ All statistics under "Factors Affecting Early Childhood Development" from Health Canada, 2009 unless otherwise noted.

⁴ For further information on the impact of early childhood on later life stages, please refer to Alberta First Nations Early Childhood Development: A Background.



EARLY CHILDHOOD DEVELOPMENT STRATEGY

Purpose

The purpose of the ECD Strategy is to lay out a holistic and coordinated approach to foster and support healthy early childhood development in First Nations communities in Alberta. Recognizing the influence of early childhood on later health outcomes, work on this Strategy began in response to the priorities of the Health Co-Management Committee in 2012⁵. The Strategy provides key to enhance and support early childhood outcomes for First Nation infants, children, and families. The Strategy defines early childhood development as the period from pre-conception to 6 years of age and including social, emotional, physical, and spiritual aspects of wellbeing.

The Alberta First Nations Early Childhood Development Strategy (2015-2020), through the implementation of the Key Recommendations⁶, should:

1. Assist and support First Nations communities in developing and expanding their own early childhood development plans; and
2. Guide the Children and Youth Subcommittee of Health Co-Management and FNIHB-AB in aligning and coordinating efforts to meet the needs of First Nations communities.

Information Gathering

Eight community engagement sessions were held between October 2014 and February 2015. Twenty-four First Nations (including 12 Nations from Treaty 6, 5 Nations from Treaty 7, and 7 Nations from Treaty 8) were represented at these sessions. Participants included staff from education, health, mental wellness, and early childhood programs, Elders, parents, students, and Chief and Council members. Participants were asked to answer four open-ended questions:

1. What kind of children's programs and services does your community currently offer for children 0 to 6 years old?
2. If you could have the ideal children's programs and services, what would you want for your community?
3. What is keeping your existing children's programs and services from becoming the ideal programs and services?
4. What are the positives that you currently have with your children's programs and services?

Discussions also took place with potential partner organizations. These conversations brought to light the needs identified at the community engagement sessions, the potential for collaboration, and the services and resources provided by the partner organizations.

Based on the community and partner organization engagement, a vision for early childhood in Alberta First Nations was created:

First Nation children thriving in supportive families and communities

Three areas were identified as essential to reach this vision:

- 1 First Nations Identity, Culture, and Language**
- 2 Enriched Early Childhood Programming**
- 3 Safe and Nurturing Family Environment**

Key Recommendations

Key recommendations for First Nations, Tribal Councils, the Children and Youth Subcommittee of Health Co-Management, and FNIHB-AB are provided in each of the essential areas to support ECD based on information gathered through the community and partner organization engagement sessions.

The recommendations support ECD and strengthen families through a holistic and collaborative approach by all stakeholders. They may be helpful for First Nations to consider when developing and expanding their own early childhood development plans. How they are implemented by Nations will depend on the context of a particular community. While implementing multiple recommendations will strengthen ECD, even incorporating one recommendation will help First Nation children to thrive in supportive families and communities.

The recommendations are also meant to guide the Children and Youth Subcommittee of Health Co-Management and FNIHB-AB in aligning and coordinating efforts to meet the needs of First Nations communities.

⁵ For more information about the Health Co-Management Committee please visit www.hcom.ca

⁶ See page 14.

1 First Nations Identity, Culture, and Language

First Nations identity, culture, and language provide the foundation for healthy early childhood development. Children need environments enriched in culture, language and history to develop identity and overall wellbeing. Children need opportunities to interact with Elders, hear oral stories, participate in ceremonies, learn and hear songs and participate in other cultural activities. They need opportunities to speak, hear and listen in their First Nation language.

Programs and services which are both evidence-based and rooted in the teachings and beliefs of the community they serve are more likely to be effective.^{ix} This involves building programs from the perspective of First Nations communities so that the underlying assumptions about health and childhood are appropriate and supportive for children and families.

Below are recommendations for action in three key areas of First Nations identity, culture, and language.

A. Early First Nations Language Acquisition

Recommendations for First Nations and Tribal Councils

1. First Nations and Tribal Offices establish and support First Nation Language programs in early childhood settings.
2. First Nations provide children with daily exposure to fluent language speakers; such as staff, Elders, or community members.

Recommendations for Health Co-Management

3. Children and Youth Subcommittee to support First Nation Language Programs in early childhood settings.

B. First Nations cultural protocol, beliefs, and values/Elder support

Recommendations for First Nations and Tribal Councils

1. First Nations to identify and work with Elders and Knowledge Keepers to integrate spiritual beliefs and values throughout early childhood curriculum.
2. First Nations to identify and work with Elders and Knowledge Keepers to integrate traditional parenting practices in appropriate settings (e.g. early childhood programs, family support programs, one-on-one family support, etc.).

Recommendations for Health Co-Management

3. Children and Youth Subcommittee to develop a process to ground the development and evaluation of ECD programming in First Nations culture through the ongoing representation of Elders and Knowledge Keepers.
4. FNIHB-AB to be flexible and responsive to the inclusion of cultural protocol, beliefs, values, and Elder and Knowledge Keeper support in program workplans.

“Knowing your language connects you to who you are; your history. Our children need to learn their language.”

– Elder Treaty 8

C. Knowledge/value and eating First Nation traditional foods

Recommendations for First Nations and Tribal Councils

1. First Nations to identify and support Knowledge Keepers to integrate traditional food, food preparation and preservation, and hunting and gathering activities in appropriate settings (e.g. early childhood programs, family programs, one-on-one informal support, etc.).
2. First Nations and Tribal Councils to draft policies and/or implement local bylaws that allow for traditional food to be served in early childhood programs and schools, working with provincial food safety agencies where appropriate.

Recommendations for Health Co-Management

3. Children and Youth Subcommittee to partner with the Prevention Programs Subcommittee to ensure food security projects consider children under 6 years as a key target group.
4. Children and Youth Subcommittee to partner with Prevention Programs Subcommittee and Environmental Health (FNIHB-AB) to support the development of draft policies and/or bylaws that allow safe (obtained, prepared, and handled) access to traditional foods in early childhood settings.





2 Enriched Early Childhood Programming

Comprehensive and continuous support for children requires collaboration between all levels of government. Lack of coordination results in programs that are unresponsive to community needs and gaps in service. Community members, frontline workers, provincial, federal, and First Nation governments must work together towards common goals; sharing resources and expertise to achieve the vision for First Nations children in Alberta.

High quality programming depends on early childhood workers who are trained, thoughtful, and engaged. Early childhood staff help raise children and support families. Stable staffing allows children to develop secure, nurturing relationships when they are in ECD programs. It is important that staff are honored for the role they play and are properly supported through education, training, and compensation.

Below are recommendations for action in three key areas of enriched early childhood programming.

D. Practical ECD program collaboration at First Nations, Provincial, and Federal levels

Recommendations for First Nations and Tribal Councils

1. First Nations to identify existing and future community building resources (e.g. schools, community halls, health centres etc.) and collaborate among programs to provide sustainable space solutions for ECD programs.
2. Tribal Councils to identify and advocate for First Nations representatives to be key stakeholders on inter-jurisdictional committees and working groups addressing ECD.

Recommendations for Health Co-Management

3. FNIHB-AB to collaborate with AHS and Alberta Human Services to educate frontline workers and management about providing service on-reserve and to First Nations families to breakdown jurisdictional barriers.
4. Children and Youth Subcommittee to collaborate with First Nations and other ECD stakeholders (AANDC, Service Canada, AHS, etc.) to work towards practical collaboration that enhances healthy childhood outcomes.



E. ECD issues are a priority for First Nations Chief and Councils

Recommendations for First Nations and Tribal Councils

1. First Nations to identify a champion among Chief and Council to advocate for and strategically plan around early childhood development needs and issues.
2. First Nation ECD workers to advocate to Chief and Council on the importance and long term impacts of early childhood development as well as ECD program needs and concerns.

Recommendations for Health Co-Management

3. Children and Youth Subcommittee to inform Health Co-Management and Alberta Assembly of Treaty Chiefs of changes that will improve early childhood development outcomes and programs.

“It takes the whole community to raise a child so programs need to include parents and Elders and support these people to work with young kids.”

– Early Childhood Worker,
Treaty 6

F. Competent (education, experience, attitude) ECD staff

Recommendations for First Nations and Tribal Councils

1. First Nations educational institutions to provide accredited and culturally-based early childhood training for front-line workers.
2. First Nations to consider incentives (e.g. vacation time, flexible work schedules) to recruit and retain competent ECD staff.

Recommendations for Health Co-Management

3. Children and Youth Subcommittee to explore competency-based wage top-ups to recruit and retain workers in ECD programs using the provincial daycare top-up as a potential model.
4. Children and Youth Subcommittee to partner with educational and First Nation college institutions to support access for front line workers to existing culturally relevant, sustainable, and accredited ECD training. Training should include strategies for early identification and referral of with children with special needs.



G. Appropriate and timely specialized care for children with special needs

Recommendations for First Nations and Tribal Councils

- 1. First Nations communities and Tribal Councils to identify and establish internal referral processes for children with special needs utilizing existing community resources from multiple areas (i.e. health, education, social services).**
- 2. First Nations to work with Elders and Knowledge Keepers to identify cultural ways of understanding, accepting, and healing children with special needs and integrate these in appropriate settings (e.g. early childhood programs, family support programs, one-on-one family support, etc.).**
- 3. Tribal Councils to promote the use of existing Navigators and Aboriginal Liaisons to help families with children with special needs to access the services and resources they require.**

Recommendations for Health Co-Management

- 4. Children and Youth Subcommittee to collaborate with AANDC, Alberta Education, Alberta Human Services, Alberta Aboriginal Relations, and AHS for the creation of a sustainable program to support First Nations children on-reserve aged 0-4.5 with special needs.**
- 5. FNIHB-AB to continue existing collaboration to ensure children with special needs 0-4.5 years old are supported in community while a sustainable program is developed.**
- 6. Children and Youth Subcommittee to partner with Non-Insured Health Benefits Subcommittee and provincial partners to ensure Navigators and Aboriginal Liaisons are aware of the suite of services available to children with special needs living on-reserve.**



3 Safe and Nurturing Family Environment

Children need safe environments to live, learn, and play. Children’s emotional, social, and physical environments (at home and in the community) have a great impact on their development. Children need safe physical environments including outdoor play spaces and secure housing. They also need safe emotional environments that are free from abuse or neglect. Safe social environments consist of secure, nurturing relationships between children and their parents. In order to create safe, nurturing environments, parents need support from before pregnancy from programs, services, their families, and their community.

The history of colonization of First Nations communities has had negative effects on First Nation children’s health. Acknowledging and healing historic trauma avoids blaming caregivers and re-victimizing families. Focusing on building parents’ capacity to support early childhood development, rather than focusing on parent deficits, is an important step towards stopping the cycle of pain and shame that disrupts First Nations parenting. This approach recognizes and reinforces the history of strength within First Nations communities.

Below are recommendations for action in three key areas of safe and nurturing family environment.

H. Parent and Family Supports

Recommendations for First Nations and Tribal Councils

1. Frontline workers to implement evidence based practices (e.g. role modeling) to support families of children with special needs.
2. First Nations to identify traditional parenting approaches and provide resources such as Elders to facilitate locally developed and delivered parenting programming.
3. First Nations to develop coordination between family support services (e.g. housing, mental health, social services, education) and ECD programs to provide comprehensive support to children and their families.

Recommendations for Health Co-Management

4. Children and Youth Subcommittee to champion the inclusion of early childhood development issues in a broad context (e.g. housing, mental health, social services, education).
5. Children and Youth Subcommittee to work with the Mental Health Subcommittee to support integration of traditional parenting practices into existing mental health programs.
6. Children and Youth Subcommittee to collaborate with the Prevention Programs Subcommittee to implement recommendations from the First Nations Injury Prevention Implementation Plan that target young children and their families.

I. Culturally appropriate holistic family psychological wellness supports

Recommendations for First Nations and Tribal Councils

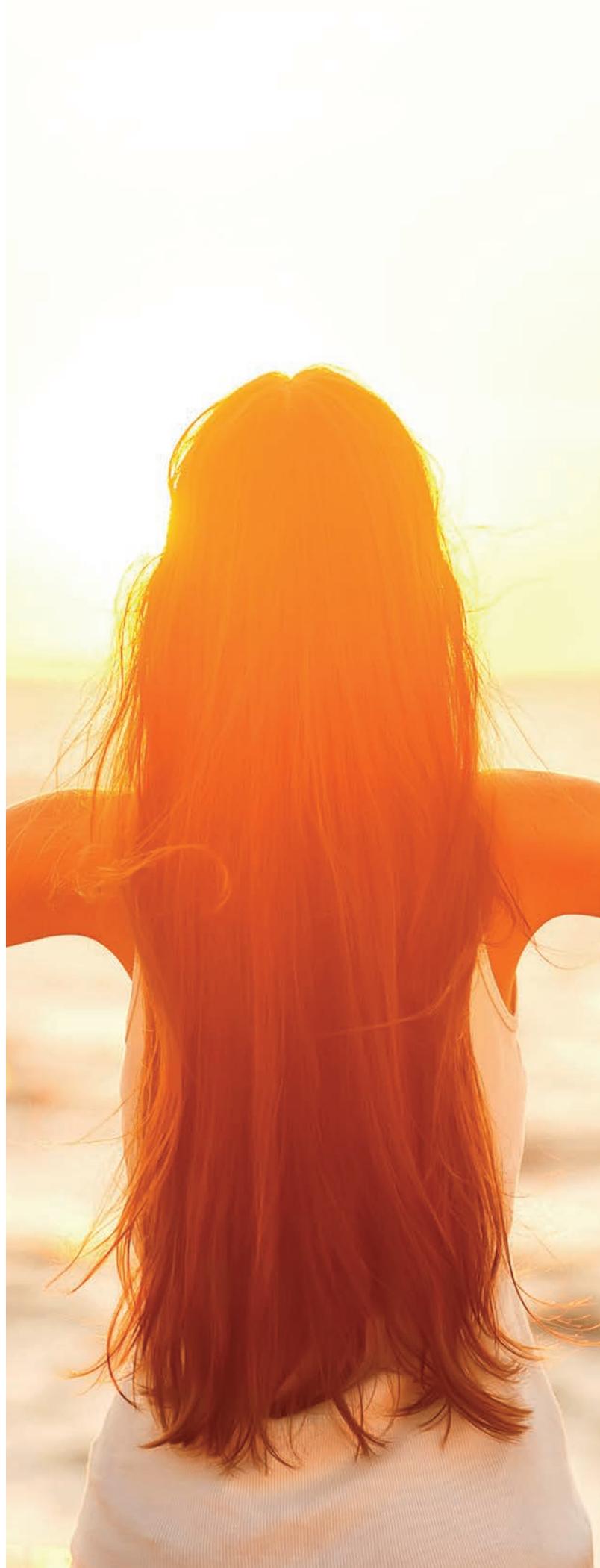
1. First Nations to promote and support the inclusion of families of young children in all mental wellness prevention and treatment programming.
2. First Nations to identify and work with Elders and Knowledge Keepers to incorporate traditional healing and wellness within the network of mental wellness support services where appropriate.

Recommendations for Health Co-Management

3. Children and Youth Subcommittee to partner with the Mental Wellness Subcommittee for the inclusion of families of young children in the implementation of the First Nations Mental Wellness Continuum Framework.
4. Children and Youth Subcommittee to collaborate with the Mental Wellness Subcommittee to support access to appropriate post-addictions treatment aftercare for families of young children.

“We need a place that is safe, clean, and pure like our children”

– Community Member,
Treaty 7





NEXT STEPS

1. **Creation of implementation and evaluation plans for the Alberta First Nations Early Childhood Strategy.**

2. **Creation of planning tool for communities to prioritize and implement recommendation based on their community context, resources, and needs.**

END NOTES

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- ⁱ Center on the Developing Child at Harvard University (2009). Maternal Depression Can Undermine the Development of Young Children: Working Paper No. 8. Accessed at <http://www.developingchild.harvard.edu>; Marmot, M., & Wilkinson, R. (2005). Social Organization, Stress, and Health. In *Social Determinants of Health*. Oxford University Press.; Lynch, L. & Davey Smith, D. (2005). A lifecourse approach to chronic disease epidemiology. *Annual Review of Public Health*. 26 (1): 1-35.
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- ⁱⁱ Siddiqi, A., Irwin, L., & Hertzman, C. (2007). Total environmental assessment model for early childhood development: evidence report. Geneva, Switzerland: World Health Organization's Commission on the Social Determinants of Health.
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- ⁱⁱⁱ Premier's Council for Economic Strategy. (2011). *Shaping Alberta's Future*. Edmonton, AB: Government of Alberta.
-
- ^{iv} Health Canada. (2012). *First Nations Health Status Report: Alberta Region 2010-2011*. Edmonton, AB: Author.
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- ^v Statistics Canada. (2012). *Infant Mortality Rates, by province and territory (Both sexes)*. Accessed at <http://www.statcan.gc.ca/tables-tableaux/sum-som/101/cst01/health21a-eng.htm>. ; Health Canada. (2012). *First Nations Health Status Report: Alberta Region 2010-2011*. Edmonton, AB: Author.
-
- ^{vi} National Scientific Council on the Developing Child. (2004). *Children's Emotional Development is Built into the Architecture of Their Brains: Working Paper No. 2*. Accessed at <http://www.developingchild.net>.
-
- ^{vii} Health Canada. (2012). *First Nations Health Status Report: Alberta Region 2010-2011*. Edmonton, AB: Author.
-
- ^{viii} Smylie, J. & Adomako, P. (2009). *Indigenous Children's Health report: Health Assessment in Action*. Ottawa, ON: Health Canada.
-
- ^{ix} Health Council of Canada. (2011). *Understanding and Improving Aboriginal Maternal and Child Health in Canada: conversations about promising practices across Canada*. Toronto, ON: Author.

ALBERTA FIRST NATIONS EARLY CHILDHOOD STRATEGY

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